Research Article

Integrating art in psychodynamic-narrative group work to promote the resilience of caring professionals

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A B S T R A C T

This paper presents a theoretical foundation for integrating the psychodynamic and social construction perspectives to group work for the purpose of enhancing resilience. A model for narrative-dynamic group work integrating the arts was implemented with a team of professionals who worked with children and families at risk. Single case study research is used as an example that describes and evaluates implementation of the model. Results show that such a group can help individual members and the group as a whole learn and recognize their vulnerability to compassion fatigue and emotional burden, as well as their strengths and abilities, in a process that leads to enhanced resilience. The paper raises and discusses dilemmas related to facilitation of the group and the impact of organizational demands. Implementation of the model provided the group members with an awareness of the meaning and significance of their emotional experiences and provided a useful guide for their work with children and families at risk.

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Introduction

Programs which aim to increase resilience generally focus on people who have experienced trauma resulting from natural disasters, armed conflict, traumatic events, or problematic situations in their families. Such programs often aim to support adolescents and children who are growing up in chronic at-risk and stressful situations. In these circumstances, adolescents and children grow up in chronic at-risk situations (Lahad, Shacham, & Avalon, 2012). Professionals who work with these populations are exposed to, and sometimes affected by, the trauma that their clients have experienced. Professionals can experience a tension between the desire to help, provide support, and feel compassion, and uncomfortable feelings of desperation, helplessness, anger, and guilt. Their aim to support and help can be compromised by painful recognition of an unbearable and cruel reality, especially concerning the violence that can be perpetrated by human behaviour.

In addition, prolonged exposure and proximity to traumatic pain during the course of these encounters tend to overwhelm professionals with difficult, painful experiences. Under these circumstances, they may resort to the defense of intellectualization, becoming emotionally detached and displaying superiority when warmth and acceptance are needed. They may additionally over-identify and collaborate with false hopes and parental denial. A parallel movement along the continuum from feeling omnipotent to helplessness and despair creates a vicious circle that leads to emotional burnout and a sense of stagnation (Florsheim, 2014).

These experiences have a noteworthy effect on professionals' thoughts, feelings, choices, and relationships, as well as on their physical and psychological state and their spiritual beliefs. In order to protect their inner well-being and enhance their resilience, these professionals need to be aware of their own vulnerability to the disruptive influence of problematic reactions to clients' traumatic events. In the absence of such awareness, professionals experience what has been termed "compassion fatigue" (Rothschild, 2006; Serlin, 2012).

Resilience (or resiliency) refers to the ability to deal with, recover from, or overcome adversity through flexible coping (Rutter, 1987). Resilience is a theoretical lens that alters our focus from the pathological identification of breakdown and disorder attributed to exposure to stressful life events and environments, to individual characteristics and social processes associated with either normal or unexpectedly positive psychosocial development (Liebenberg & Ungar, 2008). In contemporary literature, resilience is viewed not as a personal characteristic, but as a dynamic process that enables reliance on personal strength and support from others, thereby utilizing an array of protective factors to mediate the possible effects of risk factors (Masten, 2001; Unger, 2005; Walsh,

2006).The dynamic nature of the resilience process also contributes to the individual's ability to cope successfully in future stressful situations (Garmezy, 1985; Lahad & Leykin, 2012; Rutter, 1999).

Participation in dynamic groups designed to enhance individual resilience can liberate professionals from some of the emotional overload generated by their work.

The theoretical roots of group work derive from the psychoanalytic perspective and application of the object relations approach. The roots of the narrative approach are embedded in the social construction perspective. This article proposes a combination of these two worldviews, which are often perceived as contradictory (Dean, 2012), in order to generate a process of personal and professional growth. In the article we discuss the professional perspective that led to our conceptualization of the psychodynamic narrative group work model using the expressive arts. We then proceed to review the theoretical background that guided development of the model, and describe the process of its implementation through work with a team of professionals who deal with children and adolescents at risk.

Theoretical background

The theoretical underpinning for the psychodynamic narrative group work model using the expressive arts is presented in Fig. 1.

