Observing mentalizing art therapy groups for people diagnosed with borderline personality disorder

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ABSTRACT

This article describes video-based observation of three mentalization-based treatment (MBT) art therapy groups in services for people who have received a diagnosis of personality disorder. Four focus groups (service user researchers, MBT trained psychologists, MBT trained art therapists, and the three art therapists who submitted videos) developed descriptions of the practice they observed on video. A grounded theory method was used to develop a proposition that if the art therapist uses art to demonstrate their attention, this tends to help potentially chaotic and dismissive groups to cooperate, whereas if the art therapist gives the appearance of passivity, it tends to increase the problematic interactions in the group

KEYWORDS Mentalization-based art therapy; art therapy groups; video-based observation; grounded theory; multiperspective observation

Introduction

The study presented here examined art therapy group practice in three mentalization-based treatment (MBT) programmes within secondary care in the United King- dom's National Health Service (NHS). These pro- grammes offer intensive psychological therapy for people who have received a diagnosis of borderline personality disorder (BPD). The full structure, aims and outcomes of MBT programmes are described by Bateman and Fonagy (2016), but for clarity it is relevant to specifically highlight that such programmes operate on a rolling entry basis, where individual service users start and finish an 18-month stay at different points within an ongoing group. The approach, outcomes and service user experience of including art therapy in an MBT programme have been described by Spring- ham, Findlay, Woods, and Harris (2012) and the art therapy groups featured in the present study operated as per that study. All programmes featured in the present study had been running for a minimum of four years so were well established.

The BPD diagnosis describes persistent problems of emotional dysregulation, interpersonal difficulties and identity diffusion, often accompanied by chaotic, impul- sive and injurious behaviour to self or others. MBT treat- ment services exist in recognition that while BPD difficulties are common, those who experience them have historically been poorly served by general mental health services and require specialised psychological therapy approaches (National Institute for Health Care Excellence, 2009). Studies indicate many people who have BPD problems attend art therapy services and art therapists tend to adapt their approach to meet the demands of those specific problems rather than apply- ing generic models (Evans, 2007; Springham, 2015;

Springham, Dunne, Noyse, & Swearigen, 2012; Spring- ham & Whitaker, 2015). However, it is currently difficult to ascertain the effectiveness of those interventions because many art therapy outcome studies poorly describe both the service user difficulties being treated and the art therapy approach used (Holttum & Huet, 2014; Reynolds, Nabours, & Quinlan, 2000; Slayton, D'Archer, & Kaplan, 2011; Springham, 2015). It has consequently been argued that if the effectiveness of art therapy is to be strengthened via the scientific method, the development of descriptions of clinical practice should now be considered the priority for art therapy research (Springham, 2016).

Comparable forms of psychotherapy have faced similar research challenges. Greenberg (1991) identified a paradigm shift in the world of psychotherapy research from theorising via therapist reflection towards the observation of sequentially patterned change episodes in clinical practice. It has been argued that observation mitigates problems in self-reporting such as narrative smoothing (fitting observation to a pre-existing expla- nation), poor therapist recall or biased self-witnessing (Alpert, 1996). This paradigm moved the emphasis from the therapist as the container of expert knowledge to a focus on understanding what good therapists do. By making explicit the implicit knowledge and skills of the experienced clinician, it becomes possible to generate theory by comparing therapist performance (Green- berg, 1991, 1994; Rhodes & Greenberg, 1994).

While the growth of observational methodologies in verbal psychotherapy was replicated in music, dance and drama therapies, it was less so in art therapy. A sys- tematic review of art therapy methodologies featured in the *Journal of the American Art Therapy Association* between 1989 and 2004 found that the trend away from self-report methods towards mixed methodologies,

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including observation, only began during the 2000s (Metzel, 2008). A literature review of UK published studies in the British Association of Art Therapists' *Inter- national Journal of Art Therapy* for the present study found only two studies that used observational method- ologies in the same period. Some have argued that the art object in art therapy makes it inherently less compa- tible with observation or video methodologies. Whereas dance, music and drama therapies or verbal psychotherapy have a performance basis (including spoken dialogue) which unfolds in a temporal sequence, it has been suggested that visual artworks are less like a text to be read in the sequence they occur in and more like a place, where infinite directions for exploration become possible (Henzell, 1995). Others point to the high level of internal work undertaken by art therapists in viewing artworks and suggest that such processes are invisible (Dolphin, Byers, Goldsmith, & Jones, 2014; Patterson, Crawford, Ainsworth, & Waller, 2011).

However, in acknowledging the relative neglect of observation in art therapy, it would be incorrect to suggest that such methodologies have been ignored completely. Four studies bear special mention in respect to the theory they have contributed. Rees' (1995) observations showed how profoundly intellec- tually disabled individuals used an often-unnoticed spatial intelligence in both art-making and their social positioning in the room. Evans and Dubowski (2001) micro-analysed videoed art therapy sessions with young people diagnosed on the autistic spectrum and found that close attention to the small and often-non- verbal cueing from service user to therapist, often missed in the session itself but identified on video, resulted in reduced aggression and an increase in exploratory play in image-making. Ball (2002)

observed how the development of cooperative meaning-making between a child service user and their art therapist cor- related with both an increase in self-depictions in their artwork and a reduction in the child being distracted by events external to the therapeutic task. Pounsett, Parker, Hawtin, and Collins (2006) showed a correlation between observation of change within a learning dis- ability treatment setting and measurable change in pro-social behaviour outside of therapy.

