Demystifying Art Therapy with children and young people in a UK mental health charity: how Art Therapists make the tacit tangible in conceptualising change.

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DEMYSTIFYING ART THERAPY

THESIS

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Abstract

This research was motivated by the need for evidence-based practice for arts psychotherapies in the health and social care sector. An initial scoping literature review identified the need for qualitative research to explore the initial overarching question of how Art Therapy (AT) works. This was adjusted later, during the project, to how Art Therapists conceptualise change when working with Children and Young People (CYP).

The chosen methodology was Constructivist Grounded Theory which allowed for collaboration and reflexivity between researcher and participants. The research was conducted in a charity organisation for children and young people in the UK where AT was offered as a funded service that required the outcomes as tangible evidence. Five Art Therapists participated in this research and were interviewed twice, employing the method of intensive interviewing with a semi-structured interview guide. The participants and the researcher created Response Art to visually capture their reflection on the CYP case studies discussed in the interviews.

The findings were organised around the Art Therapist's processes of conceptualising change referring to three key iterative processes: facilitating, witnessing, and reflecting. These processes allowed the artmaking to be seen as a ceremonial, symbolic, developmental, and relational act and the artwork as symbols, expression, and representations of the inner world. In this way, art in the AT sessions has the role of building bridges between the internal and external world of the child on a spiral unfolding journey of change.

The overall conclusion of this research was that it remains complex to identify all the AT mechanisms and integrate them into a coherent and cohesive theory of change. A clear

recommendation was to use supervision which can include visual ways of reflexivity in similar settings to help with conceptualisation of change in AT with CYP.

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The author also wishes to express deep gratitude to the charity organisation for allowing the recruitment and to the Art Therapists who came forward to contribute with their case studies to the Art Therapy professional knowledge advancement. All of which remain anonymous to ultimately protect the identity of the case studies, who are vulnerable children and young people.

Gratitude is finally expressed to the author's network of peers in Greece and UK for constructive conversations and inspiration as well as to partner, family and friends who *kept the light on* during the 6 years of undertaking the Professional Doctorate.

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A note for the reader

This thesis presents the research I conducted as a part of the professional doctorate course undertaken in Health and Social Care with the University of Essex (UK). I started the course in 2018, wanting to bridge my academic qualifications and clinical training in Psychology and Art Therapy (AT). Initially, the course was under the 'Mental Health and Psychological Wellbeing' pathway but was changed to 'Pedagogy'. This seemed to suit better my overall interest in reflexivity, which I developed when I supervised creative arts therapists in the setting where the research was conducted. The research topic I chose aimed to integrate both areas of Psychology and AT. Its focus was on AT as a therapeutic intervention with mental health and psychological wellbeing benefits for children and young people (CYP), through the Art Therapists' practice-based knowledge. The title of the study and thesis was ambitious from the onset, reflecting my aspiration to demystify AT and address questions around how it works. During the project, I made hard decisions to focus on some findings and let go of others. One focus I decided to centre in my study was the Art Therapist's perspective and their tacit knowledge to honour their contribution in collectively advancing professional knowledge of AT. Tacit knowledge required non-verbal, visual or symbolic exploration and conceptualisation. To this end, the use of artmaking made the project not only more insightful but also creative, stimulating and enjoyable (Theodoropoulou 2023). Some of my own art images, which were created as a reflexivity response to the research process, are shared at the beginning of each chapter as a means of honouring the nature of the research topic and the use of visual reflexivity and conceptualisation within. My hope is to invite the reader into the journey of

the thesis through visual and symbolic windows and to instil the same enthusiasm for the topic and the potential of using visual methods to illuminate concepts.

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List of abbreviations

AT = Art Therapy

BAAT = British Association of Art Therapists

CAMHS = Child Adolescent Mental Health Services

CATs = Creative Arts Therapies

CGT = Constructivist Grounded Theory

CYP = Children (and) Young People

EBP = Evidence-Based Practice

EFAT = European Federation of Art Therapy

HCPC = Health and Care Professions Council

NICE = National Institute for Health and Care Excellence

NHS = National Health System

RCT = Randomised Control Trial

UK = United Kingdom

WHO = World Health Organization

1. Introduction

Figure 1: My initial response art

Titled '*Science as the Container*

Art as the Force'

I wish to introduce the background chapter of my thesis with the first image (Figure 1) I created as a response to the process of thinking about my research. In 2021, I was attending the first conference of the European Federation of Art Therapy (EFAT)[1]. Amongst like-minded professionals who wished to push the research frontiers of the field, I found myself in a workshop creating this image. The use of water-soluble ink blocks gave me a balance between control and flow. I designed a framework of blue and green cold colours as a symbol of the research design which aims to capture the elusive warm coloured ribbons of Art Therapy (AT). I was conceptualising the idea that my aspiration

[1] European Federation of Art Therapy (EFAT 2021) https://www.arttherapyfederation.eu/conference-program.html

to demystify AT was possible, playfully as well as visually; an exercise in unpicking the tacit mechanisms of change and making them tangible, whilst also considering whether this approach could even be viewed as desirable, not merely within the UK or in Europe, but internationally.

1.1. Background

Internationally there seems to be an increased interest in non-medicalised therapeutic interventions for mental health and psychological wellbeing. Indeed, social prescribing includes many creative arts and community-based activities, and it is developing fast in the westernised world. Specifically, the Arts in Health movement has been drawing increased attention as more systematic evidence is gathered to support positive psychological impact and mental health outcomes. A recent worldwide scoping review conducted for and behalf of the World Health Organisation (WHO) demonstrated the benefits of arts-based interventions in the prevention of ill health, promotion of health, and the management and treatment of illness across the lifespan (Fancourt & Finn 2019). These findings ignited research initiatives across the Creative Arts Therapies (CATs). The CATs are distinct disciplines–including AT, music therapy, drama therapy, play therapy, dance, and movement therapy–with each using a form of art to support individuals and/or groups with non-verbal exploration and self-expression. However, there are different professional standards and regulations for these disciplines across the world.

AT is one of the core CATs, with a strong historical background in the UK. As defined by the British Association of Art Therapists (BAAT), AT is a form of psychotherapy that uses art media as its primary mode of expression and communication to address emotional issues that may be confusing and distressing for the service user (BAAT, 2019). In the UK, AT as a profession is regulated by the Health and Care Professions Council (HCPC)

and Art Therapists are represented by the BAAT. In Europe, the profession's standards of training and practice are advanced by the newly founded European Federation of Art Therapy (EFAT)[2] AT is not given the same level of professional recognition and regulation across all the European countries; this contributes to many differences, as well as similarities, in how AT is taught and practised.

The progression of AT in the UK was recorded by Waller (1991), who acknowledged AT's early struggles to cultivate a more professional status prior to becoming a recognised profession in 1982. Following this recognition, AT's status as a 'newborn' profession within the broader field of psychotherapy saw numerous publications being made about this fledgling therapy, with these narratives largely being based on case studies, anecdotal evidence, and experts' opinions. These narratives aimed to illustrate how AT could be used to support people with various psychological needs. An example of such publications is the 'Handbook of Art Therapy' by Case and Dalley (1992; 2006; 2014), with each of the handbook's three editions having explored the ongoing advancements of AT, in addition to the many debates on AT's theory, practice, and definition. This need to document theory and practice of AT became especially important in the UK with the advancements of the National Institute of Health and Care Excellence (NICE). According to NICE, who have published guidelines for evidence-based practice since 1999, there was, and still is, a push for health and care professionals to make informed decisions about their service user's needs based on available research evidence.

