

**PhD by Research Thesis Submission**

Title of Project:

**Girls' and young women's experiences of art psychotherapy:  
formations of re-imagining, re-threading, and re-worlding**

IRAS Project No: 212963

GOLDSMITHS, University of London  
Department of Social, Therapeutic and Community Studies

Researcher: Karen Wright PhD student no. 33333681

Telephone no. 07841635926

Declaration of Authorship: I Karen Wright hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed:

Date: 13<sup>th</sup> March 2024.

## Acknowledgements

Firstly, I wish to thank the young women and girls who participated in this research and for sharing their experiences of art psychotherapy. Without their invaluable contribution this research would not be possible.

Thank you also to the girls and young women I have worked with who influenced this project, including those who took part in the service user panel I consulted.

Thank you to my work colleagues and network of arts therapists who supported and encouraged this research.

Thank you to my supervisor Dr Keren Cohen for her wisdom, guidance and support and thank you to Dr Jill Westwood for her wisdom, guidance and support, my supervisor before Keren.

Also thank you to Dr Maya Mukamel and Dr Elena Gil-Rodriguez, my second supervisors.

Thank you to my family and friends for their support, encouragement and patience.

A special thank you to my sister, Dr Toni Wright for her invaluable encouragement and support.

### Abstract:

This submission presents research into a group of ten young women and girls' (13-16 years old) experiences of art psychotherapy in a Child and Adolescence Mental Health Service (CAMHS) setting which has been little explored within arts psychotherapy research. Six of the participants engaged in individual art psychotherapy and four participants took part in group art psychotherapy.

Informed by a combination of mutually constitutive interlocking subjectivities, critical feminisms, feminist post-structural, and feminist post-human and affect theory frameworks, the research aimed to critically examine structural power and mainstream knowledges to unearth forms of resistance, new knowledge, and ways of being through exploration of the experiences of this group of young women and girls engaged in art psychotherapy.

The research methodology incorporates reflexivity, critical feminist enquiry and ethnography, reflexive field notes and participant contribution elements. Critical feminist methodology underpins the selection of data collection methods, namely reflective dialogues informed through the visual research method of art making. Thematic Analysis was the method employed to analyse the data from the interviews. A case study approach was taken to analyse what was communicated, received and felt by the participants and the researcher through the participant's artwork.

The main findings include how participants found they were able to move from emotional suffering to better wellbeing, as well as improved relationships to themselves and others through their work in art psychotherapy. Participants revealed how they gained re-connection to the self, others and the world, noting increased communication and interaction with the world. The importance of how art materials that can be orientated to their bodies and aid staying with unsettling emotions into re-imagination and transformation was also shared. For most of the participants, art psychotherapy was able to provide a space to re-imagine their lives. Combinations of interactions with art materials, the room, others and themselves enabled a re-connection to the self, facilitating a dialogue through and with artwork, providing a catalyst for empowered recovery and transformation, beyond oppressions and emotional distress.

Implications for practice are offered in the knowledge shared by the participants, examined through a critical feminist lens that enabled awareness of the reality of their

lives, the effects of practice upon them, as well as understanding of oppressions and emotional distress which art psychotherapy can support to explore both cerebrally and corporally. Also highlighted is the significance of art psychotherapy that provisions access to imagination, exploration of connections with the human and non-human world, raises up and makes visible, furnishes routes to new understandings as well as ways towards hope and better wellbeing. This research project brings to awareness that an arts psychotherapy that is open and orientated to the critical feminist theories better understands how art psychotherapy can work for and with young women and girls through emotional distress to re-connection to the self, others and transformation.

Key words: Arts Psychotherapy, Intersectional, Critical Feminist Art Psychotherapy, Feminist Art Psychotherapy, Critical Race Theory, Social Justice, Psychocentrism, Psych-biomedical Pharma industrial complex, New Materialisms (sometimes shorten to materialisms), Affect Theory.

Explanation Of Keywords	
Art Psychotherapy	A form of psychotherapy that incorporates the use of art in any form. The term “art therapy” is attributed to Adrian Hill, teacher, artist, and writer (Waller, 1991; Hogan, 2001). Hill’s work provides a profession ancestry rooted in the patient as artist <sup>1</sup> .
Intersectional	A term created by Crenshaw (1989) to name the interconnecting structural oppressions of race and gender that come together to oppress Black women in very particular and disadvantaging ways.
Critical Feminist Art Psychotherapy	An approach, rooted in Black feminisms that recognises, and is critical of the effects of, the social constructions of race, gender, age, sexuality, class, disability and debility. Anti-sexist and anti-racist in its stance, it is vigilant of practitioner privileges, seeking to interrogate and lessen power imbalances in therapeutic relationships. It works to raise consciousness about the lived experiences of oppressed and marginalised peoples, as well as take action to bring about social change to improve their circumstances.
Feminist Art Psychotherapy	An approach that recognises, and is critical of the effects of, the social

---

<sup>1</sup> Hill recuperated from Pulmonary Tuberculosis (TB) in 1941 and his ability to succeed in regaining health after surgery was seen by doctors, in part, to be due to his immersion in his art. As a result, he was solicited to work with patients suffering with TB. Other artists joined him in working in sanatoriums (Simon, 1997). Hill recruited Rita Simon in 1944 to offer art psychotherapy to patients on TB wards. Hill’s seminal 1945 book *Art Versus Illness* lays out his ideas on the potential for creativity to heal.

	<p>constructions of gender, but through that singular analysis tends to negate other important gendered intersections such as race, ethnicity, age, class, disability and sexuality.</p>
Critical Race Theory	<p>Critical social theories that recognise the many forms of racism as structural.</p>
Social Justice	<p>Raising consciousness and taking action against structural injustices and inequalities experienced by oppressed and marginalised peoples.</p>
Psychocentrism	<p>A term used to describe mental health practice that centres scientific and medical based 'psych' disciplines, such as psychiatry and psychology.</p>
Psych-biomedical, Pharma industrial complex	<p>Terms used to describe the dominance of the biomedical drug industry in mental health services as a capitalist endeavour.</p>
New Materialisms/materialisms	<p>A term used in academic literature to denote the re-emergence of concern for materialisms. Feminist work has always been concerned with the materiality of oppressed and marginalised people's lives, so how they experience, psychologically, physically, and emotionally, the social and material world they inhabit.</p>
Affect Theory	<p>Works that examine the ways bodies affect and are affected by materialities.</p>

## Table of Contents

<b>Chapter 1: Introduction .....</b>	<b>9</b>
Impetus .....	9
Thesis Structure .....	9
Concepts .....	11
Research Background and Questions .....	13
<i>Today's CAMHS service- the wider Context</i> .....	20
Art Psychotherapy Context .....	22
<b>Chapter 2: The Art Psychotherapy Landscape .....</b>	<b>26</b>
Introduction .....	26
Summary of Art Psychotherapy Development .....	26
<b>Chapter 3: Literature Review .....</b>	<b>42</b>
<b>Chapter 4: Methodology and Methods .....</b>	<b>94</b>
Introduction .....	94
<i>Ontological Position</i> .....	94
<i>Epistemological Position</i> .....	98
Methods .....	102
<i>Service user and participant contribution to the research</i> .....	102
<i>Reflexivity</i> .....	104
<i>Feminist visual ethnography</i> .....	107
<i>The research beginnings</i> .....	109
<i>Process</i> .....	111
<i>Sample</i> .....	113
<i>Structure of interviews</i> .....	116
<i>Interview Process</i> .....	117
<i>Consent</i> .....	119
<i>Consideration of risks and burdens</i> .....	121
<i>Ethics</i> .....	123
<i>Consideration of unequal relationships</i> .....	125
<i>Data Protection</i> .....	126
<i>Copyright for artwork images</i> .....	127
Data Analysis .....	127
<b>Chapter 5: Research Data Results .....</b>	<b>129</b>
Context of interviews – Field Notes Data Set .....	130
<i>Interviewing Ariel</i> .....	130
<i>Interviewing Drew</i> .....	130
<i>Interviewing J, Bell and Bella</i> .....	131
<i>Interviewing J</i> .....	132
<i>Interviewing Bell</i> .....	132
<i>Interviewing Bella</i> .....	133
<i>Interviewing Rosie</i> .....	133
<i>Interviewing Alice</i> .....	133
<i>Interviewing Holly</i> .....	133
<i>Interviewing Yasmin</i> .....	134
<i>Interviewing Elizabeth</i> .....	134
<i>Reflecting on the Field Notes Data Set</i> .....	135
Main Themes .....	136
<i>Theme 1. Re-Imaginations</i> .....	137
<i>Theme 2. Re-making threads, working together</i> .....	150
<i>Theme 3. Re-worlding</i> .....	169
Participant interview artwork introduction .....	181
<i>Guide through the interview artwork gallery</i> .....	182

<i>Ariel's Interview Artwork (fig. 1)</i> .....	183
<i>Bella's Interview Artwork (fig. 2)</i> .....	185
<i>Drew's Interview Artwork (fig. 3)</i> .....	187
<i>Holly's Interview Artwork (fig. 4)</i> .....	189
<i>Bell's Interview Artwork (fig. 5)</i> .....	191
<i>J's Interview Artwork (fig. 6)</i> .....	193
<i>Yasmin's Interview Artwork (figs. 7, 8 &amp; 9)</i> .....	195
.....	196
<i>Alice's Interview Artwork (fig. 10)</i> .....	201
<i>Rosie's Interview Artwork (fig. 11)</i> .....	203
<i>Elizabeth's Interview Artwork (fig. 12, fig. 13)</i> .....	205
<b>Chapter 6: Discussion</b> .....	<b>209</b>
Summary of Discussion.....	226
<b>Chapter 7: Conclusions</b> .....	<b>232</b>
Limitations.....	233
Implications for Practice .....	236
<b>Reference List</b> .....	<b>238</b>
<b>Appendices</b> .....	<b>260</b>
<i>Appendix 1.</i> .....	<b>260</b>
<i>Appendix 2.</i> .....	<b>261</b>
<i>Appendix 3.</i> .....	<b>262</b>
<i>Appendix 4.</i> .....	<b>271</b>
<i>Appendix 5.</i> .....	<b>277</b>
<i>Appendix 6.</i> .....	<b>280</b>
<i>Appendix 7.</i> .....	<b>282</b>
<i>Appendix 8.</i> .....	<b>284</b>
<i>Appendix 9.</i> .....	<b>285</b>
<i>Appendix 10.</i> .....	<b>287</b>



## Chapter 1: Introduction

### Impetus

This submission presents a study that has been designed to fulfil the requirements of a PhD in art psychotherapy at Goldsmiths, University of London. The impetus for this research comes from many years of experience working in Child and Adolescent Mental Health Services (CAMHS) within the National Health Service (NHS) as an art psychotherapist, mostly with girls and young women.

### Thesis Structure

Structure of the overall thesis is as follows:

Chapter 1, introduces the project, that firstly outlines the impetus, the structure, an explanation of concepts, the research aim, research background including a brief summary of theories underpinning the project, and a brief exploration of girls and young women using CAMHS from 2017-2019 when the research took place. This is followed by the research questions, reflections on the history of girls' and young women's in CAMHS, a brief exploration of the modern history of women's experiences in mental health through a personal reflection, including the historical context. A section on the history of CAMHS and then a present-day discussion of CAMHS into the wider context is presented, including the national and wider context of girls' and women's mental health to present underlying evidence for why this research is timely and necessary. A reflection on the context of art psychotherapy within mental health and reflections on motivations for undertaking the research follows.

Chapter 2, lays out the art psychotherapy landscape, with a short introduction and then summary of art psychotherapy development focused on the UK and USA, the development of art psychotherapy from psychoanalysis, moving into the major psychoanalytical contributions to art psychotherapy, after which discussion of relevant early pioneers and history of art psychotherapy is presented. This includes exploring early attempts to define art psychotherapy through psychoanalytic frameworks, including attempts to center back to the art image. Also included are early attempts to seek social justice as well as feminist thinking in that history, additionally, possible points of harm done, including excluding art therapists of colour. The contribution of Black and of colour arts therapists to practice is highlighted, as well as feminist and social justice work. The chapter concludes with a summary.

Chapter 3, presents current literature and research in art psychotherapy, including some that go back to the early days of practice to give a full picture of how girls and young women have been treated over the years within the practice. Where relevant how the profession has attempted to align with theories that may have been harmful to girls and young women is included. Literature that is pertinent to this project is incorporated, focusing on work that encompasses gender in relation to art psychotherapy, as well as work that recognises other interconnected sites of oppression such as race, class, sexuality and disability. Also included is work that appears to work well for girls and young women and that recognises repressions they suffer. Additionally, presented is work that advocates for a critically feminist practice and education of art psychotherapists, as well as practice that is radical, activist and seeks social justice. Included also, is work that seeks to comprehend how creating art within art psychotherapy offers ways to communicate what is felt both through the body and intellectually to the self and others. This is followed by a summary of the literature review and more detailed examination of theoretical frameworks introduced in Chapter one.

Chapter 4, starting with an introduction provides an overview of the critical feminist informed methodology, drawing on post structural philosophy, including the construction of gender, performativity and precarity (Butler, 1990, 1993), as well as cultural theory (Ahmed, 2014), materialisms (Ahmed, 2010 (a), 2017; Haraway, 2016) and intersectionality, (Crenshaw, 1989, 1991) and feminist epistemology (Jaggar, 1989). This is followed by the methods section, starting with a discussion on the participatory contribution to this research, then an examination on reflexivity, on the critical feminist visual and narrative inquiries including feminist visual ethnography and incorporating its use in art psychotherapy research. The beginnings of the research is discussed, and an exploration of barriers encountered in doing research interested in girls' and young women's experiences with a feminist approach. The research process is then detailed, recruitment methods, participation recruitment, the sample used, inclusion and exclusion criteria, recruitment processes and the demographics of participants. The interview process is discussed, including consent, risks and burdens, the ethics process and barriers encountered, data protection and copyright. The interview structure is laid out and the method of data analysis is explained.

The data results can be found in Chapter 5. Field notes are included, supporting the context of where the interviews took place, the main themes and the analysed data is discussed. Participant's artwork is discussed and analysed, utilising field notes, the

reader is then guided through the artwork as an imaginative art show. Chapters 6, is where the discussion can be found, including a summary. Chapter 7, offers conclusions, limitations and the implications for practice sections of the thesis. A reference list is located at the end of the document followed by appendices.

## Concepts

Within this thesis the terms art therapy, art psychotherapy, and arts psychotherapy appear to be used interchangeably. This is because when referring to authors' work I use either art therapy, art psychotherapy, or arts psychotherapy (arts psychotherapy includes drama, art, and music therapy) depending on their preferred term. Some working in the profession prefer not to use the 'psycho' attached to therapy as a way to distinguish the type of art therapy they offer, that is one that heralds from a more therapeutic approach (Kramer and Ulman, 2000, p.34). It is not my intention to dismiss this approach to detach 'psycho' from the word therapy, but rather than the inclusion or exclusion of the term be about therapeutic approach, I recognise the origins of psychotherapy from psychoanalysis, and to focus more on how psychocentrism (Rimke, 2016, 2018) and the psych-biomedical pharma industrial complex have come to dominate mental health; discussing the antagonisms between the dominating practice and economic drivers and the underpinning values and principles of art therapy, which in many ways sit in opposition to those dominating powers (Sajjani, 2012; Sajjani and Kaplan, 2012; Sajjani et al., 2017; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a)). I feel it is important to be clear how art therapy/psychotherapy is positioned within the Western biomedical psychiatry model, and to explore how the profession operates both within that paradigm whilst also challenging and working against it. Indeed, within the thesis I reflect on my own experiences as an art psychotherapist working in and against institutionalised psychocentric medicalised mental health services, including the impact on the work with service users, on their wellbeing, my own and others.

Throughout this thesis, I refer to mental health and wellbeing. These are words that could be said to fit within the Western biomedical psychocentric model of care. I do this in part to mirror traditional terminology, but also to demonstrate that they can have alternative meanings. By mental health, I mean a board term used to describe health in relation to the mind. I also acknowledge the connection between the mind and body, and in particular Schalk's (2018) notion of bodyminds, of body and mind being one and not mutually exclusive, and I explore that within the analysis of the study data. By wellbeing, and in the context of how this is understood by the study

participants, I refer to bodymind (Schalk, 2018) balance as opposed to being out of balance and experiencing emotional distress and the impact that distress has on the bodymind. Wellbeing also includes the notion of feeling able to survive and thrive in a hostile world. I am aware of the co-option of the term wellbeing by the medical industrial complex and so this thesis is an attempt to reclaim a capitalist designation of the term around individualised health goals achieved through purchasing self-help tools (Rimke, 2017), towards a more critical feminist interpretation that recognises the bodymind (Schalk, 2018), pays attention to the impacts on the bodyminds of women and girls and sees the value of raised consciousness for women and girls around gendered oppression. When analysing the study data, I have explored the data for the connections to, and enablement of, critical views of gendered social and societal factors impacting the bodyminds (Schalk, 2018) of young women and girls. I explore wellbeing further in later sections of the thesis.

I also use the word transformation to describe changes following service users' emotional work in therapy. In this context, it is not about implying life is then fine and easy after that emotional work, rather transformation is understood through critical feminism (hooks, 1997). In a similar way to wellbeing, transformation is about managing to survive and thrive in a hostile world, empowerment, connecting to self-value, moving away from self-blame, and waking up to structural oppressions in the world.

I use the term's client/s and service user/s interchangeably throughout the thesis, using the term favoured by the author I am discussing. I consider both to mean a person working alongside a psychotherapist/therapist in therapy and in the context of this thesis that form of therapy would usually be art psychotherapy/therapy.

Throughout this thesis when referring to people identify as Black I will capitalise the B. This is done to distinguish Blackness as not just a colour but to denote Black history and identity. This is also to honour the writers included in this thesis who do capitalise Black. Some consider (DiAngelo, 2019) if you are to capitalise Black then why not white, otherwise white as a race is seen as the default by which all others are measured. However capitalising white does then have connotations of 'white supremacy' that is often capitalised, so care needs to be taken. Increasingly, it is becoming a tradition for publications in the USA to capitalise Black and white but this does not tend to be used in the UK. It could be argued that by capitalising both, this is implying that we are living in a world that is not racist and all things are equal.

Therefore, keeping white as lower case is acknowledging the privilege of 'whiteness', the reality of a racist world.

### *Research Context and Aim*

This research took place in an NHS Trust CAMHS service in South East England. The study recruited 10 girls and young women as a cohort of research participants, each producing their own artwork and recounting their experiences and stories in a one-to-one interview with myself as the researcher. The goal was to be mindful of providing the space for participant voices to be central and for the high-level involvement of participants in guiding the one-to-one data collection meetings through a participatory approach.

Throughout the research process and the writing of this thesis, there is recognition of the power imbalance between me and the participants. Recognition of some of the power imbalances are in, for example, in me being a white middle-aged woman, and someone who is part of an institution which uses a medical model with a long history of doing harm unknowingly and knowingly to those who have been labelled as mentally ill. In various chapters I explore my reflexive and mindful approach. This aims to mitigate some of the power imbalances but also acknowledges how these intentions can fail, how doing research in the system that was available and permissible to research in, can inevitably lead to some form of power imbalance. For example, I as the researcher ultimately made decisions about what to exclude, include and emphasise in the findings.

### *Research Background and Questions*

Art psychotherapists are giving increasing consideration to the social context within which they work and the impact this has when working with service users during therapy sessions. Many have identified the importance of acknowledging the differences amongst socio-cultural and socio-economic groups, and how social and/or economic disadvantage/s and lack of opportunities and life chances impact negatively on service users' self-esteem and lived experiences (Kaplan, 2007; Talwar, 2010; Talwar, et al., 2019). There is also acknowledgement of how enabling a sense of choice and control through engaging in art psychotherapy can have an empowering and positive effect on mental health. It has also been identified that art can seem inaccessible; as belonging to a cultural elite, not available, and irrelevant to ordinary

people (Wood, 1999). Sociologists such as Skeggs (1997, 2001) have identified ways underprivileged women are constructed in particular and absolute ways, such as irrational and uncontrollable and in need of constraint, leaving them with little power with which to resist and make changes towards better emotional health, but art psychotherapy can also be used to challenge this perception (Wood, 1999). This research seeks to explore the experiences of girls and young women, showing the ways in which, they are able to resist dominant discourses by re-imagining and remaking themselves through engagement with art psychotherapy; thus, unfolding new dimensions in art psychotherapy practice in this and other similar contexts.

The challenge for art psychotherapy lies in the dissonance between the practices' underpinning principles and values and its given location as a recognised medical therapeutic intervention. Arts psychotherapists have written on the challenge art psychotherapy often finds itself in when operating alongside antithetical approaches, of how it can often be cast as less rigorous and convincing than conventional approaches that are steeped in powerful scientific discourse (Sajnani, 2012; Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019). Art psychotherapy sits on the edge of the medical sphere, it can be seen as an intervention less positivist than conventional biomedical approaches. It involves working with people alongside elementary art materials as creative expression. Such materials are not aligned with biomedical scientific invasive methods, and in this way art psychotherapy is very much a practice outside of what is claimed to be an objective biomedical scientific positivist approach. The fact that art psychotherapy sits in some ways in opposition to more conventional approaches has been seen by some as positioning it as a subversive amongst 'normative' conventional interventions, because it provides a point of agitation that has the potential to question conventional practice and knowledge; providing a place of sanctuary and shelter for those alienated by biomedical models. In this sense it has the prospect of being a place of greater safety for those designated to the margins of society because of its capacity to recognise the subjectivity of marginalised and vulnerable people's lived experiences (Wright and Wright 2013, 2017, 2022). Because art psychotherapy elevates and empowers voices, stories, and experiences through imaginative and creative expression, it can support and facilitate a platform and potential transformation for those who might otherwise struggle to find a voice and visibility in society. The purpose of art psychotherapy for girls and young women is to enable them to work towards seeing a more hopeful future in which they can engage in bringing about positive change for themselves and others, working towards

enhancing their life chances and a transformation of their wellbeing (Sajnani, 2012; Sajnani and Kaplan, 2012; Sajnani et al, 2017; Talwar, 2010, Talwar, 2016, Talwar 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019).

Other potential benefits for marginalised and underprivileged peoples are the practice's capacity to facilitate access to art, art materials, and discussion about art within a safe place (Wood, 1999). Feminist post-structuralism in the form of Butler's work (1993, 2009) is useful in providing an understanding of how particular bodies come to be marginalised through structures of power. And beyond this, the feminist materialisms work of Ahmed (2006 (a), 2006 (b), 2010 (a), 2010 (b), 2014, 2017) helps us in understanding how marginalised people feel, take up, and inhabit space, as well as how they both orientate and are oriented by objects within spaces; and how other affects, such as language, have emotive capacities within spaces. Consideration of these works enables us to ask questions such as what discourses (social, cultural, and economic power structures) are at work in society, how do they operate to sustain oppressions, and are they mirrored or resisted within art psychotherapy spaces? We can critically ask to what extent art psychotherapy has the potential to offer solidarity to marginalised and oppressed peoples through exploration of alternative liberating consciousness, knowledges, and action.

Significant numbers of girls and young women having experienced social and/or economic hardship, and consequently a lack of opportunities and life chances, are presently accessing Child and Adolescent Mental Health Services (CAMHS)<sup>2</sup>. (Association for Young People's Health (AYPH), 2019, 2020; Agenda, 2020). In 2017 the Mental Health Foundation published a report stating "the last fifteen years have seen an unprecedented rise in reported mental health problems amongst young women and girls. We now see their needs reaching crisis levels." (p.4). Many of the girls and young women referred to CAMHS experience low self-esteem, negative body image, difficulty engaging in education and/or employment, are unhopeful about their futures, and can struggle to work towards recovery from traumas (Agenda, 2020). Drawing first hand on the stories from girls and young women of how they experience art psychotherapy, the research will illuminate the ways in which CAMHS may enable or hinder development, empowerment, and helpful change for girls and young women living with social and/or economic hardship.

---

<sup>2</sup> In the UK CAMHS services are available for young people up to the age of 18 years.

The key questions underpinning the research are:

- Is art psychotherapy able to provide a space from which girls and young women can re-imagine their lives, and can it be a catalyst for empowered recovery and transformation?
- Are there particular clinical practices that lend themselves to enhancing the health and wellbeing outcomes for girls and young women, better equipping them to understand the discriminations and barriers they (may) face?
- Can co-researching art psychotherapy with girls and young women raise awareness of their lived experience in such a way that it leads to a better understanding of their therapeutic needs?

### Reflections on the history of girls' and young women's mental health

While with most of history, accounts of women's and young girls' mental health have been predominantly written about and viewed through hegemonic heteropatriarchal structures, marginalised peoples, such as, women, people and women of colour, LGBTQIA+<sup>3</sup>, people and people living with disability have worked to elevate their stories, advocate for their rights, and challenge dominant biomedical views of mental health (Cvetkovich, 2012; Lorde 2013; Aldama and Rimke 2003; Rimke 2018; Linton and Walcott, 2018).

Following the feminist tradition of storytelling, below I access childhood memories to understand more about how I came to caring about girls' and young women's mental health. I recount the story of an aunt and identify the recounting of her story to me in childhood as a touchstone, a point of re-imagining how and why I came to art psychotherapy practice, a re-threading to a lost and sometimes forgotten relative, and an act that knits together mine and my aunt's lives to re-create and re-make what was known as my aunt's world and bring it new meaning and consideration.

---

<sup>3</sup> Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Intersex, Asexual, (+ can refer to Gender non conforming or Genderqueer and other forms of gender expressions and sexualities)



My aunt's story is one that has been all too common for poor women, but one that is not often told. I begin by resurfacing memories from when I was around 7 years old.

It is the 1970s and my father and I are looking through old family photographs. The woman in one particular photograph is in a blue dress suit. A touch of glamour in the shape of a small hat with a net completes the outfit. Curious, I ask my father, who is she, where is she now? My father explained she is my aunty Joan, but if she is my aunty why have I not met her I ask. To my recollection (the answer is unclear) I am left initially confused and with a feeling that I should not ask more because my father does not seem to know how to reply. Eventually, he explained Joan lived in a 'home' (whatever that is, my 7 year old self thought) and was not very well. Then why did she seem to be outside of the home in what appeared to be, judging by the contemporary colour photo print, relatively recently? I have a vague memory of knowing that being in a home meant she might have needed to be looked after. Somehow, although smiling, Joan looked uncomfortable, or was it my father's uncomfortableness in answering me that I had transferred to her?

Years later, in my teens my curiosity resurfaced, and I found out from my father that Joan was my father's half-sister. Her parents were my grandfather George and his first wife Mary. When Joan was in her early adult years, she had lived with George's partner and my father's mother, Dorothy, Joan's brother Bill and her half-brothers (my father and his brother). George and Dorothy were never married, and they separated when my father was young. Although not staying in touch with Mary, my grandfather remained legally married to her right up until the late 1970s, when he met and married someone else. My father knows nothing about Mary, other than she is thought to have suffered from depression and was institutionalised up until and beyond when my grandfather divorced her. The story of Joan goes that she worked at Bletchley Park during WWII, having got the job through my grandfather. Bletchley Park is now famous as a then secret code breaking unit. Towards the end of the war in 1945, Joan was raped by a gang of American soldiers at Bletchley. After the rape, family said, that Joan's personality changed from a happy young woman to a restless, damaged, and deeply sad one. Joan suffered a series of mental crises and was held in a string of mental health hospitals and institutions for the rest of her life. My family do not know what treatments were given to Joan which leaves them worrying about what awful experiences Joan must have had. There was silence around her story within the family, a looking away from her, a shame and uncomfortableness, so many aspects of

what she went through are not known. Joan came out of the institutions she was in for family events such as weddings and funerals. My grandfather seems to have visited Joan frequently and a note reminding him to visit was found after he had died - a death which family members say devastated Joan. Perhaps she was at a wedding or at a family occasion when the photograph I saw was taken. My father told me, when he and his brother went through Joan's belongings after she had died, that they found she had kept in her drawer all the postal orders her father had sent her; she had not cashed one of them, yet she had called him on the telephone begging for money often. I wonder if Joan needing the money was used as an excuse to call her father but also, I wonder if a drawer full of postal orders was a constant reminder to her of how much her father cared for her.

'Treating' victims of violence by institutionalising them was common place in the 1940s. It is a response that failed to seek to address the structures of power that dominate and oppress women. It is also a response that enables male violence against women and femmes. Joan's story is indicative of women relatives with a history of mental trauma and crisis being institutionalised, disconnected from family and relational and community support. It is a story of how trauma and mental distress were medicalised. It is an illustration of the way women were the ones institutionalised (Appignanesi, 2009) when they were the victims not perpetrators of violent sexual crimes. So often victims of violence are blamed for what has happened to them, cast as the problem (Ahmed, 2017) and the source of shame. Violence against women continues. Joan's trauma came in over seven decades ago, but violence against women has not abated since then (Federici, 2018).

There is evidence that women who were institutionalised often experienced violence at the hands of those who were meant to be caring for them (Rimke, 2018). And women were not alone. There is a long history of incarcerating and institutionalising people of colour, people living with disability, debility, LGBTQIA+ people, and the poor. It is the way heteropatriarchal society deals with those it does not value and those who do not conform to its norms. For women, this can be traced back to the persecution of women as witches (Federici, 2018; Rimke and Aldama, 2003) and of ways that capitalism and patriarchal society seeks to oppress, silence, hide and destroy women who do not conform and are not seen as valuable. It is important not to forget such histories and specifically of mental health services, to understand how the legacies are still with us today (Federici, 2018; Rimke and Aldama, 2003) and how these can surface in our once hidden family histories. These histories

of oppression for those who step out of the 'norm', of what patriarchy and capitalism wishes to silence and keep hidden are visible in western culture, in its stories, fairy stories and myth, in literature, in cinema, in institutions and in the language (Federici, 2018). They serve to remind women, girls and femmes, people of colour, disabled people, LGBTQIA+ people, and the poor, that for anyone seen as stepping outside those boundaries there is danger when you stray off the patriarchal set path. Knowledge of these repressive structures, felt and lived, is what oppressed people bring to services, it tells them to be aware and alert, often keeping them afraid to speak of how they are really feeling or at times being so overwhelmed that anger and hurt bursts out, only to find they are silenced through various means, such as medication or locked up (Rimke and Aldama, 2003). As an act of critical feminism, I will follow the path shown to me by critical feminists. I will fail at times because I am living within the system, as well as being part of it, but I will use reflexivity to re-thread back to the critical feminist path. Revisiting Joan's story is an act of re-threading back to historical family trauma and is a reconnection that speaks to me about my present; about a story that is my earliest memory of inclination towards an attentiveness to the mental health and wellbeing of girls and young women.

Joan's story shows how women in families can be disconnected, institutionalised and their stories buried. Her appearance in a photograph and of a young girl's curiosity around a sense of an unsettled and uneasy moment was remembered and revisited and that as a consequence meant fragments of a hidden life resurfaced and re-threaded us.

As I move through the story of this research, I will hold close to my heart Joan's story as I think deeply on the stories told to me of the young women and girls who took part in this research and seek to illuminate what they told me. I will reflect on the oppression and violence they had been subjected to, which can be seen as threading back to so many stories of women and girls, like Joan and her mother Mary. Also considered, is the way women and young girls' emotional suffering can be seen as problematic and uncomfortable for mainstream services and traditional practices; that they are in need of being 'fixed', set right, put in their place and put back on the 'correct' path. This illustrates sustained oppression towards women and girls. From Joan's stories in 1940's to current times, women and girls in distress have been shut up and shut away by oppressive patriarchal systems and structures.

Keeping the historical context in mind, here I will briefly explore the history of CAMHS to support understanding of where this research took place. Before we get to children and young people, we need to briefly consider the start of what we might recognise today of services that supposedly specifically cater for people whom society considers to have 'mental health problems'. The county asylums act of 1808 was established to address the problem of people struggling with mental health (then called lunatics) being placed in the workhouse and allowed counties in the UK to set up asylums (Appignanesi, 2009). Another act, the Lunacy Act of 1845 placed no age limit on those entering the lunatic asylum system and there is evidence that children were entering the asylum system in the 1800's (Dale and Melling 2006). Before developing psychoanalysis, Freud worked with children within neurology (Appignanesi, 2009) but there is little history of children and adolescents using specialised 'services' for mental health prior to psychoanalysis when children appear in case studies (Klein, 1932; Freud, 1899/2002). Although limited, a specific service within the Maudsley Hospital for children struggling with mental health was opened in 1923, (Evans, et al., 2008), eventually the provision was enlarged to meet increasing need. This was followed by a service based in East London. A multi discipline team approach was advanced by the Tavistock and by the 1970's the NHS started to become responsible for delivering the mental health service for children and adolescents. After funding stream issues were ironed out, a more fully comprehensive, cohesive, and recognisable today, Child and Adolescent Mental Health Service was developed by 1987 (Barrett, 2019).

Throughout, my time working in the CAMHS service it has been beleaguered by funding issues, often depending on the government in power as to what monetary support is allocated to services. I will reflect on some relevant impacts of underfunding throughout this research. Interestingly, neglected buildings and art therapy equipment offers a point of common struggle and perhaps a countering of power imbalances as both participants and I recognise simultaneously the rundownness nature of the service for workers in it and service users accessing it, during some of the research interviews which I explore later.

### Today's CAMHS service- the wider Context

CAMHS in England receives a high proportion of referrals for girls and young women experiencing mental distress and trauma relating to self-harm, depression, and

eating disorders (AYPH, 2019). Art psychotherapy, as a mainstream part of CAMHS, is often the part of the service that sees many of the girls and young women being referred. Hawton and James' (2005) research shows that self-harm rates amongst young women are higher than for young men. The 2015 Girlguiding survey found "Three in five girls aged 11 to 21 say that a girl or young woman they know has experienced a mental health problem (62%)" (p.8). Young women often present to services experiencing anxiety and depression; disorders that can lead to habitually suppressing painful emotions and developing unhelpful ways of coping such as self-harm and eating disorders (Bor et al., 2014; Rosenfield and Mouzon, 2013). An NHS digital (2020) survey reported an increase of mental health problems for young people from 2017-2020, with the increase more for girls than boys, noting this increase continues as the girls become young women. This data includes the start of the Covid-19 pandemic. A report from Agenda, Alliance for Women and Girls at Risk (Agenda, 2020) investigating data on young women's mental health, found alarming increases in mental health problems for girls and young women, for example, increases in self-harm for girls and young women, higher rates of anxiety and depression compared to boys and more girls and young women being sectioned under the mental health act. A paper analysing gender disparity across 73 countries (Campbell et al.) in 2021 found girls' mental health is poorer compared to boys.

In 2013, the World Health Organization (WHO, 2013, (a)) reported gender disparities in mental health, highlighting the urgent action needed to prevent a potential worldwide epidemic by 2020 of women, girls, and young women experiencing depression. Also, in 2013, (WHO, 2013 (b)) the WHO *Mental Health Action Plan* recommended gender sensitivity in health care policies and awareness of intersecting discriminations such as race, class, sexuality, and disability. The report additionally endorsed collaboration between mental health services and mental health researchers and universities, as well as recommending the cultivation and development of approaches that take account of different mental health experiences for different groups of people. Focusing on violence and abuse against girls and young women, WHO (2016) highlighted the reality of life for many girls and women living with physical and sexual abuse and the impact on their mental health.

"One in 3 women globally experience physical and/or sexual violence by an intimate partner or sexual violence by a non-partner in their lifetime. A quarter of all children experience physical violence, and 20% of girls and 7% of boys

are affected by sexual abuse. Such violence not only leads to deaths and injuries, but also has consequences for mental health problems.” (p.ii)

These reports give emphasis of what is the reality of life for many girls and women living with physical and sexual abuse and the impact on their bodies and mental health. The awfulness of this knowledge combined with women and girls' history, including family histories such as Joan's story, enable us to understand women and girls are still suffering the consequences of living in a patriarchal world, leading them often to seek support through mental health services. The difficulty for girls and young women in seeking help, is they are then entering a space which is part of patriarchy and a biomedical model that seeks to fix them just as much as patriarchy does to all those it feels do not fit the 'norm'. This research aims to offer approaches that may help, girls, young women, femme's and others suffering oppression that would otherwise be served by a model that seeks to 'cure', them. Offering ways of working alongside and with them in allyship, supporting them to be on the path of their choice and making. The data from the young women and girls participants offers alternative ways of working which I will examine further in later chapters. The next section outlines my reflections on my practice as an art psychotherapist to date.

### Art Psychotherapy Context

In keeping with the feminist reflexivity integral to this research and to support the reader to appreciate the research approach taken, as well as gain some insight into art psychotherapy from one who practices it, below I will briefly give some history to my position as an art psychotherapist and experiences that inform my work, firstly I will discuss how I found art psychotherapy.

It is now twenty years since I qualified as an art psychotherapist. My work has been mostly with children and young people as well as supervising other art psychotherapists and therapists from other professions. Before undertaking a master's degree in art psychotherapy, students are usually required to have a first degree in fine art (although health care degrees are accepted if a commitment to creative practice is shown). On-going arts practice is a vital part of the obligation of an art psychotherapist, but it is challenging to maintain when one is exhausted by living in a patriarchal, neoliberal, capitalist world, because your mind and body are worn down constantly trying to survive, let alone thrive in, a hostile world (Berlant, 2007). Leaving one struggling to find time, focus and head space to maintain practice which does not

necessarily fulfil the capitalist drive to make money but is of a different value, an emotional value, which can be a place of refuge, of the inner world but can also place the creator at odds and feeling tension that they not giving attention to the demands of the neoliberalism and capitalist world (Berlant, 2007). However, the ability to practice the arts (including crafts) enables the artist to make concrete the way they see the world and thus offer a way for others to see the world differently, to see different possibilities and different ways of being. Combined with the psychotherapy, a practice that in its simplistic terms seeks to offer a different way to see the world, process distress and find a way to be in the world, art psychotherapy is analogous to critical feminism- in that it sees the possibility for other worlds through seeking equality to change the world and find a way for all to be in the world (Wright and Wright, 2013, 2017, 2022).

It is important to reflect on my motivations for undertaking this study and think through how I am situated within. From a working class background, I now work as an art psychotherapist in a relatively stable and well-paid job that has enabled me to live a more middle class life. Like many art psychotherapist colleagues, my route to art psychotherapy and an interest relating to that around the lives of girls and young women started with creativity - an essential part of art psychotherapy. As a child, my very first memory is of me laughing and of women laughing. I was 2 years old, on the balcony at the back of my parent's first rented flat above a Chinese Takeaway shop. I am waiting for four aunties to arrive at the back of the flat, accessed by a metal staircase. Tired of waiting, after a while, I lay down, so I can still see their arrival up the stairs and now I see the world upside down. Maybe it is the first time I have realised I can see the world upside down and I let out a laugh, which then turns to giggles. As I laugh, I see my aunties coming up the stairs chatting and laughing. When they see me, we laugh together as I exclaim what I am doing. Women and a girl laughing together and seeing the world differently is a good place to be and the first remembered act of creativity for me. During the interviews for this project, the young women and girls and I often laughed together. Some of the laughter was related to understanding each other as women and in recognition of how women and girls negotiate oppressive systems and structures. Laughter can be an establishment of a connection that can strengthen understanding of being and working together against power structures (Ahmed, 2017; Lorde, 2013). From a young age, I was praised for my art, winning a competition to design the front page of my primary school harvest festival programme. Not all of the young people I work with have a good first memory, but as a person who works with young people and is researching with young women and girls, it is important

to remember childhood in order to have some appreciation of how children and young people exist in the world.

There are also memories that for me do not bring laughter but are full of pain and distress. A lifetime of experiencing and/witnessing physical, emotional and sexual abuse as well as sexism, racism, classism, ableism, and discrimination towards those identifying as LGBTQIA+, alongside my own complicity within the patriarchal system, is brought to my work as an art psychotherapist, an artist and in this context a researcher. My experiences have enabled me to support others and have led to many projects of working together with women to support them (including myself) survive in the world. My past and present distress, fear, anger, pain, joy and pleasure brings with it the knowledge of what it is to be a girl and a woman in the world. Some of that I believe established commonality between me and the participants. At other times that thread of connection may have been dropped or lost. I have attempted to pick those up again through careful analysis, reflexivity and through member checking the interview transcripts with the participants. Throughout this thesis, I try to pick up power imbalances and consider the impact of these but recognise this is not a perfect system and there will be holes and gaps where the threads were dropped. The reflexive approach enabled me to work with the data, always in the knowledge that the research participants are the experts on their experiences and that surfacing their truth is a central tenant of this research. When I explore and share the stories of the girls and young women who took part in this research, I do this through the awareness that of course these are stories that are shared through me, but I am not just the conduit through which they flow. I am responsible and have accountability in what data has been included and excluded in this thesis. Those decisions have not been easy but being reflexive and actively and deeply listening to the participants' stories enabled more of their stories to surface and less of my interpretation of them to emerge (Haraway, 2016).

In my work as an art psychotherapist, I have seen more girls and young women than boys. Consistently I see girls and young women presenting to services because they have been oppressed by existing social and political power structures. They have been told they are of no value directly and indirectly. Girls and young women have punished themselves through self-harm, self-hatred, by overeating or starving themselves to fulfil what the world had told them they should look and behave like. What is apparent to those who recognise the destructive and oppressive nature of current systems is that these girls and young women are unlikely to need to access a mental health service if they did not live in such a world. Women, girls, young Black people, people



of colour, disabled people and LGBTQIA+ people that I have worked alongside in therapy, have come to the service because of the trauma they have experienced through living with multiple interlocking oppressions.

The complete lack of feminist theory taught in my training as an art psychotherapist meant I sought out such literature. Reflecting now, this was not a surprise at the time (although it should have been) but I had just come from taking an art degree which was seeped in sexism, classism, ableism and homophobia and the cult of the 'white male artist' reigned supreme. These experiences led to researching with art psychotherapists and to proposing critical feminist new ways of working within the practice, as well as setting up resources for therapists to access to use in their work with oppressed and vulnerable young people (Wright and Wright, 2013). Further research with art psychotherapists (Wright and Wright, 2017) on assessing a practice tool led to formation of a specialist group of art psychotherapists interested in critical social justice and an art exhibition of service user and art psychotherapist's art responding to themes of critical social justice. These previous experiences led eventually to the proposal of this research project. Later I will discuss how I first asked service users to respond to the idea of the project.

Having outlined the aims, research questions, context of art psychotherapy, the general context to the research, the history, national and wider context of the service the research took place in. The next chapter offers background detail on art psychotherapy, looking specifically at its development and the key influences and figures relevant to that development.

## Chapter 2: The Art Psychotherapy Landscape

### Introduction

This chapter explores the development of art psychotherapy by offering a brief history of major influences and key actors in its evolution. This is presented to facilitate understanding of how art psychotherapy came to be practiced and to provide an appreciation of the challenges faced by its practitioners.

Today art psychotherapy is practiced in many different countries across the world, but here I will briefly describe the history of art psychotherapy focusing on the UK and USA. The UK/USA centred focus is because most of the literature that is pertinent to this study comes from these countries. Beyond the initial historical discussion, the literature search expands to include art psychotherapy practice in other countries. In this chapter I will also reflect on the early pioneers in both the UK and USA and where possible explore and highlight feminist art psychotherapy. This includes early practitioners who sought to establish art therapy through their understanding of psychoanalysis, utilising its theories and at times resisting dominating structures to better articulate art psychotherapy.

### Summary of Art Psychotherapy Development

Art psychotherapy is defined in the UK by the British Association of Art Therapists (BAAT) as “...Strongly anchored in visual art practice, the art therapy profession has since developed and evolved from a primarily psychoanalytic, psychodynamic model to include other approaches such as mentalisation-based treatment, mindfulness, dyadic parent/child, cognitive analytic art psychotherapy, etc.” (BAAT, 2021). Although early founders and organisers met for initial meetings in the 1950’s and early 1960’s for discussions around forming an association, the first AGM was not held until 1966 (Waller, 1991). The American Art Therapy Association (AATA), founded in 1969, describes art therapy as “...an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (AATA, 2021).

As BAAT recognises in the above quotation, art psychotherapy developed from psychoanalytical theories. One illustration of the lineage from the psychoanalytic work

of Freud to artwork created in art psychotherapy, can be seen when Freud (1899/1962) created the term “screen memory” to describe the memories his patients brought to analysis. These screen memories not only represented what was hidden, but also experiences of significant moments. Freud worked with images in invoking memories for his patients, and in one of his notable case histories and often referred to as the “wolf man” (Freud, 1918/2002), Sergei Pankieff made a drawing of a dream and shared it with Freud. Pankieff described in detail a dream where he saw white wolves sitting in a walnut tree in front of his bedroom window (Freud, 1918/2002).

Freud’s pupil Jung, who later famously split with Freud, was interested in his patients’ paintings and drawings, which he encouraged patients to bring to their sessions. Jung (1963/1989) developed his theory of the collective unconscious, understanding his patients’ artwork or images as symbolic in significance. Jung also took up the practice of creating a daily mandala for use in conducting self-analysis. As well as Freud and Jung, many early psychoanalysts, such as Winnicott and Klein, influenced emerging art psychotherapy thought and theory. An aspect of Klein and Winnicott’s work is about play. This was picked up by many early art psychotherapists in considering what this meant for the image and art making within art psychotherapy. It is worthwhile reflecting on that influence briefly below in order to further explore the roots of the profession.

Melanie Klein, psychoanalyst, was a pioneer of object relations theory. A primary influence on psychoanalysis and psychotherapy, especially in the UK (Kristeva, 2001), Klein innovated working with young children using play. Her observations and conversations with children led her to write on what she felt the psychoanalytic community had missed about children and the way she felt they functioned (Klein, 1932). Through play, often with wooden gendered figures, children demonstrated to Klein how they related and phantasised about ‘objects’ (others). Klein believed through play, interactions and her interpretation, she enabled the child to move away from inhibitions and worries to play that was more imaginative and less anxiety driven, leading to a happier, more contented child. Klein had to fight to get her theories accepted in a male dominated profession whose ideas were led by the patriarchal perspective.

Klein’s object relations theories impact on art psychotherapy practice and writing has been significant with many seeing art making and creation as a form of play that supports the service user to access their imagination and inner world. Art

psychotherapists have utilised Kleinian theories as a way to understand processes within art psychotherapy (Case 1999; Case and Dalley, 2006; Rubin, 1999; Waller, 1991). This also includes the role of transference-put simply, psychoanalytically, transference usually refers to the service user experiencing features of their relationship with their therapist as felt in previous relationships. Countertransference is most often viewed as the effect on therapist's emotions evoked by the interacting with the service user within therapy. Within art psychotherapy practice now, when referring to the transference experience, this would include the image and likewise for countertransference; this could also be understood as extending to the art materials and the therapy room (Case and Dalley, 2006; Isfahani, 2008; Kerr, 2014; Marxen 2009; Wood, 2013). These occurrences are typically used to enable understanding of the service users' previous experiences and the impact on their current ways of being.

Similarly, to Klein, Donald Woods Winnicott, who was a psychoanalyst, paediatrician, and object relations theorist had a significant impact on art psychotherapy theory and practice (Haddad, 2014; Hogan and Coulter, 2014; Isfahani, 2008; Malchiodi, 2012; Marxen, 2009; Sajjani et al., 2017; Westwood, 2010). Winnicott was an artist and a creative thinker, he designed the "squiggle game" (Winnicott, 1971), a drawing game to engage children he was working with, which understandably appealed to art psychotherapists. The game consisted of Winnicott first making an impulsive scribble or squiggle and then asking the child to transform the marks into anything they chose. Next, the child makes their own squiggle; Winnicott then in turn changes the child's marks into a thing. Winnicott's ability to play alongside children, enabled understanding of their inner and outer worlds. Another dominant theory is Winnicott's idea of a "potential space" (1971), which is created within a trusting and safe relationship with the central carer, for example when babies begin to feel there are subjective objects beyond themselves.

Winnicott's 'potential space' is a place of creativity, sitting between a place of reality and the imagined, 'potential space' is where phantasy and reality can coexist. Winnicott writes about the potential space as "The place where cultural experience is located, is in the *potential space* between the individual and the environment (originally the object). The same can be said of playing. Cultural experience begins with creative living first manifested in play." (1971, p.100).

Through his work, Winnicott came to the understanding of the importance of play for children. He considered that play in a safe place with an adult available,

empowers children to process what might worry or scare them in an imaginative way that is fundamental for healthy development (Winnicott, 1971). Winnicott's other substantial impact for many professionals working with children, was his theory on the significance of the transitional object, an object separate from the child but also part of her internal imaginary world which is controlled by her. This object is usually something like a teddy bear or a blanket. Providing adequate caring has taken place, the transitional object can act as a substitute of the main carer for the baby whilst that carer is away. It is the first object the baby recognises as "not me" (Winnicott, 1971).

Winnicott's practice and theories can be seen to inform, as well as correspond to, the art psychotherapy process. We see this in the play and interaction alongside the child through both looking at the image (for Winnicott the squiggle) and a conversation around the image. The art image and therapist as an object that symbolises and stands in for another and in the therapy room which includes the space created by the therapist that offers a safe and confidential space to share, play, imagine, and transform.

Winnicott has been and continues to be a major influence on art psychotherapy praxis and theory (Hogan and Coulter, 2014; Malchiodi, 2012; Sajnani et al., 2017; Westwood, 2010).

Although a psychoanalytical approach is still dominant today, art psychotherapists from across the world have embraced other approaches, for example the use of a social action model (Andrade del Corro, 2014). Working in groups and one to one, art psychotherapists usually develop practice that is appropriate to the arena in which it is practiced, such as within the mental health system, education, hospices, private practice, woman's refuges, voluntary sector organisations and work alongside refugees (Haddad, 2014; Tillet and Tillet, 2019).

There is space here to briefly acknowledge the heritage of psychoanalysis within the profession and the pioneers of art psychotherapy that still influence contemporary thinking. Some of those early pioneers were turning away from the influence of traditional and patriarchal perspectives contained within psychoanalysis. Their interest in creativity and the power of that to shift emotional positions was appealing to the profession. This inheritance also comes with a legacy model of a power imbalance, placing the therapist as all-knowing, and using a individualistic

curative approach (Rimke, 2016, 2018). In this sense, it fails to recognise the many societal structures that impact on people's lives and need collective action to resolve.

I will consider the legacy of psychoanalysis within art psychotherapy. I also explore, even from the early days, some in the profession utilising psychoanalytic theories whilst simultaneously subverting and bending them to work better for the people. Eventually looking at current practice which is moving away from such dominant approaches towards using a critical feminist perspective to understand the world, as a better approach to seeking social justice and caring for traumatised people (Sajnani et al., 2017; Talwar, 2016, Talwar, 2019 (b); Talwar, et al., 2019).

### Early art psychotherapy pioneers

Focusing specifically on the UK initially and the USA, I will now consider evidence of the early history of art psychotherapy, as well as identifying key figures of significance to this project within that history. I will concentrate on early pioneers who have been passionate in advocating and empowering the people they worked alongside with, most especially women and people of colour, and people living with disadvantage, disability, and trauma. Also explored will be how early pioneers utilised theories of psychoanalysis, at the same time as attempting to define art psychotherapy and at times resisting what was felt were fundamental ways psychoanalysis could harm rather than help people.

In keeping with the approach used in this study of positioning the patient/service user/client/participant at the centre and working to raise up and empower their voice, I start with the voice of Rolanda Polonsky, who was a patient working with Edward Adamson, a prominent early innovator of art therapy in the UK (Dalley, 1996; Hogan 2000; Junge, 2010). Beyond the quotation below from Polonsky, I will reflect on how Adamson's work developed, and of particular interest to this project, the care Adamson appears to have taken of the people he worked with and their artwork, most of which is preserved and still looked after today.

"...the woman has more crosses in the world than the man...", (Rolanda Polonsky, Sculptor, 1971). In a grainy black and white film, commissioned by the Arts Council, which can now be seen in the British Film's archive, artist Rolanda Polonsky carefully elucidates on why she has replaced Christ on the cross for a woman in the drawing she created whilst staying at Netherne Hospital. For another artwork, a

sculpture called *The Tempest*, Polonsky (1971) describes how "...every line is a sorrow". Diagnosed with schizophrenia, Polonsky whose work has a Christian and spiritual theme, was among the mostly women patients who worked with one of the UK's early art psychotherapy innovators and the first artist employed by the NHS, Edward Adamson.

Adamson worked at Netherne Hospital in Surrey with long-term psychiatric patients for thirty-five years, starting as one of the lecturers from the British Red Cross Library who visited the hospital, taking works on loan from the library to use in lectures and discussions on art with the patients (Hogan, 2000). Adamson started work part-time at Netherne in 1946, becoming full time in 1948 and then having a studio purpose built for his work (of which he had no definitive title), wherein Adamson worked with groups of patients (Waller and Dalley, 1997) using an approach where he did not direct, but rather supported and encouraged patients in their art making (Adamson, 1991). At this time, it was very much the psychiatrist's role to interpret the artwork, which was seen as solely representing the patient's mind (Case and Dalley, 2006). Adamson's role was more facilitator than as part of any transference relationship supporting a healing process; likewise for the art produced. For the service user working with Adamson, they were not encouraged to understand their own art with him, and any transference or countertransference between practitioner and service user was not acknowledged, although Adamson would listen if a service user wanted to talk about their work (Hogan, 2000).

Unlike the psychiatrist who was in a position of interpreting power, Adamson's way of working, mainly with women, seems more of working alongside women, establishing a therapeutic alliance and listening to them, witnessing what they communicated through their artwork (Adamson, 1991). Thinking about the artwork created through a psychoanalytical lens, Adamson avoids over use of the analyst's language and wrote he steered away from using the word 'patient' (Adamson, 1991). The focus for Adamson is in the restorative properties of art and supporting people to have access to materials and space to find their way to recovery. This appears to be moving away from interpretation of the transference relationship of early psychotherapy, towards supporting service users to have a voice and to be heard which seems to have been healing to many of the people Adamson cared for.

At the very least the care shown in offering people art materials, a place to work and be heard, should they wish to speak about the work appears a more egalitarian

way of working in contrast to the power dynamics integral to the role of the psychiatrist. There is also care shown in the way Adamson cherished the artwork made and kept it safe. Adamson's collection of artwork, made by the people he worked with, amongst them Rolanda Polonksa, Mary Bishop, Gwenth Rowlands, Margaret Parkes and William Kurelek, can be seen online at the Adamson Collection Trust's website and at South London and Maudsley NHS Foundation Trust (SLAM) and at the Wellcome Trust Library.

There are, of course, questions as to why Adamson kept the artwork and how some artworks are very delicate and were in need of repair by the time it came to be archived. Accepted practice now is that artwork is treated confidentially, service users take their artwork home when the work and art psychotherapy is finished, unless they do not want to take the artwork and then it is kept for an agreed length of time, in case they change their mind but after safely destroyed. Adamson's stated reluctance to use the word 'patient', (although the word does appear in his book at times alongside images, it is not against all) and his interest in seeking a power balance in his work with service users seems to highlight that since the days of early practice there has been concerns around power relations, including the language of psychoanalysis and medicalisation (Hogan, 2000) and which have continued to be addressed more recently (Hogan 2012 (a), 2012 (b); Sajnani, 2012; Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2016, 2019 (b); Talwar, et al., 2019).

Another early pioneer Rita Simon, like Adamson focused on the artwork produced in art therapy as a communication of emotional distress. After working for the National Association for the Prevention of Tuberculosis, Simon, worked for the newly established NHS (1948) in many places, including schools and hospitals, as well as working alongside people in mental health services, disabled children, older adults, and children with autism spectrum disorder (ASD) (Simon, 1997). According to Simon (Agell, 1998), the NHS would not employ artists unless they were called therapists. Interestingly, she stated early art therapists felt they were "...not therapists, to cure people of something. We saw ourselves if anything as liberators into the glorious activity we called creative art" (Agell, 1998, p.72). Working in Northern Ireland and England, Simon was one of the founders of BAAT. She taught art psychotherapy courses from the mid 1970's until 1983 at Queen's University Belfast, as well as running art therapy groups for children suffering as a consequence of the conflicts in Belfast. Simon's two books, *Symbolism of Style* (1991) and *Symbolic Images in Art as Therapy* (1997), as well as numerous papers, expand on her theory that people



enduring mental distress feel helplessly trapped by their suffering, yet are enabled by art therapy to create unconscious symbols in their art, as a response to their mental distress that can offer containment and integration of painful experiences, leading to recovery and wellbeing.

Simon uses the framework of psychoanalytical language and theories to support explanation of the processes of creativity in art therapy, developing a system to recognise creative styles (Simon, 1991). Like Adamson, the focus is on the art and a resistance to being called a 'therapist', as well as reluctance to analyse what is said in therapy. For Simon, the focus on symbols and style of artwork created in art therapy to understand change for the service users is principally about the art image as a communication of the artist's inner world. Both Adamson and Simon understood the isolation from society that is forced on those who are considered to have poor mental health. Simon appears to be attempting to find a way that art psychotherapy can be understood, that although couched in the language of psychoanalysis, endeavours to both align to it and at the same time disentangle from it as something distinct from purely verbal psychotherapy.

Moving on to focus on early pioneers, influential and significant people and ideas (to this study) involved in the formation of art psychotherapy in the USA. Included is how the profession from its conception struggled to articulate itself fully, emmeshed as it was and still could be said to be, with the language and theories of psychoanalysis. Also explored is the neglect of early pioneers of colour and any comprehension of the intersecting oppressions faced not only by clients/service users.

In the USA, similar to Simon in the UK, Margaret Naumburg saw art psychotherapy as primarily about symbolic communication (Moon, 2000). Recognised as a founder of art psychotherapy in the USA (Malchiodi, 2012; Waller, 1991), hence Naumburg is important to include here to support an understanding of the origins of the profession in the USA, and to signify Naumburg's impact. Influenced by Maria Montessori and psychoanalysis, having written on applying psychoanalytical principles to learning at the start of her career in education, Naumburg began to develop ideas around art psychotherapy. Naumburg seems to shift away from some principles of psychoanalysis without acknowledging it, for example, although speaking of transference relationships, she seems to be speaking of and focusing more on developing a trusting relationship with her patients (Kramer and Ullman, 2000). This appears to echo Adamson's focus on supporting the service user to find a comfortable

and trusting space to enable healing to take place. She started lecturing and was invited to undertake research, publishing originally on art psychotherapy in 1943 with *Children's Art Expression and War* published in the journal *The Nervous Child* (Junge, 2010). In the 1960's, Naumburg gained certification as a psychologist, and in 1966 Naumburg published *Dynamically Oriented Art psychotherapy: Its Principles and Practice*, which advocated the creative act as enabling spontaneous access to unconscious expression (Malchiodi, 2012). Naumburg promoted the patient's full participation in art making and in the examining of their artwork.

Naumburg's access to elite schooling and her privilege as a white, middle-class woman (along with other leading early USA art therapists) is identified by art therapists in the USA (Gipson, 2019) in their work to reclaim and critically examine lost knowledge of less privileged early art psychotherapists, such as Lucille Venture and Georgette Seabrook Powell whom I write about next. Also acknowledged more recently (Talwar (2016, 2019 (b)) is the embrace of psychology (which Naumburg was qualified in) and psychoanalytical concepts that lead to the profession limiting how it saw the people it works with, blind to a person's socio economic and cultural background as well as unseeing of art psychotherapists not from their background.

As I have already referred to earlier, under the section on concepts, I will later discuss psychocentrism (Rimke, 2016, 2018) in further detail and reflect on others work and my own involvement within and working against institutionalised psychocentric medicalised mental health but I mentioned this here because of the relevance of the following to early figures like Powell and Venture whose work pushes the psychocentric conventions set up by early white middle class art psychotherapists, illustrated by their practice that recognised the many oppressions people face and by their engagement in activism.

Other early art therapists such as Kramer and Ulman developing their ideas over time, began to question the value of focus on psychoanalytical transference in art therapy, arguing for art therapists to apprehend transference and to guard against that interfering with creativity and focus on building a strong therapeutic alliance (Kramer and Ulman, 2000). Kramer was influenced by psychoanalysis, in part as she was born in Vienna in 1916 and spent time soaking up the theories of psychoanalysis before moving to the USA.

Training in fine art, Kramer worked with artist Friedl Dicker who worked with children in Czechoslovakia, fleeing persecution in Germany, this experience had a powerful effect on Kramer (Kramer, 2000). Imprisoned in Terezin in the war, Dicker then worked with the children in the camp teaching art as a tool for self-expression. Eventually almost all of the children were killed. Dicker was transported to Auschwitz and murdered at Birkenau. She left 4,500 children's drawings, it was ultimately estimated of the 660 child artists who made the drawings, 550 were murdered (Makarova, 2001). Dicker's work with children is felt to be a kind of art therapy, (Malchiodi, 2014) embodying some of the principles of art therapy, such as freedom of expression, a tool of communication and a way to understand emotions. Kramer cites Dicker as a chief inspiration and teacher for her, influencing her teaching of art therapists over many years. The combination of Dicker's influence and, Kramer's emphasis on the power of the art image produced in art therapy, as the principal form of communication of the client's struggles, led Kramer to develop ways of understanding this communication through sublimation (Kramer, 2016). For Kramer, Freud's theory of sublimation, an ego driven defence mechanism offering some gratification through transmuting primitive, harmful urges, originating with the id, into actions that are usually of social value such as creating art, (although not always recognised as such at the time) is a vital tool for art therapy (Kramer, 2016). Kramer theorised the art therapist needs to be open to sublimation, understanding the artwork created within art therapy as a process of sublimation, leading to gratification and integration of emotions, when it worked well for the client. Again, psychoanalytical theories are a catalyst for early art therapists' theoretical development of art psychotherapy. Seeing the art image as facilitator of integration and transformation seems to link to Adamson's theories, the focus being on the art image, the creation, communication through it and with it to process painful emotions.

Another pioneer, less acknowledged than Kramer but like Kramer was a professional artist, as well as an art therapist is Georgette Seabrook Powell. When Junge (2010) wrote her first history of art therapy in America in 1994 she briefly mentions Powell, a Black art therapist and professional artist, whom Junge reports was the only person of colour art therapist registered with The American Art Therapy Association (AATA). In that history, Junge notes that art therapists of colour experienced racism within the AATA, and as a consequence split from the Association to form other groups. Powell worked with patients in Washington DC General Hospital, eventually becoming a supervisor at George Washington University. Her focus was

on art making in art therapy to enable growth through increases in confidence, combining art therapy in the community with activism.