The above studies indicate the potential for observa- tional methods to build theory within art therapy. However, no studies in the literature review involved the observation of groups, despite this being a common method of delivering art therapy (Skaife & Huet, 1998), and all were limited to observation of art therapy with children or learning disabled populations. Arguably, the communications used by these groups might be more ostensive or physically based than between adults who may have developed more complex or nuanced forms of social interaction. There- fore, at the start of the present study it was uncertain whether observation could be used in art therapy

groups for adults. For this reason, a feasibility study was undertaken prior to the main study to ascertain whether the use of video observation methodology for adults in an art therapy group would produce analysable data. Four members of Oxleas NHS Foundation Trust art therapy department agreed to take part and video an experiential art therapy group with the first author. This demonstrated that the use of a stationary video camera captured sufficient interaction within the group for focus groups to discuss. However, it became clear that the art therapy group involved 11 distinct sections, namely: introducing the group; finding art materials and a space to sit; art-making; clearing up; returning to the group; choosing whose artwork to focus on; describ- ing the artwork to the group; other group members responding as viewers of that artwork; art-maker's review of responses from viewers; moving to the next art-maker; and then finishing the group. While all sec- tions were viewed as potentially data-rich, it was beyond the scale of the present study to observe and compare all of the sections. A decision was made to focus on how art therapists interact with service users and their artworks (sections 6 to 10). The rationale for this choice was because these interactions, often named the triangular relationship, have been claimed as unique features that differentiate art therapy from other participatory art practices (Case, 1990). The results of the feasibility study indicated that this approach produced rich data and warranted a more sub- stantial study. These findings informed the methodology employed in the main study, which is now described.

Methods

The overarching research question was: how do art therapists interact with service users and their visual artworks during the discussion section of mentaliza- tion-based art therapy groups aimed at treating people with personality disorder? The study addressed this question via a grounded theory method which has been defined as a qualitative form of analysis with six common features:

1. simultaneous data collection and analysis,
2. pursuit of emergent themes through early analysis,
3. discovery of basic social processes in data,
4. an inductive construction of abstract categories that explain and synthesise these processes,
5. sampling to refine these processes through com- parison, and
6. integration of categories into a theoretical frame- work (Charmaz, 2006, p. 313).

Participants

Formal ethical approval was granted by the National Research Ethics Service (12/LO/0065) on 1st February

2012. Three qualified art therapist group facilitators, including the first author, were recruited from the British Association of Art Therapists personality dis- order special interest group (BAAT-PDSIG). Each of these treating art therapists had received training in the MBT model from the Anna Freud Centre and deliv- ered art therapy within MBT programmes within the NHS. Focus group members were recruited as follows:

1. Paid researchers who had lived experience of art therapy service use were recruited from Emer- gence (a UK-wide service user-led community interest company which aims to raise awareness of issues relating to personality disorder).
2. Clinical psychologists who worked in the MBT model were recruited via the Oxleas NHS Foun- dation Trust Practice Research Network.
3. Art therapists (who had not submitted video- edited sequences) who worked with people who had a diagnosis of BPD were recruited via the BAAT-PDSIG.
4. The treating art therapists who submitted video- edited sequences.

Procedures

Consent was gained from organisations and service users to introduce fixed-position video cameras into art therapy sessions for a period of at least three months. The clinical approach agreed between the

treating art therapists to the introduction of video cameras was to talk openly about their presence as material to be mentalized as per any other phenomena in the here and now of the session. The treating art therapist independently selected 10–15-minute video-edited sequences where they felt they were interacting with service users and their artworks in a therapeutic way. Figure 1 indicates the type of inter- action captured. Artworks being discussed not visible via video recording were printed in photographic form. Video and photographs formed the data to be viewed by observers within focus groups.

Decisions about all procedures were considered within a social constructionist epistemology as described by Springham (2016). Charmaz characterised the social constructionist contribution to the original model of grounded theory as where Glaser (1978) asks: 'What are the basic social processes in a phenom- enon?'; the social constructionist grounded theory adds: 'Basic to whom?' (Charmaz, 2006, p. 14). To increase the range of observer perspectives, a multi- category focus group design (Krueger, 1998) was employed where focus groups were internally hom- ogenous but externally heterogeneous to each other, as represented in Figure 2.

Data analysis

A focus group moderator was employed who used a semi-structured interview schedule to enquire about

Figure 1. Diagram representing group work captured on a video-edited sequence. At one point a service user turned to the camera to make an obscene gesture.

Figure 2. Multi-category focus group design with three video-edited sequences shown to four focus groups.

both general observations and specific observations of therapist action; participants' experience; and therapeutic change. Special attention was given to differentiating focus group members' speculation from observation. Where speculation was detected, the moderator sought clarification about what elements of the video-edited sequences it pertained to. The focus groups began by showing a video-edited sequence plus photographs. This was followed by discussion. Once discussion was completed, the sequence was repeated for the next video-edited sequence until all three had been discussed. Each focus group lasted three hours. Discussions were audio-recorded and then transcribed.

Transcripts were coded via an iterative process, as described by Charmaz (2006). Open coding used par- ticipants' own language as gerunds as a means of coding for action. Focused coding then increased the level of interpretation needed to hypothesise about social action. Focused codes were then grouped into conceptual categories. Axial coding used a category of codes as an axis around which to analyse its relation- ships, properties and dimensions in terms of con- ditions, actions and consequences. Theoretical coding aimed to specify the possible relationships between conceptual categories. Theoretical memos were made throughout, involving explicit speculation about those relationships. Integrative diagrams, as rec- ommended by Strauss (1987), were used to depict core categories in boxes and depict the relationship between categories as lines. The relationships those lines represent were then named. The original model (Glaser & Strauss, 1967) recommended that, where

possible, conceptual categories should be related to each other in order to result in one to two meta-level, core conceptual categories. The final integrative diagram should identify the core conceptual categories by the number of relationships that link to them.