[2]European Federation of Art Therapy (EFAT 2019) https://www.arttherapyfederation.eu/history.html

In this effort to produce evidence to support the effectiveness of this form of psychotherapy, Gilroy (2006) gathered evidence for a systematic review in their book 'Art Therapy, Research and Evidence-based Practice'. This publication demonstrated that there was a wealth of published evidence that could be accumulated and used to support the idea that 'AT works', but it also called for further systematic research which included and honoured the Art created in AT work. This call was linked to AT trying to climb up the hierarchy of evidence in health care, illustrated by Evans (2003) as a pyramid. At the top of the pyramid are randomised controlled trials (RCT) as the 'gold standard' of evidence, followed below by other quantitative designs (such as cohort and case studies), and then qualitative designs and experts' opinions at the bottom. In responding to the pressure of NICE guidelines in the UK, the objective of AT researchers to place their interventions higher in this hierarchy of evidence has not been a journey without challenges. For example, the AT profession seemed to take its time to recover from the 'shame' attached to the MATISSE study's (Crawford et al 2010) 'failure' in evidencing effectiveness of group AT for people with schizophrenia through the use of a RCT design. Following this, a few papers were published exploring and unpicking different elements of the study to understand why there were no statistically significant results (Leurent et al 2014, Patterson et al 2015).

As a collective illustration of the AT field's struggle for validated research evidence, Huet et al (2014) explained in their paper precisely how the Art Therapy Practice Research Network (ATPRN) was created as a response to the paradigm change in the UK health care sector due to the funding and commissioning crisis. According to Huet et al, this new paradigm created a culture of fear, negatively impacting the development of practice-

based research. However, this is what most Art Therapists can realistically engage with, as they are preoccupied with on-the-ground clinical work that directly supports service users. Consequently, there is less AT research taking place, therefore less evidence for AT in health and social care being available, which results in AT exclusion from health guidelines and recommendations and culminates with the risk of the profession itself being decommissioned.

Part of this cycle of exclusion could be traced back to Fonagy et al's (2005) systematic review of evidence of psychological treatments for children and young people, which was funded by the Department of Health. This resulted in a book titled: 'What Works for Whom?', and it did not include AT interventions. A few years later after this publication, Cornish (2013) flagged up the issue of the role of Art Therapists in Children and Adolescents' Mental Health Services being at risk of decommission due to the lack of inclusion of AT in published guidelines. As a result, service users would be deprived from a potentially beneficial intervention, especially useful for children and young people who require alternative and expressive ways of therapeutic engagement, that also differed from the conventional talking psychological therapies.

More recently, the Green Paper published by the UK Departments of Health and Education (2017) explored the need for mental health interventions in schools by reviewing the literature and making certain recommendations, based mainly on cognitive-behavioural therapy approaches. The Green Paper did not include any AT interventions in the recommendations and there were no explicit reasons why. My assumption was, though, that there was not enough up-to-date research available to support the effectiveness of such interventions with children and young people.

1.2. Research gaps

To explore the assumption of lack of recent research evidence of Art Therapy with children and young people, I conducted a preliminary scoping literature review. This exploratory review aimed to identify recent research (2013-2018) focusing on Mental Health Outcomes of Art Therapy interventions facilitated by qualified Art Therapists working with children and young people (CYP) in mental health educational and community settings in the UK (Theodoropoulou 2019). Some of the pertinent findings suggest that AT research appears to struggle with finding a suitable methodology, often failing to utilise randomised control trials (RCTs) or other quantitative designs with standardised outcomes measurements. The findings of the systematic review recommends more qualitative or mixed methods designs that can identify better the nuances of AT.

There was an ongoing trend of matching AT with other, arguably better recognised and/or researched therapeutic approaches, such as Cognitive Behavioural Therapy or Mindfulness. Although AT can indeed be combined with other approaches in clinical practice, research designs become methodologically problematic as it cannot be easily determined which AT elements bring about the change.

Other methodological problems were related to AT interventions conducted by other professionals, such as social workers and counsellors, and studies that had included all CATs. The outcomes of these studies were approached jointly and not as easily separated as those unique to AT.

There were a limited number of published AT research papers in the years 2013-2017 with CYP in the UK. Five papers were identified (Laffier et al 2026; Rowe et al 2016; Deboys et al 2017; Schweizer et al 2017; Akhtar et al 2018), only two in the UK and the others from comparable countries (Canada, USA, Netherlands), to analyse and synthesise AT outcomes for CYP (Theodoropoulou 2019). This lack of research papers may have indicated a reduced engagement of Art Therapists with relevant research, which could also be due to ethical barriers in conducting research with children and young people.

In my view, the contemporary challenge for AT research is how to consider methodological designs that can explore the multi-faceted nature of AT by identifying the tacit elements that can bring about change. Starting with the relatively recent systematic literature reviews examining mental health outcomes in AT (Kelly et al 2015, Van Lith et al 2016), there seemed to be a consensus that, with the use of quantitative scales as pre and post measurements providing data to support effectiveness, AT does indeed work. However, it was also acknowledged that AT mechanisms remain a ‘mystery’ and they advocated for more qualitative or mixed methodology studies to explore ‘How Art Therapy Works’.

In a similar tone, Kaiser’s (2017) editorial paper in the American Journal of Art Therapy Association, called for more exploration of AT practice-based knowledge to better inform research across the world. A relevant effort to disseminate the clinical knowledge of Art Therapists, whose practice knowledge does not often enter the academic discourse, was described in a paper by Regev (2017) suggesting interviews with therapists as an effective method to gather systematic information under a grounded theory. Additionally,

Bauer et al (2017) examined the attitudes of Art Therapists towards evidence-based practice (EBP) and suggested that more research is recognised by them as needed and desirable.

1.3. Aim

Following on from these suggestions, the aim of this study was to further demystify the AT process by asking: ‘How does AT work?’ and to explore precisely how the tacit mechanisms of change can become more tangible. The focus was narrowed down to the use of AT with CYP with mental health challenges in the UK; further supplemented with the assumption that Art Therapists hold ‘tacit knowledge’ based upon their experience and clinical practice. Tacit knowledge is used here in the sense that Polanyi referred to it as the ‘art of knowing’, along with his statement that: ‘We can know more than we can tell’ (Polanyi, 1966:4). This study aimed to explore what can be known about how AT works through the Art Therapists’ knowledge, whilst also holding the acceptance that not everything can be told, at least not with words.

2. Literature Review

Figure 2: My response art A1

Titled '*Immersing and Emerging*'.

Following on from the initial Response Art image I shared in the previous chapter, the image here (Figure 2) is chosen to introduce the literature review chapter. I created this image after the first interview with participant A (thus coded A1) to visually capture the deep dive into the study. The research design, which was previously a solid framework, has now dissolved into liquid. The sphere of the Art Therapy, and its colourful ribbons as the mechanisms, have now immersed into the waters of existing literature and research evidence. The research questions and aims are shaping and emerging as the study

progresses. Immersing and emerging were ongoing processes of dipping in and out of findings and literature.

2.1. Introduction

Although the literature review appears in this chapter, in fact it occurred after the initial data collection and analysis. The chapter starts with outlining the rationale of the approach I used to gather additional literature. This was built on the initial scoping literature review I conducted when formulating the research proposal and design. The chapter then continues with presenting the findings and key learnings from the reviewed literature sources. It then offers the narrative of an analysis and synthesis of chosen works.

The intention was to build on the initial scoping literature review that was conducted when formulating the research proposal and design, as well as to honour the Constructivist Grounded Theory (CGT) methodology that promotes the use of the literature review as a way of taking the findings back into a dialogue with what experts and evidence in the field have to say on the matter. The aim was to search and review the most relevant and contemporary papers and texts related to this study on AT with a focus on CYP and the exploration of the overarching question: 'How does AT work?'. After the data collection and analysis, the focus of the extant literature review was on change beyond outcomes, including conceptualisations of 'how AT works', such as factors, mechanisms, processes, and principles. For the purposes of this study, there was no intention to separate these terms as distinct entities, but it might be worthwhile for future studies.

2.2. Rationale

The initial scoping literature review I conducted (Theodoropoulou 2019) enabled the mapping of the contemporary landscape (2013-2018) of AT research with CYP, identifying its challenges and gaps, as well as aspirations for future advances. This mapping provided the rationale for framing the initial research question. The inclusion/exclusion criteria and the key learnings from the initial scoping review are presented in the next sections.