Powell is an early example of an activist art therapist, one working closely with people in the community who are struggling with oppression and working to offer them choices and ways out of repression through art making. She was involved with the Harlem Renaissance artists and created the mural *Recreation in Harlem* for the Harlem Hospital, as well as a mural at Queens General Hospital. In 1966 she began *Art in the Park*, going on to compere it for decades. Tomorrow's World Art Centre was created by Powell to promote arts and activism. She had a long career as an art therapist, and artist, and activist. Powell was interviewed by fellow art therapists in 2006 (Boston and Short) and reported on her contribution to art therapy training and the development of a USA art therapy association. Powell shared with them her believe that there was a lack of acknowledgment for her influence on the advancement of art therapy in the early days of the profession in America. There was, however, recompense and recognition in 2008 for Powell's achievements when she was awarded the AATA Pioneer Award for Lifetime Achievement in Art Therapy, a reward that had only been newly developed that year (Black Smith, 2014).

For Powell art therapy is about the art making, giving access and choice to people who do not have that, to enable them to experience a different world that they can have some control of. There appears, less reliance on psychoanalytical theories to justify principles of art therapy here. The focus is on the art image, within therapy and transformation through it, including the importance of access to art and art materials for people, living precariously, normally excluded from it, who can through art develop community. Reflecting on Powell's words of 2006, Talwar (2016) wonders how different the profession would be now, in terms of who practices art therapy and how it is practiced, if it had included and acknowledged the contribution of all Black art therapists and art therapists of colour.

Continuing to explore the elitism of psychotherapy, barriers to accessing art psychotherapy for marginalised people and specifically Black people and people of colour, and the lack of representation of those people working as art therapists. The below exploration of the work of art therapist Lucille Venture is particularly relevant for informing this study as she was the first art therapy PhD awarded for art therapy in the USA (Junge, 2010) and an African American woman. This is because her research has an intersectional element to it, her doctoral dissertation, *The Black Beat in Art*

*Therapy Experiences* (Venture, 1977), includes exploration of African American children's experience of racism as a central theme and an awareness of interlocking subjectivities.

Venture's work also considers the traumatic and distressing lived experiences that Black people and people of colour bring when engaging in art therapy. She was interviewed in a Baltimore newspaper in 1976, which reported that at that time she was the sole Black art therapist registered in Maryland. In the article, seeing the possibilities for other Black art therapists, Venture encourages Black people to consider entering the profession, explaining that they ought to be accessing art therapy "on the ground floor, not waiting until it is an old and established profession like other health science organisations" (*Baltimore Afro-American*, 1976). Venture was also the president of the Maryland Art Therapy Association and taught on graduate as well as undergraduate art therapy programmes. The National Association for the Advancement of Colored People (NAACP), and several women's organisations, were among other groups she had membership of over her long career in art therapy and activism.

In her PhD thesis, Venture writes on art therapy's historical beginnings, going on to discuss art therapy education. She includes her concerns that the Freudian theories taught to art therapists continued a convention, as in nearly all psychotherapies, of coming from a position of privilege, showing little regard or relevance to marginalised and oppressed peoples, which only served to alienate Black and of colour art therapy students; thereby putting them off and creating barriers for those students wanting to access art therapy courses (Venture, 1977). Considering the possibilities for change that seemed to be emerging at the time of her writing, such as the committee to "Investigate Encouraging Minority Groups to Enter and Study in the Field of Art Therapy" (Venture, 1977, p.77), which began in 1973, Venture seemed hopeful, yet cautious about the representation of diversity in the profession. She notes the obstacles the new community for racial justice in art therapy was encountering in attempting to promote change within AATA. She advocated for transformation in art therapy theoretical positions that would recognise social and racial injustices, disadvantages, and oppressions. Without using the word 'intersectional' – the term created by Crenshaw (1989, 1991) that refers to the interconnecting structural oppressions of race and gender that come together to oppress Black women in very particular and disadvantaging ways – Venture's work still talks of the many different intersecting ways people can experience subjugation and oppression; intersections of

oppression that can prevent easy or any access to psychotherapy and psychotherapy training.

Venture calls for full access to art therapy for marginalised and oppressed peoples, and for their full participation in the profession; its thought and practice, and that art therapy be oriented around their lived experiences to fully realise the potential of art therapy for not only marginalised and oppressed peoples, but for everyone. She then explicates on two programmes she developed and worked on. One was a crisis intervention approach Venture calls Crisis Art Therapy (CAT) that supported children at what was then called a special school, but what now might be called a school for emotional and behavioural difficulties. When experiencing extreme distress, which may result in a behavioural outburst and having already developed a therapeutic relationship with Venture, pupils could access CAT.

Through immediately offering an alternative, safe, and creative method for self-expression when the children were in emotional crisis, the results were that the children felt well-grounded. The CAT method provided more constructive outcomes and also supported an increase in self-esteem Venture observed. Venture elucidates on the method via case studies, one in which she notes the importance of the children being able to give meaning to their artwork. She worked closely with the school team, and through discussion of a teacher observing racialised bullying of a Black child. In another case study she notes what might otherwise be termed internalised racism, or double consciousness (Du Bois, 2007), as she describes how it is already difficult for a Black child in the world, let alone one who also feels internalised hate or hate from its own culture and family.

Venture argues for art therapy to be available for struggling young people, especially for Black people and people of colour and people living in poverty. Influenced by play therapy methods, Venture also set up an art and play therapy intervention for very young Black children in a poverty stricken area, explaining her methods, observations, and results via case studies. In one of the case studies, Venture discusses a technique, using dolls of many skin hues and from different cultures as useful for supporting Black children experiencing racism. She observes of the children that they may have become aware of racial discrimination from a very young age. She teaches the children how many Black people and people of colour there are in the world, and how they are in fact a majority of peoples (those from the Global South) living in a minority world (those from the Global North). Venture

concludes that she will continue her work and supporting Black art therapists and advocating for equity within the profession.

Venture's contribution is relevant to this project because she is one of the few art therapists, especially early on, to write on racism and its devastating consequences for Black clients, clients of colour, and for the profession. As well as recognising other interlocking oppressions such as class.

It seems from the beginnings of art psychotherapy in the UK and the USA, unsettling feelings, anxieties and oppressions were present within the profession as it sought to establish itself but at the same time maintain what is unique to art psychotherapy. Art psychotherapists sought to understand the processes of art therapy, including importantly what happens when someone creates art within an art therapy space, with an art psychotherapist present. But often how the service user is affected by social structures and the service user affects them as well as how this is communicated in therapy, including within art making was neglected. Understanding, through what now may be called an intersectional lens led Black and of colour art therapists to draw on their experience of oppressions and knowledge, recognising how repressive social structures impact on people's internal and external world (Campbell and Gaga, 1997).

Also considered here, is how the profession has often ignored, Black art therapists, art therapists of colour, of working class backgrounds and many other intersections of oppression, perhaps refusing to see its participation in harmful behaviours. This denial to see the actuality of the world art therapy is practiced in, and not to truly connect with oppressed peoples, could be seen as a separating from the other, a wrong turn, a disconnect to what the profession aims to do. Moon (2000) proposed as most of art therapists are female, a marginalised group, the profession was/is forced into the position of justifying itself to the dominating patriarchy structures. She argues for critical examination of how art therapy is infiltrated by oppressive and harmful social structures and at the same time appreciating the richness of art therapy, a profession that can be aligned to feminism as well as the world and creativity of the artist. This will support the profession to be alert to harmful repressive prejudices and practices (Wright and Wright, 2013, 2017, 2022) as well as use training as an artist to understand the world and access creative ways to support people to survive and thrive in a hostile world.

This knowledge, ignored by some, is more recently being reclaimed and reconnected to, Gipson (2019) has highlighted the move towards social justice in the profession which is helpful but has often reflected racism and oppressions in society and has negated the wisdom, teachings and philosophies of innovators such as Venture, Seabrooke Powell and another important figure Sarah P McGee (Gipson, 2019). As the profession pursues change, Gipson advocates only meaningful change can be achieved through an intersectional lens, that is by understanding and acknowledging oppressions of Black women and peoples of colour and resisting established and accepted historical apparent understanding. A “Womanist Manifesto for Arts Therapies” (Gipson et al., 2021) is advocated that would sustain Black women within arts therapies. This calls for, among other things contesting repressive understandings of the history of arts therapies and advocating for re-establishing “...an interdisciplinary and transdisciplinary idea of the arts therapies by collaborating with practitioners and thinkers who stretch typical theoretical boundaries” (Gipson et al., 2021. p.7).

Thinking on the way the profession has developed, I am reminded when I first started training in art psychotherapy, I was often told to have a statement ready to explain what art psychotherapy is. It was explained, art psychotherapists so often were not good at putting into words what and how art psychotherapy works. Almost as if the words explaining art psychotherapy became stuck in the throat and dared not be spoken. Also explained was how other professions often do not understand and look blank when you mention ‘art’ in the context of therapy. Until I was told this I thought I would have no trouble explaining art psychotherapy, but the suggestion communicated the anxiety of the profession which I felt with this statement. Having to explain implied having to justify, which leads to the question, am I having to defend my profession because it does not fit in and is not good enough? Struggling to be heard and to speak out through fear of repercussions from dominating forces is not an unusual position for peoples living with oppression. Maybe this account and the exploration of the history of the profession, also reflects the contradictory state art psychotherapists often find themselves in, as discussed earlier, both part of the patriarchal models of the biomedical profession and outside it with the access to the materiality of disordered, unpredictable art materials. Art can be seen in different ways, can be viewed differently on different occasions, depending on what the viewer is bringing to the image. Art is also not seen as predictable as words that are fixed on the page. Again, as already suggested, if the profession is prepared to face the unsettling feelings and stay with the trouble (Haraway, 2016), this not only informs us of the



changes we must make but is useful knowledge for what is happening in the profession, as well as knowledge that can be used to work in solidarity with clients/service users. Thinking again on the history of art therapy, I reflect maybe we (the profession) should have looked to those who were also struggling to be heard and seen earlier, conceivably struggling more so, recognising what they have used to try to achieve a better life for themselves and others -a raised arm in activism or a mural to working and oppressed people.

Having provided an overview of the development of art psychotherapy, including the influence of psychoanalysis. As well as lack of recognition of art psychotherapists of colour, Black art therapists and those with working class backgrounds and the knowledge they bring, to offer a backdrop and context to the practice and theory under enquiry in this research, the following chapter looks more specifically at literature that focuses on art psychotherapy and arts psychotherapies in relation to girls and young women.

## Chapter 3: Literature Review

Although increasing in recent years, there is not a large resource of arts psychotherapy literature focused on girls and/or young women. This literature review, therefore, explores relevant literature on women in and arts psychotherapy in general and particularly explores the impact of power structures on women art psychotherapists and women service users, and feminist critical views of experiences of the art psychotherapist that advocates for changes in the profession, and how art psychotherapy is delivered and to whom. I have included germane work from colleagues in the other arts psychotherapies such as music and drama therapy, especially from writers that work closely with others within the arts therapies.

To start I will give overview of art psychotherapy literature on work with young people to give historical context and to support understanding that, with a few exceptions, it is not until recently that the literature has recognised the importance of some of the unique oppressions girls and young women face and treated them as autonomous.

### Literature search strategy

Although this project aims to illuminate knowledges that have not always been acknowledged in the profession and attempts to 'trouble' (Haraway, 2016) what is known, this section of the thesis offers the inclusion of peer reviewed primary data in its literary review. As this is also an empirical study, and it is necessary to demonstrate a gap in existence of studies such as this one through examining primary data that will hopefully include girls and young women, and especially their voices. Excluded is material that is not empirical such as opinion pieces, (please see below for a full list) however, additional knowledges have been included in other areas, such as the reflexive reflections when exploring the context area of the study and will be picked up later.

When searching for relevant primary research literature on the experiences girls and young women have of art psychotherapy, I drew firstly on already familiar literature. The literature search also drew on recommendations from colleagues, academics and academic social networking sites. I also used literature search engines to find papers using a more systematic method through applying the following search strategy:

Electronic databases which were used included: PMC (PubMed Central); PsycInfo; EMBASE; Google Scholar; CINAHL (Culminative Index to Nursing and Allied Health Literature).

I used the following Search terms: Art therapy (art therapy) OR (art psychotherapy) AND Girls and young women (girl\$) OR (young women) OR (teenage girl\$) OR (adolescent girl\$)

Note: \$ denotes abbreviation (e.g., girl\$ searches for: girl and girls)

Inclusion criteria were peer reviewed primary research papers in English.

Exclusion criteria included: commentary pieces; Opinion pieces; editorials; letters; literature reviews; grey literature (policy documents, project reports, third sector documents).

## Literature

Case studies of art psychotherapy with pupils within education settings appeared often in the search, a mid 1990's description of art therapy in a residential school problematically notes that it is better to work with boys in groups as they are more manageable than girls (Robinson, 1996). The art therapist writing the chapter, continues that professionals prefer to work with troubled boys compared to "hysterical acting out of disturbed girls" (Robinson, 1996, p.88). Interestingly in the previous sentence, the writer had just detailed their expertise was mainly with males but obviously still felt the need to make the statement regarding girls. About the same time period, another art therapist (Arguile, 1997) wrote about his work with both girls and boys and young women and young men at a mixed school which offered places to neurodivergent young people and those struggling with their emotions. For this writer, the young people seemed to have been thought of as one group without any understanding of the way they have been impacted by social structures. Here, there are some reports of how following art therapy a child became calmer, but as with a lot of the writing from this period there is no clarity on outcomes. Also, with the majority of writing on arts therapies at the time, the focus is on the art therapists' thoughts and

sharing of their practice but with no sense of the service users' voice nor a gendered or intersectional understanding (Dalley, 1996; Waller and Dalley 1997).

A few years later, writing on working with a mixed gendered group of children in Solvenia (Kalmanowitz and Lloyd, 1999) and art therapy sessions that took place over 5 weeks, the precarity of the children's lives seems to be recognised. Although at their time of writing, for the authors, the work is outside, what for them is traditionally thought of as art therapy and they are unsure if to call it art therapy. It is, however, likely in the present to be understood as art therapy but that is just not practiced in a conventional setting such as in a clinic or school (Kaplan, 2007; Talwar, 2019 (a)). A common symbol of the children's artwork was a house and it was decided to expand on this theme further by using materials on a rubbish tip to make a three dimensional house with a group of 8 children, aged 10-13 years old. Meanwhile, a group of 6 to 9 years old children used woodland material to also create houses. It is reported up to 3 weeks later, every time the houses were demolished by other children, the children in the group reconstructed them. An account of one girl, who lost her father at the start of the body of art making sessions is shared. She attended almost all the sessions and created a symbolic boundary marker out of the remains of a tree.

The art therapists also worked with a mixed gendered group of children, teenagers and mothers in Croatia over a three week period, a popular theme in the images was the actual island where the refugee camp was located. Accounts of how the young participants enjoyed interacting with the art materials was shared, whilst the older children often used the time to also talk and create. It was felt the project was able to offer a space for containment and interaction with others and the art created enabled ways to speak of trauma and at the same time contain it safely. The art therapists observed their usual approach was required to be adapted to the setting. They realised it was important not to be tempted to feel it was their role to save the participants and provide all the answers but rather to be present and support, giving emotional and physical space for the stages of trauma they were in, including sensitivity to the precariousness of the participant's lives.

Less than 10 years later, there is a book on arts therapy as social activism with young people and arts therapists as social activists emerging (Kaplan, 2007). This contribution is valuable for explanations of how art therapists can engage in activism and how knowledge found through art psychotherapy can be taken beyond the therapy. Arguing art therapy is activism (Kaplan, 2007), there are narratives

concerning being a feminist art therapist (Junge, 2007), although, there is little evidence of a gendered approach and work specifically with girls and young women. Lack of presentations of full understandings of interlocking subjectivities in some of the chapters leads to, at times one dimensional thinking of oppressions. There is some appreciation of the intersection of class and culture and recognition of differences (Bertkowitz, 2007) but not comprehensive acknowledgement of intersectional theories.

Kaplan states the book's aim is to "increase sensitivity to the social context of troubled individuals" (Kaplan, 2007, p.14) for art therapists and other interested professionals. More of a reflection on practice, with little of the service user's voices presented, work of interest to this project, ranges from describing work in art therapy sessions in educational settings with young people focused on questions of racism (Bertkowitz, 2007), where racism, white privilege and internalised racism is acknowledged to communities living and surviving, for example, gun crime (O'Rourke, 2007). This chapter begins with a synopsis of art therapy with child survivors of war and weapons of war which eventually evolves into an art making event at an anti-gun violence gathering. There, anyone present was encouraged to respond by creating their own artwork by decorating a paper cut out of a person as well as giving agreement to that image being used in subsequent exhibitions. The art images and reactions to them, resulted in continuation of encouraging artwork and exhibitions through websites and packages of materials being sent elsewhere to highlight and protest gun violence, including giving viewers the chance to add to the exhibitions with their own artwork.

The work continued by transmuting into larger artwork for a protest against the invasion of Iraq. As in other work discussed earlier (Kalmanowitz and Lloyd, 1999), the work presented goes beyond what might traditionally be thought of as art therapy. What is described moves from the art therapy session and seeks to take some of what was communicated, to using artwork to protest against the violence of war, including weapons of war, to the wider world as a point of protest.

In her work within the community and with a mixed gender group of young people living with emotional and behavioural distress (Marxen, 2009) at the Museum of Contemporary Art of Barcelona, Spain, Marxen (2009) notes how in the past a conventional psychotherapeutic model only served to alienate young people as it disregards and neglects to appreciate the nuances of young people's lives, such as social background and lack of access to education. The author is careful in her use of language and how it can be used to make for more egalitarian therapeutic relationships

by referring to facilitating rather than doing or giving 'therapy'. Building on creating a trusting relationship and considering the safe space she offers to be akin to Winnicott's "potential space" (Winnicott, 1971), the approach offers the young people empowerment through a creative place of safety and where they do not feel judged and labelled. For the young people, who have thus far had little opportunity to experience containment in their lives, art therapy provides that containment through an approach being one of facilitation, leading the young people to feel they have the autonomy to explore their emotions and transformative potential.

A review of art therapy and therapies using the arts with young people (Boekhoven, et al., 2012) highlighted the limited evidence base as a barrier to young people accessing arts therapies. The review did not investigate how interlocking subjectivities, such as gender, may impact on how arts therapy is accessed and received. Young people are considered as missing out on the therapy that may work for them, (especially those who struggle to verbalise their emotions) through lack of options as arts therapies are not generally scientifically recognised. It is noted, there is evidence that young people find arts therapies more applicable to them, relevant to their lived experience, mirroring young people's lives and resonating with them. As well as evidence that working in arts therapies groups can support social interaction, collaboration and learning from and with others. The paper calls for co-operation with young people and the arts therapies to find the best treatment options. Additionally, it berates the lack of research on arts therapies not being equal to that of the evidence base of other therapies. The emphasis here is on what is considered robust scientific research, that is multiple empirically tested studies to align with other therapies. This is not an unfamiliar cry over the years for some, within and outside the arts therapies profession that sees empirically tested research as the gold standard. It may be, this fails to recognise the difficulty for arts therapies could lie with the lack of critical social theory (Talwar, 2019 (a), 2019 (b)) embedded in the research. This means it does not always offer rich knowledge that speaks to the people participating in the research, the researcher, the profession and others interested parties. That is to say, to seek new knowledge that hopes to raise up oppressed groups, it is necessary for the researcher to examine their situationality. Acknowledgement of the researcher's privilege, which includes being part of a profession that sits inside and as suggested outside the medical model, as well as the professions' privilege as a whole, which includes recognising the interlocking subjectivities that the participants live with and are part of their world. An approach then carries with it intersectional understandings and knowledges that aims to work with and alongside the participants to support change

and a better world could perhaps attract more participants, as well as speaking to people that may not be traditionally interested in research.

In a project with 30 mixed gendered (only 10 female) child and young refugees (11-20 years old) from Burma (Rowe, et al., 2016), the children and young people had a mix of one to one art therapy and group sessions, totalling sixteen sessions each. Four, regularly used in clinical and educational setting outcome measure questionnaires, were used for the interviews. It was noted the questions asked were often triggering of previous trauma and without the containment offered within art therapy. Conclusions were that although anxiety was shown to have decreased, the tools used for collecting data, could not give a full reflection of outcomes for participants and an assessment involving art making would give a better understanding of the process of change for the children and young people. Art therapists noted the tools used, asked questions about symptoms and problems and did not ask about how the young people may see themselves, and others and meet challenges more optimistically through their work in art therapy. These outcomes are of relevance to this project, as in contrast, the art created in the interviews for this research is viewed as another form of communication, concerning the girls and young women's experiences of art psychotherapy. Art Making as part of the research interview was not only suggested by a group of service users as part of the research design (which I discuss in further detail later), it is valued as a way to try to lessen against the power imbalance between researcher and participants. The interviews for this project also aimed to give space for free flowing reflection on experiences, capturing ways the participants may view their internal world and externally world differently through their work in art psychotherapy. The aim for this project is to be transparent and acknowledge my dual roles as a therapist and researcher, recognise the subjectivity of this research with the aim of this visibility supporting increasing objectivity (Hesse-Biber, 2014 (a), (b)). Reflexivity is utilised throughout this project in an attempt to mitigate against potential conflicts of interest, through for example, reflexive interview notes and after interview reflexive notes. I have aimed to observe my responses, positionality, amalgamating what was heard, seen and felt through appreciating the context of the socio-political and socio-cultural. I acknowledge my positionality and situatedness<sup>4</sup> as an art psychotherapist and researcher (Etherington, 2004; Finlay, 2003; Haraway, 1991; Kapitan, 2015; Kuri, 2017), with the participants and in

---

<sup>4</sup> Situatedness refers to the social subjectivities that have an impact on participants' lived experiences i.e. how their experiences relate to race, class, ethnicity, gender, disability, and sexuality.

discussions within the Initial Meetings and again prior to the Research Interviews, as well as after through checking the transcripts. The use of reflexivity to support mitigating ethical concerns is unpacked further in the Methods section.

Returning to another review or rather a discussion of the process of attempts at a systematic review of arts therapies with young people and children, published as this research was being finalised (Grebosz-Haring, et al., 2022). This paper is useful to finish the emphasis on young people before I go on to focus more on young women and girls and arts therapies, as the paper is critical of other 3 systematic reviews on the arts therapies that include a paper on group art therapy with a large number of young women (Bazargan and Pakdaman, 2016) without a critical appraisal. Noting uncompassionate and unsupportive language littered through the 2016 paper, such as the young women (aged 14-18 years old) referred to as “subjects” (Grebosz-Haring, et al., 2022, p.5) as well as a lack of acknowledgement of lived experiences. The researchers felt obliged to write their paper to highlight a number of concerns with the 2016 paper as well as the 3 systematic reviews that fail to fully examine the 2016 paper that is included in their reviews. It is also observed, most concerningly in the 2016 article, that it may be the young women had no choice but to attend art therapy and it is not clear consent was acquired from the young women.

Reading the 2016 paper, (Bazargan and Pakdaman, 2016), from the abstract, it appears the research was on completed pre and post self-assessment questionnaires following 6 sessions of art therapy (for 90 minutes), attended by 30 young women and 30 in a control group. The reader is told 30 were allocated as having “internalising problems” and 30 as having “externalising problems” and both groups were allocated to a control group or the art therapy group (p.52). However later, it is stated 14 young women from the ‘internalising group’ were in the group for art therapy and in the control group there were 13, with 3 young women being excluded, 1 due to non-attendance of art therapy and the other 2 because of incomplete question sheets. ‘Externalising problems’ are identified as behavioural and ‘internalising problems’ as “anxiety/depression, withdrawal/depression and somatoform disorders” (p.51). There is no discussion as to why the young women may be having to deal with these in their lives and what social oppressions may be present in their lives.

The paper concludes that the ‘internalising problems’ showed a “significant decrease” (p.54) but not for the ‘externalising problems’. Among other issues, including sentences not making sense at times, as suggested by Grebosz-Haring, et



al., there is lack of clarity on consent being received, which again was not picked up by the 3 systematic reviews (Grebosz-Haring, et al., 2022). Clearly for a comprehensive analysis it is important to read the 2022 paper but for interest for this project, it appears the 2016 paper may be an example of young women being taken advantage of and highlights the need for following the process and comprehensively reviewing papers. There is also a lesson in being aware that even though research is stated to be peer reviewed, it is as well not to take that on the reported value and a reminder of the importance of being ethical and respectful of participants who have generously given their time to support research.

As far back as I have managed to find, in terms of papers, is a case study paper on art therapy with a girl (Brenda) in the USA, (Jakab and Howard, 1969) just slightly younger at 12 years old, than the participants for this project. I have included it here to consider how young people were written about, just years after the British Association of Art therapists (BAAT) was established and the year the USA counterpart (AATA) was. Reported to be diagnosed with “severe school phobia” (p.309), it is explained the phobia emerged after Brenda saw a man shooting himself in the head whilst in his car. There is no query of the diagnosis and thoughts of trauma are not really considered. Post-traumatic stress disorder (PTSD) did not appear in The Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1980, as studies on trauma experienced during war developed, and what used to be called ‘shell shock’ grew into PTSD and an understanding PTSD is not just experienced as a consequence of war. The emphasis here is on school refusal and investigating literature about how to work with children who refuse school. After struggling to engage with purely verbal psychotherapy, Brenda starts art therapy.

It is unclear which one of the authors worked with Brenda or if they are art therapists, one appears to be a medical doctor, given the AATA was only just established they were probably not registered as art therapists. It is also unclear if a pseudonym is being used. It is not clear if Brenda gave permission for her ‘medical history’ to be used, a second hospital is acknowledged as sending the notes in the footnotes. No discussion of approach is given, although from the language used the reader would assume the approach is psychodynamic.

A brief synopsis of each session is given, with a more detailed description of the 6<sup>th</sup> session when Brenda spoke about the man’s suicide and then paints the scene. After this, Brenda was also able to speak about other traumatic events like people at

school asking what she had seen and Brenda attempting to shoot her sister after she kept asking her about it, as well as hiding at her grandmother's house. It is reported once Brenda began to talk about what she witnessed her behaviour became more compliant and she went to the hospital school. Following improvement, Brenda's parents removed her from the hospital and then Brenda went back to school, only for Brenda to fiercely refuse to go again after a fortnight. Brenda was then placed in another hospital, subject to tests and deemed to have "low frustration tolerance" (p.317). It is acknowledged that Brenda comes from a large family that is struggling economically but no details of why the family is struggling is discussed.

Analysis of the case is undertaken from a traditionally psychoanalytical perspective and Brenda is described as being at the age when "a flare-up of the oedipal complex" (p.317) is likely to happen. Patriarchal thinking leads to the assessment that surmises that Brenda's father not having a job is emasculating for him; leading Brenda to identify with her father and turning angrily at her mother as a 'oedipal' threat. There is no mention of the fact that Brenda has a potential role model in a mother that works. Brenda refusing to talk to the psychotherapist and not wanting to talk about sex is seen as evidence of her 'oedipal' emotional state; rather than a way for Brenda to acknowledge popular culture's view of psychoanalysis as obsessed with sex, and perhaps a tactic to avoid talking. There is acknowledgment that the violence witnessed would have had an impact on subsequent behaviour, again, understood through a psychoanalytical lens as the violence witnessed as a bringing to consciousness Brenda's own violence.

The paper does not draw on the wealth of psychoanalytical works on trauma, seeing the witnessing of such a traumatic event as simply adding to an already established 'father fixation' and 'childhood neurosis'. Brenda is seen as vulnerable to suicide because she is a girl and from a 'disordered' family but with no analysis offered to why that might be the case. There is appreciation of the socio-economic situation of the family but no acknowledgement of how labour may be divided differently to traditional white middle class heteronormative gender roles in some families. There is no discussion of race and we are not told the race of Brenda, her family or the art therapists.

From the paper, it is clear in the early stages of research on art psychotherapy and girls and young women, some writers struggled to incorporate an understanding of oppressions experienced and interlocking subjectivities, yet less than 10 years later

some art therapists are demonstrating this understanding (Venture, 1977). The paper does not raise up the voice of the client but does acknowledge how terrifying it must have been for Brenda to be sent to hospital. The containing impact of art making is proposed, and creativity is seen as unplugging emotional repression. Excepting, the discussion on the detail of the painting of the trauma and reported change in behaviour and verbal communication, the focus is on school refusal rather than trauma. It is strange but it could be the authors firstly were entrenched in the medical model and could not see beyond what was ascribed to Brenda initially or they felt better equipped to write on school refusal. It could also indicate a lack of research and so understanding of how children and young people are impacted by trauma. Perhaps lack of appreciation of the many possible oppressive intersections as to why the family were struggling financially, reasons why a man might have killed himself in the neighbourhood such as the impact of the Vietnam War or the history of violence in the area (Tulsa, Oklahoma) against Black people, people of colour and first nations people was simply too complex to comprehend and it seemed easier to fall back on the behaviour that was the reason for hospitalisation. The preoccupation of the 'problem behaviour' misses the complexities of what has happen and is happening to Brenda and how the external world is/has been felt, instead the focus is narrowed to how the family functions rather than how the world has impacted and ways used to survive that such as not going to school.

The literature search failed to identify art therapy specifically with girls or young women until more recent history. There are a few pieces of work published that focus on girls much younger than this study's participants, such as (Geraghty, 1985) on art therapy with a 10 year old 'Native Alaskan girl' or (Hesse, 1981) on art therapy with a four year old girl who did not speak. These papers do not fully analyse particular oppressions girls face and other intersecting oppressions. A 1998 paper (Murphy, 1998) surveyed art psychotherapists working with sexually abused children and young people in 1996, to consider if UK art therapists felt images made within art therapy could be used as evidence in court. The conclusion to this question was that to remove images from their context of therapy could be potentially damaging. This paper mentions brief summaries of art therapy with a girl (6 years old) that the author had worked with and from two survey respondents work with a 9 year old girl and a young woman at 15 years old. There is however no examination as to why children are sexually abused and analysis as to why this includes mainly girls and young women and what the profession can do to advocate for change. Suggestions are made that

art materials within art therapy seem to support children to communicate trauma and find a safe way to externalise and then internalise sensory experiences.

A slightly earlier study from Germany (Herrmann, 1995) does not set out to focus on girls and young women but does offer a case study of art therapy with a disabled young woman. The author set up an art therapy practice in a school for pupils with visual impairment and blindness. Finding that the pupils were given little access to art and art materials as it was felt they could not get anything from creativity, and similarly, placing statues out of reach of pupils meant effectively the school was designed visually for the seeing population. Offering art therapy in this setting to young people seemed a radical act. This was not just by supporting access to art materials and art at the school, living with visual impairment or blindness was seen as being deficient and the pupils were trained to eventually present and live as they were seeing, rather than understanding the different ways of living this 'disability' may offer.

We are told Marianne (13 years old) struggled with anxiety in class which manifested itself in argumentative behaviour in class and so was referred to art therapy. Marianne was able to use clay to express her anger, in one session creating an angry face. The art therapist shared the tale of Medusa, feeling the clay face resonated with the myth, which we are told interested Marianne because she could survive the Medusa's stare as she was blind. Also discussed is work with a (14 year old) girl, Stefanie with Batten's disease, referred to art therapy because the disease was deteriorating, causing speech to become difficult. Clay was again a favourite material with Stefanie creating many clay pieces of animals and nature. These offered ways to communicate emotions and seen objects that could endure beyond the disease. Using clay as well as the use of the non-human world to communicate emotions and acquire emotional knowledge resonates with the themes that were communicated for this study.

While the case studies here of art therapy with girls and young women do not offer any critical feminist and no analysing of the intersections of disabilities and gender, there is an attempt to challenge the oppressive structures in the school and give the young women ways to communicate their feelings and a space to feel safe to express emotions. The author concludes, one of the outcomes is a chance to express creatively without the usual way of being forced to understanding the world defined by the 'seeing' population's view of the world, which has validity but is somewhat contradicted through his 'seeing person' suggestion of Medusa to Marianne.

If Marianne had brought up Medusa herself, a feminist lens would understand (using age-appropriate language) Medusa's power is taken by the patriarchy because she had been raped, after which she is turned into a gorgon by Athena. A feminist retelling may see Athena (the Goddess of wisdom as well as war) turning Medusa into a gorgon as a protection after being raped. Medusa is also given an island to live on and she only kills men who come to kill her. When Medusa is killed, Athena celebrates her by having her image on her shield to protect her. In other words, Medusa is not angry, it is patriarchal anger turned onto her which she attempts to freeze in stone. A conversation regarding how Marianne's anger may righteously be felt as a disabled young woman in a world that does not accommodate or recognise her, may have offered ways of being and understanding the world.

A year later, art therapy with a young woman Mary (15 years old), who struggles with what is now called self-harm but is termed as "self-mutilation" (Milia, 1996) is presented. It is suggested art therapy may be able to offer an alternative to self-harm through non-verbal communication and art materials offering alternative ways to relieve emotional pain. A patriarchal reading of psychoanalytical theories is employed again here to understand self-harm. The author proposes different reasons for self-harm, including anxiety regarding sexuality, hostility and violent thoughts, defence, and a need to purify, to ground and manage maternal abandonment and trauma. Background information for Mary is shared, including a family split when she was 4 years old, early anxiety and cutting her face at 11 years old. Four years later, Mary is taking regular overdoses, cutting and burning herself. Mary began a romantic relationship with a man 7 years her senior which her mother put a stop to. Mary's mother took an overdose after Mary disclosed she was sleeping with the man, and she told her daughter that she had also been sleeping with him. It is reported Mary then began cutting and burning her arms in a suicidal attempt. The self-harm continued despite being admitted to hospital, after release Mary attended community day care and commenced art therapy.

The art images are analysed by the art therapist, with no verbal communication from Mary discussed, except confirmation that a clay figure is a girl. It is proposed anxiety around sexual desire are seen in the initial image and noted marks that appear are like self-harm cuts. There is no discussion of the sexual abuse from the older man, but the suggestion that a clay figure of a girl that Mary cut into as well as caressed could refer to trauma or abuse. Mary's inability to make a face for her clay figure

initially is seen as a question of sexuality with no confirmation from Mary. Later a tree with a heart shape cut into it is analysed as phallic by the art therapist. A face is eventually added to the clay figure, whom Mary highlights is not dressed. With the figure situated near the tree, the art therapist suggests this shows vulnerability. It is proposed that self-harm is replayed through the use of clay, a material which allows cutting into and to covering over. The conclusion does not tell the reader if Mary stopped self-harming or if the older man was reported and prosecuted or how the mother fared.

It is suggested Mary self-harmed to regain a sense of control. It is further proposed through self-harm, Mary wanted to make herself less feminine as well as wanting to be separated from her mother which could account for ambiguity about her sexual identity. There is no evidence from Mary herself for this. It is acknowledged that Mary used self-harm to survive which is of interest to this project when thinking how precarious bodies survive a hostile world (Berlant, 2007). As well as suggesting the bodily quality of art materials supports integration of traumatic memories, a proposal made in other studies presented here. Again, typically of writing from about this time (but not all), there is little reference to the abuse suffered as a young woman in a patriarchal world, understanding the world is through patriarchal theories, with no attempt to make a feminist reading or understanding interlocking subjectivities.

Another study in 1998 (Welsby), a case study of long-term art therapy offers insight into art therapy with a young woman (17 years old) from a family struggling in poverty and parents struggling with poor mental health. The art therapy took place at school, with the art therapist taking a psychoanalytical approach, the work was afforded the flexibility to continue whilst the young woman was in hospital. Collaboration with education is emphasised, the young woman eventually returned to school after a spell in a foster placement and ultimately departed for further education. This paper does not seek to understand the specific oppressions girls and young women experience or view those through a feminist lens but is an example of art therapy work with a young woman in a precarious position. The art therapy was able to continue whilst she was in an even more unstable position in hospital and briefly in a foster placement and demonstrates how fundamental flexibility and an understanding approach to offering art therapy is when peoples' lives are precarious.

In the same year but this time with young women in an art therapy group, family art therapy and individual art therapy over 7 months (Stiles and Mermer-Welly, 1998)

is offered. Taking a psycho educational approach as well as art therapy to lift up young women who become pregnant when entering “adolescent crisis” (p.165). While it is not explained what the crisis means, it seems to be understanding the young women through Freudian concepts, not unlike the earlier paper (Jakab and Howard, 1969). It is highlighted that Black (my word, the article uses “African American”) girls’ and young women’s rate of pregnancy is higher than other peers. It is acknowledged that young people have lack of resources due to their socioeconomic background and feel they have lack of choices. Uncritically there is then the assumption that being poor means they are more vulnerable to various forms of abuse and addiction without analysis of abuses and addictions in other classes that are hidden or seen as acceptable. Nor does the article consider what oppressions might mean to people’s lives, for example, addiction offering a viable alternative and escape from a precarious existence (Berlant, 2007). There is also the supposition that in earlier decades more ‘robust’ family structures existed curtailing early age pregnancy but with the increase of single parent mothers and births to unwed parents contributing to an increase in younger women having babies.

Choosing not to focus on white households the paper takes a decidedly uncritical feminist view and a racist view, seeming to blame Black single parent mothers for high pregnancy rates amongst Black young women. This article is also deeply heteronormative, arguing it is necessary for young women to let go of the maternal relationship to transition to the more adult heterosexual relationship and considers getting pregnant as a way to regain the early relationship or reinvent the promise of closeness the young women had with their mothers as a baby. Fathers get a bit of the blame in that they are not around and offering security -clearly something the mother has apparently not been offering. There is a brief acknowledgment of possible coercion and sexual abuse of young women becoming pregnant.

The art therapy with the young women being (13 -15 years of age) aims to increase self-esteem, self-examination and empowerment. We are told the young women are in ableist language “mild to moderately retarded” (Stiles and Mermer-Welly, 1998, p.167), which is an unacceptable label. A suitable term for most would be ‘learning difficulties’ a term that was used for many years before the article was written. The work with 28 pregnant young women were two thirds Black and a third white also included family art therapy (to improve family relationships) and one to one art therapy and group art therapy that took place in a perinatal clinic and at school, additionally

visits to a museum. The majority of the young women lived with single mothers who received state financial benefits. The approach to the family art therapy is based on the assumption the mothers of the young women have not yet progressed to 'full adulthood' and are stuck in their 'adolescence'. The work is reported to involve progressing the mothers to understanding repeated patterns of behaviour in the family and develop the family relationship to 'maturity'.

The art therapy group with the young women in the school took place over 90 minutes, broad themes were given each week, usually involving exploration of emotional states and feelings about changes. Low mood, tiredness, struggles to communicate emotions and lack of enthusiasm in art making were noted at first amongst the young women. Some artwork created is described and reproduced in the paper. Gradually, as the sessions progressed the young women began to interact more fully with each other. There is a discussion of a family art therapy sessions with a white family where it is suspected sexual abuse has taken place but this ends badly when the school attempt to investigate and the young woman is removed from the therapy. It is reported that the visit to the museum takes place with the therapists and "our African American group facilitator", (Stiles and Mermer-Welly, 1998, p.172) a woman called Nadine. The use of the word 'our' is problematic language, implying that all other facilitators are white and Nadine belongs to the others. Additionally, we are not told Nadine's qualifications or approach. It is reported Nadine challenges dominant white perceptions of beauty at the museum and prompted discussion on identity.

The self-congratulatory approach in this section of having found an artwork supposedly depicting a Black woman (Brancusi's bronze sculpture *The Blonde Negress*, 1926) reports on a positive response, in that a young Black woman after initially struggling to say anything, thought it might depict a Black woman. The thinking proposed is that the young women struggled at first to identify a Black woman because of the lack of Black representations in the museum. However, this suggestion, fails to identify the lack of most of the facial features except her lips and hair of the sculpture is both racist and sexist. Added to this, no skin colour, is seen as positive because the focus on features (although, in actuality there is a lack of them), might really be why the young women, struggled to identify the sculpture. Another missed point of awareness and intersection of oppression is in colonist appropriation of African art, stolen from the continent and seen by white artists who then elongated head shapes, mimicking what they saw at exhibitions. Additional dialogue about the head of *Queen*



*Mother Head* (late 1800s, Edo peoples, Nigeria) is also not discussed in the context of colonialism. We do not have a report on the visit from Nadine or the young women and that may have given a different perspective. There is a brief discussion of a young white woman's progression in the art therapy group and her increase in self-esteem, evident through her increased interaction and confidence in art making, resulting in an increased ability to communicate her emotions verbally and within the art image. Concluding art therapy supported increases in self-esteem and emotional growth in the group of young women, the paper offers no real analysis of that.

This article is disappointing in its lack of an approach that comprehends interlocking subjectivities and it is racist, sexist, classist, homophobic and ableist in its approach and understanding of the world. Even the section on one museum visit which initially sounds hopeful as work in the community outside of institutions, despite the clumsy racist language regarding the facilitator, does not fulfil expectations, not surprising when the beginning approach of the work is to see the break down in the heterosexual 'family unit' and the fault laid at Black women's door for increases in pregnancy. This paper could also be seen as an example as to why art therapists at the time (Bakos and Pagon, 1999; Hogan, 1997; Waldmen, 1999) sought to examine and highlight oppressions and abuses against girls and young women, with Waldmen in particular expressing frustration with the then approaches to art therapy. These writings offer the beginning shifts further into calls for changes in training to include feminist arts psychotherapy practice and social justice approaches (Sajani, 2012, 2013; Talwar, 2010).

Explicitly seeking empowerment, Backos and Pagon's (1999) paper seeks to raise up the voices of girls and young women that have been sexually abused, presenting the themes that emerged in an art therapy group for three sets of families at a centre for rape survivors. Examining the impact of rape and living within a culture that promotes rape and violence against women, an art therapy group for young women (from 13-17 years old) who had been sexually abused (and their families) was designed to support them to communicate through art their experiences over eight weeks. Although the families were involved, the focus was very much on the girls and young women, their voice and artwork.

Using art to enable the group member was suggested to be less threatening than purely verbal psychotherapy. Also considered was the support that can be found in a group, a sense of solidarity and connection after initial nerves. An understandable

main theme was anger at what had happened to them. The art therapy sessions concluded in the girls creating artwork to display in a window which challenged damaging perceptions of rape. It was reported the group offered ways to feel empowered, seen and heard. Four of the participants for this study took part in an art psychotherapy group and reported on the importance of connection with others through being with and making art with others.

Returning to interpretations of Freudian theories, but in the same year, another paper (McGann, 1999), offers a case study of long-term (18 months) art therapy with 15-year-old woman, Tina who the author suggests has 'homicidal rage'. The theory behind this label is discussed, including early and continuing abuse resulting in an underdeveloped 'ego', leading to terror of annihilation, resulting in murderous anger as a protection against obliteration. Reporting on the evidence that the rise in young people becoming murderers is caused by being poor, mental health genetics and upbringing, there is no analysis of possible classist, ableist and elitist biases of these reports. Race is acknowledged, in that it is stated more young people of colour have committed murder but again there is no critical examination of those reports, nor why when young women tend to kill it is reported to be within their family group. Without a gendered understanding of why young women kill, the paper seeks to explore why young people murder in more detail, with one of the most obviously misogynistic factors being, seeing violence committed by a father on an ineffectual mother and a mother only household.

The aim of weekly art therapy here is for the communication of murderous rage and to find alternative, enjoyable ways of being. Alongside art therapy Tina had verbal psychotherapy and once a month family therapy. Identified as having Italian heritage, Tina's background is shared including sexual abuse when younger and a long history of being in mental health settings, as well as difficulties with speaking. Images made in art therapy are shared, including analysis of an image which is seen as lifeless, made after Tina's father told her he murdered his then wife. Tina's voice is not shared in the analysis of the art, although often communication was just through body language and the art. After some months, Tina created a clay house which she asked the art therapist to help her with, this is reported to have strengthened the therapeutic relationship. It is then revealed that Tina had six months of an art therapy group towards the end of her time with one to one art therapy, it is not clear the period of the one to one work.

It is argued that murderous intention became evident because an image looked like a grave, but this was not confirmed by Tina. As images continued apparently to represent 'darker' thoughts, it was decided Tina represented a "homicidal risk" (McGann, 1999, p.58) with no presentation of this in behaviour, workers are put on high alert. A psychiatrist was subsequently involved, and medication is prescribed. Tina later admitted, prior to taking medication, to threatening her boyfriend with a smashed bottle but did not harm anyone. Tina's mother then raises concerns about Tina questioning her sexual identity. There appears to be no correlation seen with the threat to the boyfriend and emerging questioning of sexuality. Nor is there an analysis of what occurred before the threat and what may have resonated with the trauma of sexual abuse. A lapse in taking medication, according to the therapist results in Tina's brother being burned when Tina was cooking, due to homicidal tendencies, despite Tina and her mother reporting this was an accident. It is later suggested Tina's mother deciding to no longer attend therapy was deliberate and gratifies her need to revel in Tina's violence and transfers her negative emotions towards Tina. The return to medication is identified as enabling images finally included beings such as animals and people, which also coincided with better behaviour at home, which seems to detract from art therapy as possibly supporting communication that maybe others are being perceived as less threatening. It is later revealed that the art therapist was updated, post therapy, that Tina was attending a group for young people identifying as LGB.

The paper could be seen as an example of possible unintentional harm to a young woman through using a misogynistic interpretation of psychoanalytical theories, rather than using a critical feminist reading which could reveal what is helpful in understanding the world for young women. By failing to include Tina's voice the art therapist has replicated the world that she lives in and perhaps missed vital information that could inform the therapy, for example offering work on sexual identity. The art therapist appears wedded to the biomedical model and does not question the use of medication for such a young person. Additionally, the practice seems to replicate that model, fully embracing psychocentric (Rimke, 2016, 2018) ideologies, undermining the potential of the art psychotherapy profession. The paper clearly does not take a feminist or intersectional understanding or question oppressive views of mental health, it adds to the picture the sort of thinking and practice taking place a relatively short time ago and art therapy with a young woman over a long period.

Although working with a woman older than the participants of this study (Waldman, 1999), another study from the late nineties is of interest to this study as an early example of an art therapist frustrated by then current approaches and seeking a socio cultural and feminist approach. Seeking a framework for work with a woman, depressed since she was a teenager and frustrated with a void in art psychotherapy literature (at the time) and is concerned with “the diversity in postmodern thinking regarding social theory, feminist psychotherapy and art therapy, and to contribute to dialogue about social context in clinical practice”. (Waldman, 1999, p.10). By recognising social structures create high numbers of depression in women, Waldman sees art therapy can be utilised as a way to resist subjugations. Also of relevance to this study is the noted shift in the client’s work when she started to use clay (as a number of participants in this research speak about their work in clay in art psychotherapy), including thoughts about how clay interacted with the body and enabled a more concrete art piece be shared in therapy.

Correspondingly seeing the communication of service user experiences of oppressions as well as the empowerment to escape these communicated through creativity, in *Class Issues in Therapy* (1999) Wood argues it is vital that people’s situation in terms of social class is recognised in art psychotherapy. Wood stresses the importance of acknowledging difference, the influence of poverty on client/service user self-esteem and the sense of autonomy impacting on mental health. Wood writes of the low profile of child and adolescent psychotherapy services and it is disappointing to find this situation has not altered in the present. Wood highlights the assumption that art speaks to and belongs to the cultural elite in a way that makes it inaccessible to the working classes (Guerrilla girls, 2020) and emphasises that art therapy can be used to challenge this. Woods’ theories are valuable to this project because they act as a reminder of the importance of class as an interlocking and intersecting identity. Later I will discuss Skeggs’ (1997, 2001) social cultural theories, which I utilise as part of the framework for this study to support an understanding of how working-class identities intersect with other identities, such as race, ethnicity, gender, sexuality and disability. This project draws on Skeggs’ (1994, 2007) work around the benefits of feminist ethnography as a methodology for enabling the lived experiences of research participants to be expressed and heard, and how that dovetails with an overarching intersectional feminist framework for the examination of power structures.

Another case study of art psychotherapy long-term work with a young girl who was sexually abused O'brien (2003), takes a psychoanalytical approach. The study

does not use a feminist framework to understand, for example oppressive social structures which lead to sexual abuse. However, the study is helpful for this project given the use of reflective notes, in that the author uses her notes and metaphor to imagine a landscape to describe what is conveyed to her through the girl's images and work.

Trauma amongst girls and young women, assigned as offenders (Lavergne, 2004) in the USA is discussed in the context of art therapy combined with "Internal Family Systems Therapy (IFS)" (p.17). There is the suggestion at the time of writing (2004) that the classification of PTSD in DSM IV lacks appreciation of how young people may present with trauma in different ways to adults. Arguing trauma is likely to be experienced at a higher rate by young people who have offended, with a high proportion disclosing abuse, including sexual abuse. Trauma is understood to lead to behaviour that results in being placed within the justice system. By being subjected to abuse whilst in the 'justice' system trauma is then increased further. Exploring the then new developments in neuroscience, it is argued, creativity enables trauma to be processed by the integration of both the somatosensory and narrative memories of trauma.

IFS is explained as a way to comprehend how trauma can cause people to become fixed in certain ways of managing trauma which can lead to harm, for example, overworking, turning to alcohol and self-harm. Case studies are shared of 2 young women (17 and 18 years old), including artwork produced by them within a group that was designed to have a larger number in attendance but in the event only two could attend. The therapy aspires to restore equilibrium, having enabled communication through the artwork of traumatic experiences. The group sessions took place over 7 weeks with the session time being from 150 -210 minutes. Details of race are given, with Amelia being identified as Latina and Reena as First Nation American (my word), no tribe is given.

There is no analysis as to why two young women of colour may be more likely to be within the justice system. Nor recognition of the prison industrial complex and its devastating impact on people of colour and Black people. Their family situations are described as lacking stability and it is proposed because the young women had not had to spend time in prison they were of higher intelligence than others that have been locked away, with no indication as to why that would be. It is stated only Amelia meets the criteria for PTSD, so the focus was on her which undermines the early argument

that young people do not always meet criteria described in the DSM. The two young women are given the initial theme of creating their safe space and the sessions continued with a board theme being given as they work towards processing trauma and achieving containment. It is argued that Amelia's artwork indicates markers of PTSD. White masks were used to think about the inner and outer world without any discussion of appropriate materials for people of colour and Black people or discussion of the choice of colours or design with regards to race and culture.

There is a small amount of direct quotes from the young women regarding the images which indicated they found the therapy helpful, as well as a feed-back comment that they felt the group was beneficial and understanding of the self. Both Amelia and Reena's father abandoned them, this is noted but not discussed. It was reported Amelia's post PTSD score sheet indicated a lowering of markers. The author shared she tried a group with young men, but it did not work through non-attendance. It is noteworthy that the 'group' appeared to work well in supporting integrating with other members, the sense of containment, acknowledgement and support this enabled for the young women which was mostly indicated by the participants of this research. It is concluded that the method could be used for other incidents of loss and it is only then race, culture and class is mentioned but is seen as a site of possible trauma rather than seeking to comprehend the many interlocking oppressions that lead to young women 'offending'. However, there is a call for recognition of the high rates of trauma of young people in the justice system and offering appropriate therapy could support them to get out of the system.

Arts therapies in a safe haven is shared in a chapter on work with a group of young women and girls who have suffered trauma (Lacy, et al., 2007). Examining arts therapy with girls and young women (10-18 years old) over a short stay in a safe house in Australia, the authors (one of whom is a drama therapist, another an art therapist) present the work through the voice of the young women and girls as co-researchers (an aim of this research). The words of 3 participants are recorded and shared. Facilitated by the art therapist, the first session presented is on the theme of safety. The girls and young women were asked to collect objects found in the landscape near the house and asked to create a symbol of protection to keep the property safe and contained over the time of their stay.

The participants seemed to make good use of what they found around them outdoors, and the art therapist reflected, this activity enabled understanding of the

current psychological state of the young women and girls at the start of their time at the house. There then followed a series of drama therapy workshops, starting with participants imagining they were animals. The facilitators saw the creative sessions as linked, enabling conversations for the young women and girls, supporting them to feel safe, to be carefree and express their true emotions, as well as think of creative ways to rid themselves of unwanted painful emotions. Also noted was a re-connecting to childhood and a regaining of their rights to speak and be recognised.

Having the chance to reflect and feedback verbally on their experience at the safe house spoke of their transformations, for example from low mood to increases in self-esteem and happiness. The relevance for this project is in the significance placed on creating a safe place to share, the participatory element, the use of creativity to support communication of participants inner and outer worlds and the chance to reflect on the experience of creative therapy.

Trauma for displaced persons is explored through a case study of art therapy with a young woman (Isfahani, 2008). The author identifies that the loss of a homeland, family, and the profound longing that brings, causes displaced people to feel, bewildered, suspended in time, and stuck emotionally. This state can be misinterpreted and misunderstood as distress that requires medication to relief it. In reality, distress at losing your home and country can be understood as a reasonable response to a traumatic experience that is better suited to therapies that support processing such experiences; therapies that work towards understanding the systemic social structures that create and maintain the conditions in which such trauma is experienced. Such work will enable greater empowerment and liberation.

This case study of art psychotherapy work with a young woman categorised as a refugee in the UK, captures the distress a young, displaced person can be dealing with and how through art psychotherapy they can find a supportive and enabling environment and activity that provides positive transformation for them. Hanna, is a young Muslim woman of Eritrean heritage from Ethiopia. She enjoyed a privileged upbringing, attending a private school in Saudi Arabia for a while before fleeing to England at 15 years of age having witnessed her father being forcibly removed from the family home during the Ethiopian-Eritrean war. Once in the UK, she experienced moving between various forms of accommodation, and lost contact with all her family before starting art psychotherapy. The art therapist was able to use her awareness of Arabic to communicate verbally with Hanna. In therapy, Hanna was able to share her

story of loss of home and family, the journey to the UK and the trauma of her displacement experiences.

Writing on her observations, the art therapist notes the predominant theme of the image of a house or home presented in Hanna's and other refugees' artwork. She discusses how the image communicates the profound loss of identity, culture, and connection to family and place. The art therapist considers how the sense of home and connectedness contributes to what you know about yourself, and how through displacement of your identity and what you know of yourself becomes disaggregated, as you become parted from the time, place, land, people, and community that held and sustained you. Examining both verbal and non-verbal communication it is concluded that art therapy, including the image making and the therapeutic relationship, enabled Hanna to find a way to unify her experiences, making her situation more bearable and manageable.

Another place of safety is found where art therapy took place with trafficked women in Cambodia (Tan, 2012) and has some comparable methods to this project, in that this was an arts-based investigation. Although not using the theories of intersectionality, this article acknowledges how the women have been multiply oppressed, for example, firstly by being women, secondly having been sex workers. For these women, the fact they had been trafficked was unmentionable in their culture and could not be spoken about and acknowledged in their families. Slightly older than the young women and girls in this study, at 16-28 years, the 12 young women took part in a one-off research art therapy group workshop. All participants had worked with the art therapist for a year, prior to the research workshop within the shelter where the group took place. The trusting relationship with the art therapist was thought to be of value in enabling a safe space for the group. The participants were asked to use art materials to make a series of artworks, depicting their lives prior to being trafficked, what happened whilst they were being trafficked and their emotions about being trafficked. The fourth artwork was concerned with escaping from trafficking, with a final piece of artwork about how they feel now, including futurist thinking. Participants were encouraged to share their narratives verbally and non-verbally.

Outcomes noted were participants feeling enabled through art making and togetherness, as well as sense of pride at their accomplishments. Reported outcome themes were, the aspiration to continuing to recover from the trauma, to be able to return to society and the importance of the space to restore themselves in a safe and



caring place. Also of relevance to this research was the aim to share outcomes which is the hope for this project. The sharing of knowledge outside of the research was reported to give a sense of empowerment for the group of women. Additionally, the creative act enabled the women to find words to explain what has happened to them and they began to acknowledge they were blameless in what they had been subjected to. Subsequent outcomes were, the knowledge shared informed the way therapy was then delivered, conscious raising across the country through the sharing of the images created in the workshop, as well as sharing with practitioners best practice in other countries.

In the same year, in Canada, Lu and Yuen (2012) write on using decolonialisation theory in praxis with a group of first nations women, where art therapy workshops culminated in an art exhibition, another form of conscious raising. Although, the women who Lu and Yuen write about are older than the participants in this project, the paper is helpful to consider as it is about an art therapy group (several of the participants that contributed to this research worked in a group) and the art therapists, take a social justice approach, seeking to empower the women through their engagement in art psychotherapy.

Still around this time, a feminist approach is taken for a case study on a group session with women diagnosed as having Borderline Personality Disorder (BPD) (Eastwood, 2012), aged from 18-65 and so older than this studies participants but helpful to consider due to the approach taken. The paper commences with an exploration of the high rate of BPD diagnosis amongst women and offers a model of feminist art therapy as an appropriate method to use when working with women identified as being affected by BPD. Writing before the release of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the author cites concerns that the DSM has been based on a white male, patriarchal epistemic model. She explores the literature that questions the legitimacy of the condition BPD and its diagnosis, demonstrating that both are based on misogynistic white male frames of reference. The intervention usually recommended to those diagnosed with BPD is Dialectical Behaviour Therapy (DBT). One of the main elements of the DBT method is validation of one's experience. The group of women in the study were receiving DBT as well as taking part in group art therapy sessions.

A brief history of feminist psychotherapy is given and the significance of the recognition of systemic oppressions and power structures that can be very much a part

of the psychotherapy process. Also discussed is the battle within the profession for value of feminist and woman centred arts therapy. This battle is for women's knowledge and thinking to be taken seriously and recognised as significant and representative of the truth for so many. Through reflections on one group, 90 minute session, it is proposed the possibility that the space art therapy offers is containment to process trauma safely, and that potentially it enables a substitute to self-harm through art making and the safe therapeutic environment. Further a feminist art therapy approach according to the author recognises the client as a person who may have experienced many oppressions and through that recognition begins to address power imbalances and validate clients' experiences.

The absence of the clients' voices within the study is identified as a limitation of the study, and the value of including those voices in future studies is set as a priority. But another limitation exists in arguing for the importance of only women's epistemology, as this negates the recognition of multiple and interlocking systemic oppressions in terms of not only gender, but also race, class, sexuality, and disability. Therefore, a critical feminist art psychotherapy approach would be best placed supporting marginalised and oppressed peoples living with the negative effects of multiple systemic structures. Critical feminist approaches recognise that locating mental health as a problem at an individual level is not a solution and that it is systemic change that is necessary to improved and better mental health. However, more recently Eastwood's (2021) paper on white privilege in the profession does acknowledge intersectionality and argues in the UK, white privilege is seldom recognised.

Another study with women older than this study's participants, (Huss, 2016) is important to consider here, as the paper proposes it examines the social context of the art made in a group for marginalised women in Israel, whom the author identifies as Bedouin. The article positions the women in the group as struggling with the dual intersection of being women and native Arabs. The aim of the group was empowerment and not therapy, enabling a space to talk and use art to further understanding of experiences the women live with. Short statements on their artwork by the women appear in the text. The author states a socially critical theory of analysing artwork is valid as a method in order to fully appreciate the impact of difficult social circumstances and punishing social discriminations many of the women have to deal with.

It is argued that it is vital to appreciate clients' difficulties in terms of the social context, and this is supported by the way the art therapist describes the art's ability to shift the maker and the viewer from the individual perspective to that of the cultural context. Employing a socially critical lens (Huss, 2016) to view the artwork, enabled numerous readings of the images, as well as enabling the women to step back from points of concern and distress that for them are contained within the images; points of distress that are very much a part of their everyday experiences; points of distress that are difficult to challenge through direct engagement with a hostile state.

For this research project, the idea of transformation through art, the opportunity to feel empowered through art, and the discussions around it is useful to consider, however, the study lacks any reflexivity around the author or her co-researchers' relationship with the participating women and the fact that the study is funded by a state that the United Nations has cited as seeking to oppress the Palestinian people. The article fails to contextualise the full extent of the repression of the Palestinian people, and in general offers us just a glimpse of an interesting study using language that is restrained, often non-critical of the injustices faced by the women participants. Other than in the statements made during the group sessions, the article does not tell us about the empowerment and transformation beyond the project. However, it is pointed out that the article is focused on reviewing the method and other data can be found elsewhere. Whilst claiming to explore the lives of marginalised and oppressed women, and therefore interesting for this research study to consider, the methodology used to carry out the research does not employ the necessary attributes that would make it a social justice and/or a critical feminist approach; the study's focus is on the methodological approach and disappears the particularities of the women's lives by not explicitly seeking justice for a marginalised group of women.

Returning to art therapy with younger clients, 4 girls and young women (13-15 years old) who had suffered trauma took part in 10 weekly digital art therapy sessions, alongside CBT in South Africa, details of which are shared in a 2017 paper (Kruger and Swanepol, 2017). The aim of the work was to enable communication of trauma and support integration of trauma memories and emotions through the containment of art therapy. Naming the treatment "digital art trauma therapy" (Kruger and Swanepol, 2017, p.93), the focus of the paper was on the art images created and the art therapy component rather than the CBT element. There appears to be no explanation offered for the use of digital art making, although these seem as rich and textured as traditional art images.

The emphasis was on 'metaphor' emerging out of the images created at 5 weeks into the treatment, when the therapeutic work focused on integration of traumatic memories and the conversation prompted by the image. The young women were asked to make an image about if they transformed into something that encompasses their emotions around the trauma. The goal was to eventually change the image, taking back control, removing its authority to govern emotions. The young women then created a self-portrait and their present emotional state and futuristic possibilities. Followed by a review of the images. The data collected via the images, image making session, verbal interaction and interviews conducted at the commencement of the therapy and at the conclusion were analysed using thematic analysis. Details of the trauma experienced are shared within a table, including poverty, neglect and sexual abuse. The young women are assigned numbers rather than pseudonyms which would have added a more participant centred sense to the research. It is reported a social constructive approach is taken to understanding trauma. No details of race, class, disability was shared and there were no attempts to understand the particular interlocking subjectivities the young women faced.

The paper concludes the work showed all 4 young women were able to process the trauma and have more understanding of it, 3 of the women appeared to have moved on psychologically from the trauma and reported improvements in their lives. Relevance for this project is in the close analysis of the images and in the discussion of the transformed images and self which resonates with changes and transformation discussed through art images and discussion around them in this project's interviews.