Theoretical sampling is a defining element of the grounded theory method where insights gained from memoing and diagramming are then reapplied to the data. The aim of theoretical sampling is to explicate the properties of the theoretical code by constant comparison. In the present study, theoreti- cal sampling was initially undertaken between focus groups. The first author would transcribe each session, and begin coding, memoing and diagram- ming. He would then discuss his new theoretical codes with the focus group moderator, who would probe for specific issues in the next focus group using questions developed by the first author.

The original model of grounded theory proposed by Glaser and Strauss (1967) assumed that sampling would be theory driven from infinite sources of data. The practical realities of sampling in a naturalis- tic healthcare setting imposed pragmatic and ethical limitations in this respect. Modification needed to be made to the grounded theory method with respect to theoretical sampling within a limited context. Such cases are not unusual in healthcare and grounded theorists have recommended that the researcher returns to the data rather than the field to pursue patterns of social interaction that may be hidden on their initial analysis (Bradley, 2010; Timmer- ton & Tavory, 2007). This formed the second stage of theoretical sampling.

Analysis was considered complete when theoretical sufficiency was achieved. Sufficiency refers to theoreti- cal saturation of the 'properties of the pattern within the code and not for the limit of codes that data might provide' (Dey, 1999, p. 191).

Findings

After analysis of all transcripts, two core conceptual cat- egories were identified. These were: 'art therapist demonstrates attention' and 'art therapist appears passive'. The mutually exclusive nature of these two core conceptual categories represents how multiple obser- vers identified the way in which two distinctive types of art therapist interactions with groups tended to result in opposing types of outcomes. A further eight subordinate conceptual categories were related to these core conceptual categories as per the integrative diagram shown in Figure 3.

Figure 3 shows that the two core conceptual cat- egories each start from the conceptual category named 'dismissive interactions between group members and with artworks'. This conceptual category forms a starting point for all other actions taken by the art therapists and as such requires some expansion here.

'Dismissive interactions between group members and with artworks'

Focus groups observed that art therapists started their approach by allowing new phenomena to emerge in the art therapy groups before they responded. Some of what emerged in these moments was constructive and cooperative, but more often interactions would quickly become difficult and unproductive. Sometimes this involved group members seeming unable to elab- orate and being stuck in repetitive ways of describing their experience and artworks. At other times, it seemed more overtly chaotic:

> (Psychologist 2): I thought the group talked over each other a lot, not listening to each other, and a lot of stuff that was said that felt kind of important got lost because they were so busy getting on with saying it. Some sort of excitement in the room … really hard to figure that out.

> (Psychologist 3): It felt quite competitive … yeah it did seem kind of *excited*.

Observers described group members acting with little sense of the potential impact on each other. This included texting on a mobile phone or walking out of the group at sensitive moments. Observers also noted more overt expressions of hostility from some

Figure 3. Integrative diagram indicating two core categories in bold.

group members to receiving attention from others. <u>Figure 1</u> shows an example of such a moment in relation to the camcorder. These difficult interactions also included people's relationship to their art, and some group members described their own and others' artworks as meaningless or even worthless. The dismissive quality of these types of interactions had an impact on more silent group members, causing them to withdraw or look increasingly anxious. The conceptual category of 'dismissive inter- actions' therefore described a problematic group con- dition occurring as the starting point in the video- edited sequences for the art therapist to respond to. However, the same kind of dismissive interactions were observed as reoccurring and sometimes increas- ing, as a consequence of the way the art therapist responded to the group in this initial condition. The types of art therapist responses to 'dismissive inter- actions' were therefore coded and then grouped at analysis into two core conceptual categories entitled 'demonstrating attention' and 'appearing passive', and each is now described in turn.

The demonstration of engaged attention

It was striking that it was the perceived quality of the art therapist's attention to the group that was always the first observation made by any focus groups on seeing the video-edited sequences. Focus groups were consist- ent in all instances in describing that the more success- ful responses to dismissive reactions in art therapy groups involved the art therapist offering explicit dem- onstrations that they were emotionally engaged with the experience of people in the group during those dif- ficulties. The key features of this demonstrated atten- tion were detailed by service users who linked their observations of video-edited sequences with compar- able experience of their own art therapy:

(Emergence 1): Yeah, I really liked [the art therapist's] approach because he was the most present I think … yeah that was really important for me, he was really there. He was. You could tell he wasn't caught up in his thoughts, he was really listening to everyone, really keeping an eye on everyone, erm … and really judging when to speak and when not to speak and that for me makes for a more successful therapy session when the therapist is more present, erm and he, yeah, was just very engaged. And he asked those really reflective ques- tions and really carefully thought about what and how to say something and he also was quite affirming and he dropped in positive statements and reassurances.

(Emergence 2): Yeah similarly, I thought that was a very nice way which demonstrated (a) I had listened to you and what you said at the beginning and held that in mind and (b) can reflect together about whether there is a difference … whether that has shifted for you and do you feel different … in my experience if people kept asking me how I feel … God if I could

articulate all of that stuff I wouldn't be here [in treat- ment] … I thought the therapist was displaying quite a lot of quite genuine, seemed like quite genuine curi- osity. Asking questions to really try to understand the experience and what was going on for [the group member] in a way that I found quite … mmm touch- ing. It was kind of very *engaged*.

All observers recognised how challenging it was for the art therapist to engage in interactions when the art therapy groups when they were in that dismissive state. As the art therapist focus group described:

(Focus group facilitator to art therapist participant): I just want to come back to something you said, 'oh we've all had to cope with stuff like this in art therapy groups and oh my god what do we do with it?' Could you just expand on that a little bit?

(Art therapist): Well, this one would be hard. I comple- tely admit [laughs] … I felt this group needed to come back to either slowing down or the image. I may have even struggled to see if there could have been any millage with that in this [art-maker's] seemingly simple image and I even perhaps would have used the image the other way round to wonder about the feelings of the maker.