2.2.1. Inclusion/exclusion criteria

For the initial scoping literature review I used the ECLIPSE tool[3] based on which the inclusion/exclusion criteria were systematised around Expectation, Client, Location, Impact, Professional, Service. Each criterion is explained below:

Expectation - AT can be an effective intervention, specifically in individual sessions to match this study, as groups were not explored in the case studies that included Art Therapy, Art Psychotherapy, and Art as Therapy. Other forms of Creative Arts, such as dramatherapy, play therapy, music therapy and dance/movement therapy, were also excluded. Additionally, if the AT intervention was combined with another intervention approach, the articles were excluded as the results would depend on other variables in this instance .

[3] Wildridge, V., & Bell, L. (2002). How CLIP became ECLIPSE: a mnemonic to assist in searching for health policy/management information. Health Information & Libraries Journal, 19(2).

Client group - CYP with mental health issues–including emotional, behavioural and social problems–whilst not focusing on formal diagnosis or specific category of adversity, as this was not the remit of this study.

Location - In the UK or other countries that have comparable environments and in relation to EBP pressures and guidelines as well as professional AT standards, similar to BAAT and HCPC.

Impact - Mental health and psychological wellbeing benefits, outcomes, effects, generally or specifically; with a focused interest on change, i.e. mechanisms, processes, therapeutic factors and other related terms and concepts reflecting how change happens or is enabled.

Professionals - Art Therapists with training, qualifications, and professional status, but excluding papers where AT techniques were applied by other non-AT professionals as this study is underpinned by an interest in the AT professional identity, engagement with research and evidence-based practice, and perspectives on change.

Service Context - Community mental health and educational settings, ideally similar to the charity organisation service that was studied; but excluding clinical settings such as NHS-CAMHS as often AT is offered in conjunction with other interventions (psychosocial or psychiatric) and therefore other contributing factors might be impacting on the outcomes.

For reasons of identifying ‘good quality’ papers for full appraisal, Evans’ (2003) hierarchy of evidence was used as a ‘compass’ to identify the most robust evidence. The aim was

to identify studies that have included a type of systematic methodology to research AT: quantitative, qualitative, or mixed methods, as well as systematic reviews.

The review was conducted using the EBSCO search engine with Boolean operators based on key terms to investigate relevant databases (Booth et al 2016:112). The aim was to include different resources, avoiding publication and selection bias. The PRISMA[4] flow diagram was used to present the screening and selection process with clarity and transparency (Appendix G).

2.2.2. Initial scoping key findings

The primary key finding from the review was that there were not many research papers published in the UK for AT with CYP in the mental health field, even though there was a stated need for more evidence, specifically for school-based AT. This was also explained in the Background chapter with reference to the Green Paper of the Departments of Health and Education (2017).

The secondary key finding was that more research was needed in the AT field in general, and not just with CYP, but overall in relation to understanding 'how AT works' and its mechanisms of change. For example, the paper that particularly guided me towards the direction I took for my study design to 'demystify AT' was that of Deboys et al (2016). These researchers posit that AT in schools is perceived as gentle and non-intrusive, fun and enjoyable, as well as being mysterious and unknown. This 'mystery' element seemed

[4] Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. Annals of internal medicine, 151(4), W-65.

to be based on the finding that the reported changes/outcomes were varying based on the children's understanding and clarity of aims, as well as a lack thereof.

The tertiary key finding was that AT research seemed to have methodological challenges due to the complex and multifaceted nature of the intervention. This was particularly applied to quantitative designs, with AT struggling to fit into randomised controlled trial (RCT) or other 'gold standard' experimental designs. Even when pre and post measurements were used with standardised tools, the results of the studies could tell us with confidence about some outcomes achieved, but without a clear or deep understanding of *how* this change had been enabled.

These key findings informed the choice of my study's methodology. The Grounded Theory (GT) methodology has a 'clean slate' approach with the researcher holding a stance of 'not knowing' what the findings might be, holding a curiosity and the element of surprise. Once the findings emerge from the data analysis, the researcher is advised to revisit the literature to help with illumination of concepts. This has been described as a controversial topic of when and how the extant literature review is conducted in a GT research design (Dunne 2011).

2.2.3. Extant literature review

Even though the same inclusion/exclusion ECLIPSE (Wildbridge & Bell 2002) criteria was held as a heading on this review's compass direction, the extant literature review had a different approach for the direction of this literary voyage. It was conducted after data collection and during the analysis stage, in tandem to when the coding was on the

conceptual level. As such, it aimed to identify papers that would illustrate themes that emerged in the study's' findings around change.

The body of this review was initially formed through a search for papers using the EBSCO search engine, presenting the results in a systematic way of formal charts (see FLOW diagram in appendix); unfortunately this method was not fit for my purpose. When setting up limiting criteria, I came across gaps in identifying papers with the desired focus. Specifically, the extant literature review needed to move away from papers of quantitative designs and outcomes or symptom reduction focus onto papers that could shed light on mechanisms, processes, therapeutic factors, and other aspects of change. These were considered mostly in qualitative and mixed methods research as well as expert's opinion and professional guidance; even though they sit lower in the hierarchy of evidence (Evans 2003).

Therefore, the extension and enrichment of this literature review was conducted manually, following up references in key papers, such as the systematic review by de Witte et al (2021) and using a 'snowballing effect', starting from Google Scholar and ending up in journal publishers' portals of key journals in the AT field, such as the International Journal of Art Therapy (IJAT). Access for viewing and downloading papers was granted using my University of Essex (UOE) credentials. Screening and appraisal of papers was organised using bespoke criteria for this study, as explained above.

2.3. Findings

In this section of the literature review chapter, general observations and interpretations, in comparison to the initial scoping review and its key findings, are presented.

2.3.1. Growing interest of AT research with CYP and mental health outcomes

In the UK, two research papers were published in peer-reviewed journals between 2018-2023 (McDonald et al 2019, MCDonald & Holttum 2020); indicating a response to the alarming absence of AT in the Green Paper from the UK Departments of Health and Education (DoH & DoE 2017). This seemed to mobilise efforts in studying AT in schools to grow the evidence base as well as starting to understand and record the mechanisms of change. Current researchers in the AT field seem to be trying to address the duality of the question: 'Does AT work and if yes, how?', including in their designs the elements of art (i.e. art materials, artmaking, artwork).

The first study (McDonald et al 2019) used a mixed methods exploratory design to investigate primary school-based AT and its potential changes in children's social, emotional, and mental health, through teachers' and children's ratings and perspectives. The quantitative measurements showed some promising outcomes: a moderate effect in children's overall stress, conduct, hyperactivity, and prosocial behaviour; a large effect on perceived impact of children's difficulties on their lives; insignificant effect in emotional distress and peer problems. The qualitative reporting supported the rated positive outcomes offering more details as to what was helpful about having AT, this was making and thinking about art; expressing, thinking, and learning about thoughts and feelings; and sessions being fun.

The second study (McDonald & Holttum 2020) used a mixed methods comparative methodology to study if primary school-based AT can improve school attainment. Even though the outcome for the AT was not significantly different to the comparison group, the

perceptions of teachers and children was that AT seemed to be supportive of: engagement with classroom learning, relationships with teachers and peers, and duration of sustained concentration. Further analysing these perceptions, the paper's authors suggested that AT can be helpful if it is perceived by the CYP as: within a safe place, sessions being social and fun, facilitating coping strategies, expressing, thinking and talking, as well as making artwork.

Similarly, three research papers of AT with CYP in schools were published in Israel (Keidar et al 2020, Regev 2022, Snir 2022). Keidar et al (2020) focused on the relationship between the Therapist-Client bond and outcomes of school-based AT, looking at self-perception, loneliness, and behaviour. Their hypothesis of an association between the therapist-client bond and improvement in outcome was partially confirmed; supporting the importance of the therapist-client bond in individual AT outcomes and reinforcing the perspective of children as active and meaningful partners in the therapeutic relationship.