Continuing to consider art therapy with other therapies, an art therapy group for young women, incorporates art therapy with mindfulness and origami in an Australian mental health clinical setting (Edwards and Hegerty, 2018). Setting out a small amount of research mostly within other disciplines, the authors suggest origami supported focus and problem solving. As well as how mindfulness combined with creativity has supported relaxation and focus. Girls and young women from 14 -16 years old took part in weekly 90-minute sessions, it is unclear how many participants took part, although it is later stated the group ran for 15 weeks. The group's purpose was around enabling the girls and young women to interact in a calming, creative and safe environment. A questionnaire prior and at the conclusion of 4 sessions was filled out, it is not clear what 4 sessions out of the 15 this spanned. One of the sessions

involved taking part in paper star making to be included in an art exhibition to end violence and support involvement in wider society.

Researching the exhibition further elsewhere, I found that it has continued to grow to this day and was called One Million Stars to End Violence but is now One Billion Stars and although not mentioned in the paper this was initiated by Maryann Talia Pau, an artist, as well as Mark Yettica-Paulson, her husband a First Nations leader (One Billion Stars, n.d) in response to the rape and murder of a woman, Jill Meagher. Details of involvement with projects like this is important to include when writing about research about girls and young women, not only is this relevant to girls and young women's lives, but what was their response to hearing about that as well as being involved in the project? Additionally, what was their reaction to a project that was initiated by a married couple that are people of colour and identify as Samoan and indigenous? The reader is not given background information or the reason the girls and young women are at the group or attending the setting. There is no discussion of why this group of girls and young women are accessing mental health services, no acknowledgment around other intersecting oppressions, no discussion as to why the group is made up of girls and young women. It is observed the group begin interacting with one another and enjoyed their time with each other, as well as issues that some members were not happy with were highlighted and discussed. It is then stated the questionnaire was in connection with the group activities and aim was to measure "stress, anxiety, tiredness, motivation, comfort" (Edwards and Hegerty, 2018, p.152) and how relaxed participants were. The girls and young women's responses were shared as well as parental comments.

It is reported that the group members found stress and anxiety levels dropping, they felt more calm and able to relax and showed improved social interaction. No artwork is shared here, the use of origami is reported as helpful in processing annoyance and finding solutions by social interaction. Mindfulness was said to support the participants to relax. Another benefit shared was the girls and young women used less of individual sessions of therapy over the time of the group. The article seems to be focused on the questionnaire and missed opportunities to share the communication the girls and young women shared through their artwork, as well as discussing and including responses to violence toward women and girls and other oppressions of race, class, colonialist legacies, and the present realities of that history. Although reports and discussion of anxiety lowering after some time in the group and the enjoyment of interacting with others in therapy are interesting to this project.

In the USA, a 2020 (Hartman, 2020) focuses on the experiences of neurodivergent young women and teenagers identifying as autistic and how there has been little about their experiences of art psychotherapy in clinical literature. The author puts the young women at the centre of the research, using a narrative approach, she reports on an art therapy group that met weekly for up to 15 weeks. It is not clear how many group members there were nor the setting for the art therapy group but their artwork was displayed in an art gallery upon completion of the group. Participants identified art therapy supported them to explore the meanings for them of their identity as autistic. Additionally reported was how the group also lowered anxiety as well as supporting the members to illustrate their emotions and understand them as well as to realise their potential.

Another case study of art therapy with disenfranchised and traumatised women who were trafficked and sexually abused (Kometiani and Farmer 2019), is of interest to this study as art images were used to enable communication of lived experiences of trauma in the USA. Again, the group of women were older than this study, with the average mean age being 31 years old. Attendance was variable with anything from 2 participants to 5 over the course of 5 group sessions of 60 to 90 minutes. The women were given a loose theme for each session (similar to this study's participants who took part in group art psychotherapy), to use the art image to convey their story and asked to share and talk about their images at a set time. At the preliminary session a mandala was handed to the women to decorate, to presenting their current psychological state. Emphasis here was on a place of safety.

The study was also concerned with the psychological effects on professionals that work with sex trafficked survivors and analysed another set of art therapy sessions for six women workers. An outcome of the professionals' group was a proposal of central points for art therapists to hold in mind in their work with traumatised sex trafficked individuals. While the study, had only a small amount of shared data on the service user's voices, art images were shared and valued as a form of communication. Focus on the relevant literature was on trauma rather than highlighting capitalist patriarchal subjugations that are the cause of sex trafficking. Improved confidence as well as sense of self and opportunities to re-connect to others were the main reported outcomes for the client participants.

A more recent art therapy based research (Abdulah, et al., 2022) with Yazidi young women, survivors of an ISIS attack has some germaneness to this research in that, a semi-structured art based interviews and a feminist approach is used. The women were older (18-25 years old) than the group for this research but was a small group (13) as in this participant group, although the research took place over a six month period. The young women not only survived the attack but some were also subjected to abduction, sexual abuse and the experience of eventual escape. The research aspired to centre the young women's voices through interviews as well as art making to encourage communication of traumatic experiences, painful emotions and knowledge.

All the women had a fortnight of art therapy sessions prior to the interviews. Understandably, the main themes from the analysis were around the trauma and despair but there was also desire for a better future. Through artwork and their words, the young women not only communicated their trauma but also aspirations for the future. As the authors point out, being given the space to be able to imagine a better future promotes resilience and ways to start to heal. Thinking of stressed and traumatised bodies, creating art with an art therapist, and how participants from this study responded to not only the art making but the art psychotherapist presence, it is worth considering a study with mixed gender group of well adults. The research found cortisol was lowered when the group made art with an art therapist present compared to making art without an art therapist with them (Kaimal, et al, 2016).

A paper published in the Canadian Art Therapy Association Journal in 2004, (Higenbottam, 2004) examines an art therapy group for 7 young women (aged 13-14 years old) which focused on improving body image. The group was held for 8 weeks (only 2 more sessions than some of the participants in this study). A questionnaire was used to understand the young women's relationship with their body image at the beginning of the course of sessions. Some sessions the group members were given themes to enable dialogue and creative responses to cultural expectations, culminating in a large art piece that was exhibited at the school for a period. The statistics from the pre and penultimate session questionnaires were compared which showed a positive outcome for the participants in how they felt about their bodies and improvements in self-worth. Interestingly for this research where troubling feelings were noted, two participants said they felt "uncomfortable" (Higenbottam, 2004, p.14) although the design of the study meant this was not explored further. Although feminist

literature is referenced there is no feminist or critical feminist analysis of why the young women are struggling with their negative relationships with their bodies.

Rehavia-Hanauer (2014) revisits images created in art psychotherapy, previously analysed through a psychoanalytical lens. Having acquired feminist knowledge and coming to comprehend, through years of work with women suffering with anorexia who struggled to get healthy, the author concludes, that the women are fighting against patriarchal expectations of their gender. She challenges previous informed psychodynamic readings of the images produced in art psychotherapy by women, diagnosed with anorexia nervosa, she had worked with by now using a feminist approach to analysing images. Viewing the artwork through a frame that aims to understand the reality of the service user's internal and external world and the oppressions they are interacting with, including how others are party to these oppressive social structures.

The idea being, that through this framework, to work with what has been realised and support the service user to understand social constructions and oppressions, to support moving to seeing the world differently and offering ways to resist and alternative ways to be in the world. While this approach is nearer to a feminist approach rather than a critical feminist approach (that acknowledges fully manifold systemic structural oppressions), this writing is useful in understanding the role of internalised oppressions that can impede service users and the art therapist and the impact of this on their images.

Moving more up to date, art psychotherapy in a group for 3 young women (12-17 years old) struggling with anorexia nervosa, is shared by another art therapist (Shaw, 2020). This group took place online due to the Covid-19 pandemic. It ran for seven weeks for an hour with the time divided roughly between art making and discussion which was facilitated by the art therapist and another clinician within the service. A broad theme for the art image was given as reflecting on the week and thoughts round that between sessions. The artwork produced in the group was not shared in the paper. What is proposed as emerging from the work in the group is the importance of being 'seen' which was amplified by the art therapy taking place online. Winnicott's theories are named as influential to the approach, including his theories utilised by the profession to understand the containing aspect of art therapy. This is mixed with a mentalised approach, with the artwork produced as being significant to enabling the self to be gradually perceived and witnessed. It is noted the multiplicity



of images that are created online, space, such as the screen containing the therapist and the one containing the service user and an attentiveness is given to the impact on those concerned with how their body is perceived in society. Prior to the group starting the young women were invited to a discussion on how best to run the group and what could work well and what may be a hinderance.

Sessions were described in the author's voice rather than direct quotes. Of relevance to this project and a theme that will be discussed later, are the young women's 'troubled feelings' around not being able to create perfect images. It was also noted a group member shared she found the group challenging in a session that there were technical issues with signals getting lost. Another group member shared an image and was able to discuss difficult emotions. The painful emotions associated with viewing herself on camera was too difficult for one group member, although she could not share this at the time of the group, she was able to discuss it later with the art therapist. Difficult emotions were also noted by the art therapist, struggling with not being physically near the service users and finding it hard to offer containment through body language online. Although it was observed, the lack of proximity between facilitators meant a more open interaction as opposed to the more subtle body language used face to face, leading to the young women being party to their communication.

It was noted as the group was online the young women were in charge of who saw the images and when, changing the dynamics of the usual relationship between service user and facilitator in the group. The art therapist felt unable to ask the young women to send their artwork. She felt to push this request would be detrimental to their delicate self-esteem, impeding on the young women's sense of control. She also noted the vacuum she felt at not being able to receive the artwork as she would normally in a face to face setting. Although unable to focus on the images produced, unlike the previous paper, this paper examines not only the difficulty of working online which worked better for some than others, it also highlights the difficult emotions and anxieties around making art that were brought to the surface but does not explore further how those troubling emotions may link to reasons the young women may be in the service.

In other recent writing, (Tillet and Tillet, 2019) working with Black girls and young women in the USA, living precariously with high levels of violence and poverty in their community. The authors and art therapists who identify both as Black and

African American, discuss how they understand, a feminist approach alone is not enough, that a feminist intersectional approach is needed. Further, merely focusing on a purist form of art therapy is not enough, given the many interlocking subjectivities girls and young women live with, that the work needs to seek social justice and changes in the community. The art therapists are also well placed to understand how vital within their work is self-care to survive and thrive, not just for the individual but for the community. Stressing the history of racist treatment of Black people and people of colour in the health care system and continued oppressions, leading to understandable resistance to words such as 'therapy' and distrust of medical models, the art therapists have established a better word to use is 'self-care'. Finding "self-care dissolves the boundaries between the personal and political" (Tillet and Tillet, 2019, p.127), with the added advantage of connections to historical feminist and civil rights activism which included self-care. Further, the use of the word self-care also gives a sense of activist sovereignty over the self. This is not to be mistaken for the capitalist patriarchal form of so called individualistic self-care where the motivation is in controlling women through spending time and money to look good for others. Within the project where the girls and young women gather called the Girls/Friends Leadership Group for five weeks at a time, self-care practice is an integral practice with focus on it at the break and end of the day. This 'radical', in comparison to traditional art therapy, way of art therapists working with young women and girls is worth detailing as this offers alternatives for practice. Before starting the course the girls and young women take part in 3 initial sessions of art therapy to support lowering of anxieties, encouraging self-care, before starting the longer period of attendance. The girls and young women initially communicate through a body of creative work their feelings about what is happening in their lives and community, as well as filling out an application form and having an interview. At this stage, the participants meet their therapist who they will work with through the 5 week summer course and who is available to work one to one over the academic year. The understanding is because the emphasis is on the art making, self-care, activism and leadership of the summer course and with the one to one therapy is offered in that space, it is received as less threatening than a medical model and therefore the offer of one to one therapy is usually taken up by most. Added to this there is a 3-day brief stay away where the focus is on multifarious ways to practice self-care and conscious raising before starting the longer course. Fostering development of the girls and young women's leadership qualities and consciousness, they are given equipment such as cameras to make journals of the internal process. Art therapy workshops are focused on women artists and self-portraiture to explore a sense of self as well as the emerging changes in self-

perception in a containing space. Artwork made communicating many oppressions experienced, including the silencing of Black women is shared, illustrating one young woman, Datavia's, (16 years old) progression to critical awareness. Previous artwork is responded to by later girls and young women joining the group as images resonate to their experiences, including recognising how racism meant emotional support was not offered. The art therapists also offer sessions concentrating on the two interlocking subjectivities of race and gender. An image is shared that Datavia recreated in response to hearing of sexual abuse in her family. Supporting the young women and girls towards activism through their creativity, this image was shown in an art exhibition, including letters composed to survivors of sexual abuse for the community. Details of the program beyond the summer course are shared, over the academic year the girls and young women engage in activism in their community as a group, including organised demonstrations against violence, this involves raising up names of young women murdered by the police. The participants also show their artwork at the protests, actively rising their visibility, including at a Black Live Matters march led by young women. This chapter offers an alternative model to art therapy, one that makes sense given the multiple oppressions experienced by the young women and girls and the precarity of their lives. A medical model of art therapy is unlikely to be received well here and would simply reinforce the harm already done.

I will now consider writing from arts psychotherapists on their approaches to practice. These are works influential to this study including feminist approaches, as well as more recent critical feminist arts psychotherapy and/or intersectional feminist approaches to give a picture of these approaches emerging and starting to impact on the profession.

Maxine-Borowsky Junge, art therapist, feminist, and social activist has written many books on art psychotherapy in the USA. Junge's knowledge of the history of the profession, the feminist approach to her writing, and her conviction that feminism and social action are vital to the role of art therapist make her thinking and approach pertinent to this project. In *Art Therapy and Social Action* Kaplan (2007) draws together art psychotherapists from around the world to contribute to the book, discussing how art psychotherapy and art psychotherapists can achieve social change and transformation when using social justice frames of reference. Junge provides a chapter in the book (Junge, 2007) about her life in social activism, using the opportunity to share her life's work. This may be of interest to fellow psychotherapists aspiring to do social justice work, providing a useful set of reflections on personal and practitioner

development. Junge goes back to her childhood, exploring her experiences of anti-semitism, recalling being encouraged by her art teacher to explore the art making process without feeling judged. This enabled her to explore how art can be empowering. Junge also discusses how the feminism she was exposed to at the time supported and facilitated her development of critical social perspectives and action. In 1994 Junge published *A History of Art Therapy in the United States*, noting the dominance of women art psychotherapists including the early pioneers. Promoting feminist/social action practice approaches, in the book she highlights the importance of self-awareness for the therapist as a prerequisite to helping enable and support positive change for service users. Researchers and arts therapists have promoted feminist approaches, for example, thinking through a case study Music therapist Hahna (2013) advocates for feminist theories to be integral in the educational practices across all the creative therapies and so creating a catalyst towards social justice. Also in the USA, Kapitan (2015) advocated for cross cultural art therapy, calling for art therapists to be critically aware of power dynamics and oppressions as well as being open to and learn from other cultures.

Taking a feminist approach with the focus on the damage patriarchal structures have on women's bodies and how this damage is manifested in art therapy, feminist art psychotherapist, Hogan (1997, 2002, 2003, 2012 (a), 2012 (b), 2012 (c), 2013 (a)) has written extensively across two decades on feminist approaches to art therapy practice, and of raising awareness about the empowerment of women through engagement in art psychotherapy. Images of girls and women are often viewed through a patriarchal lens, awareness of this should be held in mind and is of significance to art therapists in recognising the oppressions women face (Hogan 2012, (a)). Also, to be acknowledged is how patriarchy is internalised and may be communicated within images produced in art therapy. With an interest, in women's experiences in, for example, loss of a child, the trauma of giving birth within patriarchal medical practices and expectations of motherhood (Hogan, 2012 (c)), the significance here for this section is acknowledgement of a feminist approach in practice and calls for changes to education of arts therapists and the inclusion of feminist approaches in the curriculum.

Thinking through the call for changes to arts therapy education, as already discussed, girls and young women often do not just suffer because of their gender, they also suffer because of capitalism, or because of their class, their sexual identity and many other oppressions (Butler, 1990, 1993; Ahmed, 2017) so beyond Hogan's

(2012, (a)) call for feminist approaches to education, a critical feminist approach that understands many interlocking subjectivities is needed. This would mean acknowledging not only internalised and the external impact of patriarchy but also other interlocking oppressions such as racism, homophobia and ableism, as well as capitalism, understanding these will be present within artwork and within art psychotherapy, not only for the service user but for the art psychotherapist who is likely to have not only internalised these through their life but as part of their training and within training institutions. But by taking a critical feminist approach in practice, acknowledging internalised and external oppressions, the service user is likely to feel more validated and less as if they are a 'problem'. The exploration of interlocking subjectivities and the impact upon them may be more accessible than through their emotional work in therapy, including the artwork. A concrete object such as a painting, drawing or sculpture or even marks in a sand pit or held within a mixture of paint and glue offers many ways to comprehend the internal and external world. Exploring artwork can be through eyes as they can move close, across and away from the image, but also through touch, artwork can be felt, lines traced, and the image held and it can be smelt, acknowledging the artwork is accessible in many ways, can lead to an increase in freedoms of how the world can be interacted with. This sensory interaction can support challenging structural oppressions, that are so often focused on alienation of minds and bodies of those it subjugates, as the story of the artwork and what that is communicating for the service user leads towards re-connecting with the mind and body (bodymind) (Schalk, 2018). Adding to this, artwork is valued within art psychotherapy, supporting the service user to feel they are also valued, that what they have to say is worth experiencing. Comprehending how this can not only be validating but also a way to raise consciousness and empowerment is also part of critical feminist practice, supporting, for example, girls or young women to communicate what they cannot say and will not be heard in a hostile world. For some this can lead to activism, as explored in the literature discussed previously. Part of bringing such an approach to education, could be done not only by acknowledging the history of the profession, but mistakes made as well as the gains, writing within the profession that takes critical feminist approach, as well as by going beyond the profession's theories to other theories such as critical social cultural theory. I return to implications for practice and education from this research in the discussion section of this thesis. Some of the profession that work in a critical feminist way is discussed below, beyond that, I explore theoretical frameworks that influenced this project and could be utilised within all arts psychotherapy education, not just for those you can have access to progressive educators (Sajani, 2012; Talwar, 2019 (b)).

In much of her writing, drama psychotherapist Nisha Sajnani (2012, 2013; Sajnani, et al., 2017) writes on feminist arts psychotherapy practice and social justice approaches to arts psychotherapy praxis, taking, for me, a critical feminist arts psychotherapy approach. This approach means a more inclusive arts psychotherapy that actively seeks to raise up the voices of marginalised groups and seek justice for them. When referring to marginalised groups the reference is to women, poor people, Black people, people of colour, disabled people, and LGBTQIA+ folk. Sajnani has written collaboratively with art psychotherapist Frances Kaplan (Sajnani and Kaplan, 2012), demonstrating the interconnectedness of all the arts psychotherapies. This work is significant to this research because of its social justice agenda and strong commitment to elevating voices, something that is an essential part of what arts psychotherapy is about. The work was important to my practice before the beginning of this research project (Wright and Wright, 2013) and therefore it is important to acknowledge the contribution to the thinking that conceptualised and shaped this project. I refer to Sajnani's work throughout this research but also consider it here in more detail; especially Sajnani's (2012) proposal that arts therapies should utilise feminist critical race theory and intersectional feminist praxis to transform itself.

One of the many benefits of using an intersectional, critical feminist framework is that it empowers arts therapists to appreciate that the received knowledge from which we are trained and use when offering therapy comes from particular positions; positions that tend to fail to realise, consider, perceive, and appreciate parallel knowledges that sit outside the dominant Western psychocentric (Rimke, 2016, 2018) ways of knowing. Sajnani appeals for the arts therapies professions to listen to and be transformed by arts therapists who are artists and researchers, and who have lived "diverse lived realities and who can mobilize diverse perspectives" (Sajnani, 2012, p.190). She envisages that such engagement will lead to a continuing transformation of arts therapies professions. She also reasons that using a feminist critical race framework to inform practice and thinking will enable arts therapies professions to consider how the apparatus, equipment, and materials used in practice need to be understood as symbolising, signifying, or replicating social structures that can operate to exclude marginalised individuals or groups of people in the process of therapy. Using critical race theories and intersectional feminist frames of reference supports arts therapists to have an understanding of how dominant social structures operate to exclude and oppress, ensuring they remain vigilant of those, including awareness of

their own socio-cultural positions and privileges, as a way of working in solidarity with marginalised and oppressed peoples when working together in therapy.

Concerned with how European, Western, white male thinking and practice has dominated the human developmental principles absorbed into art therapy training, and how through this adoption there has been a disregard of how interconnected and mutually constitutive (Ahmed, 1998) differences of class, gender, sexuality, cultural, and political shape lived experience, art therapist, Talwar (2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019) also argues for the explicit acknowledgment of differences. Exposing the predominantly female membership of the American Association of Art Therapists is surprisingly not underpinned by feminist theories, like Sajjani, she suggests that art therapy should be underpinned by an intersectional critical feminist framework in terms of both theory and practice.

One of the ways art therapists could use an intersectional critical feminist framework, it is suggested is to counteract the traditional focus on countertransference, used to inform the therapist of their own emotions evoked by the transference of the client's emotions. Instead, Talwar suggests therapists considering the countertransference from an intersectional perspective by reflecting on the intersections at play within therapy of gender, class, race, ethnicity, age, disability, and sexuality. Thinking this through, in simple terms, I may be reminded of a controlling person in my life by a service user and if I do not think deeply on this, I may begin to cause harm by assuming they are not only controlling of me and but others in their life. In a traditional sense, I might consider that this is actually about my experience (subjective countertransference) and I would work hard to not let this into our work. However, it could be I am interacting with the service user's transference and considered from an intersectional understanding, I might comprehend, that they are highly anxious because of their class, race, sexuality and gender and entering a space that they are fearful of and/or do not feel deserving of and so present as controlling. Their age or disability could mean they are nervous, and they perceive a power imbalance between us and so appear controlling in their attempts to negate the power imbalances. I could also work on what resonates within me about them and what I have absorbed from living in a patriarchal, racist, capitalist world. In other words, despite good intentions, what prejudices arise within me, immersed in such a world, and the work done to attempt to resist these. For me, this gives much more valuable knowledge that brings to the work understanding we are all part of oppressive systems and supports working in solidarity with the service user. In practice, this means using

intersectional reflexivity to garner a fuller understanding of individual's lived experiences in relation to wider socio-political structures. Using art to illustrate theories seems apt for art therapists for example, how Talwar presented at the *SVA Art Therapy Conference: Perception of Identity through Art* in 2013. She began by illustrating how female artists, most visibly from the 1960's onwards, began to challenge and reclaim the female body from the dominant male gaze.

Talwar first shows Barbara Kruger's *Your Body is a Battleground* (1989) and then Yoko Ono's *Cut Piece* (1964), demonstrating social and political resistance and transgression to pieces like Klein's *Anthropométries* (1960). As well as discussing artists who address women's invisibility and subjugation, it is demonstrated how art therapy can be used to enable transformation and a reclaiming of public spaces through art and performance, citing *The Girlfriends Project* that supported young Black women to address sexual violence and reclaim reproductive justice. Young women who became involved in the project felt a sense of agency by taking part in a performance walking through their local streets proudly chanting their motto and wearing *The Girlfriends Project* slogans on their T-shirts. Talwar emphasises that art therapy can enable transformation and offer agency for those marginalized by society and struggling to have their voices heard.

Calls for an intersectional critical feminist framework (Gipson 2015, 2019; Gipson et al., 2021; Kuri 2017; Sajnani et al, 2017; Sajnani, 2012, Sajnani, 2013; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019; Wright and Wright, 2013, 2017) aim to inform arts psychotherapy praxis "in order to counter and deconstruct oppressions within the profession" (Wright and Wright, 2017, p.8) and have increased over the last decade or so. More recently, Wright and Wright, (2022) have advocated for a critical feminist art psychotherapy, considering, critically informed approaches to ethics of care for arts psychotherapy and as this thesis was being finalised a book on art psychotherapy and intersectionality 2022 (Collier and Eastwood, 2022) has just been published.

To finish this section, I want to return to the art produced in art psychotherapy and enquire more deeply on that with an influential paper to this project (Skaife, 2008). Whilst Wood (1999) draws attention to the subject of class in art therapy, Skaife's (2008) work is helpful for this study in considering how the production of art in art psychotherapy can make visible oppressed and marginalised peoples. Particularly reflecting on intersectional feminism, the politics of affect (Ahmed, 2010 (a), 2010 (b)),



performativity (Butler, 1993), and precarity (Butler, 2009) and how these ideas may be applied in art psychotherapy practice, I will explore Skaife's work further here, starting by explaining how she draws on the phenomenological philosopher Merleau-Ponty's thinking on intersubjectivity, art, and the making of art.

Skaife (2008) applies Merleau-Ponty's concepts and theories on intersubjectivity to contemplate the concept of art in art therapy. In contrast to the bio-medical model's understanding of the mind as isolated from the body, applying Merleau-Ponty's thoughts on the body and the mind as acquiring knowledge together; that the body is not apart from the mind, that all forms of communication and being in the world are experienced through the body and the mind together, existing and relating within and to the physicality and materiality of the world; by being in and relating to the world, the body exists. Art making, according to Merleau-Ponty's philosophy, encompasses exploration of being in the world and the interactions that entails. Art is a communication of the maker's existence and at the same time what is created from that art making is also apart from the creator and contributes to what is seen and experienced by others. Free from the spoken word, Merleau-Ponty considered art as unique in the way it can illustrate what is realised, known, and experienced; art is a way to communicate what we understand of our material environment. According to Skaife, applying these ideas to art making in art psychotherapy is a way for people engaging in therapy to be supported and to meaningfully unite with their world.

Skaife points to how psychoanalytical theories concerning transference and counter transference originated from the analysis of what was said between client/service user and therapist. Within art psychotherapy practice and theories, using psychoanalytical theories can mean that the relevance of the act of making, which includes the interaction with the materials as well as the literal creation, is often missed. She points to Winnicott's concepts of the transitional object and potential space as helpful, but that perhaps this cannot be readily applied for adult art making because of the roots of the theories in the child's and primary care giver's relationship. Skaife accepts that art psychotherapy praxis has sought a language through which to demonstrate its effectiveness using psychoanalytical concepts, as psychoanalysis has a long established language that can be borrowed from.

Reflecting on Skaife's thinking, I'm reminded of the prestige of psychoanalysis' historical roots, which are entangled with the iconic status of its founder Sigmund

Freud, that make its discourse even more attractive as a way of legitimising art psychotherapy in a patriarchal society that values male antecedents above all. But using language rooted in a patriarchal structure makes it impossible to capture the true experience of people who identify as outside of white male heteronormativity, because other ways of being and lived experiences are always already excluded by the dominant hegemonic discourses (Butler, 1990). Taking a critical feminist approach enables us to contemplate, and change, the continued tendency to go to patriarchal lineages to demonstrate legitimacy that enable a losing sight of other parallel forms of communication, theories, and ways of knowing (Butler, 1990, 1993, 2009; Haraway, 2016; Ahmed, 2017).

Skaife details Merleau-Ponty's philosophies on art and language, before going on to discuss the use of intersubjective thinking within an art therapy group. She investigates how interaction with the self and others is embroidered throughout the experience of the group; how time in the group is a way of transmitting both verbally and non-verbally throughout and experienced by the group members as sensory physical communication. The significance of the artwork is not just in what is created, it is the act of creation within that context, that space, that time; it is the effect of that situation on the inner and outer worlds of the members of the group that touch and collide with each other that gives meaning.

Relevance for this study in Skaife's work is in the understanding of the self as constructed, but also in her understanding of the experience of creating art in art psychotherapy and the interactions and communications integral to that. The belief that art made in art psychotherapy is a way to communicate both the sense of the inner and outer world is fundamental to art psychotherapy theory (Simon, 1997). Considering how those inner and outer worlds are formed and how people experience being in the world, negotiate power structures and oppressions, and their interactions with others, which are shifting continuously dependent on the space they enter and occupy, is perhaps less explored than I discuss in the introduction section of this project. In considering the questions this study seeks to answer through mobilising Butler's (1990, 1993, 2009) and Ahmed's (2010 (b)) theories on identity politics, affect, performativity, and power structures, Skaife's work is helpful to the amalgam in evidencing a need to better understand how art psychotherapy may enable people to understand themselves, both intellectually, materially, and bodily in the world as a way of potentially transforming that world.

Until recently, there was a shortage of research and writing about feminist approaches to art psychotherapy, and more especially critical feminist approaches. Given that art psychotherapy is a women dominated profession (Waller, 2003), and the vast and growing body of work in feminist studies that is concerned with diverse and difference women's experiences of power and systemic structural oppression, there is a clear gap between women centred social critical and cultural theory and the practice and theory of art psychotherapy; a gap that this study aims to begin to address.

Some papers, especially early work, write of practice that may have caused unintentional harm to the girls and young women they were supposed to be helping (Jakab and Howard, 1969; McGann, 1999; Milia, 1996; Stiles and Mermer-Welly, 1998) or more recently (Bazargan and Pakdaman, 2016). Denial of the reality of the world misses ways practice can be harmful as well as omitting ways to support those asking for help and to offer alternative ways of being. Working with a critical feminist lens can benefit practice to be attentive to harms it can do and is being done in the world (Moon, 2000; Sajnani, 2012, 2013; Talwar 2010, 2019 (a); Wright and Wright 2013, 2017, 2022).

As discussed in the summary to the section on early innovators in more detail, art psychotherapists have often neglected how the client are impacted by oppressive structures present in the world and missed vital communications of surviving in a hostile world. If we reach back to connect to some of the early work, and view it critically, we can see some glimpses of attempts to seek social justice, that has rippled out to more recent work. While not all critically feminist or even feminist, there are indications of ways to seek justice and recognition of oppressions even in, for example, Adamson refusing to follow the medical model of analysing the artwork, seeking to work alongside service users and building an art gallery "where the patient's point of view could be expressed" (Adamson, 1991, p.15). Or Simon (1997) stating early art therapists did not feel comfortable being called a therapist and the implication they should treat people, rather they felt their role was to open a conduit to the freedom and possibilities of creativity for people.

Art psychotherapists have from the start sought to use imaginative ways to support and raise up people they have worked with, working with elastic imagination for and with people. For a more obviously early leaning towards an intersectional feminist approach Venture (1977) seeks ways to offer art therapy that gives ways for

children to survive and thrive in a racist world. Or Powell (Black Smith, 2014) working with those living precarious lives combining art therapy and activism. We can see glimpses of this in some of this early work presented in this literature search some of which is with mixed gendered young people (Kalmanowitz and Lloyd, 1999; Kaplan, 2007; Marxen, 2009). In the evidence for calls for feminist approaches to arts psychotherapy (Junge, 2007; Hahna, 2013; Hogan, 1997, 2002, 2003, 2012 (a), 2012 (b), 2013; Rehavia-Hanauer 2014). As well as in art psychotherapy that seeks to understand intersecting oppressions of people's lives and seeks to offer 'therapy' that works for and with the client, as in critical feminist art psychotherapy that works to raise up girls and young women (Backos and Pagon, 1999; Lu and Yuen; 2012; Tan 2012; Waldman, 1999). This kind of work could also be seen in lesser ways, such as with this research project's art therapy group that some the participants took part in, which was just available for girls and young women to give them a safe space. Merely offering a 'therapy' that is deeply imbedded in psychocentrism (Rimke, 2016, 2018) and biomedical models demands people are pushed quickly through the system and are 'treated' for the 'problem behaviour' which cites the 'problem' within the individual. However, working with what I call in critical feminist art psychotherapy or attempting to, has 'troubled' those who wish the profession to be recognised within the establishment. This is in part as outcomes are not easily measured according to conventional parameters, they are sticky and difficult to count. What is changed internally and externally is not valued in patriarchy and therefore is not either seen by those oppressive systems or seen through a distorted lens as threatening.

Some studies in the search have focused on investigating women's experiences of art psychotherapy (Eastwood, 2012), or how social class influences experiences of art psychotherapy (Wood, 1999), and the importance of race to experiences of service users engaged in art psychotherapy (Campbell and Gaga, 1997; Campbell et al., 1999). However, such studies are few and limited in focus on either gender or race or class. As this project was being written up there has been an increase in studies that have focused young women and girls' experiences of sexual abuse and trauma and using art to communicate and share knowledge (Abdulah, Abdulla, et al., 2022; Tillet and Tillet, 2019). In certain studies which involved participants engaging in art psychotherapy approach research (Huss, 2016), there has been a fundamental lack of critical analysis of the relationships of power at work amongst women, researcher, participant, and nation state. Other work has sought to empower girls and young women and support them to challenge patriarchal norms, communicating through their art the harm done and advocating for change (Backos

and Pagon, 1999). Additionally, studies have prompted the use of art as a research tool and reported the benefits for participant researchers in visualising their lived experiences as well as hopes for the future (Abdulah, et al., 2022; Backos and Pagon, 1999; Tan 2012).

There is evidence found of the value of working in groups and collaboration with others and connecting to others (Boekhoven, et al., 2012), for girls and young women in Backos and Pagon, (1999), Edwards and Hegerty (2018) and Tan 2012). Also offered, are not only ways bodies of art therapy group members come up against each other as well as coming together in unison but of understanding bodies and minds are connected and working together, that the world is experienced through the intellect and the body. As discussed early this can be understood as bodyminds (Schalk, 2018) re-connecting. As well as how creating art supports connecting to others and the world, of a sensory relating and revealing and knowledge and understanding through the body and creativity (Skaife, 2008). Additionally, the use of art materials providing a re-connection back to the self through interaction with materials (Waldman, 1999). Some papers noted anxiety lowered and increase in self-esteem for girls and young women (Edwards and Hegerty, 2018; Hartman, 2020; Kometiani and Farmer 2019).

Another theme noted is of art psychotherapy offering a place of safety (Lacy et al., 2007) as well as an enabling and transformative place and a way to survive (Isfahani, 2008) and feel able to re-connect to the self and others (Tan 2012; Kometiani and Farmer 2019). As well as conscious raising/activism Lu and Yuen (2012), Talwar, 2010, 2019 (a), opportunities to communicate trauma, imagine a future (Abdulah, et al., 2022). Of communication of inner and outer worlds through creativity (Lacy, et al., 2007) and to be seen (Shaw, 2020). Art making is reported to support processing trauma (Eastwood, 2012, Lavenegé 2004, Kruger and Swanepol, 2017). There was also discussion of troubling feelings and feeling uncomfortable, Higenbottom 2004,) some connected to art making and expectations and concerns about judgements (Shaw, 2020).

There is also discussion of artwork made in art therapy, supporting communication of racism and other harms and then supporting verbal communication of trauma, presenting ways to survive; additionally, the importance of the therapist being perceived as being able to comprehend oppressions (Tillet and Tillet, 2019).

There has been much more development towards advocating for intersectional approaches to art psychotherapy in the USA (Gipson 2015, 2019; Gipson et al., 2021), including a focus on self-care (Tillet and Tillet 2019), so a growing body of work that is building knowledge and understanding of how multiple and intersecting points of oppression influence experiences of art psychotherapy. For example, I have discussed the work of Talwar (2010, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Sajani et al., (2017), and Sajani and Kaplan (2012), and their influence in shaping this study through their commitment to utilising a critical feminist approach that enables transformation; that is social justice, empowerment, and social action for those engaging with arts psychotherapy. They also foresee that utilising intersectional feminism to critically examine the historical theories and roots and the many oppressions and power structures inherit in them, the arts therapies will be inclusive. In the UK, such thinking seems to be slower to emerge, with fewer studies (Wright and Wright, 2013, 2017, 2022; Collier and Eastwood, 2022). However, positively, as this research is being completed, The Arts in Psychotherapy Journal published a special edition exploring arts therapies, intersectionality and care. Also, the International Journal of Art Psychotherapy, Canadian Journal of Art Therapy, Art Therapy: Journal of the American Art Therapy Association are collaborating and calling for papers on International Examinations of Anti-oppressive Art Therapy: Intersectionality, Anti-colonialism, and Cultural Humility.

Looking back to past practice, the impact it has on current studies as well as current research and practice can be unsettling when it may be harm has been done to the client as well as the profession, as well as how that harm can be rippled down the years to current practice. However, reviewing what has come before also gives hope that there was and is work that seeks to do justice for the clients/service user that art psychotherapy is supposed to be helping and sees art psychotherapy's role to go beyond the therapy room, advocating for girls and young women's lives and offering them ways to communicate their distress and injustices done, as well as finding ways to survive and hope.

The art psychotherapist asks the client to bring their unsettling feelings to therapy but can do harm by not sitting in solidarity with those emotions, dismissing them or seeking to ignore what they tell us, or to move too quickly to make things better and achieve a false happiness (Ahmed, 2010 (b); Berlant, 2007). Uncomfortable feelings can also inform the profession is heading in the wrong direction (Ahmed, 2017; Haraway, 2016). This may happen most often when the profession moves away from

its core, that is what is communicated through art. Separating from art, leads to a disconnect to the materiality of life, of the body and the mind, including imagination which is vital for creativity and connecting to new and forgotten knowledge. The unsettling feelings, including the way clients can use the non-human world in their artwork to express oppressive structures or escape them, tells us something about how they feel in the world but also how they can survive it.

Having presented relevant literature of art psychotherapy with mixed gendered groups and then works on art psychotherapy with girls and young women, including pertinent feminist approaches to art psychotherapy and more recently feminist intersectional and critical approaches. I will now explore in more detail relevant works, already cited, across disciplines that illuminate how power structures work in manifold ways. These works can provide understanding of how those structures can impact on girls and young women's experiences of art psychotherapy and offer means to transform practice in critically feminist ways.

### Theoretical Framework

Critical feminism is based on the knowledge that we live in a patriarchal capitalist society that is biased in favour of wealthy white heterosexual men; the holders of most of the power in society (Jaggar, 1989). It understands that such a system disadvantages people such as women, people living in poverty, in precarious situations and Black people, people of colour and LGBTQIA+ people. Intersectionality and critical feminism are forms of knowledge production as well as a way to appreciate, understand, and critically appraise multiple intersecting structures of power that act as systems of oppression. For those seeking to support people's suffering from multiple forms of oppression, such as art psychotherapists, intersectionality and critical feminisms offers an essential framework for recognising the complexities of clients' lives and the multiple interlocking oppressions they experience, as well as the agency, power, and privileges they may also benefit from. It also offers ways for art psychotherapists to interrogate their own positionality and situatedness (Haraway, 1991). It is an essential framework in supporting service users/clients in their recovery and transformation because it is about both practitioners and service user/clients working in a critical way to advocate for and support social justice for all.

Expanding on what has been said above and leading into the methodology I now particularly want to look at leading critical feminist theories and their influence and

relevance to the project and in doing so illustrate and acknowledge the approaches origins and genealogy.

By comprehending and examining interlocking subjectivities experienced by Black women, people of colour, LGBTQIA+ people, disabled people, people living in precarity and working class people, moving through subjects and histories such as colonialism, slavery, the fight for civil rights, women's rights and suffrage, we can challenge the second wave feminist movement with its orientation around the experiences of white, middleclass women (Davis, 1983; hooks 1984, 1997). This supports us to comprehend all oppressions and the harm often done by viewing subjugations through one lens rather than through multiple lenses, revealing multiple interlocking repressions. Seeing our world through connections, is also important when fighting for a feminist world, to make connections about what happens to peoples globally impacts locally and conversely what happens locally impacts globally. Neoliberalism and the cult of the individual, the rise of the biomedical complex leads to a lack of connectivity and collectively, and a lack of understanding about the social and historical context and accountabilities for Western imperialism (Davis, 2016).

Critical feminist forms of creativity such as writing, including poetry can inform us of way to survive and fight in a hostile world. *Sister Outsider* (Lorde, 2013) is a collection essays and speeches. Writing on experiences of being a Black, lesbian, feminist, mother, cancer survivor, poet, writer, and activist, we are offered ways to work collectively in the fight against systemic structural oppressions. Thinking of accessing creativity in arts psychotherapy, often clients will incorporate poetry into artwork or place poetry alongside or as we see in the participants' artwork for this study include words, it is useful to hear how poetry is essential to Lorde. She argues that poetry is necessary for women in enabling them to express themselves, contemplate change, and in finding new ways of being and new ways to empowerment. This is valuable for this study in her understanding of how power operates as multiple interconnected and intersecting systemic structural oppressions and for her advocacy of creative endeavours as a means to unlocking imagination, of making connections between people, and of facilitating and forging collaborations and collectives.

Within the context of critical social and queer theories work that is concerned with interlocking subjectivities and spans affect theory and disability/crip studies (Puar 2009, 2011, 2012), Puar (2012) reasons that specious theories constructed after the suicide of a young gay man, Tyler Clementi, following videos shown of him engaged



in sex resulting in a homophobic racist media outrage, reproduced a neoliberal separation of the body's competence and the body's frailty. Bodies, that are considered outside of the 'norm' are assigned for slow death (Berlant, 2007; Puar, 2012), that is they are marked out as targets for society to mentally and bodily exhaust them until they no longer exist. An approach that resides in "intersections of disability studies, the affective turn, and theories of posthumanism" (Puar, 2012, p.154) is a useful development in understanding suicide. An approach that embraces animal studies and posthumanistic scholarship in particular because of their shared political underpinnings. In contemplating gendered experiences, thoughts turn to queer young women who are experiencing slow death as a result of sexual assault distress, or distress that results in the development of eating disorders (Puar, 2012). These theories lead to speculating how different a rehabilitated politics would be, one that attends to the body's competences and fragilities, that is bodily responses to time, society, and ways of being.

Using the word 'debility' which can include mental health, is perhaps a way to resist the definition of disability, which is a production of capitalism, (Puar, 2009), for example people around the world are often made non-able bodied by colonialization, wars, pollution and capitalism's disregard for their bodies in work and in housing. People living a less precarious life than others will eventually be judged disabled as they age and are seen as no longer of value to capitalism. Queer bodies and disabled have been entangled together by capitalism's view of them as 'wrong' and are labelled "intrinsically incapacitated" (Puar, 2009, p.165). Subverting that by combining, affect, queer and disability theory is a way to resist the regulation of bodies by oppressive power structures of capitalism. Recognising we all live with debility that alters throughout our life is not about dismissing the achievements of disability rights work, but more about recognising and resisting the categorisation and elevation of what is consider 'normal' and 'abled bodied' (Puar, 2009).

Capitalism, including the pharma industrial complex markets the promise of a longer life and healthier body and this system produces the growth of psychocentrism (Rimke 2016, 2018), manufacturing the rise of the diagnosis such as social anxiety (a diagnosis given to a number of participants in this project), resulting in a horror of the body as a potential site of failure and disturbance to neoliberalism. Living a precarious life in society that does not see your value causes a slow death (Berlant, 2007) as the body is assaulted daily by the demands of the power structures of heteronormative, patriarchal, neoliberal, capitalist world. Bodies that are of no value may be shifted into

the pharma industrial complex and psychocentric complex (Rimke, 2016, 2018) with the promise of fixing them but also to placate them and keep them compliant. This can be received as a way to escape the reality of a precarious life and taking medication could initially offer relief in a mood numbing bliss. Although, as already indicated perhaps art psychotherapy can offer ways to resist as it sits both within and outside psychocentrism with the inclusion of messy art materials and ways of making new realities within artwork offering ways to realise and make concrete truths of people's lives.

Work on psychocentrism (Rimke, 2016, 2018) exposes how the biomedical psych-pharma industrial complex governs mental health. It is a set of structures designed to designate certain undesirable bodies as ill and in need of fixing through medical drug interventions. For art psychotherapy this approach poses challenging questions because art psychotherapy exists within and is part of institutional psychocentrism. Being a praxis with underpinning values and principles of empowerment, liberation, and freedom means it sits in opposition to psychocentric governance models. The discourse of psychocentrism is the belief that the individual is blamed for their own illness no matter the social context. It is the individual rather than society that is located as the site for potential change. Psychocentrism is symbiotically interrelated with neoliberalism because it echoes neoliberal discourses and economic and political policy that promotes and advocates individualistic capitalism.

Dictating how mental health is spoken about in a Western social and political context are many of the professions working in biomedicalised psyche-oriented roles, but these professions have a tendency to medicalise individuals and use deficiency models to measure individuals according to constructed 'norms'. Such tools include, as already remarked on, The Diagnostic and Statistical Manual of Mental Disorders (DSM). Networks of neoliberal organisations and industries connected to government work to reinforce the individualistic capitalist agenda, positioning individuals rather than societal structures as being responsible for their health, and by promoting dependency on polypharmacy. The collection of professionals whose role is the psyche, namely psychiatrists, psychologists, psychotherapists, and social workers are agents of industry influenced government policies. They are actors in the psych-pharma industrial complex.

As already mentioned earlier in this study, exploring ways in which young women and girls, working class women, are culturally produced as highly sexual and socially deprived, as under-educated, intellectually challenged and out of control (Skeggs 1997, 2001) provides a framework for understanding the lived experience of this group of young women and girls. Understanding that the sustained production of working class women through denigration is achieved through a middle class discourse that designates, defines, and hence produces itself as the very antithesis. Therefore, of a social construction that works to govern working class women as uncontrollable, leaving them disempowered and marginalised. Social cultural theory (Skeggs, 1997, 2001) can be utilised to deconstruct the ways in which working class girls and young women have been governed, as well as demonstrate the ways in which they resist, re-imagine, and remake themselves through engagement with art psychotherapy.

Critical feminism that acknowledges the politics of identity offers women and girls recognition through raising consciousness about their lived experiences and provides a framework through which they can identify the power structures (Butler, 1990, 1993, 2009) they come up against, and from there, the possibility of developing strategies for resisting those very structures.

Attempting to work alongside girls and young women within the NHS, part of the psychocentric (Rimke, 2016, 2018) and biomedical model, requires multiple form filling that is mandatory before service users can access services like art psychotherapy. Including measurements for diversity there are also multiple forms for risk assessments and outcome measurements that need completing. In questioning these requirements and models, it is helpful to consider critical feminist work (Ahmed, 2017) that describes the difficulty of doing diversity work and develops a theory from the data emerging out of interviews conducted with diversity workers working in higher education institutions.

Some of those workers observed the ways universities as institutions do well in documenting the procedures for creating more diverse and inclusive places and spaces as a way of evidencing that they are doing diversity work, but these documents are meaningless when the intent behind them is only to provide evidence and not to actually take any action in terms of implementing them (Ahmed, 2017). By being seen to become 'diverse' by virtue of having documentation and policy in place, institutions become blinded to the fact that they merely appear to be diverse (Ahmed, 2017). In

other words, they consider they have done the diversity work, without actually having done the work. This reminds me of the NHS as an institution that operates in similar ways.

Documentation within the NHS can feel designed to evidence work is being done when all the while time spent completing it is time spent not doing the work. Systems demand such forms are filled out and that the forms are processed as soon as possible, the priority is the form rather than the work with the service user. The form confirms a certain type of work has started. Confirming the individual has entered the system means that money attached to the service they are engaged with can be claimed. The work then is accounting work, it is about generating income, it does not confirm that therapy, the work that supports better mental health is happening. Thus, the experience of mental distress becomes commodified; it is subsumed into the neoliberal capitalist NHS system.

The requirement of form filling also becomes a process of making an individual fit into pre-existing standardised forms. The form forces categorisation of service users as a way of measuring their mental health against assumed 'norms'. It is a way of governing pre-designated sick minds and bodies (Rimke, 2016, 2018; Puar, 2012). In terms of the girls and young women participating in this research, before they can access art psychotherapy, they are required to enter a system that determines them as already unwell and as mentally distressed; to access support they must acquiesce to categorisation. One of the ways of resisting these systems may be including more service users in research that centres their communications. Ways to make involvement in research more accessible for service users, could be designing paperwork to be as user-friendly as possible (as this study set out to do). Additionally, placing the importance on the reality of their experiences as a real communication to be valued and actually disseminated, with the real intention of advocating for change that supports girls and young women.

The social and environmental catastrophe caused by capitalism; otherwise known as the Anthropocene is a reality of living in this world. Putting forward a strategy for working critically both in and against the sixth great extinction offers a way to survive and live (Haraway, 2016) and could be beneficial to not only understanding participants and service user's reality but also ways they can and may do already to resist the social and environmental disaster. As well as how art psychotherapy can help with "staying with the trouble", sitting with uncomfortable feelings (Haraway, 2016) and

support re-imagining and re-connecting. There appear to be two general responses to the coming catastrophe; waiting for a technological solution to the problem or the 'it is already too late position' which is acceptance of impending doom (Haraway, 2016).

Advocating for facing the situation together as a collective of earthly species (Haraway, 2016) that can work to compost capitalism in a project which re-imagines and re-worlds the existing broken world using artworks made in response to the Anthropocene. To illustrate her theories, Haraway (2016) suggests a framework of string figuring (SF) for doing the re-worlding. SF has five elements to it: speculative feminism (critical futurist feminism), string figures (non-hierarchical multispecies networkers contesting late capitalism and all its damages), science fiction, speculative fabulation (critical and futurist storytelling and re-imaginings), and science fact. The appeal for this study of this theory is the advocacy of a collective, shared, and a cooperative approach to confronting, resisting, and remaking as challenges to the capitalocene (white supremacy, heteropatriarchy, capitalism, imperialism), in other words, a socially and environmentally damaged world. Emphasising mobilising string figures in an "ongoingness" (Haraway, 2016) practice in the capitalocene is a creative praxis of composting capitalism and of keeping on going, of hope and of seeing the potential for a better world to be re-worlded. As Haraway (2016, p.101) writes "...with intense commitment and collaborative work and play with other terrans, flourishing for rich multispecies assemblages that include people will be possible. I am calling all this the Chthulucene—past, present, and to come". This study is interested in the extent to which string figuring (with its five elements) is happening or is possible in art psychotherapy spaces.

Having provided an overview of current literature and research in art psychotherapy relevant to this study and then laying out pertinent theories from other disciplines to add to the theoretical framework. I now move on in the next chapter to talk about the specifics of the study's methodological approach, the methods employed to collect and analyse data, and the ethical dimensions involved in the study.

## Chapter 4: Methodology and Methods

### Introduction

In this chapter I discuss the study's methodological approach, including the ontological position (the nature of and how we understand being in the world) of this study and the epistemological (the nature and scope of knowledge and how that relates to beliefs, truth and justification, in other words what is known and how is it known). I will then explore further the theoretical framework of this study which is framed by critical feminist, feminist critical social, and feminist materialism theories and praxis as its ontological and epistemological underpinnings, but also draws on other aligned methodologies and methods because the former and the latter are all unified by their commitment to elevate research participants' voices and bring their experiences front and centre. This also enables reflexivity of the researcher and supports investigation of privilege and biases the participants might have, as well as positioning girls'/and or young women's voices and lived experiences at the centre, whilst acknowledging the context of their lived experiences in a heteropatriarchal society, thereby illuminating that those lived experiences are myriad and multifaceted. As discussed earlier in this thesis, my positionality within this research is acknowledged, in that the participants words, gestures, non-verbal communication and artwork are conveyed through me, for example, I have presented, edited and laid out the participant's work here in this thesis. I have reflexively considered how my power as the researcher is used, considering deeply what the girls and young women communicated and attempting to honour that. Part of this is considering how joint authorship with the participants was unlikely to be authorised with issues such the time that would need to be taken as a factor, the potential for harm caused, for example if participants felt they were obliged to continue to be involved, whereabouts they may have wished to no longer be involved in the service. I recognise I am the author of this thesis but have aimed to use that power in service of not just the participants but the service users I have worked with over the years. I go on to consider further the use of reflexivity in the methods sections of this chapter.

### Ontological Position

The critical feminist, post-structural philosopher and activist Judith Butler's investigation of culture, race, sexuality, identity, class, disability, and nationality offers part of the ontological position (the reality of being) for this study. In particular, the philosophy that all knowledge is always already constructed facilitates a way to

understand the world the research participants see and experience themselves in (Butler, 1990).

*Gender Trouble* (1990) altered the way gender was considered, with the ideas reaching beyond the academia into mainstream society, they enabled many people to find a way to question gender as a binary construct and gave them permission to articulate their true selves and gender expressions. Such theories were formed by Butler, having been influenced by the prejudices experienced as a Jewish lesbian, and coming out as a lesbian at the age of 16. Simultaneously writing on and active in fighting for women's rights, human rights, including LGBTQIA+ rights, as well as being active in anti-capitalist, anti-war, anti-racist, and anti-imperialist movements, Butler's work speaks to many who experience oppression. The work offers information that is vital in understanding that the knowledge developed through oppressions is valuable and offers a distinctive way to comprehend a repressive world.

Theories of the construction of gender (Butler 1990, 1993) are germane here as this research considers how girls and young women may negotiate and attempt to resist the governance and oppressions they experience through engagement with art psychotherapy. It is important to reiterate here that the art psychotherapy under inquiry in this research is delivered as part of NHS provision. As such it is part of a biomedical model of mental health services, that is underpinned by assumptions regarding gender and behaviour based on Western, ableist, heteropatriarchal constructions of what is 'normal' (Rimke, 2016, 2018; Puar, 2012).

Gender is constructed by power, discourse, language and text but although gender identities are constructed, they are also lived as real experiences (Butler, 1990, 1993). Gender is performative, in that every time it is performed it is made real, and in this sense is therefore fluid, not fixed and binary despite it often being experienced as such. The binary nature of gender is constructed (Butler, 1990, 1993). There is recognition also that gender performativity is inflected by interlocking subjectivities such as race, ethnicity, class, sexuality, disability and debility, and so an understanding that gender is one intersect of multiple interlocking subjectivities. By offering a way to see gender as fluid and as performative, such theories offer this study an ontological lens through which to better understand how the participants in this research experience being gendered as girls and young women in the world.

If bodies (us) are gendered by their appearance and bound by the power structures that define them (Butler, 1993) it is beneficial to use the tool of critique (critical social analysis) to redefine ourselves and each other (Butler, 1993). If we suppose this is a useful way to think about bodies in art psychotherapy it enables us to examine how all at once we are all always already gendered, and to think through how service users are constructed in a gendered way whilst also experiencing those constructions as real, and also how we as practitioners are complicit in reproducing and maintaining those governing structures.

In her lecture *Performativity, Precarity and Sexual Politics* Butler (2009) ends the lecture by asking "...how performativity links with precarity" (p.xii). She answers this with three questions:

- "How does the unspeakable population speak and makes its claim?"
- What kind of disruption is this within the field of power?
- And how can such populations lay claim to what they require?" (p.xii)

These three questions are comparable to this study because of its concern with how power operates to oppress and marginalise certain bodies, but also to a study that is seeking to illuminate marginalised voices and find ways to raise consciousness about their lived experiences and the ways in which they resist and challenge power.

This research is also interested in the extent of precarity in the lives of working class girls and young women, girls and young women whom face being stereotyped in gendered ways as highly sexual and socially deprived, as under-educated, intellectually challenged and out of control (Skeggs, 1997, 2001) and whom often struggle to know what their worth is to society and themselves (Butler, 2009). These young women are already 'acted upon' (Butler, 2009) and produced by governing discourses in gendered classist ways, but what additional challenges do they face when their mental distress is also a part of the intersecting experiences?

Girls and young women are often defined as wilful, and as a consequence are produced as unconforming and troublesome (Ahmed, 2014). Using cultural theory to examine 'wilfulness' (Ahmed, 2014) offers ways to resist structural power. Noting how often an act of wilfulness connects to the raising of a body part (usually an arm) Ahmed (2014), grafts her concept of wilfulness onto the Grimm story of *The Wilful Child*. This shows us through what happens to the protagonist in the Grimm story that being wilful



can be dangerous for girls and women. It can result in death through punishment for daring to be wilful in speaking truth to or acting in defiance of patriarchal power. But it is also wilful intent as a pushing against structural power, and a refusal to give in, a will to ongoingness in the face of catastrophe (Haraway, 2016). For this study the relevance of wilfulness in girls and young women's lives, that are often lived on a tight rope of not speaking out in order to keep safe and at times pushing against oppressive structures, may be revealed in the participants narratives as they recount their lived experiences.

Examining how girls and young women's lives are often lived with sexual harassment and violence against them and understanding the ways in which structural power locates the problem of sexual harassment and violence with survivors and acts to protect perpetrators (Ahmed, 2017) is important to recognise for this study. Institutions work to protect the most powerful, maintaining and sustaining structural systemic power (Ahmed, 2017). The barriers for girls and young women of being in the world begins from birth when they are given a label that defines them as not boys (Ahmed, 2017). These governing structures affects how girls feel when they are told what is feminine and what is not. How girls feel they must learn how to perform being a girl. How girls' bodies are contorted to become not boys' bodies. Girls from a young age are assigned a gender, which is assigned as a lack of being because it is not a male gender. If girls and young women attempt to resist such governances by not conforming, those acts of resistance often have negative consequences. It may be a critical feminist art psychotherapy can offer some strategies to break through what is a socially and materially constructed body towards body justice and liberation.

Ahmed (2017) suggests that girls and young women are not given space in the world, "...when a world does not give us standing, we have to create other ways of being in world" (Ahmed, p.143). This study wants to investigate the way in which art psychotherapy may facilitate that making of other ways of being in the world. Firstly, the world is created in art psychotherapy by us being in the room, and in creating the image and being in and part of the image as it is viewed individually and then together by the service user and the art psychotherapist. Of course, this can happen multiple times in art psychotherapy spaces and also all at once. This research will be attentive to thinking about if and how art psychotherapy offers girls and young women a secure, safe space of acceptance that recognises their embodied subjectivities and resultant lived experiences. The research data analysis will be vigilant in looking for insights that may elucidate answers to this question.

Materialisms work considers how the family is constructed “as a happy object” (Ahmed, 2010 (b), p.30). For this study a discussion on happiness may also be helpful if we want to consider the ways in which psychotherapy (including art psychotherapy) is constructed to be a solution to unhappiness and sadness for girls and young women (Bor, et al., 2014; Rosenfield and Mouzon, 2013). Thinking of anxiety, as a sticky affect, as being “like Velcro” (Ahmed, 2010 (b)) in the sense that when being in the world makes you anxious, the more you bring up how the world makes you anxious, the more you are seen as anxious. Anxiety sticks to you, the individual, rather than anxiety being induced by the societal structures of power and domination that girls and young women face every day. Society has expectations and designations around happiness and unhappiness, seeing certain bodies as inherently unhappy because they do not conform to expected ‘norms’ of what a happy body should be i.e., a white slim cisgendered heterosexual body (Ahmed, 2010 (a), 2010 (b)). An undesirable body is designated as lacking the capacity for happiness and so must be unhappy. This theory helps us to understand how girls and young women can be unhappy both through lived experience of being an undesirable body in the world and through being labelled as unhappy because they are an undesirable body in the world.

Utilising these theories in the data analysis will be attentive to consideration of how power works through particular spaces and bodies, and in particular art psychotherapy spaces and art psychotherapists. In the context of CAMHS this is of bodies working through a neoliberally governed institution. Potential questions may be addressed around what this governance does to bodies that engage with it; bodies often designated as unproductive, undesirable, unhappy; bodies with minds that need fixing. Thinking through these theories will help support analysis of how power and discourse operate within mental health services and through distressed gendered bodies and minds who have to continue to be ‘unwell’ in order to access support. Bodies and minds that are labelled with the sticky discourse of troublesomeness and problematicness because such labels are sustenance for a capitalist project that keeps people tied to services, pharmaceuticals, and profits.

### Epistemological Position

This study is concerned with providing a space for participants to voice their emotions and the affects they feel from the material and social world, and in so doing to facilitate expression of the politics of their lived experiences. Because of this

concern, the study is framed around the work of critical feminists also concerned with understanding how the politics of identities and subjectivities are experienced in a material way; as an affect that is corporeally felt; that is embodied physical, emotional, and psychological affects.

Feminist philosopher Alison Jaggar's (1989) work is helpful in providing an understanding of the theory of knowing that underpins this research. Her writing on feminist epistemology asserts that marginalised peoples, especially women, Black people and people of colour, have a unique epistemological perspective because of the particular ways in which they are oppressed by society and how that enables them to understand how power operates. Their experiences of feeling the world, the politics of the emotions they experience are a critical means of highlighting how they come up against and feel the effects of power structures, giving them greater insights and knowledge into how it feels to exist in a heteropatriarchal, racist, capitalist world.

Appraising how emotions are often regarded in Western epistemological practice we see how emotion has been excluded from the West's epistemic traditions and considered less worthy than reason (Jaggar, 1989). The geneses of how emotion is understood in Western thinking have Plato placing reason close to knowing and above emotion. Emotion was assigned as irrational and untrustworthy as evidence (Jaggar, 1989). Emotion and reason became opposites, reason was assigned as masculine, cerebral, and scientific, and emotion its opposite, as feminine, illogical, and unscientific. For Plato, emotion was seldom included; if it was needed, it was to be guided by reason, but the two were connected. Never could emotion be valid for itself, it was created to reinforce reason as the definitive evidence. As a result of following Plato's line of reason, current science findings are now considered unbiased and impartial truths (Jaggar 1989). Reason is seen to embody what is real, impartial, and ethical; what is truth. A positivism (the belief that all knowledge is grounded in the laws of the universe, that all material is analysed through logical reason) that rejects the emotional as relevant.

Accepting non-Western traditions and cultures interpret emotions differently, however, and remaining concerned with the Western understanding of emotion, emotions are crucial and valuable in the pursuit of understanding the social world (Jaggar,1989). Examining emotions from various positions, for positivist theory, emotions are subjugated for the biological, and seen as devoid of epistemic value. Emotions are seen as distractions from the significance of 'objective' observation and

thought (Jaggar, 1989). Emotional response is contingent, a response to lived experience, and that whether we are cognisant of feelings and emotions depends on our ability to be critical of the construction of reason as truth. Emotion is not separate from feelings, an emotion can come before a feeling, or a feeling can come before emotion (Jaggar, 1989). Our emotional expressions are taught and as children we learn what is culturally acceptable to show emotionally. In Western society, people are often taught to repress emotions, and this supposed ignorance of one's emotions, "does not mean that emotions are not present subconsciously or unconsciously, or that subterranean emotions do not exert a continuing influence on people's articulated values and observations, thoughts, and actions" (Jaggar, 1989, p.161). Modern science disregards emotion, but feminists have claimed the emotional realm and raised it up as significant, as a tool to describe their lived experiences, as providing a valuable strategy in making sense of the world, of enabling expression of the truth of their lives, and of critiquing positivism and rationalist arguments.