This comment by the art therapist focus group partici- pant offered a helpful insight into how art therapists used the artwork to demonstrate their engaged atten- tion in the service of the group task of mentalizing together. At analysis, this was conceptualised as a step- wise action where the art therapist first signalled their own attention to a single artwork as a means of recruit- ing other group members to narrow shared attention on the same target. This was described as 'insistence on an artwork focus'. If successful 'structured group reflection around an artwork' resulted from that artwork focus, then the art therapist attempted to broaden the shared attention via the remaining step- wise actions by increasing 'emphasis on commonality' between people and artworks. If that resulted in 'ben- eficial art- viewer and art-maker reciprocity', then the art therapist 'devolves role' to support 'reliable thera- peutic interaction' in the group. These steps were attempted repeatedly.

The art therapist was helped in using art as a target for sharing attention by two factors: firstly because art was a central part of the art therapy task and this task was reinforced each time a new member presented their artwork for discussion in the group; and secondly because group members seemed so readily interested in what they had each created in the group. However, the focusing of shared attention on art in moments of dismissive interactions did not occur spontaneously. It was a result of the art therapist choosing to prioritise the artwork and deliberately excluding other potential points of focus:

(Psychologist 1): It was focused on that one image but when the other group member left the room that

[action] wasn't part of the meaning of the discussion
… I don't know if I caught why that happened, or if that just happened, so there was a real focus wasn't there on the art I think and having the artwork phys- ically there allowed that focus.

(Psychologist 2): Yes, that is interesting because if that had not been an art group and someone said she was just going to the toilet … that you might comment.

(Psychologist 1): Yes, because somehow the art kept the focus.

(Psychologist 3): I think the art definitely allows the slowing down of the group and a refocusing of the group and it's seen as an important task of the group to be focused. So the artwork allows that focus but I suppose my question sometimes, is it that focus to the exclusion of other things which get lost?

(Psychologist 1): But I think that would be hard to chal- lenge at that moment with this group. Whereas actu- ally coming back to the artwork allows you to come back to the same themes or something they said before that, it's actually it's not so challenging. It really allows that in a different way. For me it just comes back to the task and I think that there is more to attend to but if your task is to talk about the artwork then actually you can ignore other such things.

Observers in focus groups noticed that if successful in narrowing the group's focus onto an artwork, chaotic groups would calm and disengaged people would look, often intently, at that one artwork. An important observation was made about how this type of shared attention around an artwork involved group members being re-allocated to roles as either art- makers or art-viewers with a task:

(Psychologist 1): For me, there is something about pre-senting your artwork isn't there … and how it … what you choose to present and what you don't and the pos-ition it puts you in when you are being asked to describe something. I think that … and how the people listening were invited in took it up to support it in a supportive role. Like you said in turn or sharing.

Only when the group had slowed down to structured reflection on one artwork did the art therapists start to add interpersonal complexity back into the shared focus:

(Art therapist 1): I felt it was very much in the here and now even though [the art-maker] was talking about stuff from outside, everything was brought back to the group and the image and the experience in the group, [the art therapist] was testing out 'what do others think?' and kind of, 'what does that feel like to you, that others think this?' Yeah, so therefore it felt in the control of the group in some way … it was good.

Having these roles seemed to simplify the therapy task for group members:

(Art therapist 3): It is showing an ability to use each other's images to help wrestle something from their

own point of view and of kind of working through the image to link with somebody else.

(Art therapist 2): I thought, yeah the therapist was really actively trying to get different perspectives the whole time and he was quite challenging, very gently challen-ging but I thought he was challenging the other guy's really fixed views and he was keeping that quite central, quite explicitly doing that.

Observers in focus groups noted that when group members contributed from the assigned roles of art-viewers and art-makers, it conferred some reciprocal benefit on each. This essentially reversed the dismissive qualities of the earlier group condition. Art-viewers seemed to feel they had a way of offering viewpoints and opinions in a clearly focused and manageable way, and having their artwork focused on offered the art-maker an opportunity to tolerate structured atten-tion. The art-maker's strengthened identification and ownership of their image seemed to then bring the artwork to life in the group:

(Art therapist 4): I did feel that when the first person introduced their artwork it was kind of dismissive and it was bouncing it in between the group members and making it more like it deserved to be here. It had a state of being, I think, that the exploratory questions and opening up the group sort of seemed to strengthen it … and the maker seemed to sort of say: 'yeah, this [points to artwork] is me'.

Once such benefits became apparent, the art therapist could devolve their role of controlling the directing of the focus of attention and offering reflective tech-niques to the group. Where successful, this resulted in the sharing of the previous roles between group members and the art therapist. Where that role devolu-tion supported a maturing therapeutic culture, defined by reflection and trust between members, it was actively validated by the art therapist. All of these step-wise actions were delivered in the service of demon-strating the art therapist's interest and engagement in dismissive interactions.

The appearance of passivity

Conversely, where the art therapist responded to 'dis-missive interactions' in the group by giving the appear-ance of passivity, by such means as not intervening, leaning back and being silent, even for relatively brief periods, it resulted in ongoing or increased dismissive and chaotic interactions:

(Emergence 1): It's like [the art therapist] is losing inter-est in the group! That's what he was like, for me, reading into it with my own BPD I suppose! … It's made me realise like, in terms of personality disorder I think we need a bit more presence from the therapist because there is lots of stuff we don't know about relating to people that we need to learn and the therapist can provide that example and help you learn and also sort

Table 1. Interrelated conceptual categories with core category number one as a set of propositions.

Core Conceptual Category One: Art Therapist Demonstrates Engaged Attention

Interrelated conceptual categories Propositions

Dismissive interactions between group members and with artworks
↓
Art therapist demonstrates engaged attention

1. When responding actively to problematically dismissive interactions in the group, the art therapist explicitly draws the group's attention to how they are thinking group members and their artworks.
2. The art therapist directs group members' attention using both verbal and body language indicators of their emotionally engaged attention.
3. The art therapist focuses on simple phenomena before attempting to focus on more complex issues.
4. It is not possible for the art therapist to demonstrate attention while being silent and showing passive body language.