Regev (2022) conducted a process-outcome study of school-based AT focusing on one main outcome and its change process through interviews with art therapists and children. They found that cognitive–behavioural exploration and emotional exploration differed significantly during AT, with a significant correlation between improvement in client involvement and cognitive–behavioural exploration, along with improvement in internalising problems. The paper concluded that processes in AT with children are more complex than what was initially assumed and that a cognitive–behavioural approach may be useful in school-based AT.

Snir (2022) conducted a quantitative longitudinal study of artmaking in school-based AT. The initial findings suggested a positive association between the experience of artmaking

and mental state, as well as an improvement in mental state. Its limitation was that the experience of artmaking was investigated as a single variable, which fails to account for the different components of the artistic experience and its development during therapy. The paper argued that this limitation could be addressed in future designs by including the ATs' perspectives on mechanisms of change in externalising vs internalising problems through artmaking.

Apart from the school-based studies, there are also studies of AT in Child Adolescent Mental Health Services (CAMHS) (McGovern et al 2019, Braito et al 2021), as well as online AT (Malboeuf-Hurtubise et al 2021, Minh Ngoc Le Vu et al 2022), which is a new area of research interest linked to the Covid-19 pandemic. However, there were no papers identified to showcase AT conducted within a community setting or charity organisation, which contrasts with this study's environment which offers options of AT online, AT in the child's school, or in an AT dedicated environment. Additionally, four systematic reviews –Yatziv and Regev (2019) in Israel, Moula (2020) in the UK, Bosgraaf et al (2020) in the Netherlands, and Braito et al (2021) in Ireland– presented systematic review results on AT outcomes for CYP, thereby highlighting the gap in literature for AT with CYP, compared to the many systematic reviews focussed on AT with adults.

To conclude this section, the summary of recent research findings is that the AT field seems to be steadily creating an evidence base to better answer effectiveness questions of 'Does AT work?' according to NICE guidelines pressures. Beyond focusing on evidence of outcomes and/or symptoms reduction however, this study was more concerned with understanding 'How does AT work?'.

2.3.2. Increased AT research in systematically exploring mechanisms of change

As a prime example of how AT research has responded to the need for understanding more of the 'how', de Witte et al's (2021) systematic scoping review examined 67 studies of Creative Arts Therapies (CATs), including 10 AT research papers. This review included a significant list of systematically categorised therapeutic factors as: a) therapeutic factors specific to each CAT discipline, b) joint factors of CATs and generic factors common across psychotherapy approaches. It suggests a framework of three domains unique to the CATS: embodiment, concretisation and symbolism/metaphor. A closer analysis helps with approaching questions of 'what makes AT unique'.

Towards this direction of examining the unique mechanisms of change in CATs, including AT, Gerber et al (2018) identified three dynamic phenomena which interact in varying combinations bringing about change. These were: a) Rupture, Resolution, and Transformation (Dialectical Rupture and Resolution, Relational Ruptures and Imaginational Rupture), b) Relationship and Intersubjectivity (Relational Attunement, Dialectical tensions, Intersubjective transcendence), c) Arts-based expression: Imaginational Flow/transcendence, sensory/kinesthetic/embodied levels of knowing, and intersubjective transcendence, medium mode and method. Gerber et al (2018) organised these in three models of dynamic change: kinetic mobile, figure/ground, orbital.

Alongside research on mechanisms of change, there seems to be a rejuvenated interest in considering rigorous research designs which are better informed by a clearer understanding of the 'how'. With AT researchers exploring mechanisms or processes of change more, research designs can target specific factors, such as: Joined Attention

(Hawes 2016), Vitality (Holmqvist et al 2018), Dealing with Opposites (Haeyen et al 2015; 2022), and the role of Art Materials in the Transferential Relationship (Hilbuch et al 2016).

AT research advances are also supported by the development of 'best practice' frameworks. For instance, Buck and Hendry (2016) in the UK responded to the call for clear guidelines of AT with children and conducted a Delphi study with BAAT's special interest group of Art Therapists, working with Children, Adolescents and Families (ATCAF). They produced 18 principles that laid the foundations of what an Art Therapist needs to consider when working specifically with CYP, in contrast to AT work with adults.

2.4. Narrative analysis and synthesis

Having summarised the key findings from the papers identified above, I have constructed a narrative of 'How AT works' with CYP by focusing on papers that can illuminate different components and elements of change.

2.4.1. Through the child's eyes or the Art Therapist's perspective?

When I was deciding to focus my study on 'How does AT work?', based on the initial scoping review, I thought that the AT field's call to action was somewhat new and in fact an urgent one. Fortunately, when finalising the analysis of my findings, a paper was brought to my attention in supervision: Ball (2002) in the US, who approached this very same question by suggesting a certain research methodology. This included the use of participant's (a trained Art Therapist) observations of the triangular interactions between Child, Art Therapist, and Art, developing a systematic analysis of these based on a bespoke coding system.

My initial surprise for missing Ball's (2002) paper was soon replaced by the reassurance that I too had considered the triangular relationships between client-art-therapist, as suggested by Schaverien (1993), which helped me devise my semi-structured interview guide (Appendix F). I had also included the Art Therapist's perspective through interviewing and not by having direct observations of the client sessions. The methodology suggested by Ball (2002), though insightful and offering an additional layer of rigour, would pose significant ethical issues and approval barriers in the UK's current environment. However, this also further highlights the limitations of not including the child's perspective.

For example, Keidar et al (2020), emphasised the importance of the therapist-client bond in individual AT outcomes and the importance of children's perspective as active and meaningful partners in the therapeutic relationship. On the other hand, it is also beneficial to ask what the Art Therapists consider to be the patients' inner change based on their observations, such as Holmqvist et al's (2017) study which resulted in five themes: Therapeutic Alliance, Creating, Affect Consciousness, Self-Awareness, and Ego-strength.

The assumption here is that the Art Therapist can support the client, especially with CYP, in making sense of their journey in AT and in that way also demystifies the intervention. In their study, Deboys et al (2016) found that the referral pathway for children to AT was not always clear. Children reported that AT sessions were fun, but also mystical, with teachers and parents also not knowing exactly what the link was between the referral and outcomes. This aligns with Buck and Hendry's (2016) principles of AT with CYP, in which the Art Therapist constantly assesses suitability and engagement, supports the child to

understand why they are coming to AT and supports them in mentalising, and adapt activities and materials according to their needs, including the choice of joining in with the child's play whilst maintaining the therapeutic frame.

Another study by Bosgraaf et al (2020) systematically reviewed factors of AT's therapeutic means and forms of expression, therapist behaviour, and mechanisms of change of AT for children with psychosocial problems. They categorised AT interventions for CYP based on the following: a) variety of materials/techniques, b) forms of structure such as giving topics or assignments, and c) the use of language. They also categorised Art Therapist behaviour as: non-directive, directive, and eclectic. The result of their narrative was that all three forms of therapist behaviour, in combination with a variety of means and forms of expression, showed significant effects on psychosocial problems. This indicated that there can be flexibility in the use of means and forms of expression and therapist's behaviour in the sessions with the child. The therapist's stance within this continuum of directive and non-directive interaction is of key interest in all CATs; this was systematically explored by a group of CATs researchers in preparation for a manualised group therapy approach before conducting a RCT (Carr et al, 2020).

2.4.2. Unfolding the AT change

By returning to the paper by Ball (2002), in their discussion section, 'Towards unravelling the mystery of change', they presented changes around three key axes:

Changes in the focus of interaction – observing how the focus of the child was changing in relation to the artmaking, the relationship and the self, and how these shifts were happening from outwards to inwards, from externalising to internalising.

Changes in the mode of interaction – observing how art was offering structure and emotional regulation first (with therapist being more directive in their intervention), then leading to exploration of meaning (with therapist having less directive or observing stance).

Changes in the function of the art process – observing how the differences in the art materials and artmaking were reflecting changes, from embodying impulses to containment and rhythm, whilst the artwork was mediating a dialogue between therapist and the self.