What we learn from the above feminist theories is that women and other oppressed and marginalised groups, such as Black and people of colour, disabled people, LGBTQIA+ people are skilled in paying attention to their emotions because their bodies and psyches are so often under attack (Ahmed, 2017). But at the same time, they frequently have to be careful not to express emotions fully because such responses are often not seen as reasonable responses to constant attack, but instead are interpreted negatively as unreasonable and unjustified (Ahmed, 2017; Jaggar, 1989). Associating structurally marginalised and oppressed peoples with irrational and dangerous behaviour puts them at risk of arrest, hospitalisation, and other violence (Ahmed, 2017; Puar 2009, 2011, 2012; Rimke, 2016, 2018). Equally, there is often expectation on women in particular to respond in particular ways emotionally. For example, women in Western society are expected to express emotions, in certain ways, and not doing so might bring into question that woman's legitimacy as a woman. So, women may be expected to show delight in babies, and to not do so would be seen as unfeminine and unmaternal. Women are expected to cry at a death whilst men are expected to suppress their emotions. This myth of essential womanhood does the work of reinforcing the "epistemic authority" (Jaggar, 1989) of men that is a structure of patriarchy, it is power at work (Ahmed, 2017). The construction of essential femininity is just a ploy to bolster masculinity as the very opposite, and therefore to infer it as better, as more valid, of greater worth. Within such a system, the more marginalised and oppressed people express their feelings the more they are accused

of being over-emotional and dismissed as being irrational and incapable of logical thought.

Western society is dominated by patriarchy, capitalism, and racism set up by and for the benefit of mostly white wealthy men (Jaggar, 1989). Living in this society, marginalised and oppressed people often find themselves assimilating into such a system, sometimes believing it is the only system and way of being open to them, but the result of benefiting themselves can often mean harm to others also living at the margins, or those living at the more extreme margins. The system is designed to pit individuals against each other, rather than to value and seek collectivity and common cause across differences (Lorde, 2013). But sharing emotional experiences, such as anger and outrage at the system, can be a useful tool for developing criticality around power and social structures, enabling liberation, providing a platform for working towards creating social change, and for re-imaginings of what an alternative society could be. This process one of getting in touch with “outlaw emotions” (Jaggar, 1989), asserts that such emotions can be used to inform the development of feminist theory, inquiry, and the practice of transforming social systems.

Being attentive in particular to emotions that seem off kilter from what is the perceived ‘norm’ may provide a point from which to begin to bring into view the very systemic social structures that all too often deny the humanity of marginalised and oppressed peoples (Jaggar, 1989). And from that place of realisation to use emotions by claiming them and in so doing giving them legitimacy and value; to convert them into a source of power that works to chip away at (Ahmed, 2017) oppressive structures as a form of resistance. Significance for this research is in the reciprocal nature of emotions, in that emotions are a form of knowledge, and that such knowledge can also inform how we feel. A way to build knowledge that involves understanding and valuing our emotions tells us about the world we live in. Also offered is a way of critiquing the origins of what we think we already know, towards an alternative truth that may be more representative of our experience of the world (Jaggar, 1989; Ahmed, 2017).

The feminist epistemology proposed here enables us to understand how corporeal, emotional, and psychological responses to everyday lived experiences are reasonable responses to living within a heteropatriarchal, capitalist society. It offers this research project an epistemological framework for understanding the ways in which girls and young women come to know and understand their world, and how that knowledge informs how they react, respond, and exist within society and within art

psychotherapy spaces and relationships. For it helps us in revealing rather than concealing (Ahmed, 2000) the structures of power girls and young women encounter in complex and simultaneous ways, so how they may be all at the same time harmed and damaged by them, resisting them, but also part of sustaining them.

The politics of emotion (Jaggar, 1989; Ahmed, 2010(b)) also offers a way to epistemologically discuss the materiality of the world and its structures. For example, racism affects Black people and people of colour emotionally, physically, psychologically, and materially, so Black people's and people of colour's material reality and their health and wellbeing are political.

The contributing feminist epistemological and ontological thinkers that inform the underpinnings of this research offer frameworks for understanding what girls and young women know about their lived experiences and the ways structural power works through and on their bodyminds (Schalk, 2018). In so doing they also provide tools for not only excavating and raising consciousness about the intersecting realities of girls' and young women's lived experiences, but also offer ways of resisting existing structural oppressions and strategies for re-imagining how girls and young women might be in and experience the world.

## Methods

### *Service user and participant contribution to the research*

Evidence suggests people participating in health-related research can benefit from being able to share their experiences of services they have engaged with (Da Silva, 2012). In terms of this project, the impact of being engaged in research was not measured, but feedback was given verbally during interviews by participants that they enjoyed taking part, with some participants stating they were going to add their involvement to their curriculum vitae. One participant wrote to me saying that the project informed their understanding of research and helped them to feel confident in applying for university. Interview data analysis showed their involvement helped them understand their experience in art psychotherapy better. Some feedback came second hand from clinicians that participants had worked with, showing participants had enjoyed the experience and felt it increased their confidence in speaking about their time in therapy. Paying more attention to this information could have provided a research outcome that was explored more and in greater depth. Consideration of

participants' feedback and involvement in the research is explored further in the discussion chapter.

I will now share in more detail the elements of this research project that the participants contributed to. This research aimed to contribute to the knowledge base and facilitate development in practice by understanding the needs of young women and girls who come to art psychotherapy who were struggling with social structures that oppress and impede them. Young women and girls contributed in the design of this project when an interested group of young women and girls involved in service user participation kindly contributed to discussions about how best to involve participants in the research program. They stressed the importance of being able to contribute both verbally and as well as non-verbally (including art making in the interviews) as well as wanting to be involved in research that enables them to have free flowing discussions in interviews. This group also approved splitting the interview in two, if they wished to, as well as having access to drinks and a comfort break.

Once recruited, the participants all asked to be updated regularly on the project and a postcard was sent every six months updating them on process. All asked to be sent a copy of the final submission which is planned upon completion, as was agreed a copy or link to a copy will be emailed. A hard copy can be sent if also requested. Participants also all expressed interested on completion and final submission to meet or liaise with me to support seeking funding to make a permanent artwork that would incorporate their interview artwork. Some participants have been in regular contact, responding to the updates and informing me of how they are doing.

This approach is appropriate for this study as this research project because of its interest in a particular community of marginalised girls and young women and raising consciousness around their lived experiences. Additionally, the study seeks to provide an opportunity for participants to influence and transform art psychotherapy practice, and potentially gain greater insight into their own experiences. It is crucial to remain focused on the aim of achieving change when researching with groups subject to social governance and oppression, otherwise this research would simply be just an alternative way of shoring up structural oppression. Art psychotherapy is fundamentally about conversations between service user/client, images, and therapist which enable critical thinking, dovetailing with the participant contribution element of the research.

## *Reflexivity*

Feminist research, because it comes most often from a qualitative paradigm, is about raising consciousness around the experiences of women and girls, and about being a platform for girls' and women's voices, almost always would endeavour to include the use of reflexivity (Hesse-Biber, 2014 (a), 2014 (b)). Reflexivity is clearly acknowledging the self, as researcher, as being located within the research and a rejection of thinking that research can be purely objective, which I acknowledged at the start of this chapter and earlier in the thesis. Reflexivity sees all research as subjective, and that through interrogation of that subjectivity comes a better objectivity. By recognising my situatedness and positionality (Haraway, 1991; Kapitan, 2015; Kuri, 2017) there is less absence of bias and prejudice because, through the process of recognition, one is able to make visible potential biases and work to diminish or negate those (Hesse-Biber, 2014 (a), (b)).

Finlay (2003), gives a brief history of reflexivity, discussing how researchers began to move away from meticulously observing and recording their research findings with careful adherence to what they saw as objective scientific methods towards a more reflexive approach that allowed for recognition of relationships of power and the subjectivity of research. Reflexivity identifies that objectivity does not exist and that all social relations are relative to the positionality and situatedness (Haraway, 1991) of the people involved in relation to each other and in relation to wider social, cultural, and historical contexts. By virtue of its underpinning principles and values, reflexivity advocates for research that aims to be as egalitarian as possible, and for research to be a co-production by research and participant to this end. Finlay recognises the more recent dominance of the use of the reflexive narrative as a data collection method in research and the importance of ironic deconstruction – attention to discourse dynamics rather than individual feelings - as an element of reflexivity. Finlay (2003) identifies the five dimensions of reflexivity as: introspection, intersubjective, mutual collaborations, social critique, and ironic deconstruction. Thinking through these dimensions, I would suggest the first four are utilised within this project, to give examples, for introspections, I draw my family history of oppressions, I acknowledge my own and biases, as well as my experiences working with clients, one of the things this facilitated is understandings of the context, including the world the research takes place in. In terms of intersubjectivity, this can be found in the affinity, connections, understanding of mutuality between myself and the participants, some of this emerged in the initial discussions but in terms of sharing here, examples can be found in the analysis section



of this thesis for instance, in laughter, gestures, and comments on situations we found ourselves in for the interviews, as well as recognition of us being women in the world and understanding what that means. This is also evident in the intersubjective discussions of emotions evoked within me, found within the reflexive field notes and post interview notes. We have already touched on mutual collaborations within the service user and participant contribution section of this chapter, but this is also picked up through the thesis. Mutual collaborations are reflected most perceptibly within the thesis within the analysis discussion and, again within the reflexive field and post interview notes. Reflexivity as social critique is evident from the start of this project and articulated from the beginning of this thesis, for example in the understanding of the realities of lives for girls and young women within patriarchy and accessing services using the bio medical model. This includes my role within that, as well as ways as an arts psychotherapist it is possible to sit within and outside of that.

Considering reflexivity further, Etherington (2004) sees reflexivity in research as an action that leads to transformation for the researcher and the research participants; that it is a process that emancipates the work from the traditional forms of power relation imbalances in research. Her work describes the ways in which reflexivity is understood and how its implementation can differ from practitioner to practitioner. Reflexivity offers a way to build connections between research and practice, but she is careful in adding a caveat for psychotherapy research in that there needs to be a distinction between being reflexive in therapy and being a reflexive researcher. In her work, Etherington gives an example of her work with participants, their stories and conversations, reminding would be reflexive researchers to be aware of not allowing their own voice to dominate the narrative. Relating to her participant's story, (Etherington, 2004) weaves in her story on parallel lines to illustrate how to reflex the positionality and situatedness (Haraway, 1991) between researcher, participant, and wider socio-political contexts, but being cautious to ensure that the participant's voice remains central and the most significant. Here, I have endeavoured to keep the participants communications central, by giving value to their verbal and non-verbal communication, which is best illustrated through the analysis and position of their voices and artwork. It could be argued that I decided where to place the artwork within the thesis and it is mostly my reflexive reflections that are shown here but the placement and words used are drawn from the experiences, participant reflection, knowledge and connections shared in the interviews. It is not possible to share here all of what took place in the interviews, otherwise the thesis would be beyond the maximum word count but what is shown aims to convey the authenticity of what was

shared. Points of common experiences between myself and the participants are picked up through this thesis, as Etherington noted in her reflections of the research process—the participant’s experiences can resonate with the researcher’s own history and this enables conversation between them to move in the mutually beneficial direction. Giving an example of her early working life and interactions with women and girls struggling with the abuse they had experienced, Etherington reminds the reader how a feminist approach enables us to find words to give to many women’s experiences. This offers guidance in highlighting the importance of listening well to the narrative being told by participants, and of noting your (the researcher’s) response to what is heard and what is felt, and integrating that hearing and affect into a networked socio-political and socio-cultural contextualising reflexive process.

To summarise, aspects of reflexivity are evident within this research study, for example, mutual collaboration was established by encouraging participants to be reflective in their art making interview about their art psychotherapy experiences, and encouraging them to be agents of service development and change through discussing what worked well for them. The study approach recognises the power imbalances between the researcher and participants, and aims to elevate some of this by writing into the participant consent documentation the study’s emphasis on wanting to hear the voices of girls and young women. Other examples, are evident within the reflexive field and post interview notes, as well as a reflective and reflexive guide to the artwork discussed and produced in the interview by the participants. By entering into a dialogue about my own positionality and situatedness (Haraway, 1991) as the study researcher in relation to the participants, and of all our positionalities and situatedness in relation to wider socio-political and socio-cultural contexts, the research will attend to the complexities of introspection, intersubjectivity, social critique, and ironic deconstruction. But I am mindful that of Finlay’s (2003) warning, especially in the social critique aspects to reflexivity, of the dangers of being overly vigilant and losing sight of the aim of the research.

A balance of reflexivity that enables a critical perspective of the study approach and that feeds into the data analysis needed to be struck, otherwise valuable insights into the participants’ experiences of art psychotherapy and how those insights illuminate radical transformation properties of art psychotherapy could have been lost.

*Critical feminist visual and narrative inquiries*

The study took the form of a critical feminist visual and narrative inquiry into girls and young women who have experience of art psychotherapy, asking them what aspects of art psychotherapy they found empowering and how that has enabled them to make positive changes in their lives. A critical feminist ethnographic approach enabled awareness and consideration of the researcher/participant power imbalances; something that is especially important when working with vulnerable, marginalised, and traumatised people. The approach facilitated reflection and understanding of how art psychotherapy can be attentive to the politics of identity (Van Lith, et al., 2013) and the necessity for social justice praxis (Hogan, 2012) as work towards a transformed society. Further it enabled consideration of the importance of art psychotherapists considering critically how their own socio-political and socio-cultural position and frames of reference impact on the therapeutic relationships in which they are engaged (Wood, 1999).

### *Feminist visual ethnography*

The study design sits within the qualitative research paradigm. This provides a good fit for the critical feminist ethnographic approach that is about exploring the experiences of a particular group, namely, for this study, girls and young women living with disadvantages and accessing art psychotherapy. It also fits well with the study because it is focused on frontline art psychotherapy services and researching questions about practice from within practice by including the method of art making to generate data in addition to the more traditional method of discussion and dialogue with participants through interviews.

As already discussed, data was collected through what was communicated at the research interviews and Thematic Analysis was used to analyse that. The artwork was analysed using a case study approach. There is a third aspect of data that is the reflexive field and post interview reflexive notes which pertain to what was communicated in the interviews both verbally and non-verbally and drawn on for both methods of analysis. I discuss this further within the data analysis section but focusing here on visual feminist ethnography.

Using an art making visual research method to collect data to support participants in thinking through their experiences of art psychotherapy was apt and a helpful tool. Art making is a method familiar to participants from their art psychotherapy sessions, where they would have used it in the process of exploring and working with

their emotions and feelings. What follows is a discussion of Skeggs' (1994, 2007) work on feminist ethnography, as well as a consideration of Razvi's (2006) and Hogan et al's (Hogan and Pink, 2010; Pink, Hogan and Bird, 2011) research; that both utilise visual ethnography. I conclude by suggesting how a coalition of feminist ethnography and visual ethnography can be useful for this study.

Skeggs' work provides a history of feminist ethnography and describes the many diverse ways feminist researchers have undertaken ethnographic research (2007). As discussed in the previous section, reflexivity is essential to feminist research, (Skeggs, 2007) and that when used as an inflection in ethnographic studies has been a useful tool for questioning interconnected power structures both within and without of the research. Feminist ethnography, reflexive by virtue of being feminist, leads to valuable critical new insights and knowledge about the lived experiences of women. Central to retain in mind when undertaking any type of feminist research is holding in mind the question: in whose interests is this work being undertaken (Skeggs, 2007)?

In *Image-Based Research: Ethics of Photographic Evidence in Qualitative Research* Razvi (2006) discusses her research project working with women in India. Considered are the ethics of using photographic evidence in her research project and suggestions that photographs in research can attest to the oppressive lived experiences of marginalised groups (Razvi, 2006). She also identifies that feminist approaches to ethnography raises consciousness around the lack of social justice through the telling of women's lived experiences. Images enhance the narratives told by the women participants in the study, providing a compelling tool to support understanding and new knowledge about the women's lives. An approach which incorporates multi-media data sets, it is suggested, is capable of capturing a fuller sense of the group taking part in research than non-image centred research. Utilising multi-media platforms makes research findings more accessible to disadvantaged and marginalised groups, as well as other researchers. Razvi recommends critical questions are asked by those undertaking research, as through that criticality comes a sound justification for using the method and data that provides for deep and complex analyses.

Hogan (2013, (b)) offers a framework for the use of images in research, illustrating how well art psychotherapy is suited to such a research method. Images used as data in art psychotherapy research can provide a basis for the reflexivity

needed to enable participant and researcher to more fully collaborate (Hogan, 2013, (b)). Also examined is the importance of using verbal narrative telling in conjunction with image making, because this mitigates against inconsistencies and disconnections between what the narrative and the image are conveying to emerge and be explored, thereby supporting more comprehensive meanings to surface. This work (Hogan and Pink, 2010; Pink et al, 2011; Hogan, 2013, (b)) proposes similarities between social science researchers using images as a method of data collection and the ways in which images are used in art psychotherapy and art psychotherapy research. Similarities that are most evident when the art psychotherapy uses a feminist lens because this approaches a critical socio-political stance, which Hogan calls social art psychotherapy (Hogan, 2013 (b)), that is more akin to the critical social perspectives social scientists mobilise in their research.

Considering feminist ethnography and the importance of negotiating power imbalances between me as the researcher and the participants, as well as how the data is understood, it is recognised, complexities are inherent in dealing with data. I am part of the data, I was present when words were said, emotions were felt, there are aspects of me within the data but I have attempted to move the process of meaning from me by questioning power structures, one of the ways I do this is by utilising introspective reflexivity as well as continuously checking on what was communicated by the participants and focusing on who the research is for; I discuss further the limitations of the study towards the end of this thesis, including understanding the findings relate to this group of participants at that time.

Part of mitigating the power imbalances for this project is by using a visual and narrative ethnographic approach in this study to enable the girls and young women to more fully collaborate and engage in the research. It aims to facilitate the opportunity to identify and challenge how the girls and young women are perceived and experience the world and highlight what supports change and transformation for them.

### *The research beginnings*

As discussed at the beginning of this section, with permission and through service user participation events I led discussions with service users about their experiences of the art psychotherapy service and changes they could suggest. I talked to young women and girls about if they would be interested in doing research, if it was about art psychotherapy would they be happy to do artwork, what they thought of

interview style research etc. They welcomed such research, and it became clear that many young women and girls were aware of feminism through school and their own research.

In 2015 when I was ready to submit the protocol for this project to the NHS, I was required to ask permission from the service manager and the research and development (R&D) lead to undertake the research. Both were white women in middle class jobs and they both asked me “what about the boys and young men?” The implication was the research was not worthy, that girls and young women are not worthy of doing research with. I was not surprised by this question and therefore was prepared for it. I was however disappointed that they both fulfilled my expectations and they both asked such a predictable question.

In order to justify this research, I felt it was necessary to point out fairly relevant recent research that comes from a medicalised, pharma approach but actually questions the medical model developed with boys and young men in mind as not an adequate assessment for girls and young women because of ways both genders tend to behave differently (Taylor and Mason, 2011). I did not mention that some of this research does not discuss the construction of gender and the way young people are pressured to perform their assigned gender. I stopped short of pointing out that there was other research (Puar 2012; Rimke and Brock, 2012) that pointed to the entire system being designed on patriarchal, heteronormative structures that often oppress rather than help because that felt too sweeping and I did not wish to appear overly critical of that we were all working in. Perhaps, as I see evidence of colleagues using subtle ways to subvert those oppressions to support people to get the provision they were requesting. I did point out if we ask what works for around half the population we might recover knowledge that has been lost through such a system and that will benefit all genders. Further if we used a post-structural, post-human, and feminist affect (politics of emotion), intersectional feminist, critical feminist approach, one aim would be to inform how oppressions impact on practice and on the people we work with in therapy. It was the 21st century (2015) but so powerful is patriarchy that I found I needed to point out what century we were in. I found myself feeling subversive in using the word ‘feminist’. I had expected push back on attempting research, firstly because despite it being part of the job role for any clinician in a senior band, I knew of no one in my service doing research. As with anything new in such a big organisation there was anxiety about if it is allowed, despite it being clearly stated as an aim of the Trust.

The manager was ultimately supportive, especially when I sought the support of the Director (a white woman).

My understanding of the manager's concern was not that the manager was being deliberately obstructive in her remark about boys and young men, it was firstly that she is a product of a patriarchal society and has been taught to consider males before females. We also work in the NHS, which uses a medical model; a model developed by centring the heterosexual white male experience, referencing and measuring all others against that (Fine 2010; Jaggar 1989; Puar 2012; Rimke and Brock, 2012). When I answered the question regarding why not boys and young men, the R&D lead then ignored my email, until after I asked the Service Director to request she got back to me. The subsequent emails from the R&D manager did eventually offer some constructive criticism on the protocol. Again, my interpretation of the R&D manager's initial reluctance was the same as the manager, a lack of interest in art psychotherapy, qualitative studies and a prioritising of research that maintains the medical model. I was welcomed by the service user expert (a white woman) for the Trust with interest and enthusiasm. The R&D department staff of the Trust were helpful in supporting the correct paperwork for the NHS committee. However, I observed that despite a clear mandate not to just promote medicalised model research that in fact medicalised research was given priority, by this I mean any research that was conducted by a medical doctor and involved a clinical trial.

This initial experience and years of living in a patriarchal society meant I came to this research with a sense of it was not good enough or important enough, this was echoed in my initial experiences of starting this research. However, most of my colleagues were supportive and interested and I was relieved that when the service moved to a new NHS Trust. I was welcomed with seriousness and interest and the research was treated as if it was worthy in the new Trust and I felt as if this Trust was saying, "yes of course, why won't you be researching into art psychotherapy with girls and young women". Although another senior manager and woman from the old Trust was helpful in making sure the New Trust was aware I was completing my interviews as the new Trust was taking over. It was interesting to note the New Trust were more vocal in highlighting inherent racism as well as sexism and homophobia within the NHS and promoting change through training and reporting of discrimination suffered.

### *Process*

The process for access and recruitment for this study was approved by Goldsmiths University Ethics Committee and the Health Research Authority (HRA) committee for NHS ethics approval. Clear procedures were agreed and followed to mitigate conflicts of interest and safeguard participants which I discuss in further detail in this section.

The workplace culture at CAMHS added to the challenges of recruitment as the service was extremely busy, lacked resource due to austerity measures, and was also going through a large and protracted organisational change. A number of the art psychotherapists had taken on different roles other than providers of art psychotherapy, limiting further the pool of potential participants. This meant many of the clinicians that had offered enthusiastic support at the onset of the study were unable to give much energy to recruitment of participants.

Laid out below are the details and methods used to attend to participant access and recruitment, details about the participant cohort, participant inclusion and exclusion criteria, interview process, informed consent, risks and burdens, unforeseen and adverse events, potential study benefits, ethics process, data protection, data analysis and consideration of unequal power in the researcher participant relationship.

### *Recruitment method*

Participants were recruited from the pool of current CAMHS art psychotherapy service users. Although proactive recruitment did not take place, it was possible for those who had previously worked in art psychotherapy to take part. This meant previous service users that were somehow still involved in CAMHS services would not be excluded should they happen to see the poster or flyer and wish to participate. I decided not to proactively recruit previous service users to the study to mitigate against coercive recruitment. Service users who were involved in CAMHS at the time, had the protection of a clear complaint and safeguarding process should they feel at any point uncomfortable with any aspect of the recruitment or research process. They also had their current lead clinician as a gatekeeper to alleviate against coercive recruitment.

Posters (Appendix 1)<sup>5</sup> were put up on local CAMHS clinic noticeboards, and leaflets (Appendix 2) were handed out by lead clinicians to service users if potential

---

<sup>5</sup> All appendix have had identifiers removed i.e. Trust name, Safeguarding Nurse's name, telephone numbers. These have been replaced with an 'X'.



participants met the study criteria. Art psychotherapists throughout the Trust region also emailed posters and leaflets to colleagues in an effort to recruit more widely. Just prior to, and during the study recruitment phase, the research project aims and purpose were shared at team meetings as well at meetings exclusive to art psychotherapists to spread the word and encourage recruitment to the study.

Potential participants who were interested in being involved provided their contacts details to their art psychotherapist or lead clinician who passed those details on to me. I then contacted the potential participant within two weeks of receiving their details to answer any questions and arrange an Introductory Meeting.

### *Sample*

The study aimed to recruit between 12-15 girls and/ or young women ranging between the ages of 11-18 years old to make up the cohort of participants. Each participant was offered the opportunity to produce artwork and then talk about their experiences of art psychotherapy in a face to face one to one recorded interview with me. Given the time it took to conduct the art making, interviews, transcription of interviews, and analysis of the transcriptions, 12-15 participants seemed an achievable number of participants, eventually 10 participants were recruited. This number also seemed reasonable given the combination of both the PhD fieldwork timescale and the limited number of girls and/ or young women likely to be recruited. This limitation existed because as a clinician I tend to work more extensively with girls and/or young women, and yet most of the current service users I worked with were not eligible to participate, and where they were eligible (having finished with the service at least 6 months previously) proactive recruitment was not taking place and it was unlikely that many would still be in contact with CAMHS services, so most would not have been aware of the study taking place.

The inclusion criteria used for recruitment of participants was as follows:  
Those identifying as girls and/ or young women aged between 11-18 years old (or who accessed the CAMHS art psychotherapy service between those ages) who were also:

- Accessing or have accessed art psychotherapy for at least six sessions.
- Live in the UK.
- Able to provide informed consent at the outset of the study, or for those under 16 years of age who are not Gillick competent yet have expressed an interest

in being a participant to have given consent and in addition can provide parental/carer signed consent.

The following exclusion criteria were applied to the recruitment of research participants:

Any person not meeting the inclusion criteria, which includes,

- Young people under the age of 11 years old.
- Those identifying as men, young men/ boys.
- Any potential participant who is unable to provide informed consent at the outset of the study, or for those under 16 who were not Gillick competent (Gillick is explained more fully in the next section on consent) and who cannot provide signed parental/carer consent.

Participants were offered reimbursement for reasonable travel expenses for attending interviews. Travel expenses were paid out through the usual Trust procedures. Every effort was made not to inconvenience participants, for example arranging meetings at times that best suited participants rather than the researcher. Postage stamps were sent to participants when the study was complete so participants could contact myself for any reason should they wish to. Participants were also offered a summary of the results and details of how to access publications arising from the research.

Specialist art psychotherapists within the learning disabilities service were consulted to ascertain if they wished to refer potential participants. I also sought their expertise on any potential learning disabilities needs that would require adjustments to be made to the study processes, methods, or materials i.e. use of more images, signing, or audio formats of recruitment materials.

Strategies were in place to have the study information translated into other languages if that was required. An interpreting service was available using the usual procedures for the NHS Trust where the research took place if participants wanted interviews conducted in a language other than English.

A study Information Pack for potential participants was designed and produced by the researcher. This pack contained a Participant Information Sheets, one for girls (Appendix 3) and one for young women (Appendix 4), An Informed Consent Form for

girls (Appendix 5), young women (Appendix 6), and Parent/Carers (Appendix 7). The Information Pack contained all the information necessary for potential participants to make an informed decision about whether they wanted to be involved in the study. All the documents contained within the Information Pack were approved by the Ethics Committee at Goldsmiths University and the NHS Health Research Authority.

### *The participants*

The participant's age ranges from 13 years old to 16 years old at the time of the interviews. Six received individual art psychotherapy of various time frames. Four received group art psychotherapy of six sessions. The group was made up of just young women and girls. The number of one to one sessions of art psychotherapy varied, with Alice having worked in art psychotherapy over the longest period at 36 sessions (just having finished her work), Elizabeth at 34 sessions, Holly at 28 sessions, Drew at 18 sessions, Ariel 17 sessions, Yasmin 16 sessions. Aside from Alice, other participants who had one to one art psychotherapy indicated they were working towards finishing, with just a few closing sessions left.

Prior to entering the service, the majority (8) had experienced trauma through historical bullying, sexism, racism and homophobia at school, as well as (3) trauma through historical verbal and physical (including sexual) abuse. 7 participants had a suggested diagnosis of low mood, 3 had a history of self-harm by cutting. 2 participants had a suggested diagnosis of emotional dysregulation, 1 depressive disorder, 3 anxiety (including social anxiety) and 1 depression. 3 struggled with suicidal ideation, and 1 struggled with panic attacks. Emerging from the data is a lack of knowledge of the suggested diagnoses, possibly connected to reluctance within CAMHS to offer a diagnosis to young people before the age of 18 years old or the participant's resistance to taking on a medical label. In terms of ethnicity, the majority were white British with 1 young person of dual heritage. Of those who shared their sexual identity at the time, 3 identified as gay, 1 bi-sexual and 1 as straight. Participants were from a mixture of backgrounds, broadly half could be said to be working class and the rest falling on the border of working to middle class, and 1 was middle to upper class.

The demographics paint a picture of a particular group of girls and young women, aged 16 or below, from the same geographic location, accessing the same CAMHS services. They differ little in race and ethnicity but identify different sexual preferences (there is incomplete data to signify a majority sexuality for the cohort) and

live with some varying socio-economic circumstances, although the majority are working class.

Unless indicated most of the young women or girls received one to one psychotherapy (detailed previously in this section) but four of the participants received group art psychotherapy of six sessions. The art psychotherapy group was loosely directed, in that the focus was on supporting the members to manage low mood and that there was a theme suggested each week and materials suggested to use. The group only admitted those identifying as young women and girls at the time, as it was felt this would support better sharing and engagement than a mixed gender group. The art psychotherapist who facilitated the art therapy group offered a group just for girls and young women, understanding the impact of social conditioning and structures upon girls and young women may impact on their work in the group if the group was mixed gender. My understanding from discussion with the art psychotherapist was this was not an easy thing to do within a service that caters to mixed genders. The art psychotherapist had to utilise support from senior colleagues to put pressure on management to give permission for the group. She also had to put forward the idea that boys or young men would feel uncomfortable in a group where there would mainly be girls and young women as there were more girls and young women accessing the service. In other words, she had to use how the service orientates itself towards the patriarchy to resist and defy the governing structures of the service at the time. No requirement was made to follow the theme or materials suggested and other materials were available. There is not the space here to debate the differences of group work and one to one work. Examples of both are presented in the literature review included in this project and highlighted thoughts on how being in a group may have helped them.

### *Structure of interviews*

To some extent the structured aspect of the interviews was necessary because of the importance of being clear and transparent with vulnerable minors about what the research involved and what its aims and purpose were. In this sense I needed to be explicit with participants about what might potentially be discussed in interviews. As a result, the interviews were guided by research questions that had a clear focus around what the study was about. It was not broadly about experiences of art psychotherapy for girls and young women, it had particular concerns about what was enabling and empowering about art psychotherapy, and what practice worked best, with a view to applying the research findings to improve services and develop practice.

### *Interview Process*

Once, after the Introductory Meeting, informed consent was gained, a mutually convenient time was arranged for a Main Research Interview. This Main Research Interview involved participants having the opportunity to make art and discuss their experiences of art psychotherapy. An Accompanying, Main Research Meeting, Interview Questions Document (Appendix 8) was developed by me to support the collection of demographic information about participants, so in order to illustrate what the landscape of study participants looked like, as this may inform, or form part of, the analysis of data.

The Main Research Interview was a face to face one to one meeting between the participant and the researcher. In order to address the research questions the Main Research Interview focused on the participant's thoughts around how they feel about art psychotherapy, what has been the most helpful aspects of art psychotherapy for them, and what has been less helpful. It also aimed to look at what potential positive changes and new knowledge had developed for the participants. Through the Participant Information Sheet, participants were aware that the Main Research Interview was not art psychotherapy, but more of a conversation between two interested parties in which thoughts and feelings could be shared without fear of judgement.

The participants were asked to make an art image about their experience of art psychotherapy. Five participants chose to split up the interview because of time factors and so started their artwork and then completed it when we next met. The participants were asked if they wished to start the artwork as we talked or wait until after we talked, all chose to start and talk as they were making. Some participants paused to talk; others continued whilst we talked. If the artwork was not finished by the interview close, an option was given to complete it which all took up. I was respectful of the art making and talking, often pausing at times when I could see the focus was on the artwork. As stated previously, it was considered the art image making design of the research would most likely support the participants to feel comfortable, as in some ways it replicated art psychotherapy. Please see the section on copyright for how the artwork was protected. Most of the young women and girls took their artwork but some left it with me. I asked each participant if they wanted to speak about the image. Permission was

received to photograph it and publish it. It was agreed I would safely destroy the artwork at the completion of the project. I discuss the art image and making further in the analysis section of this thesis.

A collaborative process, involving mutual respect and regard, was at the heart of the conversation aimed at enabling the participants to feel central to the research and as in control as possible of the process. I designed an Interview Narrative/ Reflective Dialogue Guide (Appendix 9) that aimed to remind me during interviews of the main research questions underpinning the study and to provide prompting questions to support participants thinking and explorations of their experiences of art psychotherapy. I felt this necessary because a less focused, unstructured style of the Main Research Interview may well have gathered interesting data, but data nonetheless unrelated to the main research questions. It was also necessary to provide participants with detailed information about what the study involved and what the aims, purpose, and potential discussions points may be. This was particularly important because participants were considered vulnerable minors, so transparency and clarity across the whole study process was paramount. The Interview Narrative/ Dialogue Guide focused on exploring the following aspects of participant experiences of art psychotherapy:

- The participants' understanding of how art psychotherapy has worked for them.
- Changes they see for themselves enabled by art psychotherapy.
- The significance of art psychotherapy in supporting any positive change.
- The impact of change on the individual, their relationships (family, friends and professionals), their thinking, expectations for the future, and shifts in their understanding of the world they inhabit.
- The way change has supported resistance to oppressions and discriminations.
- The significance of participants' situatedness.

Aspects explored that related to field notes I took were:

- The researcher's position and responses.

Interviews normally lasted no longer than 2 hours including breaks and were recorded. As mentioned above, due to time restraints owing to school commitments, five of the participants (all who had one to one art psychotherapy) chose to break the

interview up, starting their artwork, answering the Accompanying Interview questions before returning on another convenient date to complete the interview and the artwork. On completion of the interviews, I transcribed the recording verbatim as soon as was practicably possible. All identifying information was anonymised during the transcription. After the transcription was complete, I sent or handed the transcription to the participant for them to check for accuracy, and to ensure the participant was still happy to have any information they had discussed used in the study and to still be involved in the study.

Participants were made aware in the Participant Information Sheet that they could withdraw from the study up to the point of final analysis without giving a reason and their care would not be affected.

From reading through the Participant Information Sheet, participants were also made aware that I would be taking notes during the Accompanying Interview and Main Research Interview and that these notes would be anonymised.

### *Consent*

Consent is part of research involving people and governs the ethics of the methods of research to safeguard participants and mitigate against abuse of researcher power. In the case of this research, which involved interviewing participants and the use of a copy of their art making, it was vital to have informed consent and to explain in a clear and concise way what taking part in the research means for the participants, including their rights as participants.

This research project has involved recruiting vulnerable girls and young women as research participants. Because of the participants vulnerable status it was of particular importance that the approach taken in gaining informed consent from participants ensured their safety. This meant following legal and ethical processes already in place at national level and as outlined by the University and the Health Research Authority (HRA) and NHS Research Ethics Service. The following describes the process undertaken to ensure the research met the national, University, and HRA ethical standards.

There is no statute governing the rights of young people under the age of 16 years old to give consent for research. However, Gillick competency, used in case law,

provides a framework for this. Gillick competency means that generally young people who have sufficient understanding and intelligence to understand fully what is proposed, and who are able to weigh up information in reaching a decision, can give informed consent and therefore consent from a parent/carer is not legally necessary. This research project aimed to support girls and young women to be involved in the project as well as to be protected, therefore parental consent was encouraged in all cases. However, it would have been unfair to exclude fully Gillick competent young women who have received art psychotherapy, but whom did not want to look to gain parent/carer consent. It was agreed in this instance if the participant was still deemed to have competency and did not wish to inform their parents/carers of their participation in the research, consent would not be sought from parent/carers. In the event, written parental consent was received for all the girls and young women that took part under 16 years old.

The Mental Capacity Act (2005) was used as the framework during the Introductory Meetings, and subsequent meetings, to assess the continued capacity to consent of Gillick competent girls and young women over 16 years of age i.e., girls and young women who had capacity to consent. For non-Gillick competent girls and young women, consent from their parents/carers was sought, but there were checks in place to assess their understanding and retention of information relating to their decision to be involved in the research. These checks were an ongoing process across all meetings that took place. At each meeting the researcher reviewed and assessed the following with participants:

- The potential consequences of being or not being involved in the research.
- The freedom to choose to participate or not at any time during the research process.
- Ability to use and weigh up study information in their decision to participate.
- Ability to reach and communicate their decision about participating in the research.

If a participant lost capacity during the study, data collected prior to loss of capacity would be retained and used. The Participation Information Sheet details this and participants were asked to indicate their understanding of this in the study Consent Form.



Should a participant have chosen, up to the point of final data analysis, to no longer want to participate in the study, they were able to withdraw from the study without prejudice. In such cases all material relating to their case would be destroyed. The option for a participant to no longer want to be involvement in the study following their interview, but who did consent to their interview being included in the study, was set out in the Participant Information Sheet and was discussed with participants during the consent giving process.

When a participant agreed to meet to discuss being a participant in the study, a meeting was arranged for an introductory discussion about the research and what being a participant involved. The meeting took place at a mutually convenient time and place. At the Introductory Meeting the Participant Consent Form, Parent/Carer Consent Form, and the Participant Information Sheet were reviewed with the potential participant. At this time, I also answered any questions the potential participant had. The potential participants were asked to choose a copyright logo for the image of the artwork they would make during the Main Research Interview. Also at the Introductory Meeting, participants were asked to choose a pseudonym for themselves. This pseudonym ensured the participant's anonymity and was used throughout the study. If the participant and their parent/carer wished to proceed in being involved in the study following the Introductory Meeting, three copies of the consent form were signed. One of the copies was kept by the participant, one kept by the parent/carer, and the third copy was kept in a Participant File in a locked cabinet in a locked office at the Researcher's main work base. The third copy was also uploaded to a Participant e-file on a secure NHS computer system.

Potential participants needing extra time to decide if they wished to be involved in the research were given an additional two weeks to consider beyond the Introductory Meeting. After this period of time, I contacted them to determine if they wish to be involved in the study or not. If at that time they wished not to be involved no further contact was made, but the participant was informed that should they change their mind they could contact me to discuss potential options open to them.

#### *Consideration of risks and burdens*

It was considered that during meetings participants would discuss the emotional difficulties and painful memories that brought them to art psychotherapy, which could cause some emotional distress. The Participant Information Sheet made participants aware that I was acting in the capacity of a researcher for the purposes of

the study and not as an art psychotherapist, although they were aware that art psychotherapy was my professional background. I therefore reminded participants at the beginning of our meetings that I was there as a researcher. It was anticipated that since participants were in, or had been in, art psychotherapy, that this involvement would help equip them with the skills to contain and manage emotions, although should any distress have occurred during meetings it was possible for me to draw on my experience as an art psychotherapist in assisting and enabling them to access further support should they have felt this was needed.

Disclosure of information during interviews that constitutes serious professional concern was considered. Participants were informed during the consent procedure, and in the Participant Information Sheet, that should they highlight an issue of serious professional concern, then I had a responsibility to address this with the service under discussion. In addition, participants were also aware that their identity would not be released to the service. If the participant wished to make a formal complaint about a service or individual, they would also be made aware of how to proceed with a formal complaint.

It was planned that extra time at interview would be given to a participant who made a safeguarding disclosure and procedures would be followed. Participants were aware of the process for reporting disclosures via the Participants Information Sheet and the Introductory Meeting. I also verbally explained the consent procedure to participants. The Consent Form also asked them to acknowledge that they understood the process for reporting disclosures.

To safeguard participants from even the very narrow possibility that through interview quotations used in the thesis they could be recognised, despite the use of pseudonyms, additional identifying material in the data has been removed i.e., names of places, educational institutions, time periods, and names of friends, acquaintances, and family. Participants were asked, as part of the informed consent process, if they also gave consent for their data to form part of published materials i.e., as papers in peer review journals, in books, and online as part of the publicity for journal papers and books.

Thought was given to the possibility that participants may, over time, come to regret contributing to the study and sharing their experiences and stories, so it was important for them to understand that beyond the point of the final data analysis it

would not be possible to withdraw from the study. This was clearly stated in the Participant Information Sheet, providing an opportunity to make an informed decision about being involved.

To mitigate against any issues relating to lone working, safeguarding procedures were put in place. These comprised of agreeing to meet participants in their local CAMHS clinics during normal working hours. This provided a familiar place for participants to come to and enabled me to set up agreed processes with a co-worker to ensure both transparency about the interviews taking place as well as mitigating lone working issues. A colleague was provided with details of where I would be and my expected times of arrival and departure. The colleague was bound by the same professional code of conduct as me and so confidentiality was assured.

If a participant had died during the duration of the study, or prior to its completion, the participant's narrative would still be included once their next of kin had been contacted and approval for inclusion from them had been received.

### *Ethics*

This research was approved by Goldsmiths, University of London Research Ethics Committee as well as the NHS Health Research Authority (HRA). The ethics application was a long and detailed process, taking almost a year to complete from beginning to final ethics approval.

What follows is a description of, and reflection on, learning from the proceedings at the NHS Research Ethics Committee (REC) review meeting. Writing down the proceedings has enabled me to think through the relationships of power that were at work during the REC, and to consider how those power dynamics affected me, the research, and ultimately what it meant for potential research participants. It was the beginning point of bringing the critical feminist frameworks that inform this research's theoretical underpinnings and methodological approaches to bear on the project, which enabled me to understand how valuable they were for illuminating where and how power operates and where accountabilities lie.

Presenting the Ethics Committee Panel with my proposal was met with fairly fierce resistance initially. The Committee were of a mind to completely reject the possibility of undertaking the research, feeling the participants too vulnerable to

intimidation and lacking the necessary agency to refuse to participate should they wish. The Committee were hostile to the methodology, research approach, and unappreciative of the significance of the knowledge girls and young women could generate in terms of developing and improving services. When I did get my chance to speak, I was generally shouted down and told I should not be undertaking the research. At one moment a Committee member threw a pen towards me whilst making a point. Remaining calm but also badly affected by the anger and negative gesticulations, I was unnerved and felt my confidence shattered by the accusations that the research was not valid, and the fact that the Committee was actively trying to block potential participants from having a say in the treatment and services they receive.

Awareness of knowledge that such committees are used to approving more positivist and bio-medically based studies, and there was potential for the Ethics Committee to fail generally to see the benefits of the research, I was nevertheless unprepared for their total dismissal of qualitative paradigm research and research aiming to raise consciousness around vulnerable and marginalised groups. The result of the initial panel sitting was rejection of the application and a strongly worded suggestion that the research not be undertaken. Further complication involved the procedures before the initial panel sitting as the application was discussed during the pre-committee meeting. I could overhear the strong objections and understood that the Committee had decided to reject the application before hearing any evidence from me as to the potential benefits of the research, its particular approach, and the methods in place to safeguard participants.

The experience at the Ethics Committee panel left me feeling for several weeks that I wanted to discontinue the PhD; that it was not possible to do the research. It took time and a revisiting of how experiences that are designed to silence women's voices are commonplace still and thinking through that those silencing should be challenged; that I should stand up and say that girls and young women's voices and experiences need to be heard. After the initial despondency, I felt strongly that I could not stop pushing for the study to go ahead just because I have experienced one negative encounter with power and authority. I decided to lodge a complaint about the panel proceedings and the behaviour of some of the Committee members. My complaint was upheld, an apology was issued for the inappropriate behaviour and revisions to the application were then suggested by the Committee instead of outright rejection of it. One of the main objections for the committee was the possibility of researching with service users that had been working in therapy alongside me, despite the suggestion

of that possibility only being with those that had finished therapy at least six months prior. For me, the focus here on this prospect was in not excluding previous service users from something they were interested in but also safeguarding against power researcher/service user power imbalances. Following my complaint, I was able to reiterate, as stated in the application, I would not be actively recruiting previous service users that had worked alongside me. That I wanted this option in order that girls and young women who wanted to be involved and met the criteria and happened to see a recruitment poster, could have the option to ask their lead clinician to contact me if they were interested. As stated earlier, contact initiated through lead clinicians served as a further safeguard against coercive recruitment. It is vital to safeguard against conflicts of interest, and interviewing a service user that I was still working with or had just finished working with could potentially harm that service user. It is acknowledged that part of the therapeutic relationship can involve service users wanting to please their therapist (Blanchard and Farber, 2018). Therefore, participants may have agreed to be involved in the study to please me, and if I accepted them on that basis, it would constitute an abuse of power. Without safeguards in place this would have replicated unequal relationships of power and an abuse of position, and in that sense reified the systemic structures of power identified by critical feminist that exist in wider society. The subsequent panel sitting was quite the contrary to the first, my revisions were accepted, including further assurance given of not actively recruiting previous service users, and the application given approval. The second panel sitting did consist of different Committee members and they generally seemed more open to the study proposal.

On reflection, I see that the initial Ethics Committee panel experience, whilst distressing, was useful in reminding me of the obstacles and barriers that come up to prevent women from being heard. But it was also useful for me in terms of reflecting on my privileged position as the study researcher and someone with enough advantage to be undertaking a PhD in the first place. I also had the privilege to be able to lodge the complaint against the initial panel, navigating it in such a way as to have the complaint upheld. I was reminded that the research participants were unlikely to have such advantages and privileges, and that I must continuously work to be reflexive about the complex power dynamics at work in the research relationships.

### *Consideration of unequal relationships*

It was made clear to potential participants that their care would not be affected in any way whether they decided to be involved with the study or not. The CAMHS in which the research took place works on the principle of working together in as equitable way as possible for better mental health, and the study was designed to reflect those principles i.e., centring the voices of participants, enabling participant's experiences to be heard and listened to, and empowering participants to be involved in developing practice and services.

### *Data Protection*

All data was handled in accordance with the General Data Protection Regulation that from 25th May 2018 supersedes the Data Protection Act (1998) which required that the data be anonymised as soon as is practicable. All research data was stored in accordance with Goldsmith's University Code of Practice on research ethics (2005). Hard copy documents that may contain potential identifiers, such as demographic information and anonymised artwork, is held in a locked cabinet in a locked room to which only I, as the study researcher, have access.

Electronic files are stored in a password protected file on a password protected secure NHS and University server. Personal electronic data is stored in a password protected file on a password protected secure NHS and University server. The key to the pseudonyms is stored electronically on the password protected NHS and University server in a separate password protected file from the main study file. Electronic, securely taped audio files of recorded interviews were stored on the password protected NHS and University server, having been transferred from a secure and encrypted recording device as soon as was practical after the interview. Anonymised interview transcripts only contain the pseudonym of the participant, and are securely stored in a locked filing cabinet and on the password protected NHS and University server and the researcher's password protected laptop. Personal data can only be accessed by myself as the study researcher. Anonymised interview data was analysed by myself as researcher at either the University, my place of work, or at home using secure password protected files and a secure password protected laptop.

Personal data will be stored for no more than 12 months from the conclusion of the study. Thereafter personal data will be destroyed using the secure NHS Trust process. Anonymised electronic data will be stored under password protection on the University secure server for 5 years following completion of the study in accordance

with the Goldsmiths University Research Ethics and Governance regulations (2015). As the sole study researcher, I am the only person with password and key access to data (electronic and hard copy).

### *Copyright for artwork images*

In order to protect images of the artwork produced by participants it was necessary to secure anonymised acknowledgement of copyright. To do this, participants were asked in the Participant Consent Form to pick a Commons 'Attribution' licence (CC-BY) to be displayed alongside any images of their artwork that may appear either in hard copy or electronically. There is an Image Copyright Information Sheet provided (Appendix 10) that participants were made aware of. Participants understood via the Image Copyright Information Sheet that I, as the study researcher, am the point of contact for any copyright third party queries relating to art making images coming out of the study.

### *Data Analysis*

Thematic analysis informed by the work of Braun and Clarke, (2006; Clarke and Braun, 2018) was chosen to analyse the data from the research interviews transcripts and researcher field notes. Vital constituents of the analysis for Clarke and Braun, are the alignment of ontological understanding and reflexiveness of the researcher which fits well with the reflexive approach of this study and interest in 'situated knowledges' (Haraway, 1988). A heuristic methodical, rather than monolithic approach as advanced by Clarke and Braun (2018) was an effective method for recognising, investigating and producing patterns found by coding and analysing two of the data sets.

The type of Thematic Analysis utilised is 'theoretical' as described by Braun and Clarke (2006), rather than 'inductive' where a "research question can evolve through the coding process", (Braun and Clarke, 2006, p.12). Employing a theoretical approach, the researcher examines the data with regards to the research question or questions, which usually results in comprehensive accounts of parts of the data that speak to the research question/s.

Firstly, familiarising with the data, I, re-read the transcripts and, researcher field notes several times. The data was coded one after the other, as the interviews were conducted each stage fed into the next, progressing the development of a network of

sub themes. Thematic analysis requires total absorption in the data, constant questioning, and engaging and returning to the data. The data was constantly compared across the data sets, where I repeatedly checked for resemblances and associations, as well as variances, deepening and proliferating the sub themes into main themes. Although, rather like returning to a painting you consider finished and suddenly seeing something new to develop that informs the whole, it is permissible to return to reconsider the themes.

As the process of analysis continued, I analytically coded the data, continuing to pay close attention to what is said in the interviews analysing closely significantly meaningful patterns. Once no more themes could be identified and the data could be grouped into main themes with a central overarching theme, or “core concept that underpins and unites the observations” (Clarke and Braun, 2018, p.108), the theming is at a point of saturation, and it is then possible to begin to develop theory and new knowledge. Applying a theoretical approach, I moved further into interpretation, moving past surface meaning to hypothesis, what Braun and Clarke identify as analysing the data at a “latent or interpretative level” (2006, p.13). What emerged places participant’s contribution central to the study, making it a more relevant and iterative process than other methods.

NVivo software was used to analyse the data sets. It was chosen because it has the capacity to collate multiple qualitative data sets, such as interview transcripts, images, and field notes, and because it has the facility for researchers to identify and code themes in mind with the research questions so that overarching themes are discovered that then form the basis for the development of new theory and knowledge.

As this study processed, it became evident that the case study method was a useful approach to examine in depth what was communicated, felt and received by the participants and me through the young women’s and girls’ artwork. Each piece of artwork produced was distinct and unique to each artist, although there were common themes within the art imagery, the data was not comparable. As the data was multi-faceted and variable, a case study approach (Yin, 2003) would capture the context and the experiences of art psychotherapy through the interaction with art materials within the interview, as well as the interaction and experiences of and through the final art piece. There is a long tradition of case studies in art psychotherapy writing, some discussed in this thesis, for example Venture (1977), Welsby (1998), O'brien (2003), Isfahani (2008), Eastwood (2012). Employing an adaptation of the method using a



multi-case design approach defined by Yin, (2003), firstly I viewed in detail the artworks. I examined closely what the participants had said about the artwork and the art materials used to make it. Then I made use of the reflexive field notes on the artwork, employing a feminist ethnographical approach. This produced a narrative, told through the participant's artwork, their response to it and my response to it.

This data set, along with the data from the interviews verbal communication and researcher field notes analysed using Thematic Analysis, then developed into a fitting story and picture of the young women's and girls' experiences of art psychotherapy, giving a narrative of the individual and common cross themes and the implications for what was explicated from the analysis.

The following chapter lays out the data results illustrating the overarching main themes.

## Chapter 5: Research Data Results

This chapter sets out the three data sets. The ideas formed in this chapter are interpreted through methods of analysis just discussed (Thematic Analysis, a case study approach, reflexive journal field notes and post interview notes) to give meaning to what was communicated by the participants about their experiences of art psychotherapy, this is then further conceptualised later within the discussion section. As stated previously, the methods used are established and recognised qualitative research methods (Finlay, 2015) and offer tools to interpret what is shared but it is recognised this is through my interpretation as the researcher. First, excerpts that talk about the lead up to the interview and the environments of the interviews themselves from my reflexive journal field notes are presented. It is important to consider the impact of place and space on the bodymind (Schalk, 2018), and thick descriptions of the interview context can support understanding around how environments may have impacted the participants and myself. As already mentioned, participant names that appear are pseudonyms chosen by the participants during the research interviews. Beyond anonymising names, further care was taken to protect precise details of buildings so that individual clinics could not be identified. Secondly, the three main themes emerging from the interview data are presented, at this stage some artworks made in art psychotherapy, or the interview artworks are included when the participant's referred to them as part of a particular point of their experience. Thirdly, the interview artworks participants produced are presented in the form of a guided art

show that reflects the three main themes. This provides rich descriptions of the pieces. The descriptions are annotations of the artworks and are drawn from my reflexive field notes and post interview interpretations and what was communicated at interview. This provides a set of scenes for the reader that are employed to have an affective affect by immersing the reader to the extent that they can experience feelings and sensations; they are designed not only to have an affect but as a mechanism to bridge to the critical feminist theoretical framework overarching the thesis.

### *Context of interviews – Field Notes Data Set*

#### *Interviewing Ariel*

[Field notes] *I interviewed Ariel in a clinical room, reflective of what might be expected from the NHS; functional and decorated plainly. The room is a dedicated art therapy room and although scruffy with age, the chairs are comfortable. A table is situated in the only place it can be, in the middle of the room as the space is long and narrow. This means we sit at an angle to each other, with the artwork making a triangle of our positions and conversation. Ariel is familiar with the room and knows where art materials are placed within it. Outside the traffic hums regularly through the open window, affording us some cool air on this warm day. We both have a cold drink to hand. At times, I hear the sound of people outside our room, speaking or laughing loudly. The warmth of the day is pleasant, and this lends itself to the sense we have time to talk at leisure. Through our conversation-especially Ariel's ability to describe her artwork created in therapy, its importance, and the shifts this enables-I find myself drawn with ease to imagining the images and objects she made when in therapy.*

#### *Interviewing Drew*

[Field notes] *I sat in the centre of a large room of an old Edwardian building on a scorching hot day facing Drew, who shared her story of art psychotherapy with me. A round table is situated almost in the centre of the room on a floor that was uneven and carpeted. Art materials were available around the edge of the room and Drew was using a small pile near her that contains the materials she usually uses. Behind me was a stained-glass window of yellow and blue. Strong sunshine compels shapes of yellow and blue to dance on the table between us. This is the second meeting for Drew and me. We initially met to discuss the research paperwork and check Drew wanted to still be involved in the research. It is a baking hot day then as it is today for the main interview. I am so pleased that Drew was happy to talk with me and very grateful for her time. We both have had a cup of tea made in the tiny kitchen just off*

*the room. I have never had the opportunity to visit the building before that first time. Today, I am still struck by the age of the building and wonder what has taken place there over the years and how people have utilised this building before. I am drawn to an old lift that the wide entrance staircase winds around that I had asked staff on my first visit if it was ever used and they reply that it is broken. I remember arriving and feeling I was entering an old hotel; sometime in a previous century, leaving me with a strange surreal quality to the experience. That feeling is still present for our second meeting. I speculate to myself how young people feel about coming into such an old building. I am curious and interested in what Drew has to say, especially as it had been a wrench to leave our first meeting and the start of our thinking around her experiences of art psychotherapy.*

### *Interviewing J, Bell and Bella*

I spoke to J, Bell, and Bella at the same clinical setting. Below I describe the clinical setting for all three participants, going on to present more specific details about their individual interviews later.

*[Field notes] I pull my car onto the driveway of the clinic I am visiting today. I know the clinic fairly well and it is a familiar journey. I am seeing three participants today and feel excited to be seeing the girls and young women, but also apprehensive about the meetings as they are one after another. Wondering, did I give enough time between each interview I prepare to park my car near the clinic, a large building probably built in the 1970's in mock Edwardian style. I know the building is problematic for those with disabilities and there are few rooms that are accessible without climbing very steep stairs. I am pleased that we have arranged for the interviews to take place away from the main building in a Portakabin, where it will be quiet and away from the sound of an old building that creaks and that has doors that tend to slam shut. However, as I arrive, I see there are builders using a loud drill to break up a part of the driveway near the Portakabin. Piercing and distracting, the blast of the machinery is cutting across any calm I was seeking before the interviews. The builders are investigating near the pathway into the Portakabin and I have to walk through smoky blooms of dust. I am frustrated and appalled the participants have to navigate their way through this noise and dirt and walk past the builders. Inside the Portakabin, any respite from the racket is disturbed with a muffled sound of the builder's equipment. An odour of dusty dirt from the drilling has been kicked up and swept into the room. It is a warm day, but this intrusion into any peace means we cannot open the windows.*

*I wait for the first participant to arrive resigning myself to this situation. I had pictured a quiet space for the young women and girls, a warm breeze drifting in and the sound of the pigeons cooing from the clinic garden. Still, the room has art materials and comfortable seats and plenty of tables. I set up on a long table where there is plenty of room for us to talk and for the participants to make art. Then I'm disappointed again, I notice the art materials are old and a bit dried out. I have a few pens and pencils with me that I get out. I had thought this room was well equipped (it was last time I was here).*

*I collect each participant from the waiting room and guide them through the filth and growing rubble. On the way, I notice the racket is so loud now, the machinery having hit an especially hard piece of rock, but eventually once in the cabin, a sense of relieve is created, offering some respite; we at least seem shut away from the full tumult. Now, we have to contend with just the dusty aroma and muffled screech of the drill, but at least there is some shelter and thinking space. The young women and girls, J, Bell, and Bella are gracious and say they are fine when I apologise for the situation. They respond well to my humorous comments about the journey to the Portakabin and we reflect on the many difficulties and obstacles that often have to be overcome to access the service.*

#### *Interviewing J*

*[Field notes] J spoke clearly about her experience of art psychotherapy in the group. Interviewed in the same clinic and on the same day as Bell and Bella. J talked passionately about what she felt worked in therapy and what could have been done differently. She was honest in her reflections, explaining she was sceptical and therefore surprised how some things actually worked for her. J valued the hard work that had gone into facilitating the group and despite not relishing being in a group at first, felt that being part of a group was helpful to her.*

#### *Interviewing Bell*

*[Field Notes] Bell articulately described her experience of art psychotherapy, consequently it was with ease I could visualise her artwork and what she described. She spoke of how she had changed since working in therapy, with a certain amount of joy and a twinkle in her eye. The way she referred to the important women in her life and her memories of them was enjoyable and relatable.*

### *Interviewing Bella*

[Field notes] *Bella did not speak as much as others I interviewed. It is hard to convey in words what she also communicated in her body language, laughter and image. Bella struggled with social anxiety-identified here with Bella's permission in order that the reader appreciates my approach in delivering what Bella shared with me later.*

### *Interviewing Rosie*

[Field notes] *Rosie had been kind enough to see me away from her usual clinic and I appreciated she had taken the time to talk to me. We use a room away from the main clinic and it feels as if we are in our own comfortable zone of space and time. Rosie is an engaging talker and decides to draw whilst we speak, looking up at times as she discusses her experiences of art psychotherapy in a group. For Rosie being part of a group and engaging in art making supported transformation in understanding herself and others, and herself in relationship to others.*

### *Interviewing Alice*

[Field notes] *Alice is a softly spoken young woman and at times I have to lean forward to hear what she is saying. Later I discover the recorder picks up what is said well. Alice appears comfortable in the room she has been in many times before. It is furnished in tatty but comfortable chairs and with good sized tables. There are plenty of art materials available. Despite the shut windows we are able to hear birds outside and occasionally one appears at the window, drawing our eyes away before we return to Alice's image and our conversation. Alice reported she had been given a diagnosis of anxiety (which included selective mutism) before starting therapy. Towards the end of the interview Alice explained, although a little anxious about it, that as a consequence of doing art psychotherapy she had plans to go to college and study art which was not something she had thought about before.*

### *Interviewing Holly*

[Field Notes] *Holly has agreed to meet me again for her main interview after we met initially to discuss the research and read through the participant forms. I am so glad she has given me more of her time. Situated in a large garden, the clinic is an old building with a good number of rooms of various sizes. We have been given Holly's*

*usual therapy room which is long and narrow. Pushed up against the wall the table is of good size which holds a variety of art materials. A large window offers a good source of light, but we decide not to open that to let in some much needed air on this hot day, as it is possible if we do that we will be over heard from an adjacent room. Luckily a tiny window on another wall can be opened as it affords us no chance of being overheard. As we talk, occasionally we hear doors slam and faint voices. Holly describes well the artwork she has made in therapy, and I find myself imagining with ease her work and how this has activated the change she reports.*

### *Interviewing Yasmin*

*[Field notes] I am going to meet Yasmin in a modern building that is currently being used as the clinic for the local area. The building is more akin to a 1980's/90's office. It occurs to me there is a personal irony for me in this because I am seeing a young woman today in a clinic that is situated in the town where I first started my paid employment working life as a very young woman. It is where I experienced many forms of discrimination and oppression and so the 1980's/90's vibe is not sitting well with me at first. Still, I remind myself that the young woman I am seeing would have no such associations and in fact might like the building. I deliberately push all my recollections away and approach the building as a curiosity and unlike the other clinics in the service. The staff have made the best of the rooms and there is a large welcoming reception, colourfully decorated with posters. I recognise Yasmin from our initial meeting. She has arrived early, and I am happy to see her. We are shown down towards the basement, passing rooms that are shabbier than the rooms at the front of the building. The room which is booked and should be available is busy, but another is found. It is in the basement where the light is less good than other rooms on other floors, and there is a damp smell and mould is creeping up the windows. Yasmin explains she has been in this room before but sometimes they are asked to move rooms. She reports she does not mind this. On the table are placed a good amount of materials and we have both been given a drink made in a small kitchen. Yasmin starts looking through the art materials almost instantly, it seems to me we create our own domain as we talk, and the smell of damp mould wanders away from us.*

### *Interviewing Elizabeth*

*[Field Notes] Typifying an institutional medical building, the clinic where Elizabeth and I meet is situated within a functional construction made up of several identical floors and corridors leading to various rooms. I understand people are*

*regularly lost in the corridors, unable to distinguish the room they are seeking through the maze of functional unexceptionalism. Yet, the art therapy room we talk in, repels the institutional authoritarianism with practical beige walls that are montaged colourfully with abstract art posters and post cards. Art materials encase the room in an additional layer of colourful dissent, containers, recyclable objects, bottles, pencils, pens and general messiness joining the walls in rebelling against the rest of the building. Advancing the resistance, once the door is closed the sense of having entered a different world, a cave of colour, treasures and possibilities is complete. Both familiar with the room, we make ourselves comfortable. The sea of traffic hums busily by outside but does not breach our messy colourful harbour. It occurs to me that the room in protesting the rest of the building and the outside world might offer a space that can be inhabited and utilised by bodies that feel they have been damaged by a ableist, patriarchal, heteronormative, capitalist, sexist and racist world; that the space allows the bodies to orientate to the objects in the room that may also be utilised to offer ways to protest oppressions creatively and safely (Ahmed, 2006 (b)).*

*I am glad to see Elizabeth and happy she feels she wants to be part of the research. Grateful for her time, I feel great admiration for Elizabeth, in the way she articulates her experience of art psychotherapy and the hard emotional work she has put into her therapy.*

### *Reflecting on the Field Notes Data Set*

For every interview a dominant emotion for me was of gratitude that the young women and girls were happy to take time to talk to me. For all the interviews I felt privileged that the participants shared their narratives with me. I also felt not just curious, but deeply interested in what the young women and girls wanted to share. In this way, the interviews were not just information seeking exercises but enabled an opening up and empathy within me that was only possible precisely because of the revealing experiences the participants shared.