The model for psychodynamic narrative group work using the arts is based on integration between the psychodynamic and the social construction perspectives. The psychodynamic perspective and its evolution into object relations theory provides a theoretical base for analytic group work. This approach emphasizes the significance and reactivation of one's internalized objects in ongoing interpersonal relations (Kibel, 2005; Ogden, 1986). According to Foulkes (1984), a psychiatrist and psychoanalyst who adheres to this school of thought, a person is born into a network of relationships developed within social groups such as families, societies, and cultures, which profoundly affects his or her nature. Therapeutic groups function as a microcosm of such social networks, and support self-actualization as a result of mutual understanding developed within a process of communication, as part of a cohesive and intimate group (Rosenwasser & Nathan, 1997). The group as a whole constitutes the therapist's frame of reference; and group processes lead to individual change (McNeilly, 2006). The social construction perspective is embedded in Thomas Kuhn's seminal work, *The Structure of Scientific Revolutions* (1970), which challenged the conventional view of science as a cumulative, knowledge-building activity, and perceived it as social and cultural enterprise operating within communities of scientists (Witkin, 2012). Social constructionists believe that all knowledge, including the most basic ostensibly obvious common sense knowledge of everyday life, is derived from and maintained by social interactions. When people interact, they do so with the understanding that their respective perceptions of reality are related, and as they act upon this understanding their common knowledge of reality becomes reinforced (Berger & Luckmann, 1966). Social construction focuses on the rejection of general explanations in favor of unique and personal ones, emphasizing multiple meanings and points of view, which are always context-related. A person's identity and self-perception are a function of social construction processes that occur during interactions with others, which are partly defined by gender, culture, status, position, role, and authority (Chambon, 1999). Social constructionists challenge the idea that there are given, predetermined structures or essences (Burr, 2003); they declare that language shapes meaning and experience (Stern, 1997), and because meaning is interpersonally constructed through conversation, there can be no "objective truth," but only multiple ways of understanding (Dean, 2012).

The social construction perspective provides the basis for a narrative group work approach. Group work based on a narrative approach assumes that a unique and characteristic story evolves within each group that is related to its time, circumstances and environment. Within this approach, the interpreted meaning is a "story" rather than an objective truth (Knill, Levine, & Levin, 2005). Narrative techniques, such as remembering and externalization (White & Epston, 1990), help group members develop their preferred personal narratives, which are incorporated into the group's collective narrative when its members serve as witnesses to these individual processes (Kadosh, 2010). Sharing such universal human experiences induces a feeling of belonging to a cohesive and meaningful group (Yalom & Leszcz, 2005). As group members identify with these experiences, they are able to work through distressing feelings, cope with resistance, and open new pathways toward preferred solutions (Kadosh, 2010). Such processes support resilience by making those who experience them aware of their life goals and values. Belief systems that create meaning out of adversity provide a positive outlook, enhance spirituality, and foster a belief in something bigger than oneself (Walsh, 2006). Efficient group work is based on flexible use of theoretical approaches and employing psychodynamic and narrative techniques to serve the needs of group members (Dean, 2012).

Promoting resilience in group work is based on the assumption that all group members can contribute to and benefit from recognition and encouragement as part of a group process. Group members are encouraged to learn from one another about their thoughts, feelings, and successful coping strategies, as well as to receive feedback and validate their own resilience (Coholic, Fraser, Robinson, & Lougheed, 2012; Woodcock, 2011). Group leadership always involves "double listening": paying attention to the problematic story and to capabilities and successful coping. The group leader must allow sufficient time and space for group members to talk about their hidden strengths as well as their vulnerabilities. The facilitator should refrain from direct interpretation of resilient contents in order to allow these hidden strengths to come into play in the context of spontaneous expression of traumatic material that might still be repressed.

Through this group process, members learn that they can be resilient and also depend on help from others. This feature highlights the reciprocal nature of building resilience as a personal and social process (Hirayama & Hirayama, 2001; Woodcock, 2011). When appropriate, the group leader may highlight examples of successful coping, and create a preferred narrative of an individual or of the group that may potentially empower the group members (Kadosh, 2010).

A number of practice models have been developed in order to promote resilient processes (Green, 2007; Hart, Blincow, & Thomas, 2007; Walsh, 2006). However, knowledge about the relationship between enhancing resilience and dynamic analytic group intervention is limited, and we have no clear guidelines on how to develop coping abilities by means of identifying strengths and utilizing coping resources.

The group facilitator used the following instruments from the fields of resilience and narrative reflections to enhance the group process:

The basic Ph model (Berger & Lahad, 2010; Lahad & Leykin, 2012; Lahad et al., 2012)

According to this model, individuals are asked to map the extent to which they employ six channels of coping: belief systems, affective means, social interaction, imagination, cognition, and physiology. The goal is to raise people's awareness of their differential use of each channel, and help them move flexibly between