In 2002 there appeared to be a good start in the right direction of thinking about the processes of change in AT with CYP. I wondered what must have happened that this direction had almost been forgotten. Was it the pressure for more quantitative research and hierarchy of evidence (Evans, 2003) which was placing qualitative designs, case studies, and experts' opinion as lower valued in terms of validity? An example of this is by Waller (2006) in the UK; an expert's opinion paper which has likely been missed in many systematic literature reviews using EBP criteria for search.

Waller (2006) suggested a model of how AT for children leads to change based on five fundamental principles: a) visual image making as a human learning process, b) art making in AT enabling getting in touch with feelings, c) art as a container, d) art as communication between child and therapist, e) art as illumination of transference. Through case vignettes, these processes of change were identified: a) physical involvement with art materials, b) artmaking of a significant object, c) sublimation of feelings into the images, d) communication with the therapist via the artwork.

Interestingly, several terms in Waller's (2006) paper were drawn from the field of Psychoanalysis, a few of which I have briefly elaborated upon for better engagement with relevant literature:

Container/contained – originated in Bion's theory on thinking and learning from experience (1962) and is often used alongside Winnicott's term of 'holding' (1971). These have been seen as interchangeable terms; one can read Ogden's (2004) paper in which he clarifies how these concepts are separate but also interlinked in psychoanalytic psychotherapy.

Transference/countertransference[5] - an original psychoanalytic idea (Freud, 1912) and later developed in Object-Relations theory (Klein, 1952). Simply put, the client projects feelings of childhood experiences onto their therapist (transference) and the therapist experiences feelings as a result of this projection (countertransference), which helps them to understand their client's inner world.

Sublimation - Kramer (1987) used this concept in AT, applying the original Freudian idea of sublimation into the artmaking of children and adults. Art making was seen as a primitive need that was symbolically expressed through a more complex action. Kramer cautioned the Art Therapist to be mindful of facilitating such processes without interfering or imposing an interpretation prematurely (Kramer, 2016: 100).

[5] For key papers on Countertransference, the reader can refer to: Hinshelwood, R. D. (2019). Countertransference. Key papers on countertransference, 41-79. Routledge.

Based on the language used by the interviewed Art Therapists in this study, psychoanalytic terms and concepts do often appear in AT, but they may not be the only framework of understanding change.

Embodiment

Relatively close to sublimation as a concept, embodiment is instead derived from the trauma therapy field. Since the artmaking in AT involves haptic/tactile/kinaesthetic processes, some connections may be made with the literature on embodiment. Indeed, Skaife (2008) wrote about visibility, intersubjectivity and embodiment in group AT, while Gabel and Robb (2017) identified embodiment as one of five therapeutic factors, alongside symbolic expression, relational aesthetics, pleasure/play, and ritual. In relation to AT with children, Elbrecht (2021) developed a sensorimotor AT technique, the Clay Field Therapy, which heavily relies on embodiment being incorporated in the haptic and developmental connections established through clay making. The emphasis on this occasion is not on the art object made of clay, but on the tactile exploration of the clay during the AT session setting.

Making special

A concept found in the field of anthropology, ‘making special’ might link with Waller’s (2006) idea of ‘artmaking of a significant object’ as a process of change in AT, as well as Wright’s (2009) idea around the ‘cultural artefact’ as a container of internal reflections which have been externalised. Dissanayake’s (1995) writings on anthropological perspectives of art as ‘making special’ may help with approaching the processes in art making that have qualities of revisiting, repeating, celebrating, transitioning, and marking.

These are moments of processes which reflect an innate function of art making as a human experience in the collective practices of a community.

2.4.3. AT factors/processes/mechanisms of change

When we look at the processes of change in AT with children, does the most recent evidence reflect what Waller stated in 2006 based on her clinical experience and expertise in the UK? The paper by de Witte et al (2021) offers a great point of reference for an up-to-date systematic list of AT therapeutic factors or processes or mechanisms of change. The authors have listed certain factors:

The factors that AT has in common with other psychotherapy approaches: the safety of space, therapeutic alliance, time of processing in the here and now, expression of thoughts and feelings, motivation (in the same category with vitality), deep insight, and the development and mastery of cognitive and emotional skills.

The factors that AT shares with other CATs: safety and structure (including rituals), playfulness, creative experimentation, self-awareness, modulation of sense of time and space, relaxation and flow state, development of artistic skills, visual self-expression, visual and non-verbal externalisation/symbolisation/concretisation of inner conflicts, perspective taking and reflection (and witnessing own patterns), and (visual) emotional elicitation and processing.

The factors that are specific to AT: the tactile quality of art, choice of appropriate and specific art materials; leading to artmaking contributing to emotion regulation and anxiety reduction as well as self-concept and self-awareness enhancement (agency); alongside

observation of transference and relational aesthetics during artmaking and in relation to the artwork; concluding with visual self-expression and the creation of a visual narrative.

There were other sub-factors in the paper's categorisation–not supported by AT evidence identified in other papers–but which might be worthwhile mentioning here. These are: a) empathy and interaction through the art, non-verbal mirroring and attunement, b) active engagement/involvement, therapist working alongside the client and joint attention, c) client targets, responsibility, in-session behaviour, d) aesthetic pleasure, hope and optimism e) 'getting to the root' work, then and there, reminiscence, remembering and connecting with memories.

Drawing from the categories of the de Witte et al (2021) paper, key concepts have been selected and elaborated upon with additional literature. These are: vitality, flow, mirroring and attunement, joint attention, resonance, self-regulation, and psychological flexibility. These concepts may overlap and/or highlight each other at points when applied to AT with children; particularly considering elements of tactile and kinaesthetic interactions with artmaking in the context of a therapeutic relationship between child and Art Therapist.

2.4.3.1 Vitality

Stern (2010) described vitality as a dynamic process in relation to Psychology, Psychotherapy, and the Arts. He explained that vitality dynamics are psychological and subjective, yet different to other physical, neuronal, emotional, and perceptual phenomena. He identified five main vitality dynamics, which when integrated can provide a person with a holistic, felt experience that bridges the internal and the external. These dynamics are: movement, force, time, space and intention/directionality. Originating in child development, these dynamics have everyday applications in the human experience,

as well as clinical implications in psychotherapy. For example, Stern explored how vitality dynamics can pave the path to a re-constructed phenomenal experience of a memory's narrative in the 'present moment' of a therapy session (2010: 129). This theory relates closely to his writings about the 'now moments' in psychodynamic psychotherapy (Stern, 2004).

Holmqvist et al (2018) also made a strong case for the significant presence of vitality in the AT process, in conjunction with the client's inner change. Arguably, this was a new under-researched area that emphasised: a) the importance of client's trust (secure and positive attachment) in the therapist and the method, and b) the image as containing past (emotions), present (feelings), and future (hope). In their paper, they discussed how the Art Therapist holding the hope alongside the artmaking enables the client to imagine life changing for the better.

2.4.3.2. Flow

A related concept is flow; Csikszentmihalyi (1991, 1997) wrote about flow as the psychology of optimal experience and creativity. He discussed the role of having clear goals and immediate feedback loops in creative activities:

> 'In some creative activities, where goals are not clearly set in advance, a person must develop a strong personal sense of what she intends to do. The artist might not have a visual image of what the finished painting should look like, but when the picture has progressed to a certain point, she should know whether this is what she wanted to achieve or not'. (Csikszentmihalyi 1991:55)

2.4.3.3. Mirroring and attunement

Here I want to make a link between the concepts of mirroring and attunement; a twofold concept, drawn from psychoanalytic object relations literature. The connections between

mirroring and attunement, with the relational processes of self-realisation in psychoanalysis and art, have been written about by Wright (2009). Mirroring in the mother's (or primary caregiver) face happens as a response to the early months of a baby's emotional state, offering a visual (and thus external) analogue of their internal state. Attunement is similar but plays a significant role in the later months of infant development with the caregiver mirroring their experience through tone of voice, bodily gestures, tempo, and rhythm. Gradually these experiences, reflected and thus externalised by the mother (or primary caregiver), and then internalised once more by the baby, go on to better support the mind's development of symbolic thinking (Wright, 2009:24).