It struck me that these are emotions, thoughts, and feelings that are those often brought to therapy, and that I was experiencing emotions, thoughts, and feelings that the young women and girls may well bring to therapy, although for many participants the foremost emotion they experienced was anxiety. Anxiety was another emotion that I felt, particularly just before each interview. It can be one I also feel at initial meetings with people and when I start to work with them in therapy for the first time. Other

therapists have contemplated these emotions, particularly Campbell and Gaga (1997) who have considered the impact of first meetings in therapy. Their recommendation to therapists around first meetings is critically feminist and intersectional because they convey the importance of holding in mind the impact of one's presence and what this signifies to others who have come to therapy in order to engage, connect to, and find a way to wellbeing in spite of the many oppressions they may live with (hooks, 1984, 1997).

Themes generated from the interviews, highlight the reflections of the young women's and girls' experiences with art psychotherapy. In general, it was gratifying that the participants shared their narratives with me and were not just simply curious to be research participants. Rather the participants were generous and often unreserved with what they shared, and also deeply interested in reflecting on their experiences. By holding and facilitating a critical feminist mindset, it became clear that the interviews were not just information-seeking exercises but enabled a sense of solidarity with the participants. I became intrigued about the artwork we discussed that participants had made during their art therapy. Discussions enabled me to create an image in my head of the artwork. In other words, layers of participants' images were archived in my mind, layers of participants' internal worlds. It was not only the words used by participants in describing the images, but it was also what was communicated through body language, a smile or laughter that added to the creation in my head. I imagined each layer strengthening the other, for example picturing a papier-mâché world increasing in size and strength as each layer was added, increasing the understanding between us as the participants shared their worlds through their words and creative endeavours (Haraway, 1991, 2016).

## Main Themes

Below I present the three main themes identified from the data sets. I have removed the sub themes to offer clarity and keep the emphasis on the main themes and the knowledge that is revealed. Within the presentation of the data, I thread theoretical traces that will be picked up later in the discussion chapter.

The three overarching main themes to emerge from the interview data are:

- Theme 1. Re-Imaginings - The ability to re-imagine is central to change and to make a life worth living, creating a world worth living in. Imagination is not always accessible to those overwhelmed with oppressions. To re-imagine



means to have hope and optimism because you can imagine yourself and other relations as deserving to be part of the internal and external world and of being rooted to and in the world, internally and externally.

- Theme 2. Re-making threads, working together - To re-thread is to connect back to others and your inner self that you unconnected from through experiencing oppressive structures, working together encompasses working with the self as well as in-relation to others, seeing others/self, understanding others/self/relationships through work in therapy.
- Theme 3. Re-worlding - To create a new world for yourself and those you live in relation with despite oppressions through crafting; to not only perceive and see your right to be in the social world as well as your internal world, but to literally materially produce re-imaginings, new ways of being together in the world, new systems of connectedness; to make real relational re-imaginings.

#### *Theme 1. Re-Imaginings*

- Theme 1. Re-Imaginings - The ability to re-imagine is central to change and to make a life worth living, creating a world worth living in. Imagination is not always accessible to those overwhelmed with oppressions. To re-imagine means to have hope and optimism because you can imagine yourself and other relations as deserving to be part of the internal and external world and of being rooted to and in the world, internally and externally.

This theme begins by looking at the way the art materials participants worked with enabled them to express their emotions, how they felt the materials lent them an ability to re-imagine themselves, to re-imagine how they felt about their emotions and feelings, and for some to re-imagine themselves differently in their internal and external world.

Ahmed's (2006 (a), 2006 (b)) work on queer phenomenology is useful for understanding how materiality and objects are extensions of mind and body and the ways in which we react to them have always already been oriented, with some feeling more comfortable and able to help us with expression of ourselves than others. Art materials offer flexibility and freedoms, to access messy materials to express and communicate emotions of fun and joy, but also 'messy emotions' that are not easy to quantify. Accessing art materials has been a way to tap into emotions and memories

as a mechanism to imagine and re-imagine self. The affective quality of art materials enabled ways for the participants to express themselves, indicate connections with other worlds and to imagine themselves differently, whether that was a form of joy, more connected or stronger.

Ariel started by telling me how Plasticine (a modelling clay) worked for her. Ariel had already told me one of her favourite art materials was Plasticine; how she realised she had chosen the material specifically when she was working in-depth.

*“I know when I started to talk about like bigger problems like deeper problems, like I always went for the Plasticine”*

*... I always felt that it's [Plasticine] like a better way of expressing...so.*

For Rosie, clay (a material preferable for many participants) was organic and experienced as visceral. To find such a material seemed a means to access Rosie's imagination in a more receptive way than pencil and paper. Explaining the significance of clay for her Rosie told me:

*“...I really liked using the clay. Unlike pencil and paper, it is 3D and it's there and you can hold it and you can feel it and experience it.”*

The expression of an internal self (emotions) was also possible. Ariel explained how she used Plasticine to represent the way she felt about a relationship, placing herself and her ex in the work she produced.

*“... well, it was like... she was a person and then she had like these walls around her and there was like two people, and I remember that one quite well.”*

*“I was talking about a past (romantic) relationship and it really helped me choose like the different colours to show like how I felt about certain things.”*

Plasticine had enabled a way to speak and understand emotions around the relationship. It seemed to me the materiality-three-dimensional quality of the artwork had led to Ariel placing herself in the artwork, enabling an understanding of her emotions. Ariel continued:

*“It just kinda made me realise how I was feeling.*

Holly, like Rosie and Ariel was also able to reflect on how one of her favourite art pieces was made with clay:

*“Yea, I made a dragon out of clay and I was really proud of it. It took about 3 sessions to make it, though. I continued to apply clay to certain pieces because I came back one week and I was like that does not look right! So, I would alter it.”*

*“... I remember exactly how it looked, it looked quite sleek, and it was laying down and everything. Yea, well it allowed me to understand limiting my art, cause I would say there are a lot of things I do here to help me out in life.”*

Recalling her clay dragon creation supported Holly to recognise the knowledge acquired in art psychotherapy. For Holly, (as with other participants) art psychotherapy and enablement through it to materially re-create assisted her to re-imagine, to create a different life.

Holly also wanted to share that she felt creating art in art psychotherapy enabled her to have “deep conversations” that she felt she could not have elsewhere:

*“Well, it allowed me to distract myself, because I know I have to talk about things. So, the ability to distract myself, by getting messy, allows me to just mindlessly babble on. I mean, when I mindlessly babble on, I don’t just go on about chicken and carrots, I do go quite deep in conversations, ...”*

It seemed she used the word “mindlessly” to explain how she was able to be less cautious in her conversation and access more of her unconscious thoughts; that she was able to distract from interfering thoughts that were perhaps filling her mind and could access the internal world, the self that could have “deep” conversations.

Art materials can be utilised in ways that work for the user and not against them. Holly had more of an intimate and immediate response where she found herself “reacting” and “interacting”. For Holly, a conversation with the material itself, seems

to translate well the bodily response to emotions and transformed into an understanding of those emotions.

Considering the parts of art psychotherapy that she enjoyed, Holly noted how, for her being able to also use non-traditional materials in art psychotherapy enabled her to think more deeply about her choices, leading to a better understanding of her emotions, as she reflected on how she was feeling that day.

*“Oh, I really like when we do something other than drawing when I get to think about something other than what I have drawn. So when...with the clay, when I think about the clay, it’s kinda set in stone or something like that it is often representing something and we are drawing it is similar but when we are doing stuff like, as I mentioned before the cornflower and water and we mixed it together to make this non-Newtonian fluid as it is called, it made me think how I was reacting with that. It made me think about the way I was interacting with that as well. So, it was like why was I making it blue instead of making it red? It was like maybe because I was feeling red but no I was not feeling red. It made me think really heavily.”*

Yasmin and I talked about the importance of colour for her, discussing this through her interview art images (figs.7,8,9). Colour, for Yasmin, appeared the principal way for her to illustrate her emotions around herself and others. It played a particular role for her, illustrating how the materiality of her art had affect, connected to and expressed emotion, and was a mechanism for showing how her world is shaped and oriented (Ahmed, 2017, 2006 (a), 2010; Haraway, 2016).

*Yasmin: “I’ve never done someone with green eyes before.*

*Karen: What do you normally do?*

*Yasmin: Blue because blue is a very peaceful colour.*

*Karen: Yea.*

*Yasmin: But green for me can be seen in lots of different ways. It can be peaceful because of like grass and trees, it can be envious. So I don’t know, I just don’t think I have ever used it because it can be like good or bad. I just like good things. Unless I’m doing something that is about bad or evil.”*

Reflecting on her image of a close up of an eye, Yasmin said “I draw eyes on everything!”, and on this occasion she had painted a green eye when normally she

would have chosen blue for the eye. We wondered about the significance of a different colour now she had finished art psychotherapy and how that might relate to the changes she had made through her work in therapy. In Western art, close up of eyes are a familiar image and are seen regularly in art psychotherapy practice. The eye is often seen in Western society as holding the key to the inner world. To look into another's eyes can be intimate or can be threatening.

Bell eloquently described how she enjoyed using boxes and that decorating them worked well for her, how the layers she created lent themselves to how she felt.

*"I felt like it was more of a representation of why we were here. Because like in the inside of my box I had like two layers to it, so the top was...didn't really have anything in it, it was like scrunched up pieces of black and white tissue paper and once you lifted off the cardboard that was in it, underneath that was like all like glitter, pink and blue and like diamanté things so it was really colourful underneath but on top it was quite bad and like she told us to make the box to like represent like how we felt or like how we thought of ourselves. So, I thought that was quite helpful in being able to think about how I felt and actually make it but doing it in an enjoyable way."*

J described the artwork that she enjoyed making in the clay modelling session, which she reflected was an illustration of feeling socially awkward. The visibility of the brain and seeing inside oneself was replicated in her interview art image:

*"sort of like...with like the head opened like a door and like their brain falling out... It was a bit strange... it was kinda like in social situations where you are not sure what is going on and it feels like your heads escaping and trying to get out."*

Accessing memories of when they were younger was noted by Bell also. She described how for her the art materials offered a way to connect to another memory, this time of her nan, a memory through connection with the women in her family:

*"I started off using the oil pastels because I used them quite a lot when I was little with my Nan and she's like...not like an artist but very into her art. And she draws and paints for us all and it was nice, it was nice because she used to have me around a lot and we used to do that sort of thing together."*

Bell used the word 'nice' to describe how they made art together, picking up on the importance of creating as a collaborative endeavour. She continued that it was not only her Nan she was reminded of, Bell was also reminded of primary school when she had used the poster paints in the art therapy group, which "*was the most fun days I have ever had*". For Bell the memories of when she was younger seemed to describe a time when there was more joy found in the art materials, and using these with others and/or with others around, through this she was able to reconnect back to that time.

Alice (who was referred to art psychotherapy because she used few words), utilised non-verbal communication more in her interview, using less words than some other participants. Below is what Alice was able to say about her interview image (fig. 10). For Alice it is a nice day, and it seems to me the sea is not about to breach the island she depicts.

*Karen: You started with the eye and there is quite a lot of detail in eyes and then you have a light house-isn't it?*

*Alice: Yes.*

*Karen: Have you done a light house before?*

*Alice: I don't think so.*

*Karen: I guess it sends out light and reveals things.*

*Alice: Yes.*

*Karen: Have you done eyes before?*

*Alice: I draw a lot of eyes.*

*Karen: It is a quite detailed eye. Is the sea choppy or is it a nice day, do you think?*

*Alice: I think it is a nice day.*

The image speaks of looking and reflecting and throwing light on problems. What Alice speaks of fits with a common theme around seeing and understanding the self through connection with nature and the non-human world.

Yasmin also spoke of her image of flowers in a grass meadow and we discussed the viewpoint used and wondered about looking back and down on her childhood, Yasmin said:

*“...it looks like something I would draw when I was little. I think it reminds me of when I was little, and I always used to draw flowers when I was little.”*

The connections between nature and organic structures and the human and non-human worlds is revisited in the third main theme of re-worlding. Governed by patriarchal society, women and girls are often the victims of violence at the hands of men. Drew gives us a glimpse into the effects of patriarchy and how confrontation with past fears can bring a new understanding of self.

*Drew: “I drew...cause [name removed of serial killer] died a few weeks ago or a week ago. I drew him.*

*Karen: How did you feel when you were drawing that?*

*Drew: That was one of the ones I was excited about cause I used to be really interested in him when I was younger. Erm, yea and so...*

*Karen: Why were you interested in him?*

*Drew: I watched this documentary on the [name removed] murders when I was younger, when I was little. I remember being really scared but I just found it interesting.”*

We briefly discussed how Drew did not have a good memory for all her images. She felt that forgetting them was part of moving forward but this image had remained in her head, perhaps because the subject had been forgotten and then returned to.

*Karen: “You were saying you were really wanting to do the drawing and I guess thinking back to the past?*

*Drew: Yea, just cause it wasn't related so much to me, it was more ... cause he asked for [details removed] and I just thought that was really disrespectful.*

*Karen: Yea, did it feel, erm, just thinking about when you were saying when you were younger watching the documentary it felt really scary, did it feel scary drawing him?*

*Drew: I don't think so, cause I used to be really scared when I was little; when I was 9/10 years old and I was worried I might get murdered by [name removed]. So, it was really strange cause I sorta had forgotten about that for a while and so it was strange he was there.*

Drew remembered this art piece she created very well, what is interesting in

this part of our conversation is how she used something she was scared of to transform how she managed that fear through art psychotherapy. For Drew creating this image connected to a time when she was younger and interested in the serial killer, which she had recalled upon hearing of his death. Drew stated she was “excited” about the drawing. Drew explained how she no longer felt scared of the killer as she was making the drawing, that she had forgotten about how scared she was but was reminded of it. Her interview image also had a connection to childhood, and she had spoken of art psychotherapy helping her grow up. For this remembered art piece, the return to this subject was no longer scary, rather it was more related to him being “disrespectful”, a return to his lack of respect but with more strength and power to face that. It seemed Drew was able to turn back to her childhood and the terror of thinking she may be murdered, to face the terror with more power and a transformed self through her work in art psychotherapy.

Rosie described the liberty the material of clay gifted her:

*“whatever you want to, you have the ability”.*

For Rosie clay lends itself to giving choice, a freedom to decide what the clay will become and in this statement whatever the maker wanted. Choice is often denied girls and women living in a patriarchal society.

Rosie’s words mirror assertions that you can be *“whatever you want to, you have the ability”*. The words *“you have the ability”* serve as a reminder that despite oppressions women and girls, especially those who may be considered to be struggling with their mental health, do have ability and through the art material Rosie was able to remind herself of that, to see herself as with ability.

Another example was Elizabeth who remarked of clay:

*“Yea, I like the fact it sits in your hands and you can manipulate it.”*

*“You can do anything with it and you can just sit there and mould it, until you like it”.*

Yasmin brought her musical instrument (a non-verbal way of communicating) into her art psychotherapy sessions. Yasmin explained:



*“I painted one ukulele whilst I was in session. It was like bland and was just brown, so I painted it to look like the one from Steven Universe”.*

Yasmin had taken the musical instrument, she took so much delight in outside the sessions, into the therapy session to alter its appearance and materially change it into something more relevant to her through the expression of her favourite colours. Yasmin was able to re-imagine the ukulele using the colours and pattern from her favourite cartoon.

Yasmin also explained how this freedom of expression and transference of negative feelings translated into a shift in emotions that could be concretely experienced.

After the session Yasmin said she felt,

*“I was just really happy and like excited.”*

Yasmin and I talked through why she likes paint, the flexibility of the material and the freedom it can offer:

*“Because you can make any sort of colour with them. Because like they had every single colour and then if there was like...You could end up making any colour you wanted.”*

Rosie told me about how she had used clay in one of her art pieces made in art psychotherapy. The theme of the artwork was anxiety, depicting how for her the pressure of anxiety builds up internally and then bursts out:

*“I created a brain; it had spikes coming out of one side to show how the pressure can build up and suddenly explodes and spikes come out.*

Chiming with Rosie's clay piece, J's interview artwork (fig.6) in 2D, presents two figures whose heads are transparent so we can see their brains. The figures illustrate before and after art psychotherapy. J's first figure (pre art psychotherapy) is in monogram (except for coloured pens in her pocket), has a brain full of anxious negative thoughts and seems to be overwhelmed by those thoughts and in distress. The post art psychotherapy figure looks calmer, has a colour filled brain as well as a colour halo surrounding her head and has more helpful and positive thoughts around

her. I will explore this image in more detail in the section on interview artworks, but it is worthy of note in this section as it illustrates well the value for J, of the interaction with art materials in art psychotherapy, by the depiction of the absorption of art materials and the interactions this has on the brain.

Ariel provides a good illustration of how an orientation to a particular type of material can enable re-imagining of self. She told me that how she also felt she understood her body and body image better through the materials she used. Ariel used Plasticine not only in her art piece about her relationship and the impact on her emotions and body but also at other times and this led to her “*understanding*” her body more thoroughly.

*“Yep. Erm, I guess I have a (pause) much better understanding of like healthy body shape, body image and stuff like that.”*

Later when we continued our discussion about this material within the context of therapy, and how it had supported her understanding of the relationship and emotions around it, my awareness of the bodily quality of the material for Ariel, meant I readily understood how the emotions held in the body were translated in to the art piece and then reinterpreted both within the art piece, the act of making, and the words used in therapy. Ariel described the bodily quality of the material, of how for her creating with Plasticine was:

*“I mean, I guess doing it with your hands is quite intimate.”*

Ariel spoke about how through her artwork with Plasticine, about a difficult romantic relationship, the colour of it and its materiality, helped her transform and to find her voice:

*“I felt relieved...I hadn't really spoke about it before and it kinda helped me put it into words.”*

J also highlighted that she had learnt about materials that she had not used before and told me her favourite art material was acrylic paints, she explained she enjoyed the colours:

*“I quite like the acrylics. I’ve just started decorating the rock. I quite liked those acrylics because they were like very nice colours...I really liked the pastel colours.”*

Haraway (2016) discusses the need for joy in creativity and connection when attempting emotional work and resisting in the anthropocentric, patriarchal, neoliberal and capitalist world. Joy can take a number of forms such as happiness, fun, excitement, a good feeling, and enjoyment. This range of emotions, that are difficult for some to access internally and externally, especially those in distress, were for some of the participants’ part of what came out of the process of art psychotherapy. Re-imagining their experiences brought with it a range of joy related emotions.

Alice said, *“I am much happier since doing art therapy.”*

Holly concurred, *“Art Therapy helps me smile again.”*

Yasmin proffered, *“I think it is good that I have changed, cause like I’m like different but it is a good different.”*

And Elizabeth expanded, *“I feel a lot better, like a lot calmer and happier.”*

It seemed that, for J it was possible to have fun in art psychotherapy whilst simultaneously exploring emotionally difficult themes.

Yasmin told me about an art piece she created in therapy that she remembered well,

*“One time, I had come out of a really frustrating Spanish lesson. I never got on in Spanish and I got this really big sheet of paper and I just splattered art all over it. And there was paint everywhere but after I had got like, (cause I was really angry and frustrated) after that was all gone, I just ended up having fun with it.”*

*“I was like pulling my arm up and flicking paint over everything.”*

When discussing if there were any parts (particular sessions or discussions) in art psychotherapy that Bella enjoyed, she spoke about a session when the group had been given cut out paper wings to decorate.

*Bella: Err, last week when we did the wings.*

*Karen: What did you do for that?*

*Bella: We had to like draw wings.*

*Karen: Can you remember what the thinking was around doing that.*

*Karen: Did you have a lot of materials for that.*

*Bella: Yes.*

*Karen: How did you feel doing those wings.*

*Bella: It was quite fun really.*

Bella discussed with me decorating boxes in the art psychotherapy group and how it felt “good” to put an art object inside, when I asked if there were any art pieces that she made or saw during art psychotherapy that she remembered well and how that made her feel.

*Bella: Erm, boxes. You had to, like, decorate it and put stuff in.*

*Karen: Oh Ok, what did you put inside?*

*Bella: I put like a little bottle of glitter in it.*

*Karen: Can you remember if there were any ideas around using boxes, can you remember at all?*

*Bella: Err no. There were just options.*

*Karen: So, you thought of the glitter in the bottle.*

*Bella: It was silver and gold.*

*Karen: How did it make you feel?*

*Bella: Good.*

Feeling what could be described as a positive emotion seems a fundamental ingredient in art psychotherapy for Bella, that for her, art psychotherapy was ‘fun’ and was ‘good’. The way Bella’s interaction with art materials seemed to produce affirmative and encouraging emotion, might be helpful to consider here. When it is hard to be in a patriarchal, racist, neoliberal, capitalist, ableist, homophobic world, having access and being able to gather as many affirming experiences as possible to sustain you (Ahmed, 2017) is an important part of surviving and thriving in such a world.

Laughing about the spray paints used in one of the group session's, Bella explained she had not used them before, when we discussed if there were any art materials she used during art psychotherapy that she particularly liked, and how using them made her feel. It seems a choice of materials and the ability to interact with them in a fun way was important to Bella:

*Bella: I liked the spray paint bottles.*

*Karen: Oh yea. Why did you like them?*

*Bella: Cause they kinda went everywhere.*

*Both: Laughter.*

*Karen: Had you used anything like that before?*

*Bella: No.*

*Karen: How did it make you feel?*

*Bella: Good.*

Bella was able to use the art materials to access fun and feel good, it is important to acknowledge, whilst Bella communicated how she felt during interactions in sessions in art psychotherapy and the significance and pleasure of the art making element of art psychotherapy, she also reported she felt she needed more therapy. Bella was unable to reflect in depth on her experience at that point, and this illustrates some of the limitations of the method. The interview only allowed for a snapshot at that particular time, which given Bella's challenges, did not give time for deeper reflection and a security around sharing more. However, Bella was aware about what worked for her in art psychotherapy, her therapeutic needs, and that her anxiety would not improve without further emotional work. After the interview, I was able to acknowledge that I was aware that facilitators were hopeful Bella was able to assess more art psychotherapy as it was available at her local clinic.

The following examples draw on connections to the non-human and natural world as illustrations of the significance of those as mechanisms for communication, expression of emotion and of re-imagining.

Alice especially remembered one particular piece of artwork, that like Ariel and Yasmin uses the non-human world to illustrate how she was feeling.

*Alice: I remember when I drew a daffodil, ages ago.*

Karen: *And that sticks in your head, how did it make you feel when you were making it?*

Alice: *It was very colourful and made me feel happy.*

Karen: *It sounds like you are saying that symbolised you feeling happy?*

Alice: *Yes, I think so.*

Although Alice uses few words, I understood her to be someone who listens closely to what is asked and is precise in her answers. For Alice the colourfulness of the daffodil is of significance in the making of this image and the effect on her, that it was not just the daffodil but the colour that adds weight to the image and made her happy.

### *Theme 2. Re-making threads, working together*

- Theme 2. Re-making threads, working together - To re-thread is to connect back to others and your inner self that you unconnected from through experiencing oppressive structures, working together encompasses working with the self as well as in-relation to others, seeing others/self, understanding others/self/relationships through work in therapy.

Something noted by many of the participants was moving from feelings of uneasiness, of anxiety and nerves at the start of art psychotherapy to feeling more at ease and comfortable. Feeling anxious at the beginning of therapy could be expected and not worthy of discussion, but understanding how art psychotherapy supported the girls and young women to find ease, the meaning of that for them, and how it enables a re-threading to self and others was something visited and re-visited by the participants. It is important to pay attention to feelings and emotions of uneasiness, as listening to them can provide us with critical knowledge (Ahmed, 2010 (a), 2010 (b)); Haraway, 2016), they are corporeal epistemologies that can help us understand ourselves, others, and wider social structures.

Bella came to group art psychotherapy in part because of experiences of social anxiety and not speaking much. She was early on in her work in art psychotherapy when the research interview took place.

I asked Bella how she felt when she first started art psychotherapy. She said she was relieved not to feel she had to talk and that her initial nerves were eased by the focus on creating something. As with other participants she reported being nervous at the start of therapy but said this started to fade by the second session:

*Bella: I was a bit nervous, I guess. I found it quite fun.*

*Karen: When did that nervous feeling go a bit?*

*Bella: I think the second time.*

Alice used the word 'weird' to describe how she felt at the start of art psychotherapy, something she felt physically as well as emotionally. The feeling was an unsettling, anxious related feeling, which she reported as having dissipated after a small number of sessions:

*Alice: Weird.*

*Karen: Weird as in you felt a bit weird or did you think art psychotherapy was a bit weird?*

*Alice: I felt weird.*

*Karen: Yea and was that to do with feeling anxious or...?*

*Alice: Yea. I think so.*

*Karen: Did you feel weird in an unwell way?*

*Alice: Yes.*

*Karen: Did that feeling go after a while? I know it might feel some time ago.*

*Alice: It went after a few sessions.*

*Karen: Being able to do art in therapy, how did that make you feel?*

*Alice: It calmed me down.*

*Karen: And did you feel calmer when you left the session?*

*Alice: Yes.*

The word 'weird' was a way for Alice to describe not feeling herself at first and not being at ease. Later I asked Alice was there things she liked most or found easy about art psychotherapy, she replied that being able to create art within art psychotherapy was what she liked. Illustrating that being able to make art in art psychotherapy helped her move from an anxious state to one of more ease.

I also asked Bella if there were things she liked most or found easy about art psychotherapy as I wanted to explore how the 'art' in art psychotherapy may have been helpful for her:

*Bella: Just doing the art.*

*Karen: I guess for a lot of people it is. How did that feel, that you could do the art?*

*Bella: Good.*

*Karen: Had you done any form of intervention before, for example counselling?*

*Bella: Yea.*

*Karen: When you did that was it at school or at the clinic?*

*Bella: A mixture.*

*Karen: Oh right. So, the main thing for you was doing the art rather than just talking?*

*Bella: Yea.*

*Karen: Did it feel better than just talking?*

*Bella: Yea.*

*Karen: When you first came into the session were you keen to start?*

*Bella: Yea.*

Bella was not able to speak many words in her interview but felt able to communicate the importance of 'art' in art psychotherapy. For her, the art making was something she could talk about and was something that eased her. Although she used little words, Bella's body language as she spoke conveyed her enthusiasm for engaging with art making and having art psychotherapy as an option. Art psychotherapy was able to offer Bella a medium for expression not afforded in other therapies.

Drew, like Alice and Bella noted nervous feelings, for Drew this related to first experiences of starting art psychotherapy and worrying about perceived expectations around any art she might create.

*"I think it was more recently that I stopped being nervous completely but it...I think also I was worried and stuff that my drawings won't be good enough but I realised it's not really about like how you can draw necessarily." ..."and because you don't even have to draw, it could be like just doodles or something, it doesn't even have to be something"*

Part of Drew's worry was whether her art would be "good enough", but in time she realised the space within art psychotherapy offers opportunities and freedoms outside of dominant oppressive structures, that she was free of the hegemonic understanding of what makes good art. Art produced in art psychotherapy can be used



as enabling and as a way to resist and change oppressive internal narratives (Skaife, 2008; Talwar, 2013; Wood, 1999)

Elizabeth was also no exception, as with other participants she was uneasy when first starting art psychotherapy. Like Drew she was worried about making art:

*“To start off with I did not really like it because of the art making side but once you got used to it, like when you come a lot more, you get more used to the idea of having to do art and things like that.”*

*“It was like I’m just going to have to draw loads and have to be artist for once! [laughter] And when you are not that artist and don’t really like art that much, it’s kinda like arrhh!”*

Elizabeth told me it was about four or five weeks before that nervous feeling ceased.

For Elizabeth the ‘art’ part of art psychotherapy was more of a worry, more so than some of the other participants. Elizabeth was willing to share in more detail about her initial experience of art psychotherapy. I had gathered from other participants over the course of the research interviews that this was something they felt helpful to share, so, as Elizabeth’s interview was one of the last, I pursued the subject a little further with her:

*Karen: How long do you think it was before you started to feel a bit more OK with that?*

*Elizabeth: Four or five weeks after starting it.*

*Karen: What did you think about...that was the art bit but what did you think of the therapist or was that somehow separate to the therapist? If that makes sense, I’m trying to think about the art made you anxious at the beginning, did you feel that about the therapist or was it the whole thought of therapy made you feel a bit worried?*

*Elizabeth: The whole thought of it. Just ... I’ve had counselling before but when you start doing it with people outside of school and it’s actually done properly and it’s like hang on a minute, I’m not used to this, it kinda threw me back a bit but after I got used to it, I was fine with it.*

*“the whole thought of it”* struck a chord with Elizabeth and she added to our conversation about the initial thought of making art contributing to uneasiness as well as coming to therapy initially. It is interesting that for Elizabeth art psychotherapy is *“actually done properly”*, implying that previous interventions were not.

For Bell, joining the art psychotherapy group, having experienced different individual therapies in the past brought anxieties. Bell also worried about when to speak:

*Bell: At first, I mean, generally, cause I was so used to individual activities, doing it as a group was quite nerve-wracking, it was like very awkward cause I really didn't know what to do or say, was it alright to talk? Awkward! But like doing the activities, like it was good I enjoyed it. It was just difficult to know... for me, like, when to speak or what to say.*

*Karen: Difficult at first.*

*Bell: Yea.*

*Karen: The activities helped a bit, do think that is what you are saying?*

*Bell: Yea. It was easy, like erm, it was good doing the activities because then you can speak and say things like, can I have that. Have you finished with that and then other people start to kinda of talk.*

*Karen: Yea.*

*Bell: It was just difficult for everyone to kinda feel that it was alright because I was unsure if I could talk because...and then I would feel like the only one speaking. [Laughter].*

*Karen: Yea, yea.*

Bell found it easier to talk to others in the art psychotherapy group through the shared art materials. Although having an unsettling feeling at first, Bell was able to connect to others in the group, sensing that it felt disconcerting for them also.

I asked how J, a participant who had attended group art psychotherapy, felt at the beginning of the group sessions and she replied:

*“I thought it was pretty...like alright. Erm, the first one I didn't really know what I was doing. Err it was pretty good actually. I like the idea of it... I thought that was very good that”.*

Appreciating the concept of the group, J, like Bell and Bella spoke about unsettling feelings at the first session, by the last session, she noted feeling relaxed and how it was “*fun*” as she was creating with others. The atmosphere created by the group sessions enabled a space given and materials that created an alchemy to support J to feel a sense of fun.

*“Erm, I quite liked the clay modelling. It was probably one of the best sessions and this last session has also been good fun. When we were doing the clay, I felt more relaxed doing it. It felt better than the first session because it seemed like everyone was a bit awkward then...”*

Yasmin was anxious about talking but recalling how her art psychotherapist described clearly how art psychotherapy could involve less verbal articulation and how that might work for her, supported her to understand clearly potential benefits and lowered her anxiety. Yasmin explains:

*“I was really like happy that I wouldn’t be so nervous or like it would be so hard for me to talk about things...I never have liked talking about things...”*

Holly, who had one to one therapy, found that art psychotherapy in comparison to the traditional counselling she had experienced worked for her. Holly uses the word ‘comfortable’ to express how she felt about art psychotherapy, a freedom to say what she wanted to say. The indirectness of the experience made her feel at ease, something not felt in her experience of counselling.

*“Cause, I was not being asked questions, it was not directed questions. I could say what I wanted to say and what made me feel comfortable and I could do what I felt comfortable doing... yea, it felt like I had more control over what was going on.”*

For Holly feeling she was in control and comfortable supported her to focus on herself and what she wanted to express and articulate.

Alice, like Bella, was referred for art psychotherapy in part because she used few words, she was able in the research interview to articulate what she did not like, saying she did not like talking at the start of art psychotherapy:

*Alice: At the beginning I did not like talking.*

*Karen: Yea. Was there anything that helped to make talking easier?*

*Alice: Erm, after coming a few times it was alright.*

*Karen: Yea. Was there anything about the therapy?*

*Alice: Well other than here I did not talk at all.*

*Karen: Yea. Was it easier to talk whilst you were doing the art?*

*Alice: Yes.*

Alice spoke about how after a few sessions it was “*alright*”, revealing that after a few sessions she started talking more in art psychotherapy, although at that point she was not talking outside of therapy. Enabling Alice to ‘talk’ in art psychotherapy is an indication of significant change for her.

Drew recalled how her previous experiences of therapy had been purely talking therapy which did not work for her:

*“Yea, I did lots of it before I did art psychotherapy. Because I’m not very good at saying stuff aloud I felt awkward and so I would not end up saying anything if it was just talking...”*

Continuing:

*“I think it was time, cause a lot of the other therapies that I’ve done and stuff there was like 6 sessions and then it was over. It is kinda like you have gotta rush to...whereabouts with [therapist’s name] ...you can kinda do it... cause, I have been seeing her since last [given month] and she hasn’t ever been like you need to hurry up and leave.”*

And going on to say:

*“Whereabouts in art therapy you could draw all the session and you don’t have to talk. There wasn’t like any pressure to have a conversation with somebody, but I was nervous as well because I was worried that I would not have anything to draw.”*

Notably participants used the word ‘comfortable’ and related verbs to describe reaching a sense of ease, acceptance, and a feeling of being able to speak up; of

participants being enabled to connect and re-thread to themselves. From staying with troubling feelings at the start of art psychotherapy, and starting to connect to others, what follows is exploration of the participants re-threading to and with others.

Holly recalled vividly her first sessions, describing how she was when she first started art psychotherapy and how this had changed overtime:

*“...When I first came here I could barely talk. I would sit there with the pen and I could barely talk. I would sit there with the pen and pencil and draw and make nods or grunts and stuff like that. But now I can hold conversations with [therapist’s name] and I feel comfortable to talk about stuff.”*

Yasmin reported that she stopped feeling anxious about therapy at “*about the third session*”. Like other participants, she found she talked more than she thought she would, surprising herself as the act of art making enabled her to talk more freely. For Yasmin, art making freed her to talk “*about anything*”, opening the possibility of exploring more than had been possible before:

*“What I liked and found easiest about it was like if I ever used to talk about something, and generally I find it really really hard to talk about it, but when I am doing art, I’m kinda distracted so it’s easy for me to talk about anything like that.”*

Bella explained what she disliked most about art psychotherapy. She disliked talking in the group, but she had been enabled to talk a little:

*“The talking bit. I managed to say something.”*

That Bella had been able to talk in the art psychotherapy group indicates that working together with others had been enabling. Bella’s interview artwork spoke of linking, growing and re-threading (fig.2). These elements are also explored later through the art images produced in the section in the guided art show.

Rosie told me how she was excited by the art materials, but she was anxious at the thought of being part of the art psychotherapy group and worried about talking to the others in the group.

*“I was excited to like kinda get stuck in, use the materials. I was quite nervous about the group and being involved, having to talk to each other...”*

Rosie found being given a broad theme to work with each week in group art psychotherapy helpful. This offered a way to start the artwork and interact with the group, which lifted some of her anxiety and she described feeling “*grateful*” for being offered a way to start to connect to others and to herself as it led to a more easy feeling.

J enjoyed the opportunity in the art psychotherapy group to look at other’s artwork, telling me she “*appreciated*” being able to engage with it. Later she expanded more on how she experienced sharing the space with others:

*J: One of the other people did clay and did quite creative designs. I was not really sure if they were following anything in particular or they were just kind of messing around with the clay but it looked really good. Also, another person when they did the wings it was really nice.*

*Karen: And how did that make you feel, that the art was really nice and you liked what they were doing? Do you remember how you felt about that?*

*J: Erm, I don’t know, I just like appreciated it.*

J valued the opportunity to share and make art with others and see what they were creating. Below she discusses how this gave her an opportunity to get to know that others struggle with low mood and understand more about that:

*“Well, it is like meeting with other people I know struggle with low mood or whatever. Err, like now I know more about how it can affect other people. Like I haven’t really talked to anyone individually, except like to ask for something erm but you can just see it sometimes. Like when they talk about their artwork and most of them struggle. But there is also someone who seems quite happy in the group, you’ll like they have low mood because they are in the group. It shows like an array really. Cause I already know people who are like people who are happy all the time can struggle with low mood. But like seeing it up close is like woah...”*

Continuing:

*“Yea, I want people to feel more comfortable because I think...well whenever I’ve come to the group, I’ve been lucky enough to be in quite a good mind set so like I...It’s like I’m looking at people thinking I understand that, and I want you to feel more comfortable in this situation. So, I like tried to interact with them more.”*

*“I mean like, I really think this was a good group, I mean I was very hesitant at first because I don’t really enjoy social situations in like a normal mind set. But I do think the group is good and as much as I was, like, oh, I wish people were more sociable- that might have made me more inclined not to talk as much or whatever.”*

*“So, I do think it was good to be around people who have a similar thing going on.”*

At other times, being in a group caused J to be unsettled:

*“I didn’t really like it when we had to paint wings on the walls because I hadn’t drawn wings in years and so wasn’t entirely sure what I was doing... it was a bit upsetting because everyone was doing like a great job and I wasn’t. I was like, arrh, they look terrible.”*

J spoke about how the experience of being in the art psychotherapy group and especially how this meant being able to see and comprehend other group members. For her this had evoked empathy and understanding of others in her, which led to a re-threading, of wanting to support them to feel “comfortable”. This for her, meant she tried to connect and interact with them more than she might usually in other situations as she had stated earlier, *“I don’t really enjoy social situations in like a normal mindset”*:

*“...well when ever I’ve come to the group I’ve been lucky enough to be in quite a good mind set so like I...It’s like I’m looking at people thinking I understand that and I want you to feel more comfortable in this situation. So, I like try to interact with them more. And I know, if it continued a bit more, I know I probably would have more.”*

A feeling of comfort was also noted by Rosie when I asked about how Rosie felt about hearing what others were thinking and feeling in the art psychotherapy group,

usually through discussion about their artwork. She replied:

*“well if I could understand what they were feeling, maybe they could understand what I was feeling; a comfort, almost. I could feel comfortable. Knowing they had an idea of what was happening.”*

Like J, for Rosie the feeling of ‘comfort’ is connected to feeling understood and of understanding others, of seeing others and being seen through artwork, words and body language. A recognition of others and of the self, a threading together in the emotional work of the group seems to have given Rosie and others the feeling of comfort. Comfort holds and contains, giving reassurance. A feeling which gives us more opportunity to move away from distress and focus less on our internal world and more on the external world and recognise the impact of the latter on the self and others.

Rosie explained further how crucial seeing what others in the group created was to her:

*“it has kinda made me, not just appreciate what I have, I have become more considerate of other people, of their positions and how they might be feeling. Cause as we reviewed other people’s art and what they had created, you could see what they were thinking and feeling inside. Because it had come to life, it was out.”*

Exploration of the art amongst the art psychotherapy group had formed new ways of seeing and thinking, of working together. They had re-made threads, in that their crafting had literally brought to life a new system of relations and understanding, because it generated for Rosie a way of comprehending each other and self which had not been possible before (Haraway, 2016).

Remaining with feeling “comfortable” or wanting to support others to feel comfortable, Bell spoke about the comfort in standing and looking together.

*“I quite liked that one and the last session with the spin machine, that was quite good as well. That was really good actually because I felt more comfortable because we were all standing around together and I heard some of the other girls speak - the ones that don’t so much, and I was thinking what a breakthrough. So that was quite good, and I liked the boxes because we were using*



*materials in the room and we kept getting up and moving around the room.”*

Like Bell, others shared how one of their favourite sessions was the one which the group used the spin machine. From the art psychotherapist facilitating the group, I understood that each member of the group took it in turns to pour paint onto a circle of paper in the centre of the machine. They then, controlled how fast and for how long the machine spun for. Group participants poured the paint when it was their turn, the rest of the group watched, as well as handed paint to them, and commented on the image forming, and the final image as it appeared when the machine halted. The art psychotherapist reported that there was a delight expressed in the colourful images that were produced, the unpredictability of the final image, and the ever-changing image as the paint was poured, produced excited comments from the group. For Bell, the act of standing together, looking together and acting together supported her to feel *“more comfortable”*.

Sajnani’s work (2012) discusses how equipment and materials used in arts therapies symbolise, signify and can replicate social structures. For this group, the spin machine seems to have unsettled and worked against social structures that value individualism and keep women and girls from sharing; for this group it brought them together in colourful delight.

The ‘nice’ feeling Bell reported about being in a group was significant to her, the connection to the others in the group and, even if they were not talking, they were in the room and in therapy together.

*“...I felt comfortable once I had started. Like, I liked being in the room with other people. If I was on my own, I would have been content, but it was nice having others around you. Even if you weren’t talking as much, it was nice knowing you had other people there.”*

The sense of ‘comfort’ comes from being in relation with others, and signals that emotional work was being done together rather than alone (Talwar, 2019 (a)).

J, Rosie and Bell all had noted being able to access, through their group work in art psychotherapy, the feeling of comfort and all noticed this from connection with others. Even for those in one-to-one therapy, for Alice, Holly and Elizabeth ‘comfort’ is recognised as an important feeling in relation to self.

Rosie considered how orientating to others enabled a reflexivity that ultimately led to a better understanding of self,

*“...because when I’ve being more understanding and putting myself in their situation, I’m forgetting about myself a lot. And seeing things from their point of view, I realise I’ve been almost neglecting myself.”*

Like Bell and J, Rosie described how having more insight into others has meant understanding how others see themselves and how they see her, and she realised she had not been seeing herself fully until coming to that understanding. She said:

*“It has helped me be more considered about my own situation by looking at others.”*

Rosie’s interconnection with others enabled better reflection on her own situation and emotions. Understanding how creativity can support thinking through her situatedness was critical. Art making as a tool helps us to better see that we and others are bound in the same system, that we exist in relation to each other and that the system threads through all of us. Such technology can challenge the individualistic nature of therapy and shift it towards a more communal and cooperative practice.

Emotional assimilation of hegemonic patriarchal structure is not unusual when experiencing and living with a gendered world (Butler, 1990, 1993). Oppression leads to absorption of hegemonic constructs and a perspective of yourself through such lenses (Ahmed 1998, 2004 (b), 2014; Butler, 1990, 1993). The bringing together of girls and women to share a space, ideas and experiences is a form of resistance to governing structures because it provides them an opportunity to find commonality and from there common cause (Frederici, 2018). Using art psychotherapy for this purpose can facilitate connections through materials that can be a mechanism between human experience and the non-human world (Haraway 2016; Talwar 2013, 2019 (a)).

Alice, who had one to one therapy, experienced an important change in her relationship with the art psychotherapist through the surprise of different apparatus in her last session:

*Alice: “It was for our last session and so she surprised me with it.*

*Karen: Oh. Did you take away that image?*

*Alice: Yes, I took it away.*

*Karen: How did that make you feel doing the spin machine?*

*Alice: I really enjoyed it. It was different.”*

Alice, her art, the therapist, materials, and equipment combined, all connecting, re-threading, working together for the last session.

Alice said the therapist had “surprised” her with it, marking the final session as special, as if the art psychotherapist wanted to add something extra to this session. I could not help but wonder was the spin machine for a celebration of their work in art psychotherapy? On reflection, it would have perhaps been helpful to reflect on this more and ask Alice how she interpreted the gift of the surprise of the spin machine. My lack of experience as a researcher most likely meant I missed this opportunity, but also, I was aware Alice was a reserved, shy person and already grateful for her time, I did not wish to push this further at the time.

Yasmin told of how she felt her therapist helped her manage emotions outside of art psychotherapy. She described a tool kit devised within therapy, that her art psychotherapist had suggested, and that Yasmin used outside of therapy. For Yasmin the art psychotherapist “*taught me like how like I could use my art*”.

*“I found another thing that has changed was like I could get really really out of control with certain emotions, like really really out of control. She [the therapist] taught me like how like I could use my art and take like a pad and some pens anywhere I go with me. And that would just like stop me feeling so much towards that way.”*

Yasmin described how her art psychotherapist supported her to make artwork in art psychotherapy without judging mistakes and enabling things to “*muck up*” explaining her therapist said:

*“Like I should clear my mind and like even if you muck up the art it doesn’t matter because it is your art.”*

Yasmin told me how she experienced the therapist’s presence as one that shifted and moulded to what she required, paying attention and working with her:

*“Err, she would be talking to me whilst I was doing it or she would be like...err helping me with it, if I asked her to help me to. Or if I didn’t want to talk or didn’t want any help with anything she would just watch me or do some of what I am doing.”*

Yasmin felt able to be herself with another person and she also felt she could tap into what was inside and use the artistic tool to negotiate the world.

Drew spoke about how the art psychotherapist put her at ease:

*“Yea, I think it was nice and like relaxing, cause...erm... when I first came here, she said you can just throw paint on a piece of paper if you like, it does not have to be like...erm anything and she is really really lovely. So, I was lucky that I got a really lovely person.”*

Drew continued to talk about the importance of the art therapist seeing and knowing her:

*“Yea and cause she always remembered everything, like all the people I mention and stuff and so like even if it is someone I have not mentioned before, she is like “oh yea, I remember”. It was really nice.”*

I asked, was there anything Drew did not like and she said:

*“No, cause I think [therapist’s name] always asks if I want to say anything about what I have drawn but if I don’t know, she doesn’t like push it. It is not like she like analysed it and like told me what you mean.”*

It was important for Drew not to feel analysed and told what her artwork meant, she elucidated further, saying this approach felt “good” compared to previous experiences of talking therapy:

*“Good, cause I always used to think I was wasting their time cause I’m not very good at talking about like feelings and stuff. So, I just sorta say things that had happened, and it would always be really like just everyday things cause I felt it was nice to talk about everything rather than say like how I’m feeling this way. Whereabouts with [therapist’s name] even when I was talking about a band I*

*like or just draw something she would just talk about that.”*

De-emphasis on talking and no pressure to ‘come up with the goods’ was a stark contrast to Drew’s previous experiences of therapy.

Drew told me of the significance of having the art materials she likes available.

*“Yea, yep, the Sharpies are nice as well because they have a more of a defined line and stuff. There used to be only a few but I asked [therapist’s name] and she got me some more.”*

Drew explained how before the art psychotherapist got her some Sharpies she used watercolour pencils which did not work for her.

*“Yes, cause they were like watercolour pencils, and I would spend ages shading and pressing hard on the line and when you put the water on it, it would just kinda blend all together and would be like Awww! Whereas with the Sharpies it is clearer.”*

Within art psychotherapy the conversation flowed naturally, and that process was supported through the use of the right art materials for Drew and the attentiveness of that need by the art psychotherapist. Assemblages threaded together to create an environment that enabled Drew to feel herself and talk about whatever she liked.

Like Drew’s Sharpies, Yasmin’s tool kit, and the spin machine for Alice and the members of the group, Elizabeth recalled a session working with the therapist which she valued (when she did not use clay). This session involved the therapist helping to cut out images:

*“The one that I did with [therapist’s name] the other day. We cut some really nice pictures out of the sea and like mountains and snow and things like that and we put it all on this big, massive piece of paper and created little bits and put all the ideas down and that was really nice.”*

Elizabeth explained how initially in that session she was concerned how the image would turn out, highlighting at times she was still anxious about art making.

Moving away from her usual art medium caused Elizabeth to experience some anxiety.

*“Yea because I was like this is going to look really bad...I’m not good with things like this and then towards the end when it had all come together it looked really good.”*

Elizabeth’s art psychotherapist’s collaborative art making approach, and the response of Drew’s therapist responding to Drew’s need for Sharpies might appear small gestures, but these attentive gestures, affective responses to unsettled moments that the girls experienced were points of important connection, of seeing and understanding the girls and working in-relation with them.

For Holly one of the important changes in art psychotherapy was the development of her relationship with her therapist. Holly described how she experienced working with the art materials, artwork and her art psychotherapist:

*“I kinda liked how I could sit there and do a drawing or a sculpture with the clay and [art therapist’s name] would take it upon herself to try to figure out why I had done that and that would make me think more about why I had done it, which would trigger a whole elaborate thought process.”*

Holly told how she felt at first when the art psychotherapist started interpreting her artwork.

*“At first, I got a little confused. I was a bit like where did you get this from? And then I continued with the sessions, I started to think about where she could have thought about the things she mentioned and then it became so much easier to think about things as I did them.”*

Holly relates how the therapist responding to her art, set up a conversation between the art psychotherapist, her and the art image, but this was also a conversation where she did not need to verbally participate. Holly describes how her art psychotherapist connected to her through the art she created, and how that connection enabled her and her therapist to work in-relation to each other. Holly became unsettled but stuck with the sessions and from that came new knowledge and understanding.

Drew recalled being able to explore a difficult relationship with her art psychotherapist:

*"....cause I have been seeing [girlfriend's name] since September she [the girlfriend] has been like through loads like. I remember when I first came to see her [art therapist], I was dating this girl and I was really like cause...she always used to...if I...she was just really difficult and so I remember that is what I would talk about mostly."*

I acknowledged how much pressure Drew must have been under during this relationship and she responded:

*"...so [therapist's name] was still there when I was like pretty upset over that, cause I think I came here like the day after it happened and I was really really upset."*

The art psychotherapist being present for Drew as well as understanding through Drew's previous shared knowledge and their connection was important to Drew, later she shared how she felt connected back to herself and happier beyond the initial break up which is picked up in the next theme.

Drew also discussed differences in family relationships since she began art psychotherapy. She told me:

*"I think things are better with my mum and my family.  
...I didn't used to ever really talk to them and would just going sit in my room and then my mum would think that was just...like me being rude and she wouldn't talk to me either and now it is good."*

*"I still spend time in my room but I feel it is different because is not like I feel I have to be there..."*

Drew speaks of re-connecting, re-threading with her family. Drew has found a way to speak to her mother and the rest of her family as a result of her engagement with art psychotherapy. Through therapy, Drew found her way back to her mother and other members of her family, enabled to pick up the broken thread between her mother and family and re-thread it. When she is in her room now, it is not to escape, it's a

choice, rather than feeling the only option is to withdraw from the family and cut the thread, she is still connected to them even when in her room.

I asked Elizabeth what she liked most about art psychotherapy and she told me one of the best sessions, was when she was able to disclose abuse, she had suffered when she was supported (at her request) to tell her family by them being present:

*Elizabeth: When I got things off my chest. Like before I came in [name given] and [name given] did not know about the whole thing so it was kinda of an easier way to tell them about it. Because if it hadn't been for doing this then I would probably still be self-harming or ...maybe worse. I wouldn't be here because I had it on my conscience 24/7 and I was just...like if it was not for this they would not know, and I would not have got the help that I did and it wouldn't be being taken further now.*

*Karen: It gave you a space?*

*Elizabeth: Yes, to actually come out and tell someone.*

*Karen: We started to think about how that made you feel, like getting it off your chest. Can you expand a little on those feelings?*

*Elizabeth: Relief, not having to carry that around on my shoulders all the time.*

Being given the space to make the courageous choice to disclose was vital for Elizabeth to “be here”, to re-thread back to others and the self to engage in the world, crafting a different life path without the weight of oppression and trauma blocking connections.

Elizabeth was able to move the heavy weight sitting on her shoulders. The session was a way for important people in Elizabeth’s life to understand and share as a group some of the pain of the trauma. Her family were able to see and feel some of what she had suffered in a containing space:

*Elizabeth: I think it was when [name given] and [name given] sat in here, that was one of the best ones, cause I ...it was when I got everything out and actually told everyone.*

*Karen: Yea and then that connected to the sense of relief.*

*Elizabeth: Yea.*



Through her emotional work in art psychotherapy, Elizabeth was able to find a route to verbalise what had happened to others and to re-thread, connect back to others and the self that she had been unconnected from.

### *Theme 3. Re-worlding*

- Theme 3. Re-worlding - To create a new world for yourself and those you live in relation with despite oppressions through crafting; to not only perceive and see your right to be in the social world as well as your internal world, but to literally materially produce re-imaginings, new ways of being together in the world, new systems of connectedness; to make real relational re-imaginings.

This theme looks at the way the participants were able to re-thread back to themselves, how they re-connected to ease in themselves and their place in the world through crafting new ways of being into existence (Haraway, 2016). Through a critical feminist framework that acknowledges the post-human and the politics of emotion (affect) we can see how participants are working through the oppressions they encounter as girls and young women by connecting and re-threading, and from there, materially construct not only those experiences, but also webs and systems that illustrate new worlds, better worlds; they re-world (Haraway, 2016) in art psychotherapy and are able to enact that in their lives; they transition and transform.

Bell and I had a detailed discussion about her interview art piece. She said of it:

*“...I just go around in a circle, it’s like following the shape of my hand on the paper and I go around. I always do that I don’t know what it is. I think I get it off my mum because I saw her doing it when I was really young when she was on the phone to people, and she would sit there with just like a pen and pad and just do this and it would just be in all the corners of our note pads at home. I think I just caught it and now I do this at school if I’m not doing anything at lunch time and I do this at home.”*

I asked was that the size of circle she normally drew or was it bigger and what the forms of circles conjured up for her, Bell replied:

*“It depends how long I’m doing it for. Usually, I start in the corner and it goes towards the back but because I started in here it has gone round but it is always in an arch shape. It is like people looking down on them. A lot of people standing up. Or words but they are all over each other.”*

Reflecting on her experiences of art psychotherapy, Bell connects to memory and rethreads through it to her mother drawing in the same way. There is connection from memory and connection from the craft handed down from mother to daughter. Bell’s mother had doodled in this way when she was connecting to others over the telephone and now Bell was re-connecting to the memory of her mother’s way of drawing and connecting. Bell said a lot of standing people or merged words had materialised from the circles she had created.

Yasmin detailed some of her struggles before art psychotherapy and then change that she had noticed since her engagement with it:

*“If I was sad, I was really really sad and I was angry I would get really really angry, like more than I should do.”*

*“...it is a lot more stable, especially the sad one. Sometimes I still get really out of hand when I get angry, sometimes. But it is better than it was and does not happen so much.”*

Yasmin observed she still gets angry at times but recognised there is improvement and it is “better”. Yasmin described her emotions as more “stable”, emphasising experiencing less extremes of sadness. Perhaps stability was achieved for Yasmin through understanding herself more which enabled her to be more open and connected to others and herself.

I asked Yasmin if she thought she had changed since doing art psychotherapy. Yasmin noted the change for her was:

*“I think I have changed but like in a good way. I think like not in a bad way.”*

When I asked about the changes around friendship and relationships and how she understood that change, Yasmin told me:

*“I have always been quite good at having friendships but I think this has just made me even better.”*

*“I’ve become a lot more open with my friends.”*

Yasmin expanded, telling me that her closest friends had noticed that change in her and that friends had let her know of their observations.

Asked if there was change in her relationship at home Yasmin reported:

*“Definitely with my mum.”*

*“I think it [art psychotherapy] has strengthened our relationship.”*

Yasmin emphasised the positive changes in her relationships with her friends and that her work in art psychotherapy had enabled a change of the way she was in the world, there was an opening up with her friends, a re-connecting and re-threading to them and an enhancement of her relationship with her mum, making it easier for Yasmin to be in the world.

Ariel summed up the way she felt she had changed through engagement with art psychotherapy and her enablement to now view situations *“differently”*:

*“I feel like I have become more optimistic about things. And I can look at situations like away from it, like I’m not ...like I kinda take myself out of the situation and look at it differently.”*

Ariel’s conclusion that since her work in art psychotherapy she has been able to *“take myself out of the situation”* and *“look at it differently”* is a shift in her world. Emotions held in the body can be transformed and reconstructed, rebuilt. Ahmed (2017, p.27) suggests this is a feminist *“form of self- assembly”*, an act that is *“putting yourself back together”* (Ahmed, 2017, p.27), a return to the self after experiencing the emotions as responses to power structures that impact negatively on and work to oppress young women and girls (Butler, 1990, 1993); as if they are viewing themselves through a distorted fairground mirror. But by re-creating, re-making and re-worlding themselves in art psychotherapy they can feel, see and be a truer self.

J, continuing her discussion about feelings of comfort when she was part of the art psychotherapy group, talked about inhabiting a world now, a world realised through engagement in art psychotherapy, where she felt others could understand her, and how that new appreciation, that connection, supported her to feel comfortable in the world.

*“Well if I could understand what they were feeling, maybe they could understand what I was feeling; a comfort, almost. I could feel comfortable. Knowing they had an idea of what was happening.”*

When I asked if J understood anything differently about her world since taking part in art psychotherapy she reported:

*“Sometimes, like I think about some things differently, but I can’t pin point anything in particular.”*

For this theme, returning to what J went on to say:

*“Well, it is like meeting with other people I know struggle with low mood or whatever. Erm, like now I know more about how it can affect other people... Like when they talk about their artwork and how most of them struggle. But there is also someone who seems quite happy in the group. You’ll like, they have low mood because they are in the group? It shows like an array really. Cause I already know people who are like people who are happy all the time can struggle with low mood. But like seeing it up close is like, woah...”*

Having the opportunity to engage with others who struggled in a similar way to her was helpful for J in feeling connection with them and seeing herself in relation to them. J surprised herself by being a member of the group and stated that she felt the experience had enabled her to understand herself more:

*“I think so, like it taught me more about how I would react in that sort of situation”.*

Drew, who in the section on re-threading spoke of reconnecting to her family and herself since starting art psychotherapy said of broad change:

*“Yes, I feel much better about myself than I did when I first started. Erm, cause for like two thirds of doing it until now I was just really like sad and I didn’t ...I wasn’t going to do any of my GCSEs. I just wanted to live with my mum and not like leave. And I just felt really awkward, and I couldn’t go to school because it just made me feel really awkward. But now I feel much better about everything.”*

Drew was now in a world where she felt more connected to herself and others and could see more possibilities. This is illustrated well in her statement after a recent trip with her family where they had a day out visiting the houses of Parliament:

*“It was really really good because I want to be the Prime Minister when I am older.”*

I asked if this was a long term ambition or recently thought of, Drew replied:

*“I have always been interested in politics but I didn’t think of it as a possibility, ok, well I didn’t think I would actually be able to but I would like to”.*

I asked what Drew would like to do as the Prime Minister and she replied:

*“Yea, I think I would like to encourage people to be more considerate of others....you pay taxes to help other people and I would like to think if we were in the position where we needed benefits or something like that, and then other people would have paid taxes, because you pay taxes to help each other.”*

Drew had transformed how she saw herself, now seeing herself with the top job. Drew’s ethic of care around those less privileged being supported by those with more ability to give is re-worlding. Drew is not only able now to see herself as the Prime Minister but can also see how through that role she can change the world; of crafting new systems of connectedness and ways of being together in the world.

Drew spoke about feeling she did not want to change before engaging in art psychotherapy. For Drew there was not the prospect of re-worlding within previous interventions, but that art psychotherapy offered the possibility which was lacking before.

*“Cause I think before I was ...I don't know...I was like didn't actually properly want to be better and I was just like doing it for the sake of it. Erm, but now I'm really glad that I am.”*

Like Drew, Alice reported several changes in her world from the work she had done in art psychotherapy. She reported it enabled her to talk more. She spoke little to others before therapy and she could now go outside more confidently:

*Karen: Can you say what those changes were?*

*Alice: I did not really talk to people before.*

*Karen: You talk to people now. Can you talk if it is a stranger now?*

*Alice: Yea.*

*Karen: Are you talking to your friends more?*

*Alice: Yea.*

*Karen: And what about going out?*

*Alice: No problem now.*

Alice, reported that others had noticed the changes in her:

*Alice: I am much happier since doing art therapy.*

*Karen: Did other people notice?*

*Alice: Yes, a lot of people.*

*Both: Laughter*

*Karen: Oh that is nice. Was that family and friends?*

*Alice: Yea.*

*Karen: What about teachers?*

*Alice: Yes.*

Alice felt more able to connect to others verbally. Connecting and re-threading back to friends through creative emotional work led to transformation in the way Alice connected to others in her world (Haraway, 2016).

Holly spoke about how before art psychotherapy, not understanding others meant not trusting them and problems in relationships, but now the cycle of not trusting and relationship breakdown had transformed:

*“Yea, not really understanding other people would make me less likely to trust them. Before it was a vicious circle but now being able to try to understand them kinda breaks that circle in a small way.”*

*“... Yes, it makes them seem more like people when I can think of the story about why someone did something.”*

The stories that Holly discovered about people through her work in art psychotherapy were critical to the transformation of her relationship with them.