Insistence on an artwork focus
↓
Structured group reflection around an artwork

1. The art therapist's first response to chaotic interactions in the group is to prioritise a focus on artwork over all other phenomena.
2. Group members show interest in the artworks they have just made.
3. When group members share a focus on one artwork, it reduces problematic interactions.
4. A focus on one artwork allocates each group member to either an art-viewer or art-maker role.
5. When group members share a focus on one artwork, the art therapist explicitly offers techniques for reflection.
6. It is a simpler task to reflect when group members are allocated to art-viewer or art-maker roles.

Structured group reflection around an artwork
↓
Emphasis on commonality

Emphasis on commonality
↓
Beneficial art-viewer and art-maker reciprocity

1. Only when group members share a focus on a single artwork will the art therapist reflect on more elaborate links between group members and their artworks.

1. Receiving empathetic art-viewer reflections on their artworks improves the art-maker's confidence to engage with the group.

of explain those things as well, erm, and that is some- thing I've gained from in therapy. We want to see those things and they are not there [in the video- edited sequence] and these dynamics are playing out and they will always play out, but the therapist has an opportunity to intervene and maybe guide things dif- ferently and show a different way of doing things I feel.

The appearance of passivity could also further distance the art therapist from their role in the group:

(Art therapist 3): … and in letting [the group] do the work to the point where he has slightly excluded himself and then you can see he looks a bit awkward at times as though he is trying to come in and then he does when he feels it could potentially become too much but, yeah, but I just feel like in a way the group had the power and he slightly on the outside.

These points were echoed sharply by those who had used art therapy services:

(Emergence 2): [The art therapist] is sort of like trying to get them to explore by just throwing in the odd ques- tion to try and gain some kind of control back maybe, I don't know, but I think it was too … too late by then because [the group] had completely gone off on one.

(Emergence 4): [The art therapist] can't get a word in edgeways in that group.

(Emergence 1): It was that sense of having to battle for space and that's why I said like and that's why I'm glad

I'm not in therapy with [that art therapist] because I find that terrifying, I just wouldn't have been able to engage in that way because that kind of having to just shout the loudest and then you'll get heard is not necessarily helpful.

The above emerging grounded theory therefore ident- ified two distinct core conceptual categories in mutually exclusive relationship to each other. The advantage of the grounded theory method is that it asks how specific interactions lead to specific out- comes, and this allows its findings to be expressed as a set of propositions, as shown in Tables 1 and 2.

Discussion

The above findings impinge on a great deal of how art therapists have theorised their approach to groups. Because group analysis has historically been the domi- nant influence in art therapy group theory and training (Dudley, Gilroy, & Skaife, 1998), particular attention is given to points of difference between analytic groups and the MBT group described here. This is important because MBT groups are similarly differentiated from analytic groups within the wider verbally based therapy literature (Bateman & Fonagy, 2016; Karterud & Bateman, 2012). To examine the impact on theory, the properties of each conceptual category are now

Table 2. Interrelated conceptual categories with core category number two as a set of propositions.

Core Conceptual Category Two: Art Therapist Appears Passive Interrelated conceptual categories Propositions

How art therapists respond to 'dismissive interactions between group members and with artwork'

The two core conceptual categories describe how art

Dismissive interactions between group members and with artworks
↓
Art therapist gives the appearance of passivity

Art therapist gives the appearance of passivity
↓
Art therapist loses role

Art therapist loses role
↓
Dismissive interactions between group members and with artworks

1. When the art therapist responds to problematic interaction with silence and their body language seems disengaged, they appear to be passive to the group.

1. An initial appearance of passivity when group interaction is problematic results in group members progressively ignoring the art therapist.

1. Group members and art therapist find it harder to reflect as the group becomes more chaotic.

therapists either responded to the above dismissive interactions by 'demonstrating engaged attention' or 'appearing passive'. While all treating art therapists described being engaged as their reason for selecting their video-edited sequences, that internal attitude did not always translate into the observable *demon- stration* of that engagement. In this respect, the view of practice from the outside by focus groups was inter- esting. Observers of the video-edited sequences, and particularly the service user and art therapist focus groups,

reacted strongly to the art therapists' body language and tone of voice as well as the content of what was said. Focus group observers' responses corre- lated strongly with how service users depicted in the art therapy groups seemed to react, that is, negatively

described and cross-referenced with relevant points from the art therapy literature.

As stated earlier, each core conceptual category is a response by the art therapist to 'dismissive interactions between group members and with artwork'. Such actions contributed to a vicious circle where the group increasingly became stressful, some people became more dismissive and others became more withdrawn or had to leave the art therapy room tem- porarily because their anxiety was so high. The dismis- sive quality of these interactions conformed closely to the concept of 'mind-blindness', a term originally used to describe autistic traits but adopted to define the antitheses of mentalizing more broadly (Allen, Fonagy, & Bateman, 2008). All focus groups agreed that MBT art therapy groups for people diagnosed with BPD are highly challenging for group members and therapists alike.

The groups depicted in the video-edited sequences clearly offered what Karterud and Bateman (2012) described as the opportunity to attempt deliberate mentalization under the very pressures of a complex interpersonal context that normally reduces mentaliza- tion. The literature on the triangular relationship in art therapy proposed that artwork could act as a buffer for hostile feelings in therapy (Case, 1990; Schaverien, 1990), but these groups did not show evidence of that happening. Rather, the observations conform more readily to the notion proposed by Greenwood (2000) that art-making and art-viewing are not inher- ently safe or calming for people diagnosed with BPD and so it is the task of therapy to make it so. Service user research similarly highlighted that the art in art therapy can easily compound feelings of failure and worthlessness for people diagnosed with BPD if not addressed actively in the therapy (Morgan, Knight, Bagwash, & Thompson, 2012).

to the appearance of passivity and positively to the demonstration of engagement.