> 'Every cultural artefact is a reservoir of reflecting forms, an external phase of the individual mind that in a sense replaces the actual mother' (Wright, 2009:51).

Recontextualising this quote, in AT every piece of artwork may also be a reservoir of forms that reflect the child's inner world; visually mirrored and attuned by the art therapist, and held within the art work.

2.4.3.4. Joint attention

Keeping the concepts of mirroring and attunement in mind, one can draw a connection with the process of 'joint attention' in AT. A shift may occur when the therapist and child are both looking at something that is being, or has been created; a togetherness that may encompass an intimate connection, linked with attachment patterns, and with the potential to cause a feeling of awe[6], although this depends on the moment. During this moment, the therapist will ideally know how to regulate their stance, coming closer or stepping

[6] The emotion of awe is arguably central to the human experience of a diverse range of events and objects (religion, art, nature, etc.). Indeed, this schema-incongruent positive emotion arguably represents the pinnacle of emotional pleasure (Keltner & Haidt, 2003), with the evocation of awe promoting categorical inclusivity (Shiota, Keltner, & Mossman, 2007), reduced egocentricity (Piff, Dietze, Feinberg, Stancato, & Keltner, 2015), increased metaphysical orientation (Van Cappellen & Saroglou, 2012), and a transcendent perception of purpose, meaning, and global order (Valdesolo & Graham, 2014).

back, ‘listening’ to the child’s response to the therapeutic or creative interaction. This regulation of stance requires training and skills for reflection-in-action (Schon 1987).

AT literature and research has highlighted this process as an important mechanism within the triangular nature of the therapist-client-art relationship (Case, 2000; Schaverien, 2000). Hawes (2016) developed a pivotal AT therapeutic tool based on joint attention; this tool has also been used as a mechanism of change in combination with other CATs, including use of music (Gerge et al, 2019). It has been emphasised, though, that child development factors need to be considered alongside the client’s capacity of ‘looking together’ and not being taken as a prior assumption (Isserow, 2008). For instance, for children with autism or trauma, looking together may be seen as a threatening or anxiety provoking experience.

2.4.3.4.5 Resonance

A concept that has similarities with mirroring and attunement, but it is not necessarily psychoanalytic, is that of resonance. Malchiodi (2015) has contributed extensively to the related literature of AT with CYP, emphasising the significance of attunement in child development and attachment through a neuroscience perspective; Siegel’s (2007) neuroscientific investigation on the brain’s ability for reflective practice and its applications on dyadic (caregiver-child) interaction is of particular interest. Indeed, Malchiodi (2015) proposed AT activities that are based on scribbling or doodling (a free-form spontaneous drawing). Interestingly, this was also used by Winnicott (1971), named the ‘squiggle game’, and is also often used as an AT technique. Neuroscientific advances offer a newly informed perspective on tacit ‘discoveries’ from the past. In fact, Siegel’s (2007) model of ‘how the mindful brain works’ brought the concept of attunement to the forefront of

scientific advances in brain development research; he claimed that attunement is linked with seven functions of the middle prefrontal region, which are body regulation, attuned communication, emotional balance, response flexibility, empathy, self-knowing awareness, and fear modulation. He explained further:

> 'The social neural circuits involved in this attunement would include the middle prefrontal region, insula, superior temporal cortex, and the mirror neuron system. These regions comprise the resonance circuits and enable one mind to resonate with the internal state of another and are hypothesised here to be at the heart of the experience of attuning one's mind to its own processes' (Siegel, 2007:191).

Understanding attunement through this lens, the process of resonance can be seen as a neurophysiological mechanism. In AT, this mechanism may manifest externally in and through the artmaking. Hass-Cohen (2008) wrote about partnering AT with clinical neuroscience, predominantly based on Siegel's interpersonal neurobiology and mind-body connection. They suggested a framework of AT relational neurobiology principles (ATR-N), which included resonance. This framework explored how the client's artmaking is experienced by the therapist through emotional resonance and empathy; mirror neurons 'firing' as the therapists, due to their artistic training, know the art material. This exploration has further implications on the purposeful choice of material, with the therapist being able to make informed suggestions to the client for regulating expressivity and integrating affect with willful action (Hass-Cohen, 2008: 38). This may not always be possible or even appropriate to decide upon within the session, and the therapist may need to reflect on their felt experience of resonance and discuss in later supervision.

2.4.3.4.6. Self-regulation

Following on from Siegel's (2007) and Hass-Cohen's (2008) ideas, one may regard the concept of self-regulation as encompassing the body and physiology, senses and movement, and also affect. In AT with children, inevitably, the kinesthetic and multisensory engagement with art materials and art offers greater possibilities for self-regulation. Self-regulation is a key process in the Sensorimotor Art Therapy and the bilateral drawing technique developed by Cornelia Elbrecht (2018). In her approach, people are invited to draw rhythmically repeated scribbles to express their inner tension, patterns of bracing, and pain that is held in the body. This rhythmic movement, as a mechanism behind self-regulation, can also be found in Cathy Malchiodi's (2020) Movement-Sound-Storytelling-Silence (MSSS) model. Within the MSSS model, the kinesthetic/sensory qualities of rhythm, movement, enactment, visual imagery, touch, and sound found in expressive arts naturally involve active participation, rather than only verbal interaction. Malchiodi explained how specific applications in expressive arts therapies–not unique to only AT–can enhance self-regulation through grounding and anchoring, sensory based co-regulation and shared regulation, mirroring and entrainment, bilateral movement, relaxation and mindfulness practices, and affect regulation (Malchiodi, 2020: 168).

2.4.3.4.7. Psychological Flexibility

Regulation of visual expression and integration with affect seems to relate to the concept of Psychological Flexibility. Psychological flexibility has been a studied factor in health and wellbeing research. In Acceptance and Commitment Therapy (ACT) -a third wave approach of Cognitive Behavioural Therapy (CBT) -psychological flexibility is a six-

process model of framing psychopathological, health, and psychological intervention. Based on the ACT model, psychological flexibility can be enhanced by flexible attention to the present moment, chosen values, committed action, defusion, self-as-context, and acceptance (Hayes et al, 2012: 62). A recent study by Haeyen et al (2022) examined 'dealing with opposites' as a mechanism of change in AT for people with personality disorders. They suggested combining AT with elements of another third wave approach of CBT, Dialectical Behaviour Therapy (DBT), which incorporates psychological flexibility and has the potential to increase emotional regulation through acceptance and integration of opposite emotional states. Their practice-based recommendations are for explicit use of opposites within AT to increase understanding of this as a mechanism of change.

2.5. Conclusion

The literature review chapter concludes with Regev's (2022) statement that processes in AT with children are more complex than what is initially assumed. The reader may recall that the aim of this literature review was to go under the surface and further beyond the outcomes or symptoms reduction to obtain a deeper insight of change. Some factors/processes/mechanisms were highlighted with extant literature aiming to guide the reader through the findings and illuminate the discussion in the following chapters.

However, there may remain many other processes of change that have not been included or highlighted to the same extent. Regardless, the selection was based on the concepts resonating with the findings, in their presence or absence, and maintaining the element of surprise for unintentional findings; especially as the overarching question 'How does AT work?' was narrowed down to: 'How do Art Therapists conceptualise change?'.

This question was not approached with a predetermined theoretical framework, allowing for variations in use of theoretical approaches in AT. The reader would have noticed that this literature review drew concepts from psychoanalysis, psychodynamic psychotherapy, anthropology, neuroscience, psychology, and cognitive behavioural approaches.

This variety also reflects where AT stands at the current moment in its identity, which inevitably may impact on how AT practitioners, supervisors, and researchers conceptualise change. Here is a brief chronology and list of reference to experts' views in the AT field:

Psychoanalytic framework (Waller, 2006) – Art as container, transference and sublimation.