Holly identified there was some work to do with her parental relationship, but also some change and improvement:

*“Yea. With mum it is mainly about the fact that now I can identify when I feel I’m going to go off. I may not be able to stop myself, but I can identify when so I can tell [mum’s name] when I’m feeling bad.”*

*Karen: “...having time to reflect and that has enabled you to feel less threatened by people, leaving you feeling you have more control over your life?”*

*Holly: Yes.”*

Bell told of how things had changed for her since doing art psychotherapy:

*“I’m definitely different with my friends and with my family, I know that much. At school I am different, I can go from being really quiet at school to being quite loud because I have a really loud laugh.”*

Bell explained how the work she had done in art psychotherapy had transformed her experience of school:

*“Yea. I think being in a group with people I do not know has made it easier to be at school with people I do know. I’m more comfortable, just like free, and not really caring too much. There are so many worries at school, that I don’t want to or need to worry about how everyone thinks of me.”*

*“...Like without it sounding bad, I don’t care too much [laughter] not about school but just like being at school in a room, like my friend that*

*I sit with has sports activities to go to at lunch times so 2/3 days a week, she will be at group and so the rest of the week I will just sit on my own but I will be in the same room as everyone but like sitting on my own. It does not bother me, I honestly don't really care that much cause I'm on my own and I'm comfortable."*

She expanded, and expressed how she felt more in touch with her emotions and more able to manage:

*"I'm definitely more, erm, like I know when I'm in my mood and I know when I'm out of it. And I can sometimes see when one is coming on, so I'm definitely more in touch with it and I understand them a lot more now, I guess. ... whereas before I'd find myself in a mood and I won't really remember getting into it."*

Like Bell, Yasmin spoke of connecting to others and how that had expanded her world and its possibilities. The openness she described seemed important to her, not only for her own movement from a closed position to one more willing to show herself more fully, but also the subsequent connection to others:

*"Like I have become, slightly more open. Cause like I was very...I wasn't very open with anyone. But now I am quite open with a lot of people."*

Understanding other people was one of the things that Alice, who generally spoke little during the interview, felt was different for her since starting art psychotherapy. Like Rosie and Bell, Alice explained she had a better understanding of how people feel. She also reported, she felt that she herself was better understood:

*Alice: Yea. I understand how people feel better.*

*Karen: Has that helped you feel less worried about how people feel?*

*Alice: Yes.*

*Karen: I guess we touched on it earlier. Do you feel you understand yourself better?*

*Alice: Yea.*

*Karen: How do you feel about those changes overall?*

*Alice: Happier.*



Alice had mentioned going to college, so I asked about it towards the end of the interview:

*Karen: ...you are going to college, how are you feeling about going?*

*Alice: A bit nervous but I think I will be OK.*

*Karen: I guess a few people will be nervous about going. Is there anyone else you know going?*

*Alice: No.*

*Karen: I guess most people will be going because they are interested in art.*

*Alice: Yea.*

*Karen: Have you been to the buildings to see them?*

*Alice: Yea. It is in a new building.*

*Karen: Oh ok. Did you see art up there already?*

*Alice: Yea.*

*Karen: How long is the course? What are you thinking after that? University?*

*Alice: Yea.*

*Karen: What are you hoping to do as a job?*

*Alice: Maybe an art teacher.*

*Karen: Did you think you would do that when you first started art psychotherapy?*

*Alice: No, I did not think so.*

This theme suggests the significance of connecting to others through an understanding the self and others and often the interdependence of those two. Haraway (2016) has written about the importance of the stories we choose to tell because they can create the conditions for revealing the significance of our interconnectedness and interdependence.

Holly reported that some people have noticed change in her, but of more importance was her ability to identify her own changeable emotions:

*“The people that would have noticed the change was the people I was already comfortable with talking to, but I think the change for me is noticing when I’m going from polar opposite emotions is so much better, but it still needs to be worked on.”*

And of understanding others:

*“Well, I understand myself better. It also allows me to understand people a little better. Because I am always thinking about why I did something, so I’m the sort of person who questions why other people did things. I know it is not always the best thing to do, especially with teachers, you don’t verbally question why they did something but in my mind it allows me to understand someone more, to be able to trail off into why someone did this or that.”*

Holly summed up her thoughts about the image she made in our interview and how it expressed what art psychotherapy meant for her:

*“Just that I like smiling. Art Therapy helps me smile again. It helps me understand what is not making me happy”.*

Holly is looking back to a smile, once gone, that art psychotherapy has restored, that she has re-connected to, found a new way of being in the world and using this knowledge as a point of critical learning to understand what causes her unhappiness (Ahmed, 2017).

J’s artwork illustrated well how she felt about seeing herself differently in the internal and external world, towards the end of her interview, we returned to the art piece J made in the interview and she spoke about how it represented her being able to transform a sense of panic:

*“I drew like...I was going to do another person and then I thought I’d just do myself and it’s like when you panic and you are worried..., it’s like learning to breathe and calm down in those sort of situations and like find the space to like bring back...bring yourself back and ground yourself. And it’s like happy things coming into your mind or whatever, yea I just kinda drew that.”*

Like Holly, J was able to use the critical knowledge that emerged from paying attention to the emotions that arose from this creation and her work in art psychotherapy to gain new systems of connectiveness and being in the world.

Reflecting on changes in managing emotions and finding it easier to be in the world, Yasmin reported on her moods since working in art psychotherapy:

*“Yea, it is a lot more stable, especially the sad one. Sometimes I still get really out of hand when I get angry, sometimes. But it is better than it was and does not happen so much.”*

*“I think it is good that I have changed, cause like, I’m like different but it is a good different.”*

Work in art psychotherapy must come to an end and Yasmin told me how she felt upon finishing:

*“It was kinda sad because I got to know [therapist’s name] really well but I knew that it meant I got better so it’s nice.”*

Yasmin reflected on why she wrote ‘live’ in her interview art:

*“I just think you should live life to the fullest and like it’s just around my mind.”*

This illustrates how through her work in art psychotherapy, Yasmin was able to reflect on her learning and see herself living a fuller life. Through her interview artwork Yasmin was able to craft a different world, a different way of being.

For Drew, the opportunity to work on the difficult romantic relationship and breakup in therapy had been crucial, that she had felt she would never get over that upset but now she had moved on. She reflected when her ex had contacted her after the work in therapy, that she no longer found it so emotionally painful and felt:

*Drew: “I was like what can I say, I’m great! [laughter].”*

*Both: “Laughter”*

Our laughter within the interview acknowledged the relieve felt that an emotionally painful experience had been survived. Through art psychotherapy, Drew was able to emerge transformed, re-connected to herself and the world.

Elizabeth discussed how things had improved at home after undertaking art psychotherapy:

*“I’m not constantly getting myself into trouble, I’m not constantly arguing, I’m not having my phone taken off me and trusted to go out and do a lot more things than I was before.”*

Elizabeth then told me how she is now able to walk away and give herself space if she felt she was going to get caught up in an argument at home.

*Elizabeth: Right, I don’t know...the way, like if me and mum are arguing I can tell if it is going to be a massive argument or it’s going to be a little one... I just don’t want to argue really.*

*Karen: So, you have a better understanding of that need to let go and walk away than before?*

*Elizabeth: Yea. Yep.*

We continued our discussion and delved deeper into the changes in the relationships at home:

*“I was arguing with my mum and [name given] quite a lot, like it was coming to point where I was running away or they were going to end up calling the police because I was kicking off and things like that. But since coming here like we rarely argue anymore.”*

*Elizabeth: And it’s a lot better and calmer.*

*Karen: Mmm so one outcome is better communication, I guess...*

*Elizabeth: Yep. We still have the odd row here and there but they’re not as bad as what they used to be.*

I asked Elizabeth how she felt she had changed, and she explained to me how she felt:

*“Good. I feel a lot better, like a lot calmer and happier.”*

Elizabeth was able to experience transformation through creating objects (pots) made from a material of the earth (clay), forming it in the way she needed it to be so she could feel held and comforted. Elizabeth was able to re-make herself and re-world, find a new way of being in the world and a new connectedness with her family.

Ahmed's (2004 (b)) notion of 'sticky' affects, of emotions felt on the body from abuse is a helpful concept. Elizabeth's work in art psychotherapy had been to transmute the affect away from her body, as Elizabeth says, lighten her shoulders, by making it a material reality in front of witnesses (the therapist and then her family).

### Participant interview artwork introduction

The following data set offers a guided tour through the artwork that the participants created during the research interviews, as described previously, I have used a case study approach (Yin, 2003), employing my reflexive field notes and post interview reflections to analyse the images produced and the themes identified. Some of the participant's dialogue that has already been presented within the thematic analysis of the interviews is repeated here when relevant, as a reminder.

My reflexive research field notes and post interview interpretations of the artwork act as thick descriptions of the artwork as well as indicators of how the works relate to the three main emergent themes. One of the aim's in presenting the images is to produce a walk-through like experience of places and images produced by the participants, utilising the images and the words found within them to support absorption of what was conveyed to me, and the internal as well as external landscapes that were travelled. The reflexive field notes presented in the thesis act as a device to convey the effects of the spaces and places in which the interviews took place. Understanding affective responses for all those involved in the research was important, hence the inclusion of the reflexive field notes and post interview analysis reflections as a data set, because it enables a synthesised discussion of the dynamic data sets that talk to each other through the application of a critical feminist theoretical framework.

Most of the participants did not discuss their interview art pieces in great detail. This could be because unlike in art psychotherapy, there was not the time to look back at the artwork and reflect over several meetings. I cannot help but reflect would it have been useful to go back to the participants after some time to consider their images again? Still, that would not have been practicable, most if not all of the young women and girls would have left the service and it could have proven burdensome to the participants.

A number of the images could initially have been seen as not directly relevant about an experience of art psychotherapy, especially to someone not familiar with art psychotherapy. Although I had suggested to the participants, that their interview

artwork could be about their experience of art psychotherapy, I had not emphasised that, thinking it was important the girls and young women felt comfortable to create whatever they wanted. I had reflected that anything made, although perhaps not obviously about the participant's experience, was likely to contain the essence of or at least an aspect of their understanding of art psychotherapy, as it was being created whilst we were talking about their experience of art psychotherapy by someone who had their own unique understanding of that. I wondered if the creative fluidity art psychotherapy can enable (Talwar, et al., 2019), especially in enriching people's internal worlds, was bound to produce a range of varied and fertile contributions; especially after affording the participants time to reflect their thoughts creatively.

#### *Guide through the interview artwork gallery*

Channelling Haraway's (2016) suggestion of utilising critical and futurist storytelling and keeping with the weight afforded the image within art psychotherapy, alongside other non-verbal communication and the spoken word and in order to guide the reader through the themes, I will ask the reader to access their imagination and visualise a critical feminist art show, held in the outside and in keeping with the central themes of this research. I will guide the reader through the story of the art show, using interpretation and thick descriptions of the participants' interview artworks to illustrate how the three main emergent themes feature in them. Imagine the art show is accessible to all species, human and non-human alike, there is no charge to enter, it would be welcoming to all, and artwork would be seen as of equal value. Travelling through the artwork and indicating where the main themes within it show up, enables illustration of how the participants' artwork reclaims a socially and environmentally damaging world.

Ariel's Interview Artwork (fig.1)



[Field notes] Ariel worked slowly [on her collage], choosing to concentrate on the image before the main discussion. She took care to choose from the magazines in a box. Thoughtfully she pasted the text over a larger colourful image of a still sea and rocky outreach, filtered with blue and pink hues. I asked Ariel about the image she had made, and she told me she was attracted to the background images because of the colours, that they were her favourites, and that the use of colours had been helpful in art psychotherapy to illustrate how she felt and where she could imagine herself. Ariel shared, the words at the bottom of the page was where she was at the start of art psychotherapy and the middle was after a few sessions, with the top part of the image relating to where she was now.

[Field notes and post interview analysis reflections] Ariel's choice of colours imbuing her landscape: blues, pinks and purples are colours used in the LGBTQIA+ Rainbow Flag. This choice, her favourites seem connected to her identity and related to resistance and a re-imagining of the world away from heteropatriarchal dominations. Words associated with negative experiences sit at the bottom in the less-colourful area, "I nearly died" suggesting associations with slow death (Berlant, 2007), with the

*bodies response to the assault of capitalism and heteropatriarchal oppressions, as do the words “falling apart” seeming connected to an invisibility (I nearly was not existing) and incompleteness, (I was not whole, parts of me were falling away), of neoliberalism’s separation of the body’s competency and the body’s frailty, (Puar, 2012). Sitting higher, the words “Stop controlling me” scream in capitals, a howl, a finding of the voice through work in art psychotherapy, a demand to be free. Slightly lower in the purple night sky sits “next” and placed just above and to the left “improved”, what Ariel said was where she was now following her work in therapy, a transformation through re-imagining, re-threading, re-connection with the self and re-worlding. Placed high on the right in gold is “truth”, although in lower case seeming to convey an honesty that block capitals would not afford. The elevated position of the words that speak Ariel’s truth to power seem all at once suitable and telling. Butler’s (1990) and Ahmed’s (2010 (a), 2010 (b)) work on the heteropatriarchal nature of structural power enables us to see the ways in which Ariel’s art uses discourse, language and text to voice knowledge and understanding of the structural power she has experienced, how that has been a felt experience (Ahmed, 2017), and how her understanding enables her to imagine a more positive future for herself.*

This art piece presents all three themes, Ariel’s artwork was able to encompass how through her emotional work in art psychotherapy, she could re-imagine her world. Illustrating this, through the placement of herself and her chosen words within a specifically chosen landscape, showing through re-imagining, worthiness to be in and part of and rooted in the world. Ariel re-made threads, re-threading back to herself, presented through the words ‘next’ stage to the ‘truth’ of herself. The theme of re-worlding is shown through the crafting of an image that is situated in the landscape, one that is altered by exaggeration of colours, a world that is transformed to be able to work with rather than altering oneself to fit in it, that leads to ‘improved’ connection and relations with the world.

Moving slowly away from the beach with the words bannered on to it, we walk towards the sea sprayed grassy fields that leads down to the seashore. Sauntering through the art show field, as the sun breaks, affording us more light, we see a small wood in front of us where the next piece is placed but first we need to cross a cool stream. The sun has now risen higher in the sky and has fun playing in the stream, dancing across small ripples of the flowing water. Above, the trees’ leaves are reflected in the stream lazily painting it with splashes of shades of green, echoing the organic spontaneity of the next piece from Bella.



Bella's Interview Artwork (fig.2)



[Field notes and post interview analysis reflections] *Bella leisurely danced her brush across the paper whilst we spoke, pausing intermittently to fill it with paint. Starting with a vermillion red that branched into orange, morphed into yellow then flowed into green, the image developed into tree branches growing down the page. Bella's lines appear to propagate across the paper, tendril like, the line twists and branches as it grows into each new colour. Ending in sap green seems apt for the sprouts of foliage seemingly produced but what is reproduced here is not finished really, as Bell wanted to use blue paint to continue the growth across and up the remainder of the page. Like Ariel's rainbow palette, Bella wanted to use the colours of the rainbow, significant to her because of their use in the LGBTQI+ flag, a symbol of freedom for many and a symbol of transformation and growth for Bella. The bottle of blue paint, Bella would have used to mutate her branches from green, was too dry to use. We were tricked by what looked like a new bottle of paint but on closer inspection was probably years old and was almost solid. At first, I was frustrated and appalled that we had not been furnished with the full choice of paint, but Bella was more accepting of the fact. We looked at the dry blue paint that was a thick paste and*

realised even a little water would not make it useable. We laughed at its consistency and how it really had looked as if it was a full bottle of good blue paint. We talked about the occasional lack of materials in the clinic rooms, the compromises made beyond the materials, the rooms being scruffy, too cold, or too hot or the lack of batteries in the clocks in the room. As Bella's branches ached to turn to blue, we found the water we had been left could not restore the compacted blue bulk trapped in the bottle to flowing paint and feed Bella's branches. We noted the irony that that the image could not be quite completed rather like therapy as Bella felt she would benefit from further art psychotherapy sessions, something that could not be arranged straight away but was acknowledged by her clinicians. Eventually Bella was given longer term and one to one art psychotherapy. I wonder if I had returned for another interview with Bella, making sure the blue paint flowed this time, if she would have finished the image completing a rainbow of colours, with blue branches which grew into a pink or lilac that reached and touched the red. But I also reflect the image symbolises well the situation at the time for Bella, as well as the frustrations I and many of colleagues have experienced, hoping adequate materials are available in the room or at times we have been told we cannot order materials as the budget does not run to them. We recognised we both knew how the image was to be finished, although what we held in our minds might have been a different line that developed across the paper. We thought about how sometimes when making art in art psychotherapy the session time is up before the image is finished, or that we think it is finished but we decide the next session to add more. As we looked at the image putting our heads to the side, seeing that it could be seen from different angles, I was struck that some of the branches could be figures dancing together, at points touching, knitting together and at points twisting off into a solo dance but always still attached. Bella told me she loved dance, was a dancer and took classes. I thought about Haraway (2016), the importance of working together, of seeing we are all together connected on this planet as humans and non-humans, of the rhythm of seasons, of growth and of trees communicating through their fungal network. As well as dance as resistance (Lorde, 2013), as a way of connecting, touching points and threading and re-threading, the way art psychotherapy can be a dance of images, words and bodies relating and of being together, as art psychotherapy supports the service user to find new steps that feel comfortable for their body or feel pride in the steps already being taken.

Bella's image speaks of re-making threads, working together to re-thread, connecting back and growing back to herself, others, (including the non-human) but the image is unfinished and communicates how for Bella this is not completed; it is the

potential of more of re-making threads and branching towards the self and others that is also illustrated. Conversation flows easier for Bella as she makes the art piece, maybe as the talk is around the materials and the substance of those materials that are being used rather than directly about her emotions. However, recognising the reality of lack of materials, lack of apparatus and staying with the troubling emotions bring us together, to connect and look at the image in different ways to re-imagine and see and understand multiple meanings leading us to 'dance'. Dance as a way to be in the world, a way to mark the air and space, as art marks the space on the paper, both are marks of imagination, of finding a way to be, a pathway to travel in a difficult and oppressing world.

We leave Bella's growing stems of paint in the wood. Leaving the trees behind we arrive at an emerald grassed meadow that slopes away from the woodland, and it is here we find Drew's artwork, like Ariel, Drew tells us a bit about her artwork.

Drew's Interview Artwork (fig.3)



[Field notes] *Using her favourite pens, Sharpies, Drew gracefully and skilfully revealed what was on her mind the day we met for her interview art piece. Drew said her interview art piece was not obviously about her experience in art psychotherapy*

*but connected to conversations with her sister about growing up, that she had then used to think about how art psychotherapy had:*

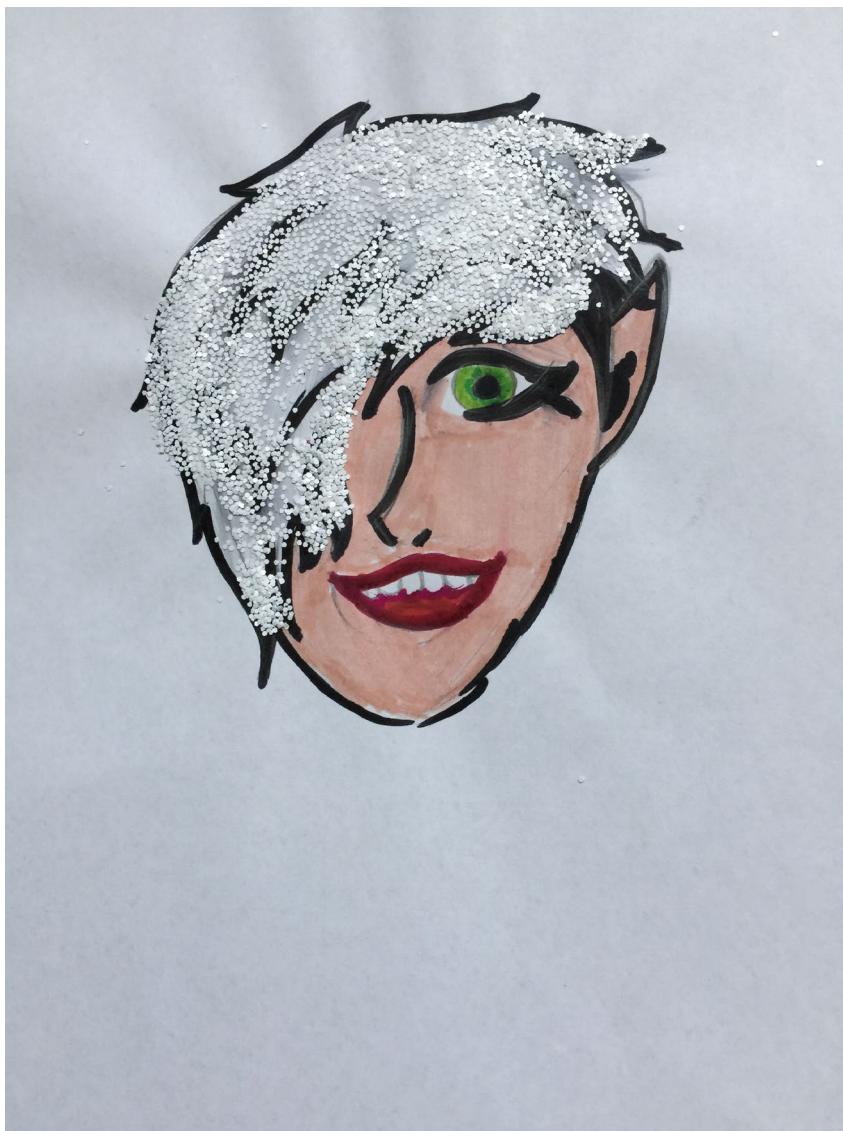
*“...it helped me in way to grow up and stop being childish.”*

*[Field notes and post interview analysis reflections] Drew told me in the interview she did not like to think about her artwork in art psychotherapy that much, that she tended to move on to the next piece straight away, so I did not pursue any further discussion regarding the interview artwork. I deliberated on the object of the teddy bear in the image, which took my mind to Winnicott's (1971) transitional object, often depicted as a teddy bear. I also thought of Ahmed's (2006, (a), 2006 (b), 2010 (a), 2014) work on the materiality of the object, that of childhood and emotional attachment to the teddy bear that was seeming to be coming apart between the two sisters. There is a narrative quality to the artwork as if it is illustrating a story, a fairy story. It seems the sitting figure is about to rise but is not sure and in tears, the standing figure looks posed to walk away and either could be taking the teddy bear away or perhaps using it to lift the sitting figure up to stand. Or is the standing figure handing the teddy bear to the sitting figure and tearful, as she is resigned to leave it behind. Alternatively, is she sitting, refusing to let the teddy bear go and leave childhood behind her. If so, viewed through a feminist lens, we perhaps understand that, like the wilful child (Ahmed, 2014) a determined refusal to do as she was told. A tension between two figures, a tugging, a pushing and pulling seems to be held on the page. Drew spoke of art therapy helping her to grow up, she liked it but perhaps this image encapsulates the tension in that help, illustrating well the hard emotional work of art psychotherapy.*

Drew's interview image falls more obviously into the theme of re-making threads, working together, in that Drew connected her progress in art psychotherapy like her advance towards adult hood through her conversations with her sister. Tension in the image is evident, anxiety about leaving childhood behind but also, perhaps a working together as sisters, staying with the trouble of growing up, working it through, moving into a new world, and attempting to create a world you can survive in. Drew had shared how she stayed with the trouble (Haraway, 2016) in art psychotherapy, for example, speaking of the anxiety at the start of psychotherapy. When that diminished, occasionally she worried about her artwork being perfect, but her internal dialogue reminded herself it was not necessary. Mirroring the ebb and flow of art psychotherapy, the image, captures, working together, re-threading back to

one's self but also working against the sadness of moving away from child-hood, of losing that world and struggling to hold on to the self in the face of the oppresional demands of the adult world. Drew's image also touches on the theme of re-imaginings in that she is able to place herself and her sister on the image, to re-imagine what her work in art psychotherapy has meant to her but bravely she illustrates her progression towards re-imaginings is not an easy path. It is one where there are losses and gains but where there is support and connection to others, as well as objects and the self.

Continuing further through the green pasture, grass lightly stroking our feet, we find a small grove of trees in the centre of the meadow. Holly's artwork hangs on one of the trees, glittering as it catches the sunlight.



Holly's Interview Artwork (fig. 4)

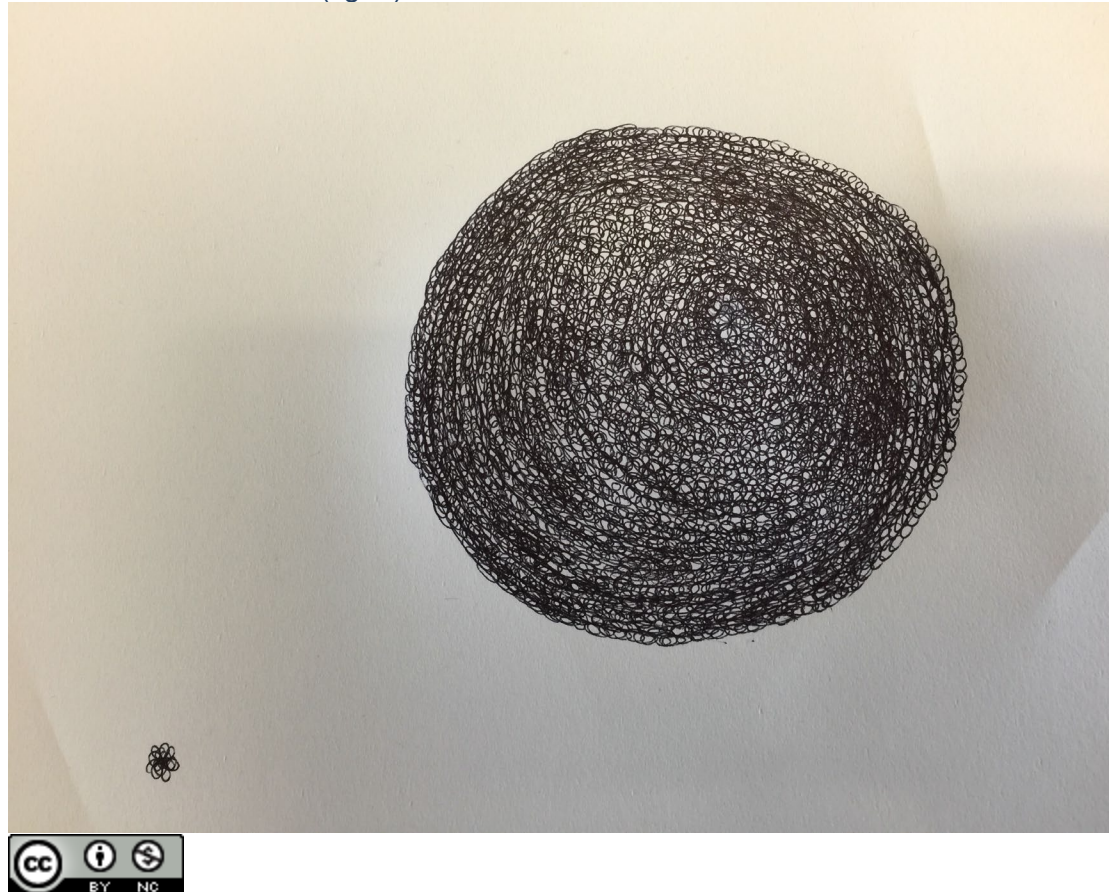


[Field notes and post interview analysis reflections] *Holly used a mixture of materials for her interview artwork. Painting a female face, facing the viewer one eye is covered by the hair. Holly applied glue and then added silver glitter to the hair, giving it a sparkle. I noted the paper had puckered around the face, most likely due to the moisture in the glue. We both laughed to see how the blankness of the paper filled with the gentle folds, giving a ghost of a halo radiating from the head floating on the page. Suggestive of John Tenniel's Cheshire Cat's floating head in Alice in Wonderland, Holly's image emulates the cat's knowing smile. Holly told me the image is about how art psychotherapy made her smile again and she liked that about the therapy. Glitter made the image glimmer as our eyes moved over the hair, Holly told me she often used the glitter and there was a plentiful supply. The awful consequence of the world's reliance on plastic and the magnitude of the damage to the earth, especially on water systems and non-humans and humans had not quite come to popular recognition at the time of the interview. Glitter, a plastic was just starting to be recognised as polluting, especially when used in schools and thrown down the sink. Unaware of the environmental violence done by such a product, Holly used the glitter to embellish the image, giving extra vivacity to the image and figure's smile that Holly found in art psychotherapy, displayed defiantly despite the psychological damage imposed by patriarchal structures.*

Holly's image fits in to all themes, within the theme of re-imaginings, Holly's shiny bright moon of a face in a paper sky re-images herself smiling, daring, and deserving to smile again in the world. Fitting also into the theme of re-worlding in that, the image is a materially produced re-imaginings, a new way of being (smiling confidently and fully) in the world. Through her work in art psychotherapy Holly was able to smile again, the act of smiling again seems to connect to the theme of re-making threads to connecting back to her self and her smile but also by that smile connecting to others.

From the tree branch, Holly's artwork captured by a light breeze waves goodbye as we move on. We spy the next creation placed atop a large stone and here we look down at Bell's artwork.

Bell's Interview Artwork (fig. 5)



[Field notes and post interview analysis reflections] *Using a biro, Bell barely took the pen from the paper whilst we spoke but at the same time gave me eye contact and made engaging conversation. She drew small circles that seemed to knit together, looping and catching each other building into chains that bubbled into a large sphere, which seemed to be continuously rotating. Towards the end of the interview, she added a small circle with a dark centre making it seem like a small flower or the beginnings of a small planet, bubbling, fizzing and multiplying, beginning to form into its giant's companion, already on the page. Bell and I had a detailed discussion about her interview art piece (below is a reminder of the discussion as discussed in the theme of re-worlding):*

*"...I just go around in a circle, it's like following the shape of my hand on the paper and I go around. I always do that I don't know what it is. I think I get it off my mum because I saw her doing it when I was really young; when she was on the phone to people and she would sit there with just like a pen and pad and just do this and it would just be in all the corners of our note pads at home. I think just caught it and now I do this at school if I'm not doing anything at lunch time and do this at home."*

I asked was that the size of circle she normally drew or was it bigger and what did it look like to her, Bell replied:

*“It depends how long I’m doing it for. Usually, I start in the corner and it goes towards the back but because I started in here it has gone round but it is always in an arch shape. It is like people looking down on them. A lot of people standing up. Or words but they are all over each other.”*

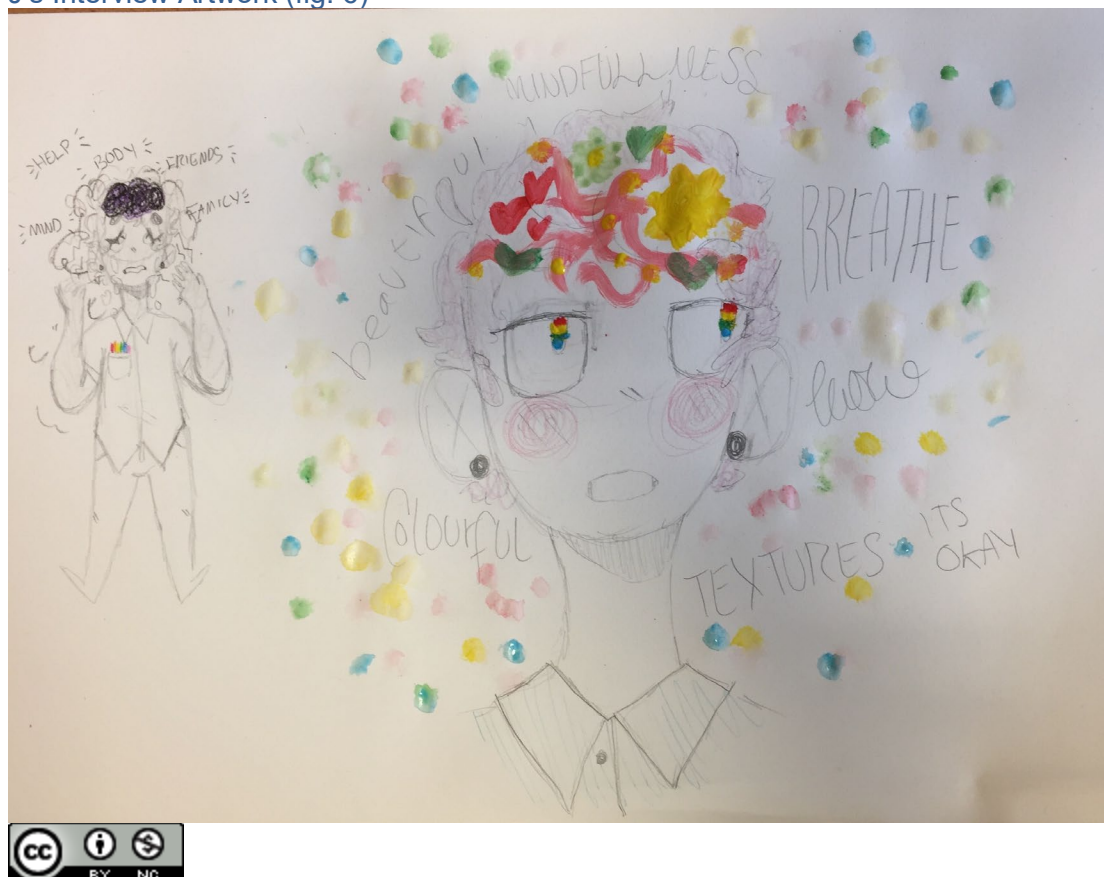
*The idea of lots of people joined together and looking down on them seeing how they overlap, are connected and re-connected or their words linked together and over each other, of worlds being created and shifting together (Haraway, 2016), seemed to symbolise the work in the art psychotherapy group as well as the work we were doing in the interview. There was also the connection to memory and re-threading to the memory of her mother drawing in the same way, a connection, something handed down. I considered the way Bell’s mother had doodled in this way when she was connecting to others over the phone and now Bell was connecting to the memory of her mother’s way of drawing (whilst connecting to others via the phone), as we discussed how Bell connected in and with art psychotherapy. Bell was aware, through our discussion prior to the interview as well as through the research literature, of the hope for the research to have influence on future services for girls and young women, and of the possible impact the research could have, of the potential shift in practice and therefore consequences for future service users. Bell said the people were standing up and there was something about standing up that also appealed. I thought of Davis (2016) writing on how neoliberalism and the cult of individualism cultivates a lack of collectivity and disappears knowledge of culpabilities, of the West’s imperialist models. But by standing together using a feminist, post-structural, post-human, and affect (politics of emotion) approach we are stronger, linked by what we have in common at the same time, acknowledging oppressions and recognising and celebrating differences, as we work towards building a better world for all to live in.*

As already discussed on the theme of re-worlding, Bell’s image fits readily into that theme, here, exploring the image more closely, the focus is on systems on connectedness and the link back to memory (her mother and her younger self) and the self as well as others; to moving along together, as well as being stronger by being knitted and linked together in the world.



Leaving Bell's artwork seated on the stone, we continue our stroll through the meadow, the green of the grass now begins to transmute into the multicolour of thousands of wildflowers, placed amongst these is J's interview artwork.

J's Interview Artwork (fig. 6)



[Field notes and post interview analysis reflections] *J used a mixture of pencil and paint for the interview art piece. As J told me, she depicted herself 'before and after' therapy:*

*"I drew like...I was going to do another person and then I thought I'd just do myself and it's like when you panic, and you are worried... it's like learning to breathe and calm down in those sort of situations and like find the space to like bring back...bring yourself back and ground yourself. And it's like happy things coming into your mind or whatever. Yea I just kinda drew that."*

*Colour was used to symbolise positive changes and some of the helpful suggestions written around the changed figure. I liked the way the 'before' figure was smaller giving a sense of movement to the 'after' figure as if she had travelled forward*

*and closer to the viewer. The amusing small touch of the colourful pens in the pocket of the figure before art psychotherapy, could be seen as the potential to change through creativity that is empowered by art psychotherapy. Dancing finger prints of colour seem to vibrate from the brain of the after figure, whose eyes are rainbows, suggestive of the LGBTQIA+ flag (a theme through several of the interview artworks). I found the way J had shown the mind as visible reminiscent of a biological diagram or brain scan and a helpful way to show the changes made through hard emotional work in art psychotherapy. The duality of looking inside and out also seemed reflective of changes to the internal world mattering in the external world (Ahmed, 2004 (b), 2010 (a), 2010 (b); Butler 1993; Skaife, 2008) and a way towards ways of knowing outside of the patriarchal, capitalist oppressive system.*

*J's artwork illustrated well how she felt about seeing herself differently. Towards the end of her interview, we returned to J's art piece made in our interview and how she represented herself being able to transform panic, using ways to ground and sooth herself. J created an image that showed herself finding the space and spoke of "learning to breathe". She also said "bring yourself back" as if the sense of the real 'self' had been lost, and there was an opportunity to get back to the self within art psychotherapy. A creative way to reconnect (Haraway 2016), illustrated by the words she had written around herself. That she had found the space, to bring herself back to the self, a self with rainbow coloured eyes that was "colourful and beautiful" and could "breathe". The fight to be able to "breathe" and be free to connect to the self without suppression, are words that have been fought for over hundreds of years by the oppressed, echoed in the writings, written on banners and art of many, recognised most recently in the Black Lives Matter movements.*

Through her before and after figures, J's image sits within all three main themes. J's artwork illuminates her progression through art psychotherapy, showing the re-imagined self, moving through the world more easily, a figure that has moved forward and closer to the viewer, is more seen and deserving to be in the world. Re-connecting back to the self, the foreground figure, now has a halo of colour, a tool box illustrated in words and symbols, to re-thread back to the self, and ways to survive being in the world. Finally, the image fits into the theme of re-worlding, in that it is a literal produced re-imagining, the foreground figure, through the toolkit has become the new way of being in the world.

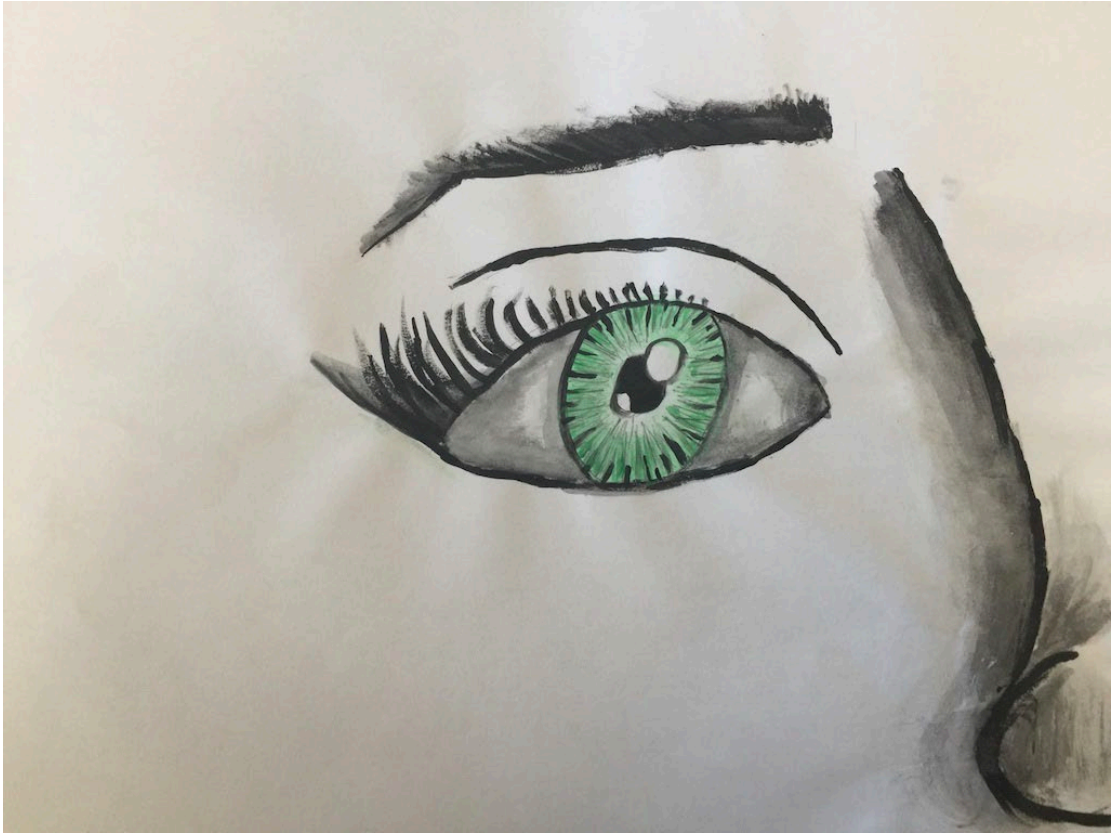
We continue through the wildflower meadow and see in front us what may be

an ancient burial mound. The art show continues, as we take a winding path up the side of the small mound and at the top, first we find a tiny wooden chest.

Yasmin started her wooden chest in her art psychotherapy session and asked to finish it off in our interview, as well as doing other artwork, and so her chest became part of our conversation about artwork. It was one of her favourite pieces.

Yasmin's Interview Artwork (figs. 7, 8 & 9)







[Field notes and post interview analysis reflections] *Yasmin made three pieces for her interview artwork. She gave permission for all three to be shown and all three were discussed. One piece, a decorated wooden box she had already started in her final session of art psychotherapy, she asked to add some final touches to in the interview. Yasmin’s therapy had concluded, and it seemed apt she was able to add some finishing touches to her box started in therapy in an interview reflecting on her experience. Yasmin added a little colour to her wooden box, she wrote the word ‘live’ on it and explained why.*

*“This is probably one of my favourite things, I was really happy with this.”*

*Yasmin’s words about her chest ‘Live!’ the examination added to the word makes it feel like an instruction, of course the opposite thought would be ‘die’, a thought not unfamiliar to those struggling with low mood and suicidality. Critical suicide and disability studies (Berlant, 2007; Puar, 2012), considered in the literature review of this project teach us bodies that feel separate from what is considered ‘normal’ are consigned by society as worthless. Yasmin stated she wrote ‘live’ because:*

*“I just think you should live life to the fullest and like it’s just around my mind.”*

*Undeniably a person could think I “should live life to the fullest” but if they are not, they may feel depressed and valueless to society that they have not achieved a full life (Berlant, 2007). For Yasmin, taken in the context of what she has said in her interview this statement illustrates how through her work in art psychotherapy, she is living a fuller life. That is, for Yasmin she is more able to be “open” with others, it has strengthened her relationship with her friends and mother and offered her a way to feel more “stable” and less sad and angry. Through her work Yasmin has re-imagined a world she can have a part in, live in and have the choice to create different ways to be when the world causes her anger or upset.*

*Colour, for Yasmin, appeared the principal way for her to illustrate her emotions to herself and others; that colour plays a particular role for her, illustrates for Yasmin as with other participants, how the materialities of the world affect, shape and orient them (Ahmed, 2017, 2006, 2010 (a), 2010, (b); Haraway, 2016). Yasmin explained:*

*“...green for me can be seen in lots of different ways. It can be peaceful because of like grass and trees; it can be envious.”*

*Yasmin explained she usually does depict plenty of eyes and she noted she had painted a green eye when normally she would have chosen blue. We wondered about the significance of a different colour now she had finished art psychotherapy and how that might relate to the changes she had made through her work in therapy. Reflecting on her image of a close up of an eye, Yasmin explained she usually depicts a lot of eyes-*

*“I draw eyes on everything!”*

*In Western art, close up of eyes is a familiar image and are seen regularly in art psychotherapy. The eye is often seen in Western society as holding the key to the inner world. To look into another’s eyes can be intimate or can be hostile. Within the medical model of mental health assessments, a measurement of someone’s ability to engage with another is the ability to give eye contact; this ignores any disability which may preclude a person being able to give eye contact. I noted Alice’s eye had a blue/green colour and Holly smiling face had green eyes. Green eyes are seen as unusual and can be seen as enigmatic and attractive in Western culture. For centuries,*

*colour has been associated with emotions and when seen in fairy tales and folk tales, green eyes are a sign of envy. "Green-eyed" is used by Shakespeare in Othello (Act 3, Scene 3) and in The Merchant of Venice, Portia talks of "green-eyed jealousy" (Act 3, Scene 2). Yasmin and I wondered about the significance of a different colour now she had finished art psychotherapy and how that might relate to the changes she had made through her work in therapy. In Yasmin's image, I saw the eye's pupil and the two spots of light, reminiscent of earth and the sun and moon revolving around it. Simultaneously I reflected on art psychotherapy and the triad of the image, the service user and the therapist; of the communication between all three. I thought of the art psychotherapist and service user looking at the image and of working together and looking through each other's eyes and of the therapy revolving around it. In another moment, of the image revolving around the communication between two people, held in containment within the wider circle of the iris.*

*Yasmin spoke of her image of flowers in a grass meadow, and we discussed the viewpoint used and wondered about looking back and down and childhood, Yasmin said:*

*"...it looks like something I would draw when I was little. I think it reminds me of when I was little, and I always used to draw flowers when I was little."*

*Accessing memories from and connecting back to childhood, and interaction with the non-human world (Haraway, 2016). To return back to the self before the oppressions of living in a patriarchal, neoliberal world interfered with that (Ahmed, 2017), picked up themes explored in this project, communicated through the verbal and non-verbal, themes of reimagining, of re-threading re-connecting and re-worlding.*

Yasmin's box decrees 'live', the examination mark both stressing the word and softening it with the heart shaped dot echoing the heart shaped dot in the 'i'; the heart represents love and therefore connection, and the theme of re-making threads, working together, perhaps the head (the instruction live) and heart (the heart shaped dots) working together but also connecting to others through care and love. The statement 'live' written on the art object is bold and an assertion which could fall into the theme of re-imagining- in that it is proclaiming 'live in this world, you deserve to', it offers hope, as in live- do not die. Yasmin's final piece could also be said to fit into the theme of re-worlding, the choice of a box, that Yasmin said she intends to use to store her pics for her musical instrument, speaks of the tools Yasmin uses to be in the world.

She even brought that tool into art psychotherapy, creating a new world to be in through crafting, finding through her emotional work new ways of being in the world, connecting to others through art and music.

Yasmin's interview art image of a green eye appears to sit within the theme of re-worlding; she stated green can mean peace for her but also the colour can mean envy, it can be both good and bad, perhaps Yasmin was more able to access complex emotions more readily through her emotional work in art psychotherapy which enabled connection to the self and others, the art psychotherapist in therapy and changes in relationships outside of therapy (Yasmin reported improvements in her relationship with her mother). Yasmin said she draws eyes everywhere so they are part of her internal world made external but the colour change connects to new ways of being in the world. The close up of the eye inviting a connection with others, new systems of connectedness in its honesty of contradictory emotions the colour symbolises for Yasmin.

I have placed Yasmin's flowers in a field image in the theme of re-making threads, working together. Yasmin stated the image reminded her of when she was little and she drew flowers in a field. This was the first image she painted when I asked her to paint about her experience of art psychotherapy. It appears to speak of re-threading back to herself, back to her childhood, re-threading back to the inner self that had been unconnected through oppressive experiences, a re-connecting to the self and the non-human world.

Having pondered on the wooden chest, imagined passing through the world held in a green eye, and then visualised walking as a child through a small green field sprinkled with red flowers, we stay for a while on top of the burial mound. From here we face back to the sea and use a convenient telescope (no coins needed) to view Alice's work.



Alice's Interview Artwork (fig. 10)



[Field notes and post interview analysis reflections] *Alice told me she liked the fine felt pens and the detailed work they enabled her to do. Surreal, in its overall impact, Alice's interview artwork pulls the viewer in to examine its individual components, before stepping back to consider the image as a whole. Alice did not offer reasons for her choice of images and as a quiet young person she was not likely to feel comfortable to in one interview. The time restraints for this project meant it was not possible to return again for a series of interviews, limiting the chance for the participants to have more time to reflect. For a young woman of few words like Alice, as well as Bella, being able to meet again or a number of times over the course of several months would have offered time for more reflection on the artwork created, as well as hearing about other changes in their lives. I offer my thoughts on Alice's artwork here, drawing on my reflexive journal notes, to reflect my experience of the interview and meeting Alice. A small lighthouse sits on a little island, below the sea waves lick the island; it does not appear to be a rough and stormy sea and Alice says she thinks it is a nice day. A small square mirror or painting of the sun or a light source seems to be reflecting light into a green eye, perhaps symbolic of art psychotherapy showing new ways to see the world and at the same time, reflecting back knowledge that is already known and making sense of it. Two objects float near the eye, one positioned*

*above the brow and one below the brow. The object above the brow, could be seen as an abstract eye, and reflected in the eye seems to be a series of squares. To me, this tiny abstract image, seeming to face upwards, is connected to the more realistically drawn central eye and the square of reflective light. Whilst the lower object could be seen as a small abstract figure, made up of a circle, half circle and then dot contained by a yellow outline. Through the eyebrow sits a triangle with a hollow circle in the centre. Trailing from under the eye is a 'S' shape curving line that touches the slant of blue illuminations reflecting from the lighthouse. Shimmering yellow dots fall from this blue slant hitting other shards of blue luminating under the dots. Behind the light house the blue glows but are contained by lines, which seemed to be blocks of light following the outline of the island and lighthouse, highlight the significance of the motif. I find myself thinking of the symbol of the light house offering a way to steer clear of danger. And of art psychotherapy offering a way to travel through the difficult waters of adolescence safely (Ahmed, 2017).*

Alice's image seems to sit in all three themes but sits most willingly on initial viewing in re-worlding, partly because it does seem anchored in a new world, a world presented with multiple interactions between the non-human, the human and symbols that have been crafted and re-imagined to explain and perhaps (as within this image) shine a light on Alice's experiences through her emotional work in art psychotherapy. The image also speaks to re-making threads, working together as it speaks of threading back to the internal and external world, internal symbols and connecting these to objects and the non-human world. Light resonating with the hope and optimism contained in the image sits within the theme of re-imagining- imagining the self as deserving to be part of and within the internal and external world.

Turning away from the sea now, taking a different track down the burial hill, we see in the distance a forest and follow the pathway towards it. Hearing the song of the forest calling to us, we walk towards it, finding deep in its heart, the art piece, created by Rosie.

Rosie's Interview Artwork (fig. 11)



[Field notes and post interview analysis reflections] *Using colour pencils, Rosie delicately drew a deer entwined with ivy. The deer has a small red flower at its nose and ivy hanging loosely from its antlers. Placed in the centre of the page, one of the deer's front legs and one back leg is slightly raised as if it is about to spring forward. Rosie told me, the image reflected "making the best out of a poor situation", initially feeling trapped, and not being able to say anything; on the point of change. It seemed the deer was on the point of transformation and it was willing to wait calmly for the ivy to transform into red flowers and fall away so it could spring forward unhindered. Rosie explained the ivy developing into red flowers is "blooming into something stronger". Communicating throughout the interview, her experience in art therapy enabled her to move beyond being trapped, to be more aware of her own situation, to find a way forward through enabling change, growth, strength and transformation. Looking at this image, I think of Haraway (2016), of an imaginative, multi-species (part young woman, deer, ivy, and red flowers) collective way of resisting the capitalocene and of developing into hope, strength and freedom. As I talk to Rosie and we communicate through the image she has drawn, I hold in mind Rosie knows this research is informed by feminist thinking. I also hold in mind the power structures (Ahmed, 2017) operating in the institution in which I work, and the power dynamics between myself as an adult*

*and care provider communicating with a young woman (child) and service user, but we are also in the room together as two gendered individuals communicating about experience and knowledge through an image (Ahmed, 2017; Haraway, 2016); laughter signifies this as we gesture a look that we both experience in a gendered world (Butler, 1990, 1993). Feeling trapped are words I recognise well, I reflect. I comprehend the feeling of being trapped by gender and feeling powerlessness to speak and truly express one's self, most especially at a young age. Danger can be unleashed when the powerless speak within a patriarchal society that teaches girls and young women (Ahmed, 2017) to speak is to disrupt that society; girls and young women quickly learn to say nothing, that they are unable to speak up. Taught that the act of speaking out, of expressing one's self, can risk unleashing the wrath of the patriarch which will soon slap down their words and maybe their bodies, girls and young women develop ways to be safe is to remain silent or only to say what they have learnt is sanctioned and permissible. Their words and thoughts then remain tightly held, suppressed and bound to their bodies subjugated to patriarchy. The brutality of the system does not stop at controlling the voice of the oppressed, it also blames them for being the ones who cause anger to erupt from patriarchy, leaving those who speak against the system blamed and responsible for the very violence inflicted upon them. Bound tightly by this system illustrating one's internal world and how one is trapped in the external world through imagination, particularly imaginary that is linked to the non-human world also oppressed by patriarchal, neoliberal, capitalist system (Haraway, 2016) seems an understandable and an obvious allyship.*

I have placed Rosie's image, firstly within the re-making threads, working together theme. Visually, the image is about threads, although this image is both about being held and bound by oppressions, as well as about springing forward and breaking free of those bounds. It is about working together, with external world, including the non-human and the internal self to find ways to subvert structures into something that can grow, blossom, and break free as well as re-making threads that have been lost through experiences of repressions. Also symbolic for re-imagining, the image expresses the struggle to overcome oppressions, sitting on the edge of hope and optimism, about to claim the right to be part of the world, doing so by connecting with the imagination. This then, lastly falls into the theme of re-worlding, the image showing, through crafting a new world is created, a new way of being, connecting to new ways of relating to the world.

For the final art piece of the art show, we have left Rosie's deer in the forest as it springs to life and the red flowers bloom around it. Coming to a clearing in the forest, we find a lake with a small island in the centre. Opportunely, a rowboat is nearby, and we row across the calm lake with ease. Landing on the island we are drawn to something bright on a plinth, there we find Elizabeth's interview artwork.

Elizabeth's Interview Artwork (fig. 12, fig. 13)





[Field notes and post interview analysis reflections] *Elizabeth was the only participant to use clay in her interview artwork, although the material was often mentioned by the participants as they talked about how they used it in therapy. Elizabeth explained to me she was familiar with clay, she enjoyed using the material, appreciating its substance and how it can be shaped. Elizabeth was one of the participants who chose to do the interview over two meetings as that suited her in terms of the time she could commit. This meant that it was easier for Elizabeth to choose to use clay for her interview art piece as she was able to return and paint it when it was dry. It could be, for those participants doing the whole interview over the one meeting they felt there was not the option to use clay. The room I talked to Elizabeth in also had a sink, making using clay more of an option, plus the room had paper towels and wipes in, although I was carrying some spares. Unlike the room*

*used for the interview with J, Bell and Bella, this room was much more well equipped. My understanding from Elizabeth was that, like Holly she felt she had plenty of art materials to choose from. A selection of art materials and the option to choose the material that was best able to re-imagine, re-thread and re-world seemed of equal importance to Elizabeth as with other participants. Elizabeth started her clay piece when we first met and then when we met the second time painted it a bright, warm orange. When we talked initially, I was drawn to the way the pot sat in her hands and she moulded it as we spoke. It was as if she was holding it with care, it was of value, symbolic of the consideration and compassion, she experienced in art psychotherapy. I wondered about the way she was perhaps now enabled to practice self-care (Lorde, 2013). In our interview, Elizabeth told me, without art psychotherapy she did not think she would have been able to talk about a past trauma. Her body language and smile expressed thanks and relieve that therapy had helped what seemed impossible to say to be possible to say. Returning to the pot, thinking on these words, the pot seemed to hold that thanks, it seemed a gift, an exchange for empowering the words. Elizabeth painted the pot in deep orange and I was attracted to the way it glimmered with luminosity glowing from inside. I noticed too, it reflected a flickering warm glow on any surface it was placed and I remember seeing in Elizabeth a glowing as she spoke about the change in her. Elizabeth spoke about her interview art piece, noting she had created bigger pots in her art psychotherapy sessions but this one was smaller.*

Elizabeth's pot sits in the theme of re-worlding. Crafting and holding her re-imagined re-worlded pot in hand, Elizabeth spoke about her experiences in art psychotherapy as changing her and supporting her through to speaking about past trauma. Enabling a release, and through that a new way of being in the world, including a new way of connecting, not only through crafting her pot but a new connection to herself and others, who she was then able to share her experiences of trauma with. The bright orange of the pot illuminates the power Elizabeth has reclaimed to deserve to be in the external and internal world and have her voice heard.

Unique to the images was the way each participant communicated their experiences of art psychotherapy and what those meant to them. Some of the interview art images, sit within one theme, (Bella's, Bell's Yasmin's field and eye images and Elizabeth's), one in two themes (Drew's) some in all three (Ariel's, Holly's, J's, Yasmin's chest, Alice's and Rosie's). All the images spoke to new ways of being through the participants' experiences of art psychotherapy, all shared the theme of re-

making threads, working together, through accessing the space offered, interactions with others and interactions with the art materials.

Art can be a way to transmit multiple meanings, often delivering what is difficult to put just verbally. One of the ideas transferred through the image can be movement. Just as a lick of paint, pencil or pen is a mark of movement, something that moved across the page, evidenced by what is left by the mark, as well as the idea of the action used to create that mark, these images seemed to capture moments of affect and movement in the participants' experiences, as the theming of these experiences have attempted to capture instances of affect and movement.

Rosie's image, the deer about to spring forward, Alice's image, the sea, also with multiple symbols for the eye to fall on, Holly's image, the floating head, with glitter hair moving with light, Ariel's image, a calm sea and the vertical reading of words, J's image of a figure moving forward in time and even Yasmin's chest can be open, closed and held, or Elizabeth's pot, (moved by the hands holding, stroking it and the light reflecting of it), Bella's bubbling pen worlds, Bell's branches of paint moving across the page or Drew's figures, both stuck and on point of movement through interaction, seem to be ways to communicate moments of movement, of being affected both internally and externally.

As well as movement, the images capture a moment of the idea communicated, a moment and the multiple meanings attached to it as well. The images transmute both stillness in the moment, as well as moments of movement of thoughts and ideas. As the eye travels across the artwork, the image is both a moment captured and held, (the experience of the emotional work in art psychotherapy) as well as a time machine, in that it moves from the affect it communicates to the potential beyond that affect and the multiple meanings attached.

Having analysed and examined the data and the relevant themes from the interviews, including the interview artwork, I will now move on to the discussion section of this project.



## Chapter 6: Discussion and implications for Practice

*“Curiosity always leads its practitioners a bit too far off the path, and that way lie stories.” (Haraway, 2016, p.127)*

Keeping to the path of the curious, but tracing our footsteps back a little, this section briefly re-examines the study approach and main aims and purpose, before exploring how the research questions have been answered and identifying the new knowledge arising out of the research and the impact this could have for future practice.

As already discussed, this research took place in a Child and Adolescent Mental Health Service (CAMHS) in the UK where substantial numbers of girls and young women access the service (AYPH, 2019; Agenda, 2020). Girls and young women using CAMHS in the UK report experiencing poor mental health, hopelessness, low self-esteem, negative body image, difficulty recovering from trauma and lack of engagement in education or employment (AYPH, 2019; Agenda, 2020).

The main research questions were:

- Does co-researching art psychotherapy with girls and young women raise awareness of their lived experience in such a way that it leads to a better understanding of their therapeutic needs?
- Is art psychotherapy able to provide a space from which girls and young women can re-imagine their lives, and can it be a catalyst for empowered recovery and transformation?
- Are there particular clinical practices that lend themselves to enhancing the health and wellbeing outcomes for girls and young women, better equipping them to understand the discriminations and barriers they (may) face?

By offering a critical feminist participatory approach and a space for the participants' voices to be central to the project, this research raises awareness of

experiences of girls' and young women's work in art psychotherapy within CAMHS, seeking to explore the participants' experiences, elucidating the ways in which dominant discourses are resisted by re-imagining, re-threading, re-connecting and creating new worlds for themselves through their work in art psychotherapy; and in doing so offers insights into improvements for art psychotherapy practice, especially when it involves people living with disadvantage and marginalisation.

Approaching this research as a critical feminist art psychotherapist, I am interested in the gendered nature of structural power (Butler, 1990, 1993; Skeggs, 1997) and understanding what it means to be gendered as a girl and a young woman in a capitalist patriarchal society (Ahmed, 2017). Holding in mind the complicity of psychotherapy that exists as part of a psychocentric model of mental health care, an anti-psych perspective (Rimke, 2016, 2018) offers a frame of reference to illuminate how oppressive power structures do not expect girls and young women to speak out and up against them (Butler, 1990, 1993; Ahmed, 2017). Studies in the field of sociology (Skeggs, 1997) and cultural studies (Berlant, 2007) have helped to uncover the ways women who are living with disadvantage and are marginalised, are negatively socially constructed in many ways, such as being overly emotional, illogical and as a result in need of being controlled. Such structures are designed to prevent women from finding ways to resist, access power and make positive changes in their lives and to their emotional wellbeing. To speak up and out against these structures is to not only come up against them in more damaging ways, but to also disrupt them (Ahmed, 2014, 2017). Employing this approach allows us to be attentive to hegemonic constructs in the social environments and institutions we work in and research in. Crucial to informing and building understanding around this were the reflexive field notes and post interview reflective notes data set as a method of capturing observations and reflections through the data collection process. It was a useful method for enabling reflexivity and thinking through what was said and what was not said, but instead felt, in the therapeutic space.

Influencing the critical feminist approach taken in this research is the growing acknowledgement within art psychotherapy of the impact of oppressive social structures, as well as the recognition of the differences in life experiences among different socio-cultural and socio-economic groups, and how economic hardship and disadvantage and lack of life opportunities negatively impact lives and wear away at self-esteem and hope. Supporting enablement of choice and a sense of control through art psychotherapy is also acknowledged within the profession (Kaplan, 2007;

Talwar, 2010; Talwar, et al., 2019), as is the ways art psychotherapy can be used to challenge the socially constructed barriers that oppress and marginalise women and girls (Kaplan, 2007; Talwar, 2010, 2019 (a), 2019 (b); Talwar, et al., 2019). There is also acknowledgement that art and access to it can be seen as unobtainable, culturally elitist, and inaccessible for the ordinary person (Wood, 1999; Guerrilla Girls, 2020).

The review of the literature also highlighted the challenges for art psychotherapy as an established intervention within the medical therapeutic industry and model of care, although it is often seen as less exacting than other interventions which are elevated as scientific and as such more valuable (Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2019 (b); Talwar, et al., 2019). Work that involves creativity and messy art materials seems to be the main constituent that defines art psychotherapy as uniquely different compared to other 'psy'-therapies (Rimke, 2016, 2018). As commented on earlier, this research, understood through a critical feminist perspective, has enabled me to further reflect on being an art psychotherapist who is working within the institutionalised psychocentric medicalised model. Critical feminisms shine a light on the power structures that operate in the lives of women and girls and provides the tools and mechanisms to resist those structures by opening portals that take us around, through and beyond them. For this project, the ways art psychotherapy can resist such power structures is most especially seen through the use of art materials. This includes the ways artwork and art making offers communication beyond the purely verbal, supporting service users to find ways to share with the self and others, past that which is expected, or they may have feared to share. Having a position that is peripheral to the biomedical model also supports the profession to offer an approach that is outside of convention, presenting possible ways to question the conventions of the biomedical model. As well as creating different kinds of ways to illustrate what service users communicated worked and did not work for them. This positioning gives the potential for art psychotherapy to offer a sanctuary to those living at the margins and to speak more to people living with disadvantage and oppression related trauma and distress (Wright and Wright, 2013, 2017, 2022).

Having the opportunity to research and have conversations with the participants around their experiences in art psychotherapy, not only highlighted their lived experiences, but also the distress they felt as girls and young women living in the world. For example, the participants discussed the distress they felt, such as living with being fearful, worried, sad, angry and of not feeling they fitted in and of experiencing abuse and trauma. Awareness of the participants' lived experience was also highlighted by

their words and what was communicated non-verbally-for example, through their images and through a smile and a gesture. In this sense their experiences of art psychotherapy were bound up in their lived experiences because their experiences of art psychotherapy were interlinked with their emotional wellbeing. Participants communicated that through work in art psychotherapy, they were able to move from emotional and mental distress to feeling calmer, to a better sense of wellbeing and understanding of the bodymind (Schalk, 2018), relationships to themselves and others. It also shone a light on the varied ways they were able to work in art psychotherapy, supporting understanding of unique ways girls and young women are governed by oppressions in their lives, and how these governances contribute to their emotional distress but also the ways girls and young women can transform themselves in spaces where they feel valued, understood, and offered ways to access their abilities to create.