It is of note that the two core conceptual cat- egories primarily describe how people direct and demonstrate their attention but do not reference any- thing specifically about art. It might be argued, for example, that the core conceptual categories here offer nothing definitive about art therapy, and what they propose could apply to any psychological therapy. Yet this proposition is itself interesting in relation to MBT. Mentalization has been theorised, not as a specific school of psychotherapy, but as a common mechanism of change operating in all psychological therapies (Bateman & Fonagy, 2016). The basis for this claim is that all therapies utilise the mirroring-based neurobiological structures to acti- vate the attachment system (Fonagy, Luyten & Allison, 2015). Studies on mirroring interactions consistently demonstrate that the manner in which a communi- cation is delivered pre-determines how the individual receiving it will perceive the content of that com- munication (Fatouros-Bergman, Gunilla, & Andrzej, 2006; Gergely, 2007; Tronick, 1998). This perhaps makes it less surprising that ostensive communication was such a dominant feature of the interactions in art therapy groups identified by focus groups. It also makes sense that the quality or tone of the treating art therapist's ostensive communication is more assessable to viewers from the *outside* than as subjec- tively experienced by them from the *inside*. In keeping, it was hard to consistently detect from the group literature how art therapists demonstrated their engagement with service users in these terms because it was not described. This may represent a limitation of the methodology used to develop that literature, which was therapist-reported case studies. However, more recent consensus-based studies

indicate that art therapists do value this aspect of practice in relation to those diagnosed with personal- ity disorder: 'The art therapist offers their genuine responses to artwork and events in therapy in the service of therapeutic communication' (Springham, Dunne, et al., 2012, p. 134).

While description at the level of core conceptual cat- egories might offer little to understand how the use of art might operate within the ostensive communication in art therapy groups, this changes at the subordinate level of conceptual categories. This next level explicitly describes how artworks helped the art therapist to organise a stepwise strategic response to dismissive interactions in the group. These conceptual categories are now discussed, first as they relate to how the 'art therapist demonstrates engaged attention' and then to how the 'art therapist gives the appearance of passivity'.

Stepwise actions within 'art therapist demonstrates attention'

Insistence on an artwork focus

The groups featured in the video-edited sequences all used a turn-taking approach. Claims had been made that turn-taking equalised participation in art therapy groups among shy and gregarious members because each member gains a turn (Wadeson, 1980). What the literature had not described in turn- taking groups was that the art therapist would often have to reinstate the group's focus back on the art- maker within their particular turn. Groups did not simply elaborate about an artwork, from beginning, middle to end and then move onto another artwork. They drifted from their focus on the artwork, often quite dramatically, to discuss other phenomena in the room or in their lives outside of therapy. That drifting may not be problematic, and some of what members became interested in may have provided a useful basis for therapeutic discus- sion. However, where the group was not mature, which is defined here as when members did not use reflective skills to focus on a common target of attention, that drifting focus was often the precursor of problematically dismissive or chaotic interactions. Resetting the group to focus attention onto one artwork was a strategic response by the art therapist to that dismissive condition.

The main tool used by the art therapist to reinstate the group's focus onto the artwork was to explicitly direct group members' attention to their own aware- ness of, and reaction to, the artwork. They used mind- directed statements such as 'I am really interested in what you said about your artwork …' as a means of recruiting other group members' attention to their own. At no point did any art therapist direct attention through an object-directed statement, such as simply

telling the group to look at the artwork. The action in this conceptual category matches descriptions of the concept of joint attention in art therapy where the service user is asked to not just focus on the artwork, but also on the art therapist's mind as it attends to that artwork (Isserow, 2008, 2013). Facilitat- ing joint attention is at the heart of MBT (Bateman, 2007).

Structured group reflection around an artwork

This category showed many features that conformed to the pause and rewind principle outlined as a technique in the MBT manual (Bateman & Fonagy, 2016). Pausing halts unproductive phenomena in groups, giving members space to deliberately locate their own and other people's minds to explicitly mentalize together. Pausing is a central tenet of MBT practice and distinct from analytic group methods which more readily let phenomena play out until the group finds its resources to manage the situation.

In the present study, when observers described 'structured group reflection around an artwork', they noted how chaotic and dismissive interactions would slow down, with a marked stillness descending over a previously chaotic and dismissive art therapy group. The artwork supported this sharing of atten- tion because when everyone focused on an artwork, the group became quieter, members seemed to

return to their roles as art-viewers or art-makers and this helped to clarify the therapeutic task at hand. Similar phenomena, with service users silently looking together with the art therapist, have been described in a number of papers (Case, 2006; Green- wood & Layton, 1987; Learmonth, 1994; Schaverien, 1992). Interest in the artwork seemed more easily rekindled than in other phenomena in the session, particularly when enhanced by the art therapist sig- nalling that it interested them. The art therapist made an active choice to favour the valence between artworks people had just made and their human interest in them, over all other targets for joint attention possible in the setting. In this sense, the triangular relationship was perceived to be not so much an inherent structural feature of art therapy, but a construct imposed by the art therapist for the purpose of therapy.

Art therapy literature had not explicitly identified that when people look at an artwork in an art therapy group, it has the effect of allocating a role to each person as either the art-maker or an art-viewer. Reinstating this structure for shared attention allowed the art therapist more opportunity to offer techniques for reflection to reinforce it as an experience of menta- lizing together. The art therapist would only move step- wise from this shared artwork focus to a more interpersonal focus when the group shared attention collaboratively.