Intersubjectivity (Skaife, 2008) – Art as making visible and embodiment of expression.

Integrative/Pluralistic (Huss, 2009) – Art as dynamic, humanistic, systemic, and social.

Theoretical agnosticism (Springham, 2016) – AT beyond the theory and practice divide.

Building new frameworks (Van Lith & Bulosan, 2022) – Bridging AT practice and evidence.

The hope is that the findings in this study can contribute to this ongoing movement of building an AT theoretical identity that bridges evidence and practice, particularly honouring the Art Therapists' professional or practice-based knowledge.

3. Methodology

Figure 3: My response art B1

Title: '*Nurture vs Nature'*.

My Response Art image here (Figure 3) was created after the first interview with participant B, and visually conceptualises my reflections on the debates around nurture versus nature in AT, as well as all other therapeutic interventions. One may wonder if the therapeutic intervention brought up the change or if this growth, regardless of any therapeutic prompting, happened naturally. This tree-like image I created also made me think of the tree as symbol for conceptualising what we can see (the trunk and branches), what we cannot see but know exists (the roots in the ground), as well as the possibilities

that we cannot see and we cannot know but will eventually manifest in a certain way (the leaves, flowers, fruits). This reflects and is inspired by the philosophical underpinnings of Critical Realism, as well as the ground-up approach of understanding offered through Constructivist Grounded Theory (CGT). With these thoughts, I introduce the Methodology chapter below.

3.2. Introduction

This chapter has laid out the philosophical underpinning and researcher's positionality and assumptions that led to the choices of CGT and Critical Realism in the undertaking of this study. These choices have in turn influenced the methods which formed the research design, with reflexivity being at the centre of this qualitative inquiry whilst also navigating an evidence-based practice influenced setting.

3.3. Philosophical Underpinning

Since this study was part of the Professional Doctorate within the School of Health and Social Care (University of Essex), its overarching concern was linked to the evidence-based practice (EBP) in the UK and the NICE guidelines. It has been particularly concerned with the criticisms of EBP and the suggestion of practice-based evidence as the preferred pathway to advance the AT profession through the Art Therapists' tacit knowledge (Polanyi, 1966). As Polanyi identified, there was a difficulty of applying scientific methods to intuitive knowledge.

> 'Hence the failure of the positivist movement in the philosophy of science. The difficulty is to find a stable alternative to its ideal of objectivity. This is indeed the task for which the theory of tacit knowing should prepare us.' (Polanyi 1966: 25).

The ontological and epistemological positioning underpinning this study was influenced by the challenges of 'real world research' (Robson, 2002) in health care and the practitioner researcher's perspective (Fox et al, 2007). Relevant to these were the notions of reflective practice (Schön, 1987) and professional competency (Eraut, 1994), specifically in relation to Pedagogy. Of particular interest was the hierarchy of evidence-based practice (Evans, 2003), the triangle of evidence, clinical expertise, service user's need (Sackett, 1997), and the consequential debate of practice-based evidence versus evidence-based practice (Cohen et al, 2004; Greenhalgh et al, 2014). Since this study was a 'real world' research from a practitioner-researcher's perspective, it could not have neatly fallen into either end of the research paradigm continuum between Positivism and Interpretivism (Grix. 2019).

Kuhn's (1962) criticism of positivism was instrumental in advancing thinking about research, concluding that it wasn't the constant repetitive experiments in the laboratories that provided the scientific breakthroughs. Instead, major scientific revolutions were born out of the intuitive moments of the scientist. The following statement repositions the researcher into a more influential research role, as their ideas can have an impact on the researched; thus moving into the discourse of post-positivism:

> 'On what aspects of nature do scientists ordinarily report? What determines their choice? And, since most scientific observation consumes much time, equipment, and money, what motivates the scientist to pursue that choice to a conclusion?' (Kuhn, 1962: 25)

According to Guba's (1990) paradigms taxonomy, the post-positivists believe in an objective reality that has to be critically approached, as our senses can never fully understand the mechanisms of this reality. The way we can know about this reality is

through modified objectivity, comparing and triangulating data from different sources. Qualitative methods are preferable, moving towards more natural settings; GT is placed amongst them. Indeed, these ontological and epistemological positions seem to underpin the original GT versions. However, these positions do not take into account enough of the human constructions, as well as the research participants' involvement, co-production of the knowledge and its effect on emancipation, whereas the Constructivist approach (Charmaz, 2014) does. As Popper stated in 1963:

> 'There is only one element of rationality in our attempts to know the world: it is the critical examination of our theories. These theories themselves are guesswork. We do not know, we only guess. If you ask me, 'How do you know?' my reply would be, 'I don't; I only propose a guess. If you are interested in my problem, I shall be most happy if you criticize my guess, and if you offer counter-proposals, I in turn will try to criticize them.' (Popper, 2002: 204)

This critical examination discussed by Poper involves reflective practice and reflexivity, which has a major role in the therapeutic professions. The practitioner engages in constant reflexivity on the service user needs, how these needs are met or not met, and if the intervention needs adjustments to bring about change. In undertaking this research, I believe that there is a need, whether pragmatic or realistic, to systematise the 'mystified' processes of AT in order to empower both the professionals and the service users in accessing a meta-level of understanding that ultimately can further promote practice, supervision, and research in AT.

3.4. Grounded Theory

GT methodology initially suggested a distancing from a 'pure' positivist approach, which was the original intention of Glaser and Strauss (1967), but was later criticised for naïve inductivism. Strauss and Corbin (1990) developed GT into a version that accepted

criticism from more positivist elements. A repositioned GT accepted its realist and interpretivist nature (Bryant & Charmaz, 2007: 51), while Charmaz (2014) returned GT to its original intention based upon pragmatism and bringing in relativism and subjectivism. As Charmaz said:

> 'We may have different standpoints and conceptual agendas, yet we all begin with inductive logic, subject our data to rigorous comparative analysis, aim to develop theoretical analysis, and value grounded theory studies for informing policy and practice.' (Charmaz 2014: 14)

GT as an overarching methodology, particularly the constructivist approach, seems an appropriate choice for advancing AT practice and professional knowledge. With this in mind, one can also consider here the 'triangle' of EBP (Sackett et al, 1996) used for decision making in Health and Social Care, and the weighing of these three factors: evidence, service user's needs, and clinician's expertise.

The emphasis of this study leans more on the clinician's expertise and less on research evidence or the service user's needs. This seems appropriate as it is the Art Therapists' perspectives being explored in this instance. However, the other two elements will naturally be embedded as the Art Therapists' perspectives on how they evidence their work and how they consider their client's needs, with views being derived from their answers in the interviews. The aim was to take into account the broader evidence base in clinical decision making, as debated by Rycroft-Malone et al (2003).

Using Constructivist GT, this study was designed with the aim to further support the practice, supervision, and research of AT with a GT that is based on AT's conceptualisations, rather than 'borrowing' theoretical models from other pre-existing theories (e.g. psychoanalysis). This aim of the resulting GT model or framework is to be

applied in practice and supervision. As a profession, with a formal identity in the UK since 1982 (Waller, 1991), AT may now hold its own tacit knowledge that could be explored and approached through the constructions that the ATs have formed with the people they have worked with. As Charmaz wrote:

> ‘Consider that grounded theory as theory contains both positivist and interpretivist elements because it relies on empirical observations and depends on the researcher’s constructions of them.’ (Charmaz 2014: 231)

There is a body of literature identifying GT as a methodology of choice when professional’s perspectives are explored in a systematic way, leading to tangible implications and recommendations for practice and supervision. One study explored Clinical Psychologists’ views on use of NICE guidelines (Court, 2017), finding that practitioners would be flexible and not follow the guidelines but the service users’ needs, often without sharing this approach in their supervision. Another GT study explored Multisystemic Family Therapists’ perspectives on their work (Jethwa et al, 2019); amongst their recommendations was increased support within supervision.