Below I give a reminder of the main themes that were developed through the analysis. To guide us through this section, I will use the symbol of a thread, taken from theme 2, an apt emblem of the work of the participants. These themes traverse, thread and weave into each other and this is reflected in the discussion. This echoes the multiple communications within the art psychotherapy space, as thoughts, feelings and sensations are emerging and happening at the same time and separately. Here we try to pull out the themed threads to examine them and in places traces of other themes are attached. The data analysis and subsequent acquired knowledge offers a better understanding of what worked in art psychotherapy for the young women and girls, which I explore within this chapter. I will also offer suggestions for carrying the knowledge shared by the participants into practice, in the next section I summarise these and the discussion.

- Theme 1. Re-Imaginings -The ability to re-imagine is central to change and to make a life worth living, creating a world worth living in. Imagination is not always accessible to those overwhelmed with oppressions. To re-imagine means to have hope and optimism because you can imagine yourself and other relations as deserving to be part of the internal and external world and of being rooted to and in the world, internally and externally.
- Theme 2. Re-making threads, working together - To re-thread is to connect back to others and your inner self that you unconnected from through experiencing oppressive structures, working together encompasses working

with the self as well as in-relation to others, seeing others/self, understanding others/self/relationships through work in therapy.

- Theme 3. Re-worlding - To create a new world for yourself and those you live in relation with despite oppressions through crafting; to not only perceive and see your right to be in the social world as well as your internal world, but to literally materially produce re-imaginings, new ways of being together in the world, new systems of connectedness; to make real relational re-imaginings.

Given to me by the participants, I imagine the thread that leads us through the themes is a colourful crafting yarn, picking it up, it takes me to what they shared was present at the start of art psychotherapy, that is anxiety and/or feeling uncomfortable. The participants communicated they were anxious about coming to the service and when thinking about what was expected. Of course, as noted previously, feeling anxious at the start of something new like starting art psychotherapy and at a place where you might feel there are expectations to bring painful emotions, would not be surprising. However, these feelings were noted by all participants, therefore it is vital knowledge to be shared and the changes in those feelings are linked to what worked well for the participants. From what the participants shared, the move from feeling uncomfortable and anxious to 'comfortable' in terms of their work in art psychotherapy is understood as meaning that it became easier for them to communicate and re-connect, including through art, on distressful and upsetting subjects as they continued their time working in art psychotherapy. As Rosie and others expressed, the move to feeling comfortable was related to feeling understood, connecting to the self, seeing and feeling a connection to others and feeling seen and understood by others. The subject of initial nerves was also noted in another study highlighted by the literature research (Backos and Pagon, 1999). Similarly, observed in that study was a move from nerves to a sense of connectiveness and solidarity for work in a group. The medical model gave 3 of the participants of this research a diagnosis of anxiety (including social anxiety) but thinking past that and through critical feminisms; we understand patriarchal societal expectations placed on girls and young women (Ahmed, 2010 (a), 2010 (b), 2017; Rimke, 2016, 2018) and so for those coming to mental health services there may be an anxiety that they do not correspond to patriarchal norms. They may also bring an expectation that they should be happy but in fact are living with anxiety, unhappiness and a feeling of not being valued. There may have been a missed opportunity on discussing with the participants if they felt

different about coming to art psychotherapy as compared to the service as a whole, as their attendance increased, for them the two may well have been linked or there may have been a separating off. For some, for example, Elizabeth, there was more than anxiety about art making. We know this from the relief (a form of comfort), she described she felt after disclosing the abuse she experienced which coincided with feeling more comfortable with art making as her time working in art psychotherapy increased. Elizabeth was able to say that for her, art psychotherapy enabled her to disclose, implying the whole process and her work within it supported her towards speaking about trauma and then sharing that with others.

What has been useful in coming to think about these emotions is utilising theories of affect and considering how anxiety can feel it is fixed to you, that it is hard to shake (Ahmed, 2010 (b)). It is also problematic to share with others because you are then seen as anxious, the problem is located with you, rather than the world recognised as an anxiety inducing place, generated by societal oppressions that girls and young women and other subordinated groups are confronted with every day (Skeggs, 1997; Berlant, 2007). The knowledge shared by the participants and understood through critical feminisms, is helpful in thinking with service users/clients where and why anxiety is present for them, and may validate them not as faulty and broken bodies but as bodies that acknowledge and are responding to oppressions, which is valuable knowledge that can be used to support them to survive in a hostile world (Berlant, 2007; Lorde, 2013; Ahmed, 2017). In practice, this could mean working alongside service users in focusing on recognising moves (or not) from anxiety to feeling comfortable and how this is likely related to feeling re-connected to the self and others (as suggested in this research). Additionally, through recognising uncomfortable feelings and anxiety originate from oppressive structures there can be a shift away from themselves as failing and wrong. Access is then gained to comprehending sitting with troubling feelings as validating valuable knowledge. This emotional work can be where the knowledge gained offers a sense of autonomy over their lives.

Moving further along the thread and following it deeper into the way art materials and art making eventually supported the participants to move from uncomfortable to more comfortable feelings, we could return to the work on queer phenomenology, (Ahmed, 2006 (a), 2006 (b)) that theorises we can already be oriented to materiality and objects in the world and how our mind and body may orientate to certain materiality and objects to support us to feel comfortable and

support expression. That is, some objects can 'queer' the status quo and support us to resist oppressions. Within art psychotherapy, it is made clear the art materials and art making are to be used outside of conventions if the service user/client wants, that interaction with art materials is in whatever way is wanted, that the purpose is not academic perfection unless wanted. In other words, there is permission (providing they are safe), in terms of art materials and what is produced to step outside expectations, for example, those set in a school art class. Could it be that art materials and making within art psychotherapy can be 'queer' and therefore have the elasticity to give comfort, solidarity and sanctuary to those who feel outside of the power structures and conventions? Access to a choice of art materials has long been an established art psychotherapy practice but this research shows access to art materials that offer flexibility and ways to resist oppressions, (Sajjani, 2012; Sajjani and Kaplan, 2012; Talwar, 2010, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Waldman, 1999; Wright and Wright, 2013, 2017, 2022) are important for supporting service users to re-imagine, re-connect and find ways to be in the world (re-world). As participants reported, as the sessions progressed, sharing distress through artwork and verbally, as well as feeling they could make art, including mess without judgement and could bring emotions such as anger, frustration, sadness and a seeking of the self and placing of the self into art making. Thinking on implications for practice, with the focus here on that work within and through the art materials and images, this emotional work supported anxious/uncomfortable feelings to gradually lessen which appears to have been a catalyst for transformation, coinciding with moves towards a re-threading to self and others.

The knowledge around anxious and uncomfortable feelings shared by the girls and young women is significant and contributes to supporting the art psychotherapist to understand uncomfortable emotions that may be brought initially to art psychotherapy are more than then what might be dismissed as 'initial nerves'. What it offers is awareness that anxiety is about how someone is in the world, how what makes them anxious sticks to them (Ahmed, 2010 (b)). How entering a medical system with a history of not treating women and girls well is anxiety making, how not feeling valued in the world brings anxiety and uncomfortableness, and how to be in the world is so hard that being anxious is an understandable feeling. It tells us something is not comfortable and sitting right with how we are in the world. The flexibility of art psychotherapy to incorporate many forms of communication, made manifest through the artwork, supported release for this group of participants.

Holding in mind why initial unsettling feelings are present, where they come from, what they are telling us, especially through the tools of materials and art making then becomes a collaborative act, with art psychotherapists in solidarity with service users. This acknowledgement and supporting understanding of unsettling feelings together leads to recognition of and if/when they change, why and what that may mean about how the service user then feels and sees themselves in the world. This then supports service users to understanding they can access art, art materials and therapy, beyond classist perceptions, (Wood, 1999) as well as patriarchal, genderist, ableist and racist structures, restricting of who can/is worthy to access art (Guerrilla Girls, 2020) and therapy, supports understanding of staying with difficult and unsettling feelings (Haraway, 2016). Paying close attention to what service users say about feeling anxious and uncomfortable, deeply listening to this knowledge rather than seeking to fix the 'anxiety' will inform the profession how to work alongside people and find ways to help them negotiate being in the world.

Proceeding further along the thread of themes to focus on, the knowledge the participants shared about the materiality of art materials, that is the physicalness and corporeality of art materials is considered. This includes the importance of a choice of art materials that were flexible, accessible and could readily interact with the bodymind (Schalk, 2008) and so supporting communication and understanding of emotions, both in the external and internal world. Focusing first on clay/Plasticine, for some participants, their work with clay/Plasticine enabled them to re-imagine themselves, re-thread back to themselves and re-world by finding the material corporeally connected with them (Haraway, 2016), that it was malleable to their bodyminds (Schalk, 2018) and could orientate to them (Ahmed, 2006 (a), 2006 (b)). For example, Ariel spoke of a re-connection to her body, feeling happier within her body, through her emotional work within interactions with the art materials and artworks, in other words a finding of the bodymind (Schalk, 2018). The young women and girls communicated they especially appreciated the freedom and choices clay afforded. That is the bodily interaction with it, enabling them to experience its materiality and transmute emotions through it, a freedom that did not seem readily available to them until finding it in art psychotherapy. The materials offered liberty that translated for some to feminist statements, understandings of abilities and freedoms, hitherto suppressed, containment, sustainability, replication of emotions felt through the body and processing of emotions. As we heard from Rosie when discussing clay, "*whatever you want to, you have the ability*".



Sticking with clay/Plasticine but also incorporating what was shared regarding work with other art materials, moving to consider implications for practice. The importance of holding in mind the knowledge from this research, that sensory interaction with art materials enabled transformation of emotions and movement towards new knowledge is highlighted here. Negotiating painful emotions, current and childhood fears, difficult relationships with others and the self in the world and how their work in art psychotherapy transformed those, was most communicated by the participants in the interviews but also, in their description of the work in art psychotherapy. As discussed in the analysis, Yasmin is an example here, in her description in using messy art in therapy to express anger after a difficult class. Holly is another helpful example, in explaining how creating and making art, helped her to think deeply and more clearly. Containment seemed readily understood to be offered within the making of the image within the presence of a caring art psychotherapist. It may be what is being felt shifts in time, through making and then viewing the artwork in the art psychotherapy space; it is to be at once part of the artwork, being emotionally held at that time and with that emotion and then to shift in time through the artwork to be outside of it and to further understanding. Participants found that they could place themselves within the artwork in order to understand their position and then pull back from that position, to view the image from outside it; to switch from being of the image, to re-position to being outside the image but alongside it and understanding of it. As Ariel shared, she came to understand herself better through placing herself within the clay piece she made in art psychotherapy. This emotional work appears to enable reflection on the internal world and how the external world is felt, coming to understand how oppressions impact on how space is taken up in the world (both externally and internally).

Progressing along the thread to illuminate the significance of the choice of art materials. Descriptions of the joy and freedom of choice, seem akin to the treats on offer to a child visiting a sweet shop, with permission to spend and lighting up at the colourful choices on display. This knowledge, not only tells us about how art materials can support a return to the self and to times when joys were found but tells of what the participants were not able to access prior to their work in art psychotherapy, giving further insight into the lack of choices they faced. With the return to memories of their childhood or the younger self, participants recalled accessing memories of more carefree times, of seeing the world differently, to a time when perhaps they did not feel contorted into the shape patriarchal structures demands of them (Ahmed, 2017). For example, Bell found joy and connection back to using oil pastels with her nan, and

treasured memories as well as remembering fun with poster paints at school. Being able to access these memories, seemed for Bell and others a way back to the joy, fun (Deboys, et al., 2017) and happiness found in art materials which provided returns to old freedoms of childhood, back to their true self. For Drew, it was less about joy and fun in some of her emotional work through artwork and making, rather she found ways to access and come face to face with childhood fears and fantasy and ways to understand them. From the knowledge shared by the participants, implications for practice are keeping in mind, art making and artworks with art psychotherapy offering ways to resist oppressions and paths back to what was lost, as well as new paths to make new worlds, offering survival and flourishing (Ahmed, 2017; Haraway, 2016).

Despite constructed and controlled bodies, the way art materials provided in art psychotherapy could be orientated to their bodies were felt as being flexible, as yielding to the mind and body, as opposed to rigidity of structures of power that girls and young women come up against or are even slammed against. Utilising theories of affect and new materialisms (Ahmed, 2006 (a), 2006 (b), 2010 (a), 2010 (b); Haraway, 1991, 2016; Puar, 2009, 2011) is a useful way to examine what was being communicated by the participants in this research, because they illuminated that art psychotherapy can enable an understanding of how bodies as well as minds react emotionally to environments, and that we need to be attentive to those reactions because they are moments of pedagogy. As explored within the analysis section on participants sharing of the way materials provided in art psychotherapy could be orientated to their bodies and minds, for example, Holly, explaining how the interaction with the non-Newtonian fluid, helped her realise how she was “reacting” to it, which in turn supported her to connect to her emotions. Some of the work the participants did was to feel comfortable enough to feel uncomfortable feelings, to re-connect to them, to re-imagine the uncomfortableness and anxiety as knowledge. For example, J connecting to others feeling sad in the group (as she often did), through making art with others, making connections to the self and others through art making. This experience was reflected in her interview artwork which in part reveals to the viewer her internal world as well as movement of emotions and the body, both past and present. Or Bell, noting the importance of movement around the room through art making, relating with other bodies, towards re-connection, including through the group interacting through making art with the spin machine together. Additionally, the way Yasmin described the physicality of her bodily interaction together with her mind through the art materials when expressing anger. This knowledge seems to reflect some outcomes of the research presented in the literature search of this project, that

is benefits of art making, especially in groups leading to a sense of unity and re-connection to the self and others, (Abdulah, et al., 2022; Hartman, 2020; Kruger and Swanepoel, 2017; Tan, 2012). That art materials and art making within art psychotherapy can give freedoms, which through oppressions can be difficult to access, that they support re-connection between the mind and body (bodymind) (Schalk, 2018) and so the self. These are teachable moments, indispensable to practice, giving us insight into how lived experiences resulting from structures of power that often seek to oppress, control and contain, can be resisted through the use of creativity with art materials that can work in solidarity with young women and girls, offering imaginary shelters where they can safely be themselves.

By advocating the use of art, including materials as a form of communication beyond hegemonic constructs (Butler, 1990, 1993; Haraway, 2016) art psychotherapy can be critically feminist, supporting shifting beyond patriarchal power structures. Art materials and art making can subvert those structures, perhaps because of its fluidity, including the ability to shift and transform with the eye and touch. Elizabeth gave us another example here, finding shelter from trauma in art psychotherapy. Part of that shelter was contained within her clay pots, (made not only in the research interview but within therapy), giving a sense of containment and safety which led up to her disclosure of the abuse she experienced. This seems to indicate Elizabeth felt contained through her work in art psychotherapy to connect to her trauma, to both shelter from it but also pivot to towards the trauma and have it seen for what it was; to find comfort in order to turn to the uncomfortableness of disclosure. And through the disclosure find a relief and agency. By offering ways to make art, to view, touch, think with and through art outside of the gallery, art psychotherapy can be subversive and work in solidarity with service users and find commonality (Frederici, 2018). It can work on ways of shared understanding of what is received through art, between the service user, their inner world, the art psychotherapist and other service users (in a group), working together beyond what has been imposed by power structures.

Travelling along the thread, I notice the thread is fraying here, where we pick up on how participants spoke of lived experiences before work in art psychotherapy, of being one of isolation and un-connection to others, with very little communication with others, but through their work in art psychotherapy they reported increased communication, re-connection to family, and others as well as the self, increased trust in others and moving through the world in more manageable ways. Examining living in disconnection with the world, through theories of living in a gendered world (Butler,

1990, 1993) and assimilation of patriarchal structures (Ahmed, 1998, 2014; Butler, 1990, 1993), leading to the construction of the self as less than, of lacking, we can more fully comprehend how living in such a world can lead to girls and young women not being able to express themselves without fear of repressions. Social cultural theory also helps us to understand ways girls and young women feel policed, how an emotional explosion from a girl or young woman may be perceived as more dangerous and out of control, especially if the young woman is seen as lower class (Skeggs, 1997). This also supports the profession to understand how those coming to art psychotherapy could have become well adapted to managing in such a world. The shared descriptions of suppressed emotions building up and which eventually have to be released in an overwhelming emotional explosion, highlights how patriarchal structures police certain emotions that are suppressed, leading to anxiety, self-harm, low mood and at times presentation to services of girls and young women (Bor, et al., 2014; Rosenfield and Mouzon, 2013), but also what can be re-connected to and sat with safely within the work of art psychotherapy. Rosie's description of the clay brain she made exploding with the built-up pressure, or J's before art psychotherapy figure with pent up emotions and the after figure "learning to breathe", are examples here. Again, realising the value of what is felt and suppressed in the world but can be securely explored through art psychotherapy, emphasises the importance of art psychotherapists understanding girls and young women are policed by patriarchy, but art psychotherapy can offer ways to safely express suppressed emotions.

Tying a knot in the thread to support the thread from fraying further, we journey along the thread to focus more deeply on the significance of a physical space and a room that provides that, as well as the conceptual space, the ability to move around and enable bodies to connect and collide, (Skaife, 2008) which for the participants gradually became a safe space that they calmed in and managed to move away from some judgements towards freedom to be and express, was highlighted by most of those in the art psychotherapy group. Members of the art psychotherapy group communication regarding the group brought to light meaning, not just in what they created in the sessions, but the affect (Ahmed 2010 (a), 2010 (b)) of the situation upon their inner and outer worlds. Participants reported how re-imagining their lives within art psychotherapy empowered change outside of therapy, such as increased understanding of themselves and others. Illustrating how hidden true potential was suppressed (Ahmed, 2017), participants spoke of work in art psychotherapy, creating transformational moments, where new knowledge and understanding was acquired. There was enjoyment shared in revealing the authentic self (Sajjani and Kaplan, 2012;

Sajnani et al., 2017), often with colour and sparkle. Also reported, as already mentioned, was a better understanding of self and a re-positioning of the self, made possible by the work in the group, especially through the shared experience of creating together and looking at group members art, supporting comprehension of what others think and feel. Some expressed how the images created, sharing and talking about them (Skaife, 2008) gave birth to a force that was a freedom and opening up to possibilities (Haraway, 2016). Making artwork together, looking at others artwork enabled a realisation of how others felt and an understanding of connections to each other, a seeming excitement at now being able to transform emotions towards re-imagining, re-threading and re-connecting. Perhaps the work within the art psychotherapy group enabled a more obvious sense of truly being seen by others, just by the virtue of being with more people. However, the work in individual therapy revealed connection to the self and a re-threading back to others as the work progressed, giving a sense of 'comfort' in connection and comprehending others through the work. Considering practice implications here, this research highlights the significance of providing a physical space that enables, staying with the trouble (Haraway, 2016), staying with unsettling feelings, and offering ways to re-connect and thread back to the self through encounters in the physical space that are felt bodily, seems to support transformation in re-connecting, but also recognition of other spaces where oppressions are felt.

Picking up the thread but this time, looping it so it re-connects to its whole brings us to continuing to explore re-threading and working together, connecting to others and enabling the participants to reveal more of themselves. This includes relationships physically outside the therapy room but symbolically within therapy, re-connection to others, family and friends (alongside the re-connection to self) appeared to facilitate transformation. Increased connection to sibling relationships, re-threading back to happiness and understandings of anger, understandings of self, beyond distress to more optimistic futuristic thinking, being more open, improvements in relationships with mothers and overall better communication were among the re-connections shared. As already touched on, most told of enjoying the way art psychotherapy enabled in depth conversations, through the art or art materials, with the focus here, on the re-connection to others, especially family and the self in relation to family. This informs this research of the importance of how re-connecting, re-imagining and re-worlding through images, metaphor and stories offers ways for relational transformation (Haraway, 2016). This shared knowledge, understood through the lens of critical feminisms signifies that it is vital for art psychotherapists to

pay attention to how the work within therapy can support service users to be able to re-connect in manageable ways to the world both externally and internally.

Considering further working together with the service user within organisations such as the NHS, that is dominated by the biomedical model, some of the ways art psychotherapists can work using a critical feminist approach, is by engaging with critical feminist literature generally, and more specifically critical feminist literature related to art psychotherapy. They need to engage with an open mind and be willing to listen and learn and take the time to hear the voices of experience and knowledge. Concurrently, they need to think critically about the ways in which service users enter systems of care and educate themselves on the histories and harms of oppressive and hostile systems of care with a critical perspective. As well as, comprehending their own internalised prejudices and how oppressive structures have impacted them. By this they will come to understand and acknowledge that the model they work in is part of that system that replicates systemic structural harm and oppression. This may seem a difficult task as it requires commitment to an anti-discriminatory way of thinking and a willingness to change. It requires consistent vigilance of self and social structures and a 'staying with the trouble' (Haraway, 2016) and what is uncomfortable for transformation to occur. As already discussed, this does not mean putting up with 'the trouble' and the uncomfortableness, rather it means working to wake up to it and acknowledge it and use it as an invitation to transformation. From here the tools to critique mainstream psychotherapy will emerge. In a more explicit way, a service user centred way, by recognising the hostile world that service users inhabit, art psychotherapists can validate service users, supporting movement from self-blame to an understanding of service user responses as normal responses to harmful social systems and structures. Additionally, working alongside service users to recognise art and art making within art psychotherapy as a transforming practice and a way to collectively resist oppressive systems.

Part of this practice could include more participatory research alongside service users, additionally in supporting and encouraging service users' voices through service user forums, participation events and activism. It is also worth holding in mind how well the girls' and young women's group worked for some of the participants in terms of its design to give shelter and how this was reflected in the literature search of similar groups. However, there was no specific question asked about how the participants felt about the young women and girls only space. Further research alongside such groups and exploring the benefits or not of these may be useful.

A critical feminist approach offers up tools to move beyond a psycho-biomedical model and functions to support pre-designated sick minds and bodies to thrive and survive. It can help resist capitalism and patriarchy through challenging the notion that people struggling are unvaluable and are an unwanted cost to society. The approach works to recognise how the machinery of capitalism and patriarchy needs to oppress in order to resist change, wanting to keep the so-called needy where they are, not well and not surviving as that threatens the status quo of a system that rewards those it considers worthy. Art psychotherapy can be action against these oppressions as it can offer other ways to communicate, see the world and connect to others and the self. The physical and emotional connections and movement, the sensory and immersive actions can support movement from stuckness. Even if that is a communication of that stuckness, of being trapped by a system is a shift to moving from self-blame. This approach can go to the edges and draw to the centre those seen as undeserving and not valued by oppressive structures. Artwork can be viewed as a protest not only in therapy but outside in service user exhibitions as concrete communication of people's worlds. Artwork does not have to explicitly be about emotional pain, as some in the research is, as we have seen, artwork that appears to be about getting away from pain is still about its absence and tells us about wanting to get away from it.

It might also be beneficial for service users to have the time and space to reflect on how their transformations were achieved in order for them to acknowledge their agency and the tools that worked for them as ways to resist power structures (Butler, 1990, 1993), and ways towards a "form of self-assembly", (Ahmed, 2017, p.27) as a return to the self. As if creating and transformation in art psychotherapy offers a re-making of the self, including the self in relation to the world, a way to be in the world, re-making and re-worlding, supporting service users to continue that work beyond art psychotherapy, surviving and attempting to thrive in the world.

Tracing along the line of thread we find it has transformed into a neatly tied bow, leading us to consider another indicator of alteration of thought, that is some participants reported transformation in imagining themselves in careers they would not have seen themselves in prior to their work in art psychotherapy. Speaking of better futures, united with others, teaching and caring of others. There was not only a political ambition but a desire to re-imagine a political system, to re-world to a system of care. Thinking of what was communicated, an essential part of the outcome of therapy was

that through their work in art psychotherapy, (including their re-connection to others and the self), some participants felt validated to speak of ambitions for future careers. In response to the question of helpful clinical practices, this seems a re-connect to the world, a re-worlding and a movement to seeing the self as a vital part of the world. Art psychotherapy practice can echo critical feminisms (Moon, 2000), in that art psychotherapists aim is to work together with those who are oppressed and in distress (Wright and Wright, 2017, 2022). Practice that does this intentionally or less overtly seems to be of import to this project's participants.

Finding the piece of thread beyond the bow, we turn to how the young women and girls communicated to me through depictions beyond the human; crafting syntheses of experiences of art psychotherapy with non-humans, such as animals, plants, elements, landforms, and naturally created features. What is exciting about this is the connections and associations the young women and girls made to the non-human world and the way in which the participants see themselves literally in relation to them. Placing themselves in artwork in relation to the non-human world and for some speaking of the violence done to them, could be said to speak of an intrinsic understanding of how violence done to them is fundamentally connected to violence against the non-human world (Haraway, 2016), how patriarchy seeks to systemically dominate the other than human world as it has the minds and bodies of girls and women (TallBear, 2019). Showing how art psychotherapy can act as an agent, this research demonstrates ways that art psychotherapy can offer creative ways to work together, and opportunities for re-worlding (Haraway, 2016); opportunities for girls and young women to position themselves in a socially and environmentally damaging world and to use art to create new imaginings for themselves.

Following the thread further we return to another detail coming out of this research for clinical practice, that could lend itself to enhancing wellbeing for girls and young women, that is access to an art psychotherapist that is caring and responsive to their needs. Although this seems an obvious requirement of a therapist's practice, it may be an arts psychotherapist can demonstrate their care through the use of apparatus and art materials more palpably than a purely verbal psychotherapist. The majority of the participants reported they worked with an art psychotherapist that was flexible and responded to their needs. One of the ways this appears to have been presented was how the art psychotherapists provided access to art materials that worked for the young women and girls. Additionally, the art psychotherapist supporting the service user to access art materials and imaginations outside of therapy, for



example, the tool kit that Yasmin found helpful and the reported impact on Holly's artwork outside of therapy. As mentioned earlier, enjoyment in unusual apparatus brought into the room for the last session supported the group to further connect. An art psychotherapist that is open to possibilities, means service users feel able to bring to art psychotherapy, materials and objects that work for them or can be thought about and transformed to work for them. But beyond an art psychotherapist that embraces such an approach, is an art psychotherapist that comprehends how the service user/client may feel in and be felt by the world, (Ahmed, 2014, 2017); offering the possibility of real and material ways to be in the world (Haraway, 2016) as well as ways to orientate objects to themselves (Ahmed, 2006 (a), 2006 (b)). A number of the participants, especially those in one to one therapy, also spoke of being listened to, heard, seen and validated. Participants conveyed a sense of relief when they were able to share painful emotions around distressing experiences, coming to understand themselves better through that and process what had happened to them. If we contemplate the lack of worth placed on girls and young women and the impact this has upon them (Ahmed, 2017; Butler, 1990, 1993, 2009; Davis, 2016, 1983; hooks, 1984, 1997; Skeggs, 1997), to feel valued, heard and cared for within their relationship with the art psychotherapist seemed essential to their work in art psychotherapy.

We are nearing the end of the thread and I re-connect the length of it together by winding it around my arm, as it folds on itself, I consider the research interviews and the participants' work within it in relation to the re-threading to the self. The re-connection to the self, enabling a conversation through and with artwork, seems for most of the participants to have collapsed barriers (Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2010, 2016; Wood, 1999). This supported ways to see beyond oppressions and fears, to give alternative ways to see themselves in the world (Lorde, 2013) to re-world (Haraway, 2016) and claim their place in the world (Ahmed, 2017). To my knowledge, this understanding was not fully explored within the art psychotherapy group or one to one art psychotherapy, where the research interview with art making and a reflective conversation, offered the chance to contemplate more comprehensively the changes that had taken place. Reflecting on what has changed through their work in art psychotherapy via art and words seems an important way to validate the young women and girls' work and transformation. Research through interviews of the type used in this research offers an understanding of how art psychotherapy worked for participants and may be beneficial to the service user in comprehending any change, as well as validating their hard work and acquired

knowledge. The opportunity for a similar type of interview may not only be a reflective space, but therapeutic, supporting people to recognise any transformation that has taken place for them. Furthermore, data comprehended through the very particular frame of critical feminisms, can recognise the barriers and oppressions people face and is more able to reveal structural oppressions. Added to this is that interviewing the cross-section of young women and girls acknowledges the uniqueness of their experiences. This may have impacted on the participants appearing to respond well to being involved in the research project, in that it is not only that the oppressions they face were recognised and that the research was open to hearing and seeing the truth of their lives, but also that the aim that knowledge from the project would be shared and potentially help improve the profession and service users' experiences chimed well with them. Recommendations around this are that having similar interviews have value and can provide indications of how participants' views, and perspectives align with research approaches. They also have the potential to inform the approaches researchers take to their research studies because they facilitate research alongside service users; potentially enabling greater impact and outcomes.

Reaching the end of the thread, I take it off my arm and arrange its loops into a circle and consider its whole as I summarise this section. Understanding oppression of expression are maintained through power structures (Ahmed, 2017; Butler, 1993; Crenshaw, 2017; Haraway, 2016; Jaggar, 1989; Talwar, 2013, 2016, 2019 (a), 2019 (b); Taylor, 2017) gives a framework to comprehend how, alternate ways of being and freedoms and flexibility can be channelled through the apparatus of art psychotherapy which has the ability to offer ways to communicate outside of dominant hegemonic discourses, offering a plasticity upon which this group of girls and young women could transform their lives. The interaction with art materials and artwork enabled a portal, freeing inner and outer worlds that were previously suppressed, that can be accessed through the mind and body in unison, offering ways to support re-imagining, re-threading and re-worlding.

### Summary of Discussion and Implications for Practice

In this section, I summarise the discussion, which will include a summary of implications for practice which I have discussed in the previous section. Themes generated from the data show the young women and girls were enabled to articulate (verbally and non-verbally as well as through their artwork) how art psychotherapy

mattered and had been a valuable experience to them. Their own artwork, words and observations of their experiences indicate a rich understanding of how their lives have been transformed by their work in art psychotherapy. Most participants reported art psychotherapy enabled a space in which they could gain insight through re-connection to the self, their bodymind (Schalk, 2018), others—human and non-human animals and other life forms (Haraway, 2016)—supporting them towards new understandings and knowledge. Artwork produced by the young women and girls additionally indicated how structural power controls and functions in their lives. Their artwork and words spoke of control and struggle against oppressions as well as imaginings and visualisations outside of such governance (Butler, 1990, 1993; Ahmed, 2017). Created by this group of young women and girls their stories were both prospective and prophetic, made attainable through art making (Haraway, 2016), the telling of these stories are significant and important to share.

Sitting within critical understanding of art psychotherapy, it is hoped that this research contributes to the critical feminist knowledgebase for art psychotherapy and other interested professions, offering a valuable and unique way of understanding how art psychotherapy can work with and in solidarity with girls and young women and potentially others.

Earlier in this thesis, when discussing Butler's feminist post-structural understanding of the construction of all knowledge and how power operates and oppresses, I considered her questions at the end of her lecture on *Performativity, Precarity and Sexual Politics*, (Butler, 2009), as she contemplates what connects performativity to precarity. To support consolidating the knowledge gained and learnt through this research project, I return to her 3 questions that I proposed was analogous to this project's research questions (that hopes to raise awareness of marginal voices and seek ways to awaken consciousness of their lived experience):

- “How does the unspeakable population speak and makes its claim?
- What kind of disruption is this within the field of power?
- And how can such populations lay claim to what they require?” (p.xii)

Demonstrating how performativity is linked to precarity, Butler argues that,

“Performativity has everything to do with “who” can become produced as a recognizable subject, a subject who is living, whose life is worth sheltering and whose

life, when lost, would be worthy mourning. Precarious life characterizes such lives who do not qualify as recognizable, readable or grievable. And in this way, precarity is rubric that brings together women, queers, transgender people, the poor and the stateless.” (pp. xii-xiii).

Contemplating on Butler’s thoughts of precarity, the participants who took part in this research would be recognised as not of value and consequently precarious-they are girls and young women, some identifying as gay and bisexual, and having entered a psychocentric system (Rimke, 2016, 2018) that defines them as suffering from a mental illness. However, the participants wanted to be involved in research that sought to understand their experiences and wanted to contribute to making change by sharing what worked for them, and potentially disturb structures of power (Butler, 2009).

By taking part in this research, the young women and girls could be said to create ripples in “the field of power” (Butler, 2009, p.xii). They communicated how structural power operates in their lives, their attempts to disrupt it and how their emotional work in art psychotherapy helped them to lay claim to what they need, acquire new knowledge of relating to themselves and others and feel valued.

Throughout this thesis, utilising what knowledge the participants have shared, I have touched on how by employing critical feminisms, art psychotherapists work can benefit girls and young women living in precarity, even when the profession is part of a system of psychocentrism (Rimke, 2016, 2018) and the biomedical model (Sajnani, 2012; Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar 2019 (a), 2019 (b); Talwar, et al., 2019). Critical feminisms wake us up to oppressions, and offer ways to alert us to potential harms, when working within harmful systems. As well as considering some of the ways the profession can work within the system, I have also indicated how those systems can be disrupted to provide for a way to work more fully alongside service users. Below I will focus on what I feel should be one of the main insights revealed by the knowledge the participants shared, and something that threads through all three themes. After that, I will offer a summary of the learning to be gained from the data and how that can inform implications for practice.

Critical feminisms understanding of how disadvantage are acts of discrimination and harm against girls and young women (Ahmed 2010 (a), 2010 (b), 2017; Butler, 2009; Haraway, 2016; Jaggar,1989; Skeggs, 1997, 2001) helps us to appreciate that these impacts are felt experiences, that they are felt as physical and

emotional sensations. Art psychotherapy has the potential to enable exploration of both the cerebral and corporal affects through the materiality of touching, handling art materials, and making art because those activities are mechanisms for enabling an orientation towards our way of experiencing the world (Ahmed, 2006 (a), 2006 (b)). Emotions are felt experiences (Jaggar, 1989) that art psychotherapy can support the reshaping of (Haraway, 2016), and consequently new ways of thinking and orienting emerge. Researching, hearing and listening to the participant's voices, and observing their art making and art outputs offers the possibility of examining the impact of practice on them. The art in art psychotherapy is often viewed as the profession's uniqueness, but the notion of art understood through critical feminisms offers us a way to see it as more than art psychotherapy's distinctiveness, it is the core mechanism by which service users can build their re-imagined, re-threaded and re-worlded worlds. Art materials and art making within the containment of art psychotherapy offers multiple foundational ways to experience the self and re-build worlds, as well as communicate and dialogue this to the self and others. This contrasts with more oppressive psychocentric practices that replicate structures as mechanisms that foster disconnection to the self and/or binary bodies and minds and work to normalise those structures. Art can support those living with disadvantage and oppression, it can be yielding, elastic and fluid, working with the bodymind (Schalk, 2018) as an interrelated and mutual constitutive, to breakdown oppressive barriers, offering containment, different ways to see and re-connect to the self and others and imagine different worlds and new possibilities. It is vital this potential is communicated to service users - who are not only living with distress and oppression and often seeing no potential beyond those - as they may have experience of a psychotherapy that is based within the biomedical model of care that has a history of causing harm, and that could potentially do so again. In doing so, art psychotherapy is not only offering a space that can be felt as a sanctuary for those who are oppressed and unrecognised by conventional practices formed by patriarchal, neoliberal and capitalist structures, it is well placed to question positivist practice and knowledge (Wright and Wright, 2013, 2017, 2022). Art psychotherapy can be flexible in what it offers, giving access to creativity, imagination and many ways to communicate and be heard, facilitating and raising up voices and making visible those not recognised of value in society (Butler, 1990, 1993, 2009), supporting ways to find hope and ways to bring about change wanted and transformation towards a better life.

In order to support others coming to art psychotherapy in benefiting from the communicated knowledge this research project has brought to realisation, a

practitioner who is open to learning and orientated to the theories utilised in the project- feminist post structural, intersectional, critical race, feminist affect, feminist material theories (critical feminisms) which as discussed, can support fully understanding what is being communicated of a service user's internal and external world and shared within art psychotherapy. In making this suggestion, I return to Talwar and Sajnani, influential to this project's understanding of structures of power on the profession and the importance of writing echoing their suggestions through their calls for an intersectional, activist, critical race, critical feminist approach to arts psychotherapy education (Sajnani, 2012; Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2010, 2016, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019; Venture, 1977). This kind of arts psychotherapy education, orientated to intersectional thinking, being transparent in understanding the hostile world we are in and part of, ways oppressions have been resisted and still can be, such as activism, and through understanding that offering opportunities such as reduced training fees, would also be welcoming to potential practitioners who have been excluded in the past (Sajnani, 2012; Sajnani et al., 2017; Talwar, 2010, 2019 (a), 2019 (b); Venture, 1977). A critical feminist education practice would therefore enrich the profession and thereby service users.

## Covid-19

It is important to acknowledge at the time of the final stages of this project the Covid-19 pandemic had killed millions (of course there are still other pandemics such as Zika, as well as wars for example, in Ukraine and Syria killing people and the world is still struggling with the impact of the Covid-19 pandemic. Appalling loss of so many and the deliberate failure to act and the lack of value placed on lives by many governments, has meant the Covid-19 pandemic has made more visible racism, classism, ableism, sexism, homophobia and ageism. Also, more obviously visible are health inequalities and the legacy of colonialism as the Western world has failed to share resources fully with the Global South. Research is emerging on the devastating impact of children's and young people's mental health. A report from Evidence Based Practice Unit, published in 2020 found a number of studies across the world showed "that girls and young people of colour may be particularly impacted" (Jeffery, et al., 2020, p.2). The UK government reported women have struggled more under the Covid-19 and there is an association "between gender and the impact of COVID-19 on mental health and wellbeing" (Gov.UK, 2021, summary section). In terms of art psychotherapy and children's and young people's mental health services the effect of pandemic has meant limited chances to work in the art therapy room with art materials

and face to face appointments. Lack of access to art materials and face to face therapy means vital means of communicating, sharing, processing, connection and re-connection are missed-the significance of these quantities of art psychotherapies are borne out by this research.

## Reflection

Undertaking research has been an invaluable learning experience, it has supported me to appreciate further the value of art psychotherapy, not only for this group of participants but others accessing similar services. It has enabled me to be involved in listening and thinking deeply about experiences of art psychotherapy with girls and young women, who had their own fascinating and unique stories to tell about their experiences, that they wished to share for the benefit of the research and the impact on others. I have thought greatly about what was communicated and this has led to further insights of the processes within art psychotherapy. I have become more critically engaged at the nexus of theory and practice and to have a better understanding of service users' lived experiences, and to appreciate in greater depth the benefits for practice that employs critical feminisms.

I have been able to also appreciate and to be grateful for the struggles some early art psychotherapists had in establishing the profession. I have also found art psychotherapists who despite best intentions, appeared to be yoked to ideas and theories that do not recognise and comprehend girls and young women fully. Further discovery of art psychotherapists seeking practice that is oriented to social justice and empowering those living with oppression and distress has been inspiring.

I have developed my analytical and project management skills, and exponentially grown my knowledge base around art psychotherapy, mental health, social inequalities, and a wide range of theoretical concepts. It has also enabled me to hone research design skills, to understand research methodologies used, methods and analysis tools and strategies used, and provided me with a platform to share and disseminate my work, enabling me to influence practice and have a broader reach and impact than otherwise would be the case.

During my time researching and writing this thesis I have re-connected to my family history (see the earlier sections on reflections on the history of girls' and young women's mental health) and thought deeply on how the past impacts the present, how

it is vital to hear stories of girls' and young women's experiences which are often lost to history. Not only to hear them but face them, refusing to look away and seeing the harm done and continues to be done to the marginalised. The tragedy of my aunty Joan's story is that still some girls' and young women's stories are not that different now, but we can hear for the group of participants that through their work in art psychotherapy they found a way to survive a hostile world. Of course, I cannot help thinking if Joan had access to any form of art psychotherapy? Even if she did, was she so medicated she could not access therapy? Or if she could have seen someone like Adamson who started work about the time Joan would have been institutionalised. I think of Rolanda Polonsky who worked with Adamson and eventually left the hospital and how Joan did not leave the care system. I was brought even closer to the past and the current state of services for girls and women when I suffered a relatively short period of emotional distress due to burn out, including secondary trauma as I was writing this thesis. I share this here to honour the girls and young women of this project who shared their stories with me. In doing so, I acknowledge the bravery it takes to share how hard it can be at times to be girls and women in the world, not only that, but their generosity given in imparting that knowledge to help others.

Reflecting back, to some difficult days, especially in the early days of the struggles to get the research going and at other times such as the Covid-19 pandemic when my energies and thinking were needed in my work as a therapist, I treasured the support I have received from many wonderfully caring and wise people who have encouraged me to continue despite setbacks and that had trust that the project was worthy and could make a valuable contribution.

## Chapter 7: Conclusions

This project research with young women and girls about their individual experiences of art psychotherapy enables a rich understanding of how their lives have been transformed by art psychotherapy. Capturing what worked for this group of young women and girls and what did not work for them, as well as apprehending the agency this group acquired through their work in art psychotherapy was an outcome of this research.

Comprehended through critical feminist, feminist post structural, intersectional, affect theory and new materialism theories, art psychotherapy has the possibility to offer a way of sharing knowledge, of receiving and accepting new knowledge, of



creating and disassembling, of recreating, of dropping and re-threading and of re-worlding. This approach offers essential ways and critical interrogations of girls' and young women's experiences and ways to transform their worlds, through re-imagining, re-threading and re-worlding.

Centralising young women's and girls' voices in discussion about art psychotherapy against a backdrop of patriarchal, capitalist, racist and ableist society shows that all voices matter. As discussed throughout this project, understanding the social situation, power structures and oppressions people suffer is essential for art psychotherapy to meaningfully work alongside those who come to art psychotherapy. It is the reality of people's internal and outer worlds, as this group of young women and girls communicated, and therefore what they will bring to therapy. Not to look beyond rudimentary social indicators is to negate how it is for people to be in and attempt to navigate the world in the context of oppressive societal systems that do not value them (Ahmed, 2010 (a), 2010 (b), 2017; Berlant, 2007; Butler, 1990, 1993, 2009). For most of this group of young women and girls, essential to their transformation was finding a space in art psychotherapy to start to comprehend their suffering; a space that it was accepted that their distress could be communicated in subtle ways, in overt ways, as well as simple ways and in complex ways, with words and without words, through art materials and artworks. If we do not accept or understand how the patriarchal system has dominated how we practice art psychotherapy, (Sajnani, 2012; Sajnani et al., 2017; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019; Venture 1977) we not only overlook a large percentage of the world's population, we are also complicit in the many ways women and girls are oppressed, as well as not comprehending how all beings are subjugated by such a system. Alongside this critical feminist knowledge is the understanding of the importance of arts psychotherapies capacity to offer a hopeful existence, as most of the participants in this research found, art materials, artworks and artist endeavours can be crucial in offering routes towards hope, survival, and transformation.

### Limitations

In reflecting on limitations for this study, it is important to acknowledge again that this research took place in the service that I worked as a senior clinician and art psychotherapist. Also, that I knew the art psychotherapists who the participants had worked with. I was more familiar with some clinics than others where I met the participants. I was transparent with the participants, at the initial meeting,

acknowledging that I was an art psychotherapist and researcher and that I worked for the same NHS Trust as the art psychotherapists they worked with. I also stressed to the participants, that for the research, I was talking to them in my capacity as a researcher, reminding them before the research interview that this was a research interview and not therapy. Although talking to them as such, I could have been perceived as being interested in positive outcomes, that is I am part of the profession and therefore invested in it. Nevertheless, it could be, that the awareness that I was an art psychotherapist supported the participants to feel what they were communicating would be readily understood and received. Additionally, my knowledge acquired through work within the profession, may have supported understanding of the richness of what was found.

All interview transcripts were checked by the participants and approved. However, further meetings were not made beyond the research interviews, to discuss the themes which may have missed an opportunity of gaining insight on the themes from the participants. The decision was made early in the research design, not to include member checking of the themes when discussing the research design with service users. In these discussions it was decided the length of time needed for the part-time study, meant for service users to return to the service for further interviews could be a reminder of some of the emotionally painful reasons they were in the service and may cause distress. This decision is in keeping with other research when considering the use of member checking of themes and possible harm to participants (Thomas, 2017).

This research used a small sample due to the limited time, various restraints such as being only one researcher, the PhD timescale, and the limited number of possible participants within the NHS Trust in the specific area of the UK.

The design of the research meant selection of participants was non-randomised and the nature of the research interviews meant samples are biased and self-selecting. As a convenience sample was used, it is possible that the young women and girls who were interested in the research were positively oriented toward their experiences. The research findings are not transferable generally as they apply to this group of participants at the time of the data collection. However, qualitative research is well established within psychotherapy studies (Finlay, 2015) and ethical approval for the approach was sought and received for the research design from two ethics committees. Established trustworthy methods of data collection and analysis that

required the researcher's interpretation of meaning of what is explored were utilised (Braun and Clarke, 2006; Clarke and Braun, 2018) and I believe yielded rich and multifaceted information. The themes and meaning were conscientiously sought and refined, nevertheless, recognition is given that this approach means that there could be more information to discover and that I as the researcher made a "interpretative judgement" (Braun and Clarke, 2021, p.210) of when no further thematic information was available to be explored (saturation was reached). However, what was shared by the participants was fertile and complex and gives an understanding of their lived experiences as well as their emotional work within art psychotherapy. The use of reflexivity (Finlay, 2003; Etherington, 2004; Hesse-Biber, 2014 (a), 2014 (b)) enabled transparency, recognition of the positionality and situatedness of the researcher, supporting socio-political and socio-cultural contextualising reflexive processes.

Half of the participants were working class and the other half straddled working and middle class, something that echoed my own background. It may be that the participants were able to recognise my background and that along with our shared gender and the research aim, is likely to established identification between us.

Despite the sample recruited offering a broad range in terms of class, this was not successful in terms of race, neurodiversity and disability. Attempts were made to recruit a broad range of participants by, for example, using the figure of an owl (a popular motif at the time) within the research paperwork, which was not only chosen to reflect the wisdom of girls and young women but to avoid using the human figure which may have signified exclusion to some girls and young women. Art Psychotherapists within the service were all also requested to ask all eligible participants if they wanted to take part in the research. Recruitment posters were displayed in all available areas of clinics.

Nearly all the participants were white which was indicative of the area and those accessing the service where the study took place. It is also reflective of children and adolescents accessing mental health services in the UK (Sadler, et al, p.17, 2018). Many populations of young people and families find they are barriers to seeking help, for example, a systemic review of 53 studies exploring why children and adolescents across the world do not seek mental health support, found the main reasons is lack of information and the stigma connected to mental health (Radez et al., 2021). The whiteness of the sample could also be indicative of how Black and of colour girls and young women may be alienated by arts psychotherapy/arts therapists because the

profession generally is very white, (Gipson, 2019; Sajnani, 2012, Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019; Venture, 1977) and/or the lack of access to art psychotherapy afforded to them. Additionally, Black and of colour girls and young women may feel alienated by the arts and the lack of their representation therein (Wreyford, et al, 2021), and so feel art psychotherapy is not accessible to them. Race was talked of once in the interviews with participants but was not reflected on as something present in therapy sessions. However, a lack of discussion about racialised experiences being expressed in a majority-white context is significant in itself for what it conceals (Ahmed, 1998). In other words, there is no need for racialised experiences to be acknowledged because whiteness is assumed in the silence it takes on; white privilege can mean racialised experiences remain silent and concealed. Critical feminist work (Ahmed, 1998, 2004 (a); Barber and Campbell, 1999; Campbell and Gaga, 1997; Campbell et al., 1999; Crenshaw, 1989, 1991, 2017; Gipson 2019; Sajnani, 2012, Sajnani and Kaplan, 2012; Sajnani et al., 2017; Talwar, 2010, Talwar, 2016, Talwar, 2019 (a), 2019 (b), 2019 (c), 2019 (d); Talwar et al., 2019; Taylor, 2017; Venture, 1977) has offered a way for this study to interrogate participants' and researcher positionality and situatedness (Haraway, 1991) and acknowledge how that limits what the data can tell us.

## Summary

Gaining a qualitative understanding of how art psychotherapy worked for this set of girls and young women is valuable knowledge that could inform work with other girls and young women accessing related services. A critical feminist inflected art psychotherapy can highlight the experiences of girls and young women and better engage in practice what attends to their needs in a time that is seeing the development of an epidemic in women's and girls' mental illness. This approach could also support girls and young women to reclaim for themselves art and the artistic world which does not usually represent them and see their expressions as of value (Guerrilla Girls, 2020). Awareness and discussions include troubling emotions (affects) reveal what it is to be in the world and come up against oppressions (Ahmed, 2010 (a), 2010, (b); Berlant, 2007). This then exposes the reality, that accountability should not sit with the individual but within discriminating power structures. Validation is then discovered in the struggles of the ordinary life and the emotional work needed to simply survive and be in the world. The emotional work done in art psychotherapy can then be appreciated as a site of resistance, giving agency and seeking ways to thrive. Guidelines

stipulating the need for practice to orientate around the materiality of lived experiences supporting understanding of the gendered experience of girls and young women, listening to marginalised voices and understanding the politics of lived experiences, in being attentive to our own positionality and situatedness and considering the reality of service users, could mean the profession working more in solidarity with service users, strengthening cohesion and potential for transformation. Moving the profession towards post-structural, post-human and critical feminist frames of reference through training that emphasises the potential those theories have to support girls and young women to re-imagine, re-connect, re-world and transform themselves and the worlds they inhabit, could offer an enhanced and enriching form of art psychotherapy.

## Reference List

Abdulah, D. M., Abdulla, B. M. O., Liamputtong, P. (2022). The lived experience of surviving from the Islamic State attack and capture in Iraq and Syria: An arts-based qualitative study with Yazidi young women. *International Journal of Social Psychiatry*. <https://doi.org/10.1177/00207640211068981> (Last accessed 22/03/22).

Adamson, E. (1991). *Art as Healing*. Coventure Ltd. London. Boston.

The Adamson Collection at SLaM. (2017). Available at [www.slam.nhs.uk/about-us/art-and-history/the-adamson-collection](http://www.slam.nhs.uk/about-us/art-and-history/the-adamson-collection) (Last accessed 05/08/17).

The Adamson Collection at the Wellcome Collection. (2017). Available at [wellcomecollection.org/adamson-collection](http://wellcomecollection.org/adamson-collection) and <http://www.adamsoncollectiontrust.org/images/> (Last accessed 05/08/17).

Agell, G. (1998). Rita Simon: An interview with a founder of art therapy in Britain. *American Journal of Art Therapy*.36.3. pp. 68-80.

Agenda, Alliance for Women and Girls at Risk. (2020). Struggling alone. Girls' and young women's mental health (Girls Speak briefing). Available at <https://weareagenda.org/wp-content/uploads/2020/11/Struggling-Alone-3.pdf> (Last accessed 30/07/21).

Ahmed, S. (1998). *Differences that matter: Feminist theory and postmodernism*. Cambridge University Press. Cambridge.

Ahmed, S. (2000). *Strange encounters: Embodied others in post-coloniality*. Routledge. London and New York.

Ahmed, S. 2004 (a). Declarations of whiteness: The non-performativity of anti-racism. *Borderlandsejournal*. 3.2. available from. [http://www.borderlands.net.au/vol3no2\\_2004/ahmed\\_declarations.htm](http://www.borderlands.net.au/vol3no2_2004/ahmed_declarations.htm) (Last assessed 14/01/20).

Ahmed, S. (2004) (b). *The Cultural Politics of Emotion*. Edinburgh. Edinburgh University Press.

Ahmed, S. (2006) (a). *Queer phenomenology: Orientations, objects, others*. Duke University Press. Durham and London.

Ahmed, S. (2006) (b). Orientations: Toward a queer phenomenology. *GLQ: A Journal of Lesbian and Gay Studies*. 12.4. pp.543-574. Available from <https://muse.jhu.edu/article/202832> (Last assessed 12/10/20).

Ahmed, S. (2010) (a). Happy objects. In Gregg, M. and Seigworth G. J. (Eds.). *The Affect Theory Reader*. Duke University Press: Durham and London.

Ahmed, S. (2010) (b). *The Promise of Happiness*. Duke University Press. Durham. NC and London.

Ahmed, S. (2014). *Willful Subjects*. Duke University Press: Durham and London.

Ahmed, S. (2017). *Living a Feminist Life*. Duke University Press Books. Durham and London.

Aldama, A., Rimke, H. (2003). Constituting transgressive interiorities: 19th century psychiatric readings of morally mad bodies. *Violence and the body: Race, gender and the state*. In A. Arturo (Ed.), *Violence and the body: Race, gender and the State*. pp. 403-28. Indiana University Press. Bloomington, Indiana.

American Art Therapy Association (AATA). (2021). *About Art Therapy*. Available at <https://arttherapy.org/about-art-therapy/> (Last accessed 14/09/21).

Andrade del Corro, M. (2014). Street children in Mexico and the intervention of Art Therapy as a psychosocial perspective and model of social action. *ATOL: Art Therapy Online*. 5 (1). pp.1-8. Available at <http://journals.gold.ac.uk/index.php/atol/article/view/331/361> (Last accessed 30/04/18).

Appignanesi, L. (2009). *Mad, Bad, and Sad: A History of Women and the Mind Doctors*. WW Norton & Company. London.

Arguile, R. (1997). Art therapy with children and adolescents. In Waller, D. and Gilroy, A. (Eds). *Art therapy: A handbook*. Open University Press. Buckingham and Philadelphia.

Association for Young People's Health (AYPH). (2019) Key data on young people 2019, latest information and statistics. [https://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH\\_KDYP2019\\_FullVersion.pdf](https://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_FullVersion.pdf) (Last assessed 01/11/21).

Backos, A., Pagon, B. (1999). *Finding a voice: Art therapy with female adolescent sexual abuse survivors*. *Art Therapy*. 16.3. pp.126-132. <https://doi.org/10.1080/07421656.1999.10129650> (Last accessed 17/07/21).

Baltimore Afro-American. (1976). Salute of the week. Oct 30. p4. Available at <https://news.google.com/newspapers?nid=2205&dat=19761030&id=RBInAAAAIBAJ&sjid=UwMGAAAAIBAJ&pg=3339,3390489&hl=en> (Last accessed 23/09/17).

Barber, V., Campbell, J. (1999). Living colour in art therapy: Visual and verbal narrative of black and white. In J. Campbell, M. Liebmann, F. Brooks, J. Jones, C. Ward (Eds.). *Art Therapy, race, and culture*. pp. 21-36. Jessica Kingsley Publishers. London.

Barrett, S. (2019). From adult lunatic asylums to CAMHS community care: the evolution of specialist mental health care for children and adolescents 1948-2018. *Revue Française de Civilisation Britannique. French Journal of British Studies*. 24. pp. XXIV-3. <https://doi.org/10.4000/rfcb.4138> (Last accessed 18/07/21).

Bazargan, Y., Pakdaman, S. (2016). The effectiveness of art therapy in reducing internalizing and externalizing problems of female adolescents. *Archives of Iranian Medicine*. 19 (1). pp. 51–56.

Berkowitz, S. (2007). Art therapy for this multicultural world. In Kaplan, F. F. (Ed.). *Art Therapy and Social Action*. Jessica Kinsley Publishers. UK and USA.

Berlant, L. (2007). Slow death (sovereignty, obesity, lateral agency). *Critical Inquiry*. 33. (4). pp. 754-80.



Black Smith, M. (2014). *At the feet of a master: What Georgette Seabrooke Powell taught me about art, activism, and the creative Sisterhood*. The Hampton Institute. Available at <http://www.hamptoninstitution.org/georgette-seabrooke-powell.html#WZhT46OZP-Y> (Last accessed 18/08/2017).

Blanchard, M., & Farber, B. A. (2018). Lying in psychotherapy: Why and what clients don't tell their therapist about therapy and their relationship. In *Disclosure and Concealment in Psychotherapy* (pp. 90-112). Routledge.

Boekhoven, B., Bowker, A., Davidson, S., Cacciato, A., Gray, B. (2012). Review of arts-based therapies for Canadian youth with lived experience of mental illness'. *Vulnerable Children and Youth Studies: An international interdisciplinary journal for research, policy and care*. 7:2. pp.164-173. <http://dx.doi.org/10.1080/17450128.2012.661890> (Last assessed 25/03/22).

Bor, W., Dean, A., Najman, J., Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian and New Zealand Journal of Psychiatry*. 48(7). pp. 606-616. <https://doi.org/10.1177/0004867414533834> (Last assessed 18/08/18).

Boston C., Short, G. (2006). Notes: Georgette Seabrook Powell. *Art therapy: Journal of the American Art Therapy Association*. 23. (2). pp. 89-90. <https://doi.org/10.1080/07421656.2006.10129649> (Last assessed 18/08/18).

Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, (3:2) pp. 77-110. <https://psycnet.apa.org/doi/10.1191/1478088706qp063oa> (Last assessed 20/07/21).

Braun, V., Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*. 13(2). pp. 201-216. <https://doi.org/10.1080/2159676X.2019.1704846> (last accessed 22/02/22)

British Association of Art Therapists (BAAT). (2021). *About BAAT*. Available at: <http://www.baat.org/About-BAAT> (Last accessed 14/09/21).

Butler, J. (1990). *Gender trouble: Feminism and the subversion of Identity*. Routledge. New York.

Butler, J. (1993). *Bodies that matter: On the discursive limits of "sex"*. Routledge. London.

Butler, J. (2009). Performativity, precarity and sexual politics. *AIBR REvista de Antropologia Iberoamericana*. 4. 3. <http://dx.doi.org/10.11156/aibr.040305> (Last assessed 15/08/18).

Campbell, O.L.K., Bann, D., Patalay, P. (2021) 'The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries'. *SSM Population Health*, (13) <https://doi.org/10.1016/j.ssmph.2021.100742> Last assessed August 2021

Campbell, J., Gaga, D. A. (1997). Black on black therapy: dreaming colours. In S. Hogan. (Ed.) *Feminist Approaches to Art Therapy*. Routledge. New York.

Campbell, J., Liebmann, M., Brooks, F., Jones, J., Ward, C. (1999). (Eds.). *Art Therapy: Race and Culture*. Jessica Kingsley Publishers. London.

Case, C. (1999). Foreign Images, Images of Race and Culture in Therapy with Children. In J. Campbell et al. (Eds). *Art therapy, race and culture*. Jessica Kingsley Publishers. UK and USA.

Case, C., Dalley, T. (Eds.). (2006). *The Handbook of Art Therapy (2<sup>nd</sup> ed.)*. Routledge: London and New York.

Campbell, O.L.K., Bann, D., Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM Population Health*, (13). <https://doi.org/10.1016/j.ssmph.2021.100742> (Last assessed 01/08/21).

Clarke, V., Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research* 2018 (18) pp. 107-110. <https://doi.org/10.1002/capr.12165> (Last 06/06/21).

Collier, J., Eastwood, C. (2022). *Intersectionality in the arts psychotherapies*. Jessica Kingsley Publishers. London and Philadelphia.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*. 1989 (1). Article 8. pp. 139-67.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics and violence against women of colour. *Stanford Law Review*. 43. (6). pp. 1241–99.

Crenshaw, K. (2017). *On Intersectionality: Essential writings*. New Press. New York.

Cvetkovich, A. (2012). *Depression: A public feeling*. Duke University Press. Durham and London.

Dale, P., Melling, J. 2006. (Eds.) *Mental illness and learning disability since 1850: Finding a place for mental disorder in the United Kingdom*. Routledge. London.

Da Silva, D. (2012). *The Health Foundation evidence: Helping people share decisions*. The Health Foundation. London.

Dalley, T. (Ed) (1996). *Art as Therapy: An introduction to the use of art as a therapeutic technique*. Routledge. St Ives.

Davis, A, Y. (2016). *Freedom is a Constant Struggle*. Haymarket Books. Chicago.

Davis, A, Y. (1983). *Women, Race, & Class*. Vintage Books. Random House Inc. New York.

Deboys, D., Holttum, S., Wright, K. (2017). Processes of change in school-based art therapy with children: A systematic qualitative study. *International Journal of Art Therapy*. 22.(3). pp. 118-131. <https://doi.org/10.1080/17454832.2016.1262882> (Last assessed 17/07/19).

DiAngelo, R. (2019). *White fragility: Why it's so hard for white people to talk about racism*. Penguin Random House. UK.

Du Bois, W. E. B. (2007) *The souls of Black folk*. (Ed.) Edwards, B. H. Oxford University Press. Oxford.

Eastwood, C. (2012). Art therapy with women with borderline personality disorder: A feminist perspective. *International Journal of Art psychotherapy: Formerly Inscape*. 1. 17. pp. 98-114. <https://doi.org/10.1080/17454832.2012.734837> (Last accessed 20/07/17).

Eastwood, C (2021). White privilege and art therapy in the UK: are we doing the work? *International Journal of Art Therapy*. pp.1-8. <https://doi.org/10.1080/17454832.2020.1856159> (Last accessed 04/04/22).

Edwards, C., Hegerty, S. (2018). Where it's cool to be Kitty: An art therapy group for young people with mental health issues using origami and mindfulness. *SOCIAL WORK WITH GROUPS*. 41.1-2. pp.151-164. <https://doi.org/10.1080/01609513.2016.1258625> (Last accessed 11/04/22).

Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. Jessica Kingsley Publishers. London.

Evans, B., Rahman, S., Jones, E. (2008). Managing the unmanageable': interwar child psychiatry at the Maudsley Hospital, London. *History of Psychiatry*. 19 (4). pp.454-475. <https://doi.org/10.1177/0957154X08089619> (Last accessed 05/05/22)

Fine, C. (2010). *Delusions of gender. The real science behind sex differences*. Icon books. London.

Finlay, L. (2003). Reflexive journey: mapping multiple routes. In L. Finlay., B. Gough (Eds.). *Reflexivity: A practical guide for researchers in health and social sciences*. Blackwell Science Ltd. Oxford.

Finlay, L. (2015). Qualitative methods. In Moller, N., Vossler, A. (Eds). *The Counselling and Psychotherapy Research Handbook*. Sage Publications Ltd. London.