Emphasis on commonality that contributes to beneficial art-viewer and art-maker reciprocity
The action here was to add interpersonal complexity back into the shared focus by linking the art- maker's artwork to the artworks made by others in the group. Observers noted that having already been cast in reflecting roles, as either the art-maker or an art-viewer, made this task simpler. Observers noted that art-makers were required to tolerate inter- est in them, and empathy, perhaps as a new experi- ence for them.

'Art therapist devolves role' supports 'reliable therapeutic interaction' and retains properties of 'art therapist demonstrates engaged attention' Once some reciprocal benefit from reflecting from within assigned roles had been gained, focus groups observed that the group became more consistently engaged in 'reliable therapeutic interaction'. This mature group condition resulted in roles that had pre- viously been more rigidly allocated becoming more dispersed. Each member moved between focusing on their own and others' imagery. They also undertook the task of posing reflective questions, which allowed the art therapist to step away from that as their primary role. Maturity was not related to how long a group had been running because, as stated earlier, MBT groups operate on a rolling intake, meaning that people in the group would all have been members for different lengths of time. Maturity in the group's functioning was determined by the mentalizing capacity of the service users in the group. Even when ceding this aspect of the role, the art therapist contin- ued to signal their active engagement with the group and this signalling of attention differentiated this pos- ition from the core conceptual category of 'appearing passive'.

It may seem that 'Art therapist devolves role' bears a similarity to what has been described as the 'leave it to the group' approach of the group analytic stance (Kar- terud & Bateman, 2012, p. 86). This impression is not intended and so requires clarification. It is true that increasing service user autonomy within the group is an aim shared between MBT and group analysis, but the means by which this is achieved in each approach is different and that differentiation is applicable to defining types of art therapy groups. That difference has been described by Karterud, a prominent group analyst, as 'change through finding self in the group' (group analysis) versus 'change through stimulating mentalizing in a complex interpersonal context' (MBT) (Karterud & Bateman, 2012, p. 86). Therefore, while group analysis might intervene at the individual or pairing level in groups, it does so in the context of the meta-level, group-as-a-whole understanding of the group matrix, whereas MBT targets strengthening

an individual's mentalizing in the context of the oppor- tunities and stresses provided by multiple relation- ships, without reference to the group matrix (Bateman & Fonagy, 2016). Given the dominance of group analytic theory for understanding art therapy groups, this is an important distinction. Group analytic art therapy predominantly encouraged the therapist to support each group member's autonomy by interven- ing with the meta-group as the reference point, rather than by focusing on the mentalizing process of each individual (McNeilly, 1983, 1987, 2004; Skaife, 1990; Skaife & Huet, 1998; Waller, 1993). However, some art therapists had indicated a difficulty when such a meta-level intervention was applied to a group that had artworks made by individuals: 'We identify a central problem and that it is that *there is too much material*. In our groups we attempt to work with all of it' (Skaife & Huet, 1998, p. 20, emphasis in original). This highlights a key difference between a group analytic and an MBT approach to art therapy groups. In the present study, the conceptual category 'dismissive interactions between group members and with artwork' also describes a group condition where the art therapist is faced with too much material. A diagram (Figure 4) made by the first author during the development of the grounded theory was key in identifying the dimensions of that difference in the way art therapists approach that group condition.

In Figure 4, quadrant A represents the problematic state in the group named as 'dismissive interactions between group members and with artwork'. In this situ- ation, what was happening on an interpersonal level was so complex and distracting that few group members shared any single target of attention. Quad- rant B represents the ultimate therapeutic aim where the whole group might autonomously share their attention on that complex phenomenon in order to

Figure 4. The vertical axis represents the target of attention in terms of its complexity. The horizontal axis represents the number of group members who share attention directed to that target.

develop a mentalizing, cooperative group process to deal with it. Whereas the group analytic approach may be, as Skaife and Huet had proposed, to attempt to work with all of it via meta-level interpretations (as represented by the solid grey arrow from A to B), the MBT groups found more success by taking the long route (as represented by the dotted arrows) from quad- rant A, through quadrant C where the target of atten- tion was simplified by the art therapist's insistence on an artwork focus. That simpler target of attention seemed to help more group members to locate it and then to focus on it. It also helped that this returned group members to their roles as makers and viewers of artworks. From this point of greater stability in the group, a focus on interpersonal complexity could be reintroduced by linking images or what people said, thereby progressing back through quadrant D arriving at quadrant B. This process was repeated often, even within one art-maker's turn.

The diagram in Figure 4 helped to highlight how ostensibly active the MBT art therapist needs to be com- pared to the group analytic art therapist. Even when the 'art therapist devolves role', they still actively demon- strated they were engaged with a shared target of atten- tion. Although the importance of using art as an aid to attention control had been highlighted (Springham, Dunne, et al., 2012), previous art therapy theory con- veyed little about how insistent the art therapist must be when using an individual's art as a focus to do so. Active demonstration of attention through art was key in positioning this core conceptual category with its mutually exclusive opposite, namely 'art therapist gives the appearance of passivity'. By way of comparison, this second core conceptual category is now described.

'Art therapist gives the appearance of passivity' results in 'art therapist loses role'

This cluster of conceptual categories represents a set of circumstances, responses and resulting conditions around the core conceptual category of 'art therapist gives the appearance of passivity'. This cluster contrasts as mutually exclusive to 'art therapist demonstrates engaged attention' described above.

It was interesting that appearing passive was such a strong category of observations. The MBT manual recognises that in reality maintaining an active stance with absolute consistency is not realistic or even desir- able. Such moments of being off-model will occur and require the therapist to acknowledge their lapses and return to the MBT stance as soon as they can (Bateman & Fonagy, 2016). This process can be thera- peutic in showing that mentalizing is hard but can be recovered when lost. In the video-edited sequences, some off-model moments lasted longer than others and the longer periods had an observable effect on the group. The treating art therapists who submitted

video-edited sequences did not experience themselves as passive. Moments of appearing passive were there- fore unintended and only detectable, even to the treat- ing art therapists, by viewing video-edited sequences. The importance of how the art therapist's attention is perceived in the eye of the beholder therefore implies there is value in making efforts to demonstrate it to the service user.