Frederici, S. (2018). *Witches, witch-hunting, and women*. PM Press. Oakland.CA.

Freud, S. (1962). Screen memories. In J. Strachey (Ed. & Tr.). *The standard edition of the complete psychological works of Sigmund Freud*. (3). Hogarth Press. London. (Original work published 1899).

Freud, S. (2002). In Huish, L. A. (tr.) *The 'Wolfman' and other cases*. Penguin. UK. (Original work published 1918).

Geraghty, B. (1985). Case study: Art therapy with a Native Alaskan girl on a pediatric ward. *American Journal of Art Therapy*. 23.4. pp. 126-128.

Gipson, L. (2015). Is cultural competence enough? Deepening social justice pedagogy in art therapy. *Art Therapy*. 32.3. pp. 142-145. <https://doi.org/10.1080/07421656.2015.1060835> (Last accessed 23/07/21).

Gipson, L. (2019). Envisioning Black women's consciousness in art therapy. In S. Talwar (Ed.). *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.

Gipson, L., Norris, M., Amaral, L., Tesfaye, J., Hiscox, A. (2021). What are you all going to do to keep Black women in art therapy? *Voices: A world forum for music therapy*. 21. (1). <https://doi.org/10.15845/voices.v21i1.3200> (Last accessed 30/10/22).

Girlguiding (2015). Girls' attitudes survey. <https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girls-attitudes-survey-2015.pdf> (Last assessed 15/10/19).

Grebosz-Haring K., Thun-Hohenstein, L., Schuchter-Wiegand, AK., Irons, Y., Bathke, A., Phillips, K., Clift, S. (2022). The need for robust critique of arts and health research: Young people, art therapy and mental health. *Frontiers in Psychology*. 13:821093. <https://doi.org/10.3389/fpsyg.2022.821093> (Last accessed 30/10/22).

Gov.UK. (2021) Research and analysis. Gender spotlight. (5). <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-spotlights/gender-covid-19-mental-health-and-wellbeing-surveillance-report> (Last accessed 05/08/21).

Guerrilla Girls. (2020). *Guerrilla girls: The art of behaving badly*. Chronicle Books.

Hahna, N. (2013). Towards an emancipatory practice: Incorporating feminist pedagogy in the creative arts therapies. *The Arts in Psychotherapy*. 40.(4). pp. 436-440. <https://doi.org/10.1016/j.aip.2013.05.002> (Last accessed 23/07/21).

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial. *Feminist Studies*, 14(3). pp. 575–599. <https://doi.org/10.2307/3178066> (Last accessed 20/08/21).

Haraway, D. (1991). *Simians, cyborgs, and women: The reinvention of nature*. London: Free Association Books.

Haraway, D. J. (2016). *Staying with the trouble: Making kin in the Chthulucene*. Duke University Press. Durham and London.

Haddad, B. (2014). 'From a good-enough mother to a good-enough sister: Art therapy with Multicultural Groups of Refugees. *ATOL: Art Therapy OnLine*. 5.(1). pp.1-12. <http://journals.gold.ac.uk/index.php/atol/article/view/332/362> (Last accessed 30/04/18).

Hartman, A. (2020). Telling my story in the gallery: Art therapy with females on the autism spectrum. *Art Therapy, Journal of the American Art Therapy Association*. 37.(4). pp. 208-212. <https://doi.org/10.1080/07421656.2020.1824560> (Last accessed 08/08/21).

Hawton, K., James, A. (2005). Suicide and deliberate self-harm in young people. *BMJ*. 330 (7496). pp. 891-894. <https://doi.org/10.1136/bmj.330.7496.891> (Last accessed 23/01/17).

Herrmann, U. (1995). A Trojan Horse of Clay: Art therapy in a residential school for the blind. *The Arts in Psychotherapy*. 22. 3. pp. 229-234. [https://doi.org/10.1016/0197-4556\(95\)00023-X](https://doi.org/10.1016/0197-4556(95)00023-X) (Last accessed 16/02/22).

Hesse, P.P (1981) Colour, form and silence: (A formal analysis of drawings of a child who did not speak). *The Arts in Psychotherapy*. 8.3-4. pp.175-184. [https://doi.org/10.1016/0197-4556\(81\)90029-0](https://doi.org/10.1016/0197-4556(81)90029-0) (Last assessed 10/04/22).

Hesse-Biber, S. N. (2014) (a). Feminist research: exploring, interrogating, and transforming the interconnections of epistemology, methodology, and method. In S. N. Hesse-Biber (Ed). *Handbook of Feminist Research: Theory and Praxis*. Thousand Oaks: Sage Publications.

Hesse-Biber, S.N., Piatelli, D. (2014) (b). The feminist practice of holistic reflexivity. In S. N. Hesse-Biber (Ed). *Handbook of feminist research: Theory and praxis*. Thousand Oaks. Sage Publications.

Higenbottam W. (2004) In Her Image. *Canadian Art Therapy Association Journal*. 17.(1). pp. 10-16. [DOI: 10.1080/08322473.2004.11432256](https://doi.org/10.1080/08322473.2004.11432256) (Last accessed 14/04/22).

Hill A. (1945). *Art versus illness, a story of art therapy*. G Allen and Unwin. London.

Hogan S. (1997). *Feminist approaches to art therapy*. Routledge.

Hogan S. (2000). British art therapy pioneer: Edward Adamson: a non-interventionist approach. *History of Psychiatry*. 11. pp. 259-71.  
<https://doi.org/10.1177%2F0957154X0001104302> (Last accessed 23/05/20).

Hogan, S. (2001). *Healing arts: The history of art therapy*. Jessica Kingsley Publishers. London.

Hogan, S. (2002). *Feminist approaches to art therapy*. Routledge. New York.

Hogan, S. (2003). *Gender issues in art therapy*. Jessica Kingsley publishers. London.

Hogan, S. (2012) (a). *Revisiting feminist approaches to art therapy*. Berghahn Books. New York and Oxford.

Hogan, S. (2012) (b). Problems of identity, deconstructing gender in art therapy. In Hogan, S. (Ed) *Revisiting feminist approaches to art therapy*. Berghahn Books. New York and Oxford.

Hogan, S. (2012) (c). A tasty drop of dragon's blood, self-identity, sexuality and motherhood. In Hogan, S. (Ed) *Revisiting feminist approaches to art therapy*. Berghahn Books. New York and Oxford.

Hogan, S. (2013) (a). Your Body is a battleground: Art therapy with women. *The Arts in Psychotherapy*. 40. pp. 415–419. <https://doi.org/10.1016/j.aip.2013.05.003> (Last accessed 10/05/21).

Hogan, S. (2013) (b). Peripheries and borders: Pushing the boundaries of visual research. *International Journal of Art Therapy: Formerly Inscape*. 18. 2. pp. 67-74. <https://doi.org/10.1080/17454832.2013.797480> (Last accessed 10/05/21).

Hogan, S. Pink, S. (2010) 'Routes to interiorities: Art therapy and knowing in anthropology'. *Visual Anthropology*. 23:2. pp. 158-174. <https://doi.org/10.1080/08949460903475625> (Last accessed 10/05/21).

Hogan, S., Coulter, A, M. (2014). *The introductory guide to art therapy: Experiential teaching and learning*. Routledge. New York.

hooks, b. (1984) *Feminist Theory: From margin to center*. South End Press. Boston.

hooks, b. (1997). Cultural criticism and transformation. DVD. *The Media Foundation*. USA.

Huss, E. (2016). Toward a social critical, analytical prism in art therapy: The example of marginalized Bedouin women's images. *The Arts in Psychotherapy*. 50. pp. 84–90. <https://doi.org/10.1016/j.aip.2016.05.017> (Last accessed 30/07/20).

Isfahani, N. S. (2008). Art therapy with a young refugee woman – survivor of war. *International Journal of Art Therapy: Formerly Inscape*. 13. 2. pp. 79-87. <https://doi.org/10.1080/17454830802503453> (Last accessed 25/05/18).

Jaggar, A, M. (1989). Love and knowledge: Emotion in feminist epistemology. *Inquiry*. 32. 2. pp. 151-76. <https://doi.org/10.1080/00201748908602185> (Last assessed 25/05/18).



Jakab, I., Howard, M, C. (1969). Art Therapy with a 12-year-old girl who witnessed suicide and developed school phobia. *Psychotherapy and Psychosomatics*. 17. 5/6. pp. 309-324. Published by S. Karger AG.

[Stable URL: https://www.jstor.org/stable/45112649](https://www.jstor.org/stable/45112649) (Last accessed 25<sup>th</sup> March 2022).

Jeffery, M., Lereya, T., Edbrooke-Childs, J., Deighton, J., Tait, N., Cortina, M. A. (2020). Emerging evidence (issue 6). coronavirus and children and young people's mental health. *Evidence Based Practice Unit*. London.

[https://www.annafreud.org/media/13037/emerging-evidence-6\\_final.pdf](https://www.annafreud.org/media/13037/emerging-evidence-6_final.pdf) (Last accessed 23/01/21).

Jung, C. (1989). *Memories, Dreams, Reflections*. Random House. New York. (Original English translation published 1963).

Junge, M.B (1994). *A History of Art Therapy in the United States*. Mundelein, IL. American Art Therapy Association.

Junge, M. B. (2007). The art therapist as social activist - reflections on a life. In F. F. Kaplan. *Art Therapy and Social Action*. Jessica Kinsley Publishers. UK and USA.

Junge, M. B. (2010). *The modern history of art therapy in the United States*. Charles C Thomas Publisher Ltd: Springfield. Illinois.

Kaimal, G. K., Ray, J., M. Muniz. (2016). Reduction of cortisol levels and participants' responses following art making. *Art Therapy: Journal of the American Art Therapy Association* 33:74–80.

<https://doi.org/10.1080/07421656.2016.1166832> (Last accessed 23/03/22).

Kalmanowitz, D., Lloyd, B. (1999). Fragments of art at work: Art therapy in the former Yugoslavia. *The Arts in Psychotherapy*. 26.1. pp.15-25.

[https://doi.org/10.1016/S0197-4556\(98\)00027-6](https://doi.org/10.1016/S0197-4556(98)00027-6) (Last accessed 23/03/22).

Kapitan, L. (2015). Social action in practice: Shifting the ethnocentric lens in cross-cultural art therapy encounters. *Art Therapy*. 32:3. pp. 104-111.

<https://doi.org/10.1080/07421656.2015.1060403> (Last assessed 06/06/21).

Kaplan, F. F. (2007). *Art Therapy and Social Action*. Jessica Kingsley Publishers. UK and USA.

Kerr, C. (2014). *Multicultural Family Art Therapy*. Routledge. London.

Klein, M. (1932). *The psycho-analysis of children*. Vintage. London.

Kometiani, M. K., Farmer, K. W. (2019). Exploring resilience through case studies of art therapy with sex trafficking survivors and their advocates. *The Arts in Psychotherapy*. 67. <https://doi.org/10.1016/j.aip.2019.101582> (Last assessed 03/03/2022).

Kramer, E., Ulman, E. (2000). Exploration of Definition. In Kramer, E., Gerity, L. A. (Eds). *Art as therapy: Collected papers*. Jessica Kingsley Publishers. London.

Kramer, E. (2000). A History and Lineage of Art Therapy as Practiced'. In Kramer, E., Gerity, L. A. (Eds) *Art as therapy: Collected papers*. Jessica Kingsley Publishers. London.

Kramer, E. (2016). Sublimation and art therapy. In J. A. Rubin (Ed.) *Approaches to Art Therapy*. Routledge. New York, London.

Kristeva, J. (2001). *Melanie Klein (European perspectives: Series in social thought and cultural criticism)* (tr.). Guberman, R. Columbia University Press.

Kruger, D., Swanepoel, M. (2017). Gluing the pieces together: Female adolescents' construction of meaning through digital metaphoric imagery in trauma therapy. *The Arts in Psychotherapy*. 54. pp: 92-104. <https://doi.org/10.1016/j.aip.2017.04.011> (Last accessed 16/03/22).

Kuri, E. (2017). Toward an ethical application of intersectionality in art therapy. *Art Therapy*. 34.3. pp. 118-122. <https://doi.org/10.1080/07421656.2017.1358023> (Last assessed 06/06/21).

Lacy, J., Michaelson, R., Van Laar, C. (2007). A safe distance, an intermodal approach to creating a country retreat for city girls you have been abused. In Camilleri, V. A.

(Ed.). *Healing the inner city child: creative arts therapies with at-risk youth*. Jessica Kingsley Publishers. London. Philadelphia.

Lavergne, M. (2004). Art therapy and internal family systems therapy. *Canadian Art Therapy Association Journal*. 17.1. pp. 17-36.  
<https://doi.org/10.1080/08322473.2004.11432257> (Last accessed 26/04/21).

Linton, S., Walcott, R. (Eds.). (2018). *The Colour of Madness: Exploring Black, Asian, and Minority Ethnic Mental Health in the UK*. Skiddaw Books. Edinburgh.

Lorde, A. (2013). *Sister Outsider*. New York: The Crossing Press.

Lu, L., Yuen, F. (2012). Journey women: Art therapy in a decolonizing framework of practice. *The Arts in Psychotherapy*. 39. pp.192-200  
<https://doi.org/10.1016/j.aip.2011.12.007> ( Last accessed 03/07/21).

Malchiodi, C. A. (2012). *Handbook of Art Therapy*. Guildford Press. New York.

Malchiodi, C. (24/02/2014). Edith Kramer: Art (therapy) tells the truth, an art therapy icon's passage marks the end of an era. *Psychology Today*.  
<https://www.psychologytoday.com/gb/blog/arts-and-health/201402/edith-kramer-art-therapy-tells-the-truth> (Last accessed 16/03/22).

Makarova, E. (2001). *Friedl, Dicker-Brandeis, Vienna 1898- Auschwitz 1944: the artist who inspired the children's drawings of Terezin*. Tallfellow/Every Picture Press, in association with the Simon Wiesenthal Center/Museum of Tolerance.

Marxen, E. (2009). Therapeutic thinking in contemporary art or psychotherapy in the arts. *The Arts in Psychotherapy* 36. pp. 131–139.  
<https://doi.org/10.1016/j.aip.2008.10.004> (Last accessed 30/10/2019).

McGann, E, P. (1999). Art therapy assessment and intervention in adolescent homicide. *American Journal of Art Therapy*. 38. pp.51-62.  
<https://www.proquest.com/openview/f538e684f36989649b83c54be1bc3307/1?pq-origsite=gscholar&cbl=40839> (Last accessed 25/03/22).

Mentalhealth Foundation (2017). While your back was turned, how mental health policymakers stopped paying attention to mental health needs young women girls. <https://www.mentalhealth.org.uk/sites/default/files/while-your-back-was-turned-how-mental-health-policymakers-stopped-paying-attention-to-mental-health-needs-young-women-girls.pdf> 2017. (Last assessed 31/10/21).

Milia D. (1996) Art therapy with a self-mutilating adolescent girl. *American Journal of Art Therapy*. pp. 34. 4.

Moon, C. (2000). Art therapy, profession or idea? A feminist aesthetic perspective. *Art Therapy*. pp: 17:1. 7-10. <https://doi.org/10.1080/07421656.2000.10129437> (Last accessed 14/03/22).

Murphy, J. (1998). Art therapy with sexually abused children and young people. *International Journal of Art Therapy: Inscape*. 3:1. pp.10-16. <https://doi.org/10.1080/17454839808413054> (Last accessed 14/03/22).

NHS digital (2020) Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up> (Last 07/08/21).

O'brien, F. (2003). Bella and the white water rapids. *International Journal of Art Therapy: Inscape*. 8:1. pp.29-41. <https://doi.org/10.1080/17454830308414051> (Last assessed 25/07/21).

One Billion Stars, (n.d). <https://onebillionstars.net>

O'Rourke, R, A. (2007). The paper project on gun violence. In Kaplan, F. F. (Ed.). *Art Therapy and Social Action*. Jessica Kinsley Publishers. UK and USA.

Pink, S., Hogan, S., Bird, J. (2011). Intersections and inroads: Art therapy's contribution to visual methods. *International Journal of Art Therapy: Formerly Inscape*. 16.(1). pp. 14-19. <https://doi.org/10.1080/17454832.2011.570273> (Last accessed 02/08/20).

- Puar, J. K. (2009). Prognosis time: Towards a geopolitics of affect, debility and capacity. *Women & Performance: a journal of feminist theory*. 19. (2). pp. 161-172. <https://doi.org/10.1080/07407700903034147> (Last accessed 23/02/20).
- Puar, J.K. (2011). I'd rather be a cyborg than a Goddess: Becoming-Intersectional of assemblage theory. *PhiloSOPHIA: A Journal of Feminist Philosophy*. 2.(1) pp.49-66. <https://muse.jhu.edu/article/486621> (Last accessed 23/02/20).
- Puar, J. K. (2012). Coda: The cost of getting better: Suicide, sensation, switchpoint. *GLQ: A Journal of Lesbian and Gay Studies*. 18. (1). pp. 149-58. <https://doi.org/10.1215/10642684-1422179> (Last accessed 20/10/19).
- Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European child & adolescent psychiatry*. 30(2). pp. 183-211. <https://doi.org/10.1007/s00787-019-01469-4> (Last accessed 23/07/22).
- Razvi, M. (2006). Image-based research: Ethics of photographic evidence in qualitative research. Paper presented at the *Midwest Research-to-Practice Conference in Adult, Continuing, and Community Education*. University of Missouri-St. Louis. St. Louis Missouri. October. pp. 4-6.
- Rehavia-Hanauer, D. (2014). Repositioning Artwork from Patients Suffering from Anorexia Nervosa in a Gendered, Socio-Cultural Context: A Self-Reflective Study'. *Journal of Clinical Art Therapy*, 2. (1). pp.1-22. Retrieved from: <https://digitalcommons.lmu.edu/jcat/vol2/iss1/4>
- Rimke, H., Brock, D. (2012). The culture of therapy. Psychocentrism in everyday life. *Power and everyday practices*. pp. 182-202. Nelson Education Ltd. Toronto.
- Rimke, H. (2016). Introduction - mental and emotional distress as a social justice issue: Beyond psychocentrism. *Studies in Social Justice*. 10. (1). pp. 4-17. <https://doi.org/10.26522/ssj.v10i1.1407> (Last accessed 18/08/20).

Rimke, H. (2017). Self-Help Ideology. In Moghaddam, F, M. (Ed). The Stage Encyclopaedia of Political Behaviour. pp. 734-737. DOI: <http://dx.doi.org/10.4135/9781483391144.n337> (Last accessed 18/08/20).

Rimke, H. (2018). Sickening institutions: A feminist sociological analysis and critique of religion, medicine, and psychiatry. In Kilty J., Dej E. (Eds.). *Containing Madness*. Palgrave Macmillan, Cham. [https://doi.org/10.1007/978-3-319-89749-3\\_2](https://doi.org/10.1007/978-3-319-89749-3_2) (Last accessed 18/08/20).

Robinson, M. (1996). A Jungian approach to art therapy based in a residential setting. In Dalley, T. (Ed). *Art as Therapy: An introduction to the use of art as a therapeutic technique*. Routledge. St Ives.

"*Rolanda Polonsky, Sculptor*". Arts Council film. Dir: Lionel Miskin. (1971). *British Film institute*. Available at <https://player.bfi.org.uk/free/film/watch-rolanda-polonsky-sculptor-1971-online> (Last accessed 18/08/17).

Rosenfield, S., Mouzon, D. (2013). Gender and mental health. In C. S. Aneshensel, J. C. Phelan, A. Bierman (Eds.). *Handbooks of sociology and social research. Handbook of the sociology of mental health* (pp. 277-296). Springer Science & Business Media. New York.

Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., Linton, K., Amolegbe, A., Agnew-Brune, C., Eng, E., (2016). Evaluating art therapy to heal the effects of trauma among refugee youth: the Burma art therapy program evaluation. *Health Promotion Practice*. 18. pp. 1-8. <https://doi.org/10.1177%2F1524839915626413> (Last assessed 22/03/22).

Rubin, J. A. (1999). *Art therapy: An introduction*. Taylor and Francis. London.

Sadler, K., Vizard T., Ford, T., Marcheselli, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A., Goodman, R., McManus, S. Responsible Statistician: Collinson, D. (2018). *Mental Health of Children and Young People in England, 2017. Summary of Key Findings*. NHS Digital. <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf> (Last accessed 22/03/22).

Sajnani, N. (2012). Response/ability: Imagining a critical race feminist paradigm for the creative arts therapies. *The Arts in Psychotherapy*. 39. 3. pp. 186-91. <https://doi.org/10.1016/j.aip.2011.12.009> (Last accessed 20/08/20).

Sajnani, N., Kaplan, F, F. (2012). The creative arts therapies and social justice. *The Arts in Psychotherapy*. 39. (3). pp. 165-7. <https://doi.org/10.1016/j.aip.2011.12.003> (Last accessed 20/08/20).

Sajnani, N. (2013). The body politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy. *The Arts in Psychotherapy*. 40 (3). pp. 382-5. <https://doi.org/10.1016/j.aip.2013.05.001> (Last accessed 28/08/20).

Sajnani, N., Marxen, E, Zarate, R. (2017). Critical perspectives in the arts therapies: Response/ability across a continuum of practice. *The Arts in Psychotherapy*. 54. pp. 28-37. <https://doi.org/10.1016/j.aip.2017.01.007> (Last accessed 28/08/20).

Schalk, S. (2018). *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction*, Durham and London: Duke University Press.

Shaw, L. (2020). 'Don't look!' An online art therapy group for adolescents with Anorexia Nervosa. *International Journal of Art Therapy*. 25.4. pp. 211-217. <https://doi.org/10.1080/17454832.2020.1845757> (Last accessed 27/07/21).

Simon, R, M. (1991). *The Symbolism of Style*. Routledge. London.

Simon, R, M. (1997). *Symbolic Images in Art as Therapy*. Routledge: London.

Skaife, S. (2008). Making visible: Art Therapy and Intersubjectivity. *Inscape*. 6:2. pp. 40-50. <https://doi.org/10.1080/17454830108414030> (Last accessed 23/07/20).

Skeggs, B. (1994). Situating the production of feminist ethnography. In Maynard, M., Purvis, J. (Eds.). *Researching Women's Lives*. Taylor and Francis. London.

Skeggs, B. (1997). *Formations of Class and Gender*. Sage. London.

Skeggs, B. (2001). The Toilet Paper: Femininity, Class and Misrecognition. *Women's Studies International Forum*. 24(3-4). pp. 295-307. [https://doi.org/10.1016/S0277-5395\(01\)00186-8](https://doi.org/10.1016/S0277-5395(01)00186-8) (Last accessed 21/07/20).

Skeggs, B. (2007). Feminist Ethnography. In Atkinson, P., Coffey, A., Delamont, S. (Eds.). *Handbook of Ethnography*. Sage. London.

Stiles, G. J., Mermer-Welly, M. J. (1998). Children having children: Art therapy in a community-based early adolescent pregnancy program. *Art Therapy*. 15.3.pp. 165-176. <https://doi.org/10.1080/07421656.1989.10759319> (Last accessed 22/02/22).

TallBear, K. (2019). Caretaking relations, not American dreaming. *Kalfou*, 6. (1). pp. 24-41. <https://doi.org/10.15367/kf.v6i1.228> (Last assessed 21/02/21).

Talwar, S. (2010). An Intersectional Framework for Race, Class, Gender, and Sexuality in Art Therapy. *Art Psychotherapy: Journal of the American Art Psychotherapy Association*. 27. 1. pp. 11-7. <https://doi.org/10.1080/07421656.2010.10129567> (Last accessed 20/08/18).

Talwar, S. (2013) *SVA Art Therapy Conference: Perception of Identity through Art*. Available at: <https://vimeo.com/70826185> (Last accessed 17/07/2015).

Talwar, S. (2016). Is There a Need to Redefine Art Therapy? *Art psychotherapy: Journal of the American Art psychotherapy Association*. 33. 3. pp. 116-8. <https://doi.org/10.1080/07421656.2016.1202001> (Last accessed 20/08/18).

Talwar, S. (Ed.) (2019). (a) *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.

Talwar, S. (2019). (b) Critiquing Art Therapy. In S. Talwar (Ed.). *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.

Talwar, S. (2019). (c) Identity Matters, Questioning Trauma and Violence through Art, Performance, and Social Practice. In S. Talwar (Ed.). *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.



Talwar, S., Clinton R., Sit, T., Ospina, L. (2019). Intersectional Reflexivity: Considering Identities and Accountability for Art Therapists. In S. Talwar (Ed.). *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.

Talwar, S. (2019). (d) Feminism as practice Crafting and the politics of art therapy in Hogan, S. (Ed.). (2019). *Gender and Difference in the Arts Therapies: Inscribed on the Body* (1st ed.). Routledge. London and New York.

Tan, L. A. (2012). Art Therapy with trafficked women. *Therapy Today*. 23 (5). June. pp.26-31. *British Association for Counselling and Psychotherapy*

Taylor, K. Y. (2017). *How we get free: Black feminism and the Combahee River Collective*. Haymarket Books. Chicago.

Taylor, R. T., Matson, J.L. (2011). Review of gender differences in core symptomatology in autism spectrum disorders. In *Research in Autism Spectrum Disorders*. 5.3. pp. 957-976. <https://doi.org/10.1016/j.rasd.2010.12.003> (Last accessed 30/07/17).

The Mental Capacity Act (2005). Two Stage Functional Test. Available at <http://www.medicalprotection.org/> (Last assessed 30/07/15).

Thomas, D. R. (2017). Feedback from research participants: are member checks useful in qualitative research? *Qualitative research in psychology*. 14 (1). pp 23-41. <https://doi.org/10.1080/14780887.2016.1219435> (Last accessed 30/07/17).

Tillet, S., Tillet S. (2019) "You want to be well?" Self-Care as a Black feminist intervention in art therapy'. In S. Talwar (Ed.). *Art Therapy for Social Justice: Radical Intersections*. Routledge. London and New York.

Van Lith, T., Schofield, M. J., Fenner, P. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and rehabilitation*. 35. (16). pp. 1309-1323.

Venture, L. D. (1977). *The Black Beat in Art Therapy*. University Microfilms International. Ann Arbor: Michigan.

Waldman, J. (1999). Breaking the mould a woman's psychosocial and artistic journey with clay. *International Journal of Art Therapy: Inscape*. 4:1. pp.10-19. <https://doi.org/10.1080/17454839908413069>  
(Last assessed 17/07/21).

Waller, D. (1991) *Becoming a Profession: The History of Art Therapy in Britain 1940-82*. Routledge. London.

Waller, D. (2003). *Foreword*. In S. Hogan, (Ed.). *Gender issues in art psychotherapy* (pp. 9-10). Jessica Kingsley publishers. London.

Waller, D., Dalley, T. (1997). Art therapy: a theoretical perspective. In D. Waller and A, Gilroy (Eds.). *Art Therapy: A Handbook*. Open University Press. Buckingham and Philadelphia.

Welsby, C. (1998). A part of the whole art therapy in a girls' comprehensive school. *International Journal of Art Therapy: Inscape*. 3:1. pp. 33-40. <https://doi.org/10.1080/17454839808413057>  
(Last 26/06/21).

Westwood, J. (2010). *Hybrid Creatures: Mapping the emerging shape of art psychotherapy education in Australia*. PhD thesis. University of Western Sydney. Australia.

Winnicott, D. W. (1971). *Playing and Reality*. Routledge. London.

Wood, C. (1999). Class issues in therapy. In J. Campbell et al. (Eds). *Art Therapy, Race and Culture*. Jessica Kingsley Publishers. UK and USA.

Wood, C. (2013). *Navigating Art Therapy: A Therapist's Companion*. Routledge. London and New York.

World Health Organization Department of Mental Health and Substance Dependence. *Gender Disparities in Mental Health* (World Health Organization, Geneva, 2013). (a). [https://www.who.int/mental\\_health/media/en/242.pdf?ua=1](https://www.who.int/mental_health/media/en/242.pdf?ua=1)  
(Last assessed 20/03/18).

World Health Organization. Mental health action plan 2013–2020. (2013). (b). [http://www.who.int/mental\\_health/publications/action\\_plan/en/](http://www.who.int/mental_health/publications/action_plan/en/). (Last assessed 20/03/18).

World Health Organization. GLOBAL PLAN OF ACTION to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (2016). <https://www.who.int/publications/i/item/9789241511537> (Last accessed 30/07/21).

Wreyford, N., O'Brien, D., Dent, T. (2021). *Creative Majority: An APPG for Creative Diversity report on 'What Works' to support, encourage and improve diversity, equity and inclusion in the creative sector*. A report for the All Party Parliamentary Group for Creative Diversity. Accessed here: <http://www.kcl.ac.uk/cultural/projects/creative-majority> (Last accessed 20/01/22).

Wright, T., Wright, K. (2013). Art for women's sake: Understanding feminist art psychotherapy as didactic practice re-orientation. *International Practice Development Journal*. 3. (5). pp. 1-8. <https://www.fons.org/library/journal/volume3-conferencesupplement/article5> (Last accessed 30/07/21).

Wright, T., Wright, K. (2017). Exploring the benefits of intersectional feminist social justice approaches in art psychotherapy. *The Arts in Psychotherapy*. 54. pp. 7–14. <https://doi.org/10.1016/j.aip.2017.02.008> (Last accessed 30/07/21).

Wright, T., Wright, K. (2022). Proposing a justice approach to ethics of care in art psychotherapy. *The Arts in Psychotherapy*. 79. pp.1-8. <https://doi.org/10.1016/j.aip.2022.101912> (Last accessed 30/04/22).


Yin, R. K. (2003). *Case study research: Design and methods*. (Third Edition).

Appendices

Appendix 1.

**Are you a girl or young woman who is in or has been in Art Psychotherapy?**

The purpose of this study is to find out about your experience of Art Psychotherapy and what that has meant to you and enable you to be involved in research and helping to design and develop the Art Psychotherapy Service.



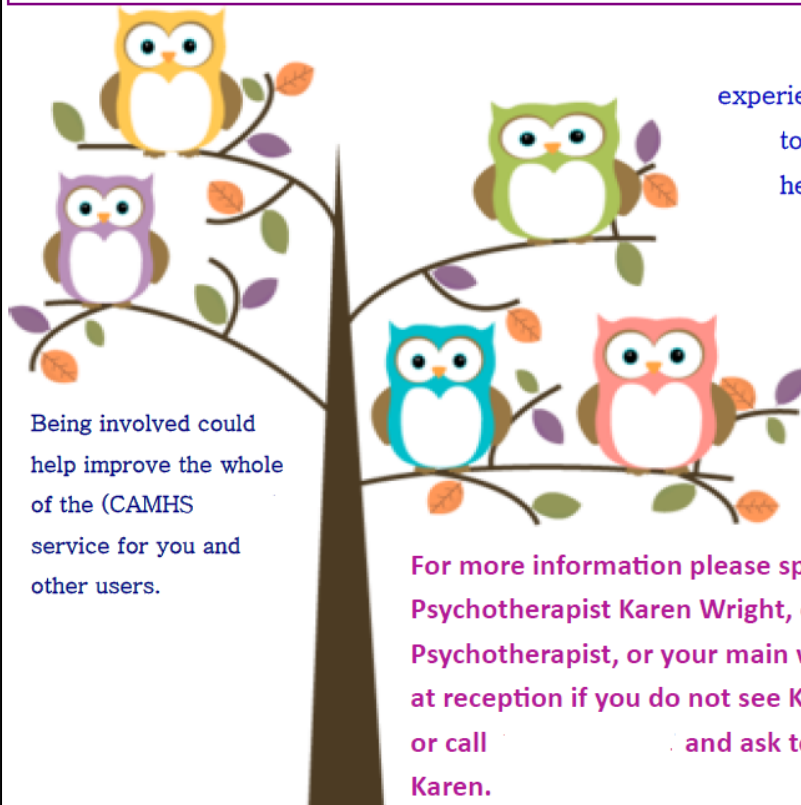
Being involved could help improve the whole of the (CAMHS)/ service for you and other users.

Many people find being involved in research can be a rewarding experience and it will not take up too much of your time.

**Thank You**  
For taking the time to read this poster

For more information please speak to Art Psychotherapist Karen Wright, or your Art Psychotherapist, or your main worker or ask at reception if you do not see Karen around or call ... and ask to speak to Karen.

**Are you a girl or young woman who is in or has been in Art Psychotherapy?**



Being involved could help improve the whole of the (CAMHS) service for you and other users.

The purpose of this study is to find out about your experience of Art Psychotherapy and what that has meant to you and enable you to be involved in research and helping to design and develop the Art Psychotherapy Service.

Many people find being involved in research can be a rewarding experience and it will not take up too much of your time.

For more information please speak to Art Psychotherapist Karen Wright, or your Art Psychotherapist, or your main worker or ask at reception if you do not see Karen around or call [redacted] and ask to speak to Karen.

**Thank  
You**

For taking the time to read this flyer

*Appendix 3.*

GOLDSMITHS, University of London  
Department of Social, Therapeutic and Community Studies  
Researcher: Karen Wright PHD student no. 33333681. Telephone no. X

## Participant Information Sheet for girls

**Project No: 212963**

**Document date 02/10/16 (version 6)**



Study Title: The re/imaginings in art psychotherapy for girls and young women.

### Invitation

I would like to invite you to take part in my research study. Joining the study is up to you. Before you decide it is important you understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. Please feel free to talk to others about the study if you wish.



This Participant Information Sheet tells you about the study and what will happen if you take part. We will discuss any words you are unsure of.

### Why?

This research is about girls and young women who have come to Child and Adolescent Mental Health (CAMHS), also known as X (Children & Young People's Services) and their experience of art psychotherapy. I want to discover the ways in which art psychotherapy in CAMHS/X works or not for girls and young women. Many of the girls and young women referred to CAMHS/X have a lack of confidence about their body, and find education and jobs difficult. They might be unhopeful about their futures

and find it hard to work towards feeling better. Art psychotherapy research has shown it is important to recognise how hardship and a lack of life chances can cause poor self-esteem and how having choices and opportunities have a positive effect for girls and young women. I want to hear about your story and experiences of art psychotherapy.



**What is the purpose of this research?**

This is an interview and art making study which aims to understand your experience of art psychotherapy. The art made will be part of the research.

**What is already known (or not known) and how will this study help you learn more?**

In the UK there are very few research studies that have asked girls and young women to talk about their experiences of art psychotherapy. It is important that health care professionals understand what it is like to have mental health problems as a girl or young women so that services can improve.

**Do I have to take part?**

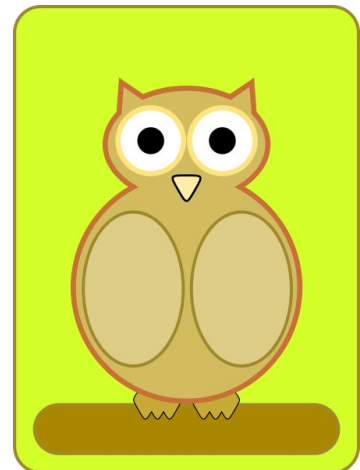
No, you do not have to take part. At the initial interview (introductory meeting) we will review the information sheet together with your parent/carer and you can ask me any questions you may have about the research. If you decide you would like to be involved with the study, I will ask you and your parent or carer to sign two copies of the consent form each, one which you and your parent or carer will keep and a second copy I keep. I will also ask them to add their signature to your consent form. You are free to stop being involved with the research up to the point which I will have completed the analysis of the main interview with you (expected to be within 18 months of the interview), without giving a reason. Your care will not be affected in any way whether you participate in the research or not

**How many others will be in the study?**

There will be about 12-15 other girls and young women involved in the research.

**Who can take part in the study?**

Girls and young women whom have or have had art psychotherapy within a CAMHS/X setting. You also need to have had at least 6 assessment sessions, between the ages of 11-18 years old (at the time of engaging in art psychotherapy) and have been informed and understand what the research is about and agree to be a participant in the research. \*

**How long will I be involved in the research?**

The data collection period will take 2 years. I will update you on the research progress every 6 months.

**How long the research will last?**

As this is a part-time study it is likely to last about 6-8 years in total but I will do my best to complete in a quicker time.

**How will I be contacted by the researcher?**

If having seen the poster or flyer, you request contact as you are interested in taking part in this study I will contact you and your parent/carer within two weeks of receiving your details when I can answer any questions you may have. If you decide you would like to go ahead we will arrange a time that suits you and place for the introductory meeting to take place.

**How often will I need to meet a researcher?**

You will normally only meet with me as a research participant twice (once at the introductory meeting and the main research meeting) but you may want to meet up to four times during the whole research time. You can request to meet with me to discuss the research at any point if you wish to.





### **How long will the research meetings last?**

The meetings will last between 20 minutes and 2 hours. We will have breaks during the 2 hour meeting. The four meetings will be:

1. Introductory meeting- up to 20 minutes
2. (a) Art Making by participants - up to 60 minutes  
(b) Narrative/Reflective Dialogue- up to 60 minutes
3. Meeting to check you are happy with what I have typed up from our conversation in meeting 2- up to 45 minutes
4. If you would like we can meet a final time to check through the final report-up to 45 minutes

### **What exactly will happen during the research meetings and what information will be collected?**

Meeting 1 - At this meeting I will go through this Participant Information Sheet and answer any questions you and your parent or carer may have about the research. I will explain the Consent Form to you and your parent or carer and ask you both to sign it. I will ask you to choose a name for yourself (a pseudonym) to be used throughout the research to ensure your confidentiality.



Meeting 2 (a) - At the Art Making Meeting, I will ask you for your name and age.

I will also ask you for some information about your background, where you live, age and your education, what jobs your carer(s)/ parent(s) do.

I will also ask about your experience of coming to art psychotherapy including, if you have a diagnosis, how long your treatment has been and any important events in your life.

I will securely audio record our conversation so that I can type up exactly what we say and have a record of it. After I have typed up our conversation, the tape recording would be securely destroyed.

Meeting 2 (b)-At this meeting (either after the art making or at a separate meeting, whatever suits you) I will ask you to talk about your experience of art psychotherapy. To help us discuss this we will use the art you made in our first part of the meeting.

**Who will have access to research information and how will you be protected?**

I will be the only person who has access to your personal information, including your age, address, diagnosis if you have one and treatment. To protect confidentiality (privacy) you will have been asked to choose a pseudonym.

Your personal information will be stored on the secure NHS computer system. The computer equipment is kept in a locked cupboard in a locked room. Any paper information will be kept in a locked filing cupboard in a locked room and kept separately from your artwork and transcript (the typed version of our conversation at the art making and discussion meeting). My research supervisors (the people overseeing my research) will have access to anonymised (all identifying factors removed) interview transcripts.

**What will happen to my information and artwork during and after the research?**

Your personal information used for the research, stored on a secure NHS computer system will be stored securely for 12 months after the research is completed and then destroyed securely. Once the data is anonymised (all names and places removed or disguised) it will be kept on a secure password protected lap top belonging to me. Your interview information and photos of your art will be stored securely for 12 months after the research is completed and then destroyed securely. You can take your original artwork home with you if you wish after meeting 2. I will ask you at the first meeting if a copyright protected image of your artwork can be

used anonymously (without your name) in any future writing I do about the research, for example an article in an academic journal.



### **Expenses**

You or your parent(s)/ Carer(s) will be able to claim back reasonable travel expenses for travelling to and from the research meetings.

### **What are the possible benefits of taking part?**



The main purpose of this research is to develop and improve art psychotherapy for girls and young women. This research aims to support art psychotherapists and other health care professions to understand how best to support girls and young women. You may have access in the future to services which have been influenced by the findings from this research.

Evidence suggests people taking part in research benefit from sharing their experiences as well as feeling enabled by being involved in designing how treatment and services are delivered.



### **What are the possible disadvantages and risks of taking part?**



It is possible that you may recall some of the emotional difficulties that brought you to art psychotherapy in the first place. We will discuss this in the interview and I will do my best not to make the interview uncomfortable for you, but if you feel upset for any reason, I will make sure there is time to talk about what is upsetting you or we can arrange to contact your key worker for additional support.

You may be worried that you can be identified through the stories you tell me. We will use an anonymised name as well as making changes to

identifiable information, for example your GP's name and the CAMHS/X service you use. I will send you a copy of your interview to read and make sure you are happy with it and we can meet to discuss it.

**What if I become unwell during the research?**

If you become unwell during your involvement in the study, your interview transcript will be included in the research unless you do not wish it to.

**What will happen if I have a complaint about my art psychotherapy/treatment during the interview?**

If during the interview you tell me about a serious breach of professional code of conduct I would bring this to the service providers notice without identifying you to the service. Should you wish to make an official complaint I will tell you to how you can go about doing this.

If you disclose a safeguarding issue - that someone is hurting you or you are hurting yourself or others - as with any disclosure regarding safeguarding, as well as contacting the Trust's Safeguarding Nurse, X, I will need to contact Social Services and your Case Worker.

**What if I have worries about the research?** 

You can contact me on X and I will do my best to address your worries, but if you are still unhappy and/ or wish to make a formal complaint about anything please contact PALS (Patient Advice and Liaison Services) at X/X.



**What if I do not want to carry on with the research?**

Your care will not be affected in any way if you decide not to take part or withdraw from the research.

I will check with you, but you may decide you are not interested in reviewing (meeting 3) what has been typed up from the interview and art making. This is fine. You may also decide you do not want to meet for meeting 4. This is also fine.

If you have any further questions about withdrawing from the study at any time all you need to do is contact me.



### **What will happen to the results of the research?**

The research is being completed as part of a PhD in art psychotherapy and the results will be written up as a thesis to be held by Goldsmiths University Library. The findings may be published in art psychotherapy and other professional journals, books and online. These publications aim to help inform national and local art psychotherapy services and treatment for girls and young women.

### **Who is organising and funding this research?**

This study is sponsored by Goldsmiths University with the approval of X NHS Trust where you are/ have been receiving/ed art psychotherapy. I am funding and organising the research myself.

### **How have the public and patients been involved in this research?**

Patients (you) and the public, including those in patient participation groups have contributed to my thinking about how best to design this research. You will be contributing to the research both verbally and non-verbally through what you say and the artwork that comes out of the research meetings.

### **Who has reviewed this research?**

The research has been reviewed and approved by the Goldsmith's University Ethics Committee, NHS ethics, NHS Research and Development Committees and my research supervisors.

### **Will my GP need to know I am involved in this research?**

No, in order to protect your confidentiality (privacy) it will not be necessary to inform your GP, but you are welcome to inform them if you want to.



### **Where can I get further information?**

Karen Wright

Research supervisor contact:

Dr Jill Westwood

Details redacted for confidentiality.



\*To protect and respect patient autonomy only previous patients from the researcher's caseload, having finished therapy six months previously can take part.

#### *Appendix 4.*

GOLDSMITHS, University of London  
Department of Social, Therapeutic and Community Studies  
Researcher: Karen Wright PHD student no. 33333681. Telephone no. X

**Participant Information Sheet Project No: 212963**  
(for young women)  
**Document date 02/10/16 (version5)**

Study Title: **The re/imaginings in art psychotherapy for girls and young women**

#### Invitation

I would like to invite you to take part in my research study. Joining the study is entirely up to you. Before you decide it is important you understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. Please feel free to talk to others about the study if you wish.

This first part of the Participant Information Sheet tells you the purpose of the study and what will happen to you if you take part. I will give you more detailed information about the study after. We will discuss any words you are unsure of.

#### Summary

This research concerns the significant number of girls and young women accessing Child and Adolescent Mental Health (CAMHS), also known as X (Children & Young People's Services) and their experience of art psychotherapy. It aims to explore the ways in which CAMHS/X may encourage or hinder development, empowerment, and positive change. Many of the girls and young women referred to CAMHS/X are dealing with low self-esteem, lack of positive body image, and experience difficulty engaging in education and employment, are unhopeful about their futures and struggle to work towards recovery. Through art psychotherapy these girls and young women can work towards seeing a more hopeful future in which they can engage in bringing about positive change for themselves, working towards enhancing their life chances and a transformation of their mental health.

Art psychotherapists have identified the importance of acknowledging difference and how disadvantage and lack of choices impact on patient/client self-esteem and how the sense of choice and control through art psychotherapy can have a positive effect on mental health. This research seeks to explore the experience of girls and young women and show ways in which they are able to feel empowered, re-imagine, and remake themselves through engagement with art psychotherapy.



**What is the nature and purpose of this research?**

This is an interview based and art making research study which aims to explore your experience of being girls and young women in art psychotherapy.

**What is already known (or not known) and how will this study help you learn more?**

In the UK there are very few studies that have asked girls and young women to discuss their experiences of art psychotherapy and how art psychotherapy may have empowered and helped them. It is essential that health care professionals understand what it is like to have mental health problems as girls and young women and hear all perspectives in order to make sure that the care they offer is effective, empowering and reflects individual needs.

**Do I have to take part?**

No, you do not have to take part. At the Introductory Meeting we will review the Participant Information Sheet together and you can ask me any questions you may have about the study. If you decide you would like to be involved with the study, I will ask you to sign two copies of the consent form, one which you will keep and a second copy I keep. You are welcome to ask your parent/carer to join for the Introductory Meeting and if you are happy for them to be present, after reviewing the Information Sheet for Carers, I will ask your parent or carer to sign two copies of the consent form, one which they will keep and a second copy I keep, I will also ask them to add their signature to your consent form. You are free to withdraw up to the point of final analysis (expected to be within 18 months of the main research interview) without giving a reason. Your care will not be affected in any way.



**How many others will be in the study?**

There will be about 12-15 other girls and young women.

**Who can take part in the study?**

Girls and young women who have had experience of art psychotherapy within a CAMHS/X setting, having at least 6 assessment sessions, between the ages of 11-18 years old (at the time of engaging in art psychotherapy) and have been informed and understand what the research is about and agree to be a participant in the research.\*

**How long will I be involved in the research?**

The data collection period is planned to take 2 years. I will update you on the research progress every 6 months.

**How long the research will last?**

As this is a part-time study it is likely to last about 6-8 years in total but I will do my best to complete in a quicker time.

**How will I be contacted by the researcher?**

If having seen the poster or flyer, you request contact as you are interested in taking part in this study; I will contact you within two weeks of receiving your details to answer any questions you may have about the study. If you decide you would like to go ahead we will arrange a convenient time and place for the Introductory Meeting to take place, parents/carers are welcome to join if you wish.

**How often will I need to meet a researcher?**

You will normally only meet with me as a research participant twice (once at the introductory meeting and the main research meeting) but you may want to meet up to four times during the whole research time. You can request to meet with me to discuss the research at any point if you wish to.

**How long will the research meetings last?**

The meetings will last between 20 minutes and 2 hours. We will have breaks during the 2 hour meeting or split the meeting into two meetings. The four meetings will be:

1. Introductory meeting- up to 20 minutes
2. (a) Art Making by participants – up to 60 minutes  
(b) Narrative/Reflective Dialogue- up to 60 minutes
3. Meeting to check you are happy with what I have typed up from our conversation in meeting 2- up to 45 minutes
4. If you would like we can meet a final time to check through the final report–up to 45 minutes

**What exactly will happen during the Research meeting and what information is to be collected?**

Step 1- At the Introductory Meetings I will go through this Participant Information Sheet and answer any questions you may have about the study. Once I have answered all your questions to your satisfaction I will ask you to sign a consent form. I will ask you to choose a name for yourself (a pseudonym) to be used throughout the study to ensure confidentiality.

Step 2 (a) - At the Art Making Meeting I will ask you for some personal details including your name and age and how you describe your gender.

I will also ask you for some information about your background, where you live, age and your education, what jobs your carers/parents do.

I will also ask about your experience of coming to art psychotherapy including, if you have a diagnosis, how long your treatment has been and any significant events in your life.

I will securely audio record our conversation so that I can type up exactly what we said. After I have typed up our conversation, the tape recording would be securely destroyed.

Step 2 (b) -At the Narrative/Reflective Dialogue Meeting (either after the art making or at a separate meeting-whatever suits you)

I will ask you to talk about your experience of art psychotherapy and how it may have helped you. To help us discuss this we will use the image you made in the first meeting or first part.

**Who will have access to this information and how will you protect my confidentiality?**

I will be the sole person who will have access to your personal details, including your age, address, diagnosis if you have one and treatment. To protect confidentiality you will be asked to choose a pseudonym.

Your personal information will be stored on the secure NHS computer system. The computer equipment is kept in a locked room and locked cupboard. Any paper information will be kept in a locked filing cupboard in a locked room and kept separately from your artwork and transcript. My supervisors for the research will have access to anonymised interview transcripts.

**What will happen to my information and artwork during the study and once the study has been completed?**

Your information will be stored on a secure NHS computer system which is password protected. Your personal information used for the research will be stored securely for 12 months after the research is completed and then destroyed securely. Once the data is anonymised it will be kept on a secure password protected lap top belonging to me. Your interview and art will be stored on the computer system for duration of the research and then destroyed securely. You can take your original artwork home with you if you wish. I will ask you at the Introductory Meeting if an image of your artwork can be used anonymously in any future publications. I will also ask you at the first meeting if a copyright protected image of your artwork can be used anonymously in any future writing I do about the research, for example an article in an academic journal. I will be the contact for copyright questions from third parties wishing to use a copy of your image.

**Expenses**

Reasonable travel expenses will be reimbursed. Every effort will be made not to inconvenience you, for example arranging any meeting at a time that suits you.

**What are the possible benefits of taking part?**

The main purpose of this study is to develop and improve art psychotherapy approaches to ensure more effective and empowering ways of working with girls and young woman. This study aims to support art psychotherapists and other health care professions to understand how best to support girls and young women not only in art

psychotherapy but possibly within other relevant therapeutic interventions. You may have access in the future to services which have been influenced by the findings in this study.

Evidence suggests people taking part in research feel benefit from sharing their experience as well as feeling enabled to be involved in designing how treatment is delivered.

**What are the possible disadvantages and risks of taking part?**

You may recall some of the emotional difficulties that brought you to art psychotherapy. We will discuss this in the interview and I will do my best not to make the interview uncomfortable for you but if you feel upset for any reason I will make sure there is time to talk about what is upsetting you or we can arrange to contact your key worker for additional support.

You may be concerned that you can be identified through the stories you tell me. We will use an anonymised name as well as making changes to identifiable information for example your GP's name, hospital, the CAMHS/X service you use. I will send you a copy of your interview to read or we will meet and make sure you are happy with it. You are able to withdraw from this study up until the point I do the final data analysis

**What if I lose my mental capacity to make decisions for myself during the study?**

If you lose capacity and/or become unwell during your involvement in the study your interview transcript will be included in the study unless you do not wish it.

**What will happen if I have a complaint about my art psychotherapy/treatment during the interview?**

If during the interview you raise a concern about a serious breach of professional code of conduct I would bring this to the service providers notice without identifying you to the service. Should you wish to make an official complaint I will provide you with the correct contact information.

If you disclose a safeguarding issue- that someone is hurting you or you are hurting yourself or others, as with any disclosure regarding safeguarding, as well as contacting the Trust's Safeguarding Nurse, X, I will contact social services and your case worker.

**What if I have concerns about the study?**

You can contact me on X and I will do my best to address your concerns but if you are still unhappy and wish to make a formal complaint, please contact PALS (Patient advice and liaison services) contact details are X / X.

**What if I do not want to carry on with the study?**

Your care will not be affected in any way if you decline to take part or withdraw from the study.

I will check with you, but you may decide you are not interested in reviewing (meeting 3) what has been typed up from the interview and art making. This is fine. You may also decide you do not want to meet for meeting 4. This is also fine.

If you have any further questions about withdrawing from the study please contact me.

**What will happen to the results of the study?**

The study is being completed for a PhD in art psychotherapy and the results will be published in a thesis to be held by Goldsmiths University library. The findings will be

published in art psychotherapy and other professional journals and books that may help with informing national and local treatment for young women and girls.

**Who is organising and funding this study?**

This study is sponsored by Goldsmiths University with the approval of X NHS Trust where you are/have receiving/ed art psychotherapy. I am funding and organising the research.

**How have the public and patients been involved in this study?**

Patients and the public, including those in patient participation groups have contributed to discussions about this study as well as commenting on the protocol. Patients will contribute to the study both verbally and non-verbally through their artwork.

**Who has reviewed this study?**

The study has been reviewed and approved by the Goldsmith's University ethics, NHS ethics, NHS Research and Development Committees and my academic supervisors.

**Will my GP need to know I am involved in this study?**

No, in order to protect confidentiality it will not be necessary to inform your GP but you are welcome to inform them.

**Where can I get further information?**

Karen Wright

Goldsmiths contact:

Dr Jill Westwood



\*To protect and respect patient autonomy only previous patients from the researcher's caseload, having finished therapy six months previously can take part.

**Girls Participant Consent Form for Research Project No: 212963**

**Document date: 26/06/16 (version 2)**



**Participant Identification for this study:-----**

**Title of Project: The re/imaginings in art psychotherapy for girls and young women.**

**GOLDSMITHS, University of London**

**Department of Social, Therapeutic and Community Studies**

**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**



1. I confirm that I have read the Participant Information Sheet for the above research project. I have had the opportunity to think through the information, ask questions and have had these answered.

2. I understand that my participation is up to me, that I am free to withdraw up until the final analysis, without giving any reason, without my care being affected.

3. I understand if become unwell during my involvement in this research project, I agree to my interview being included.

4. I understand that the information I give during the research project will be treated as private and confidential.



5. I agree for the results of this research project to be published in hard copy and online.



6. As the copyright holder of my artwork I give permission for an image of my artwork to be published in hard copy and online. I have read the Creative Commons licence information and picked the CC-BY licence I am happy with.

Creative Commons licence picked:

Attribution-NonCommercial 4.0 International




Attribution 4.0 International 


Attribution-ShareAlike 4.0 International 


7. I understand if I have any complaints or concerns about the ethical conduct of this research, I may contact PALS (Patient advice and liaison services) contact details: X.

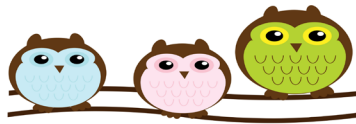
8. I agree that any information that is discussed between us that endangers the safety of me or others will be passed on to the appropriate authorities, for example, the Trust's Safeguarding Nurse, Social Services and the Police.

9. I agree to the research meeting being securely audio recorded. 

10. I agree for the taking of and publishing of anonymised transcripts both in hard copy and online.

11. I would like to receive a summary of the findings on completion on the study. 

12. I agree to participate in this research project. 



Contact address: -----  
-----

-----  
-----

Telephone number:-----

**Thank You**  
Thank you for agreeing to take part in this research project.

Name of Participant:

Date:

Signature:

Name of Carer:

Date:

Signature:

Researcher:

Date:

Signature:

Appendix 6.

**Young Women’s Participant Consent Form for Research Project No: 212963**

**Document date 23/06/16 (version3)**




**Participant Identification for this study:**

**Title of Project: The re/imaginings in art psychotherapy for girls and young women**

**GOLDSMITHS, University of London**

**Department of Social, Therapeutic and Community Studies**

**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**

1. I confirm that I have read the Participant Information Sheet for the above research project. I have had the opportunity to consider the information, ask questions and have had these answered.
2. I understand that my participation is voluntary, that I am free to withdraw up until the final analysis, without giving any reason, without my care being affected.
3. I understand if I lose my capacity to make decisions for myself during my involvement in this research project, I agree to my interview being included.
4. I understand that the information I give during the research project will be treated as private and confidential.
5. I agree for the results of this research project to be published in hard copy and online.
6. As the copyright holder of my artwork I give permission for an image of my artwork to be published in hard copy and online. I have read the Creative Commons licence information and picked the CC-BY licence I am happy with.   
Creative Commons licence picked:
  - Attribution-NonCommercial 4.0 International 
  - Attribution 4.0 International 
  - Attribution-ShareAlike 4.0 International 
7. I understand if I have any complaints or concerns about the ethical conduct of this research, I may contact PALS (Patient advice and liaison services) contact details: X.
8. I agree that any information that is discussed between us that endangers the safety of me or others will be passed on to the appropriate authorities, for example, the Trust’s Safeguarding Nurse, Social Services and the Police.
9. I agree to the research meeting being securely audio recorded.
10. I agree for the taking of and publishing of anonymised transcripts both in hard copy and online.
11. I would like to receive a summary of the findings on completion of the study.





**Carer Consent Form for Research Project No: 212963**

**Document date 28/06/16 (version3)**

**Participant Identification for this study:-----**

**Title of Project: The re/imaginings in art psychotherapy for girls and young women.**

**GOLDSMITHS, University of London**

**Department of Social, Therapeutic and Community Studies**

**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**

1. I confirm that I have read the Participant Information Sheet for the above research project. I have had the opportunity to consider the information, ask questions and have had these answered.

2. I understand that participation is voluntary and the young person in my care is free to withdraw up until the final analysis, without giving any reason, without their care being affected.

3. I understand if the young person loses capacity to make decisions during their involvement in this research project, I agree to their interview being included following discussion with me.

4. I understand that the information the young person in my care gives during the research project will be treated as private and confidential.

5. I agree for the results of this research project to be published in hard copy and online.

6. As the carer of the copyright holder of the artwork made during the research project, I give permission for an image of the artwork to be published in hard copy and online. I have read the Creative Commons licence information and picked the CC-BY licence that I and the young person are both happy with.

Creative Commons licence picked:

Attribution-NonCommercial 4.0 International



Attribution 4.0 International



Attribution-ShareAlike 4.0 International



7. I understand if I have any complaints or concerns about the ethical conduct of this research, I may contact PALS (Patient advice and liaison services) contact details: X.

8. I agree that any information that is discussed during this project that endangers the safety of the young person in my care or others it will be passed on to the appropriate authorities. For example, the Trust's Safeguarding Nurse, Social Services and the Police.

9. I agree to the research meeting being securely audio recorded.

10. I agree for the taking of and publishing of anonymised transcripts both in hard copy and online.

11. I would like the young person in my care to receive a summary of the findings on completion on the study.

12. I agree to -----'s (name) participation in this research project.

Contact address: -----  
-----

-----  
-----

Telephone number:-----

**Thank you for agreeing to support this research project**

Name of Carer:

Date:

Signature:

Researcher:

Date:

Signature:

*Appendix 8.*

**Accompanying interview (Art Making Meeting) questions document Project No:**

**212963**

**Document date: 30/06/16 (version 2)**

**Title of Project: The re/imaginings in art psychotherapy for girls and young women**

**GOLDSMITHS, University of London**

**Department of Social, Therapeutic and Community Studies**

**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**

Accompanying interview (Art Making Meeting) questions guide:

ID:

1. How old are you?
2. Where do you live?
3. Do you like where you live?
4. Who lives with you?
5. Do your parent/carer's do paid work?
6. Do you have any sisters or brothers?
7. Have you any pets?
8. Do you go to school, if so where do you go?
9. Do you go to work?
10. How would you describe your gender?
11. Do you have any favourite activities you like to do?
12. Is there anything you do not like?
13. Is there anything in your life you would like to have done but not had the opportunity?
14. How long have you/did you attend art psychotherapy for?
15. How many sessions of art psychotherapy did you have?
16. Do you have a diagnosis?

**Interview narrative/reflective dialogue guide Project No: 212963**

**Document date 30/06/16 (version 3)**

**Title of Project: The re/imaginings in art psychotherapy for girls and young women**

**GOLDSMITHS, University of London**

**Department of Social, Therapeutic and Community Studies**

**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**

Interview narrative/reflective dialogue guide

Reminder- Research Questions

Does researching art psychotherapy with girls and young women raise consciousness of their experiences and social position and lead to a better understanding of their therapeutic needs?

Is art psychotherapy able to provide a space from which girls and young women can re-imagine their lives and be a catalyst for empowered recovery and transformation?

Are there particular clinical practices that lend themselves to enhancing outcomes for girls and young women, enabling them to better resist the discriminations and barriers they (may) face?

Interview narrative/reflective dialogue guide

Starting narrative/reflective dialogue questions: -

Perhaps we could begin by you telling me about the image you made of your experience of art psychotherapy? Perhaps we can use that image as a starting point to discuss some more what your experiences of art psychotherapy are?

Subjects you might want to include:

- How did you feel, and what did you think about art psychotherapy when you first started doing it?
- Where there things you liked most, or find easy about art psychotherapy. Can you tell me about how that made you feel?
- Where there things you disliked most, or found difficult about art psychotherapy. Can you tell me how that made you feel?
- Are there any parts (particular sessions, discussions) of art psychotherapy that you really enjoy, perhaps if there are you could tell me about those and how they make you feel?
- Any art pieces that you made or saw during art psychotherapy that you remember well, and can you say why you think you remember them and how coming across them made you feel?
- Any art materials that you used during art psychotherapy that you particularly liked, and can you say why you think you liked them and how using them made you feel?

- Whilst you have been doing art psychotherapy do you think you have changed in any way, and what do you think those changes are and how do you feel about them?
- Are there things about your world (friendships and relationships, your feelings/emotions, how you feel about yourself and/or the people and the places around you) that you feel you understand differently since starting art psychotherapy, and if so what are they and how do you feel about that different understanding?

**GOLDSMITHS, University of London**  
**Department of Social, Therapeutic and Community Studies**  
**Researcher: Karen Wright PHD student no. 33333681. Telephone no. X**

**Study Title: The re/imaginings in art psychotherapy for girls and young women.**  
**Project No: 212963 Document date 27/06/16 (version 1)**

### Copy right information

As the creator of your artwork you own the copyright and have a right to say how it can be used. In order to protect your rights to the image of your artwork used in this research it is important we pick a copyright licence that you are happy with. I will make sure the licence is displayed next to the image of your artwork when the research is published. Below is some information from the website where we will get the licence from. We can look at the Creative Commons website online (recommended by the University I am studying at and the sponsor of this research).

<https://creativecommons.org/share-your-work/>

Creators choose a set of conditions they wish to apply to their work.



**Attribution (by)** All CC licenses require that others who use your work in any way must give you credit the way you request, but not in a way that suggests you endorse them or their use. If they want to use your work without giving you credit or for endorsement purposes, they must get your permission first.



**ShareAlike (sa)** You let others copy, distribute, display, perform, and modify your work, as long as they distribute any modified work on the same terms. If they want to distribute modified works under other terms, they must get your permission first.



**NonCommercial (nc)** You let others copy, distribute, display, perform, and (unless you have chosen No Derivatives) modify and use your work for any purpose other than commercially unless they get your permission first.



**NoDerivatives (nd)** You let others copy, distribute, display and perform only original copies of your work. If they want to modify your work, they must get your permission first.