Art therapy literature consistently highlights the need for the art therapist to be attentive, but puts particular emphasis on the necessity to reflect on counter-transfer- ence as a means of processing projections from the service user so that they are not acted out (Case, 1990; McNeilly, 1987; Patterson et al., 2011; Schaverien, 1992; Skaife, 1995; Waller, 1993). This concept of internal action to reduce external action between therapist and service user was given particular emphasis by Green- wood (2000) in relation to BPD, albeit in relation to indi- vidual work. The group analytic art therapy model claimed that this internal process could support coher- ence and safety in the group (McNeilly, 1983, 2004; Skaife, 1990; Waller, 1993). All treating art therapists described doing this type of internal work in the practice they submitted on video-edited sequences. However, the sample in this study did not show evidence that *solely* doing internal processing of counter-transference correlated with the moderation of destructiveness in the group as proposed by group analytic literature in art therapy. The effect on the group of the art therapist giving the appearance of passivity, even when they were internally processing counter- transference, was to increase the 'dismissive interactions between group members and between them and their artworks'. The art therapist then seemed to lose his own role of offering techniques for reflection, and everyone, including that art therapist, became more uncomfortable. By contrast, where the art therapists showed the group they were doing this processing work explicitly by demonstrating it, they were more able to develop moments of coopera- tive shared focus.

Summary: art therapy as demonstrated attention

The findings from the observational methodology used in the present study support the reports from people with a diagnosis of BPD who were interviewed about why they dropped out of analytic groups. They described the silence of the therapist as distressing and their group-as-a-whole interventions confusing (Hummelen, Wilberg, & Karterud, 2007). Given that so much of the evidence points to neglect and invalida- tion of the individual's experience, e.g. deprivation of benign human attention, as a key aspect in the aetiol- ogy of BPD problems (Fonagy & Luyten, 2009; Zanarini, 2000), this finding provides an important new perspec- tive on how MBT art therapy may be operating for this clinical population. Artworks as material objects appear to help art therapists achieve shared attention between people who find such processes difficult. What may be the mechanism operating in this regard?

Indications of what mechanism may be operating can be found from sources outside of art therapy. When Karterud and Urnes (2004) reviewed the compo- sition of therapeutic communities for BPD in Norway, they found the successful ones had an art therapy com- ponent. Their paper included a minor comment, but one highly pertinent to the findings of the present study, that this might be because art therapy operates in the teleological mode of mentalization. To clarify, the MBT concept of teleological mode is that it is a pre- mentalizing level of mental functioning which uses analogous reasoning to understand social relation- ships. Here intentions can only be inferred if they are concretely demonstrated, such as beliefs like 'my thera- pist only likes me if they give me a hug'.

In the present study, it was observed that when the art therapist responded to 'dismissive interactions between group members and with artworks' by 'demonstrating engaged attention', it was the explicit- ness of their demonstration of an intention to pay attention to the concrete object of the artwork that was sympathetic to teleological functioning of the service users. At chaotic points, the more demonstra- tive the therapist was in indicating their genuine inter- est towards the artwork as concrete object, including physically looking at it with explicit references to how their mind was viewing it, the more settled the group became in joining that focus of attention. This explicit demonstration of intention through artworks, as clear and present targets of attention, conforms to Karterud and Urnes' description of art therapy as a teleologically sensitive practice. Art therapists who worked with people diagnosed with BPD have emphasised teleo- logical qualities of their practice such as suggesting that art therapy is a process of 'thinking with things' (Silverman, 1991, p. 83) or 'structuring thought through art' (Huckvale & Learmonth, 2009, p. 43), but have not named it in mentalizing terms.

The use of artworks to support a cycle where inter- personal cooperation correlates with a stronger self- sense in that relationship in the groups featured in the present study is consistent with observational research in art therapy with individuals (Ball, 2002; Evans & Dubowski, 2001). The opposite process, where therapist passivity seemed to communicate lack of engagement, identified in the grounded theory, supports this as a negative case.

Conclusion

The present study suggests the most successful response to problems of mind-blindness and attention control in art therapy groups where the art therapist

actively and insistently articulated their interest in the service user's artwork as a focal point for shared atten- tion. Therapists should therefore avoid long periods of appearing passive, even when they are doing internal, reflective work, because the mind-blind features of BPD make their passivity very difficult for service users to read, particularly in the early phases of their treatment.

Strengths

The study was an in-depth exploration in a naturalistic setting. It involved 16 viewers, including service users, which had not been attempted before in art therapy research. Observation-based grounded theory pro- duced novel descriptions of art therapy practice.

Limitations

The study solely focused on a discussion phase and so did not address all aspects of the art therapy group. The first author had a dual role as a treating art therapist and a grounded theory analyst. While the researcher practitioner role has been common in art therapy (Gilroy & Lee, 1995), it is possible that the separation of research analyst and treating art therapist roles may have produced different results.

Implications for further research

It may be that if other processes were used to identify therapeutic moments, different video-edited sequences may have been selected. For example, if the ethical issues could be addressed, the study could be replicated by having service users identify the therapeutic moments. Future research might also examine the recursive processes between art-making and art-viewing/discussion. This might illuminate not only how social forces act on the development of meaning in artwork when it is presented to the group, but also how the making of subsequent art- works is influenced by that social context. While the grounded theory developed a set of propositions, future research is needed to test those propositions as a theory.

Disclosure statement

No potential conflict of interest was reported by the authors.

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