An AT paper (Metzl, 2015) combined CGT and Participatory Action Research, concluding with a framework of AT for early years children. This research was based on the Art Therapists’ experience and was undertaken due to a lack of pre-existing model of practice. Schweizer et al (2017) used CGT and developed a model of outcomes for AT with CYP who have autism, based on the tacit knowledge of experienced Art Therapists. Deboys et al (2016) used CGT to interview Art Therapists, as well as parents/teachers/children, to explore the processes of change in school-based AT. As mentioned in the introduction and the literature review chapters, one of their findings was

that often there was no clear referral pathway or clear therapeutic aims, which impacted the self-reporting of outcomes. Although AT remained mysterious, their recommendations included more research to better understand the mechanisms of change.

Demystifying AT required a systematic approach of the 'How' questions which Constructivist GT claims as a specialty. As Charmaz wrote:

> 'Grounded theory aims to make patterns visible and understandable. Gathering data with broad and deep coverage of your emerging categories strengthens both the precision and theoretical plausibility of your analysis.' (Charmaz 2014: 89).

3.5. Critical Realism

Part of the problem described in the background to this study (Chapter 1) may be that Art Therapists document change in a different language that does not fit in the 'traditional' language of EBP. Consequently, therapeutic outcomes of AT may fail to be disseminated in a way that other professionals, service users, organisations, and commissioners could appreciate and value. Their points of reference may derive from more established EBP therapies, such as the CBT models. Bhaskar and Danermark (2018) have written about similar interdisciplinary challenges and how critical realism can be applied in health/wellbeing research and professional practice.

Returning to the initial focus of this study, which was the exploration of the mechanisms of change in AT through the Art Therapists' perspectives, it may become evident that the ontological and epistemological positioning has been neither 'pure' post-positivist, nor 'pure' constructivist. The research question was underpinned by the assumption that there are 'real' mechanisms of change that can be partially 'accessed' through a

collaborative exploration of the researchers' and participants' constructions. These may be based on clinical experience as well as intuitive knowledge, and may have a more abstract or transcendental nature, but these are 'real' nonetheless. At this point, Critical Realism (Bhaskar, 2017) seems to be offering a 'reconciling' approach recognising the existence of both the intransitive ontology (existing independently of our knowledge) and the transitive epistemology (what we can know through our senses).

According to Critical Realism, there are three levels of reality: the real, the actual, and the empirical. The main area of inquiry in this research is around 'mechanisms of change' in AT. The researcher's underpinning position is that in AT, there might be: changes we can see, for example, in the client's behaviour and the art making process (the empirical); changes we can't see but we can somehow know, for example, in the therapeutic relationship or the symbols and meanings in the art products (the actual); changes we can't see or we can't know, but exist nonetheless (the real). In other words, there are mechanisms that we cannot sense or know about, but they may still be impacting on reality. The world exists independently of the individuals, but it cannot remain uninfluenced. What individuals think or how they act is connected to the whole, impacting on the world and others, with the concepts of mind-body connection and non-duality promoting ideas of agency and emancipation.

Choosing Critical Realism to underpin CGT may appear unusual as Charmaz's (2014) model is underpinned by ontological relativism and epistemological subjectivism. However, Charmaz argued that her version is still connected to the basic principles of Pragmatism, as developed by Dewey, Peirce, Mead, and others (Thayer, 1982) who aimed to bridge the divide between Philosophy and Science, overcoming the 'false idea'

of separation between the two and re-establish a mind (ideas) and body (senses) connection. In addition, Charmaz claimed that her version of GT can be combined with various approaches. There are several published works on GT combined with Critical Realism (e.g. Oliver, 2011), as well as Action Research (e.g. Dick, 2007), with both having roots in Pragmatism, emancipation, and agency. These aspects are relevant to giving Art Therapists a voice for their accumulated knowledge and expertise.

3.6. Researcher's positionality

The elements of participant involvement and emancipation were important in this study and were considered thoughtfully. Charmaz's (2014) Constructivist approach of GT methodology embraces the impact of the researcher on the researched, promoting the idea of co-construction of data between researcher and participants. This was important for this study as the researcher also held assumptions about AT which would have influenced the research process and the data. Indeed, Charmaz's response to Glaser's (2002) famous statement 'All is data' was: 'People construct data' (Charmaz 2014: 29).

Another reason why the researcher's positionality was important in this study is that the setting where the study was conducted was the researcher's employing organisation; a charity for CYPs with mental health issues in the UK. The interest in researching the field of AT with CYPs with mental health issues stemmed from the researcher's professional practice in this charity as a clinician, supervisor, and senior impact manager. According to the Constructivist GT (Charmaz, 2014), researchers need to be transparent about their background assumptions and disciplinary perspectives which can enable them to start the inquiry, but they also need to remain alert as to not force preconceived ideas on their data. In this sense, the researcher needed to be transparent about their background and

their relationship with the setting. As a clinician, I was previously trained as a Psychologist and Art Psychotherapist in Greece where I worked in mental health settings for children and adults. As a clinical supervisor, having done a diploma supervision training in the UK, I have supported other Art Therapists with implementation and review of treatment plans. As a Senior Impact Manager, I was responsible for evaluating projects and outcomes to evidence effectiveness when reporting to commissioners and funders.

The researcher's positionality relates here to the setting and the charity's approach which was striving to be aligned with the wider EBP framework in the UK. However, AT and related outcomes were not always easy to capture in a systematic way using outcome questionnaires, which are standardised, but do not take into account the multifaceted nature of AT as an intervention. In the researcher's supervisory experience, the way Art Therapists conceptualise change was based on their clinical observations and could give insights to therapy outcomes in a systematic way, especially through supervision support and regular reflective practice.

These were the assumptions underlying the choices in this research design to approach the research question of 'How does AT work?'; positioning myself (the researcher) as an insider in the research and thus not claiming a 'clean slate' approach. Simultaneously, my background and research interest may have made me stand in good stead to pursue an exploration of the overarching research question. However, as a researcher I needed to maintain reflexivity to ensure that I remained open to emerging concepts, accepting that the research question(s) and the underlying assumptions may have been challenged during the data collection and analysis.

To summarise, the philosophical underpinning of this study was inevitably influenced by the researcher's own assumptions and professional background, being based on clinical training in Psychology and Art Psychotherapy, experience in CYPs mental health settings, and the wider sector and voluntary services in the UK. Charmaz's (2014) constructivist approach of GT seemed appropriate for this research design as it accepts the impact of the researcher on the researched and promotes the idea of co-construction of data between researcher and participants.

3.7. Research design

Since the overarching research question of this study was 'How does Art Therapy work?', a qualitative design seemed appropriate to explore the topic through the Art Therapists' perspectives. GT methodology has been deemed suitable for exploration of the 'How' questions and the expectation was that it could support the aim of this research to make the tacit tangible. As Charmaz wrote:

> 'Grounded theory methods demystify the conduct of qualitative inquiry -and expedite your research and enhance your excitement about it. The method fosters gaining both analytic control and momentum.' (Charmaz 2014: 4)

According to GT methodology, the overarching question 'How does Art Therapy work?' could have been shaped into sub-questions which then may have needed further exploration by returning to the literature. For this study, the tentative sub-questions were: how do Art Therapists facilitate change, how do Art Therapists know when there has been a change, and how do Art Therapists conceptualise this change? The term 'change' could refer to all three elements of Art Therapy and their triangular connections (Schaverien, 1999): a) the client, b) the therapist, and c) the art making and artwork. The methods

employed under the overarching methodology of CGT (Charmaz 2014) will aim to explore these with width and depth.

3.7.1. Research Setting & Recruitment:

The research was conducted in the researcher's employing organisation, which offered therapeutic interventions to children and young people in the UK to support them with their mental health and psychological wellbeing. The organisation employed an interdisciplinary team of various therapists, including Art Therapists. The organisation had a structured system of supporting the service user: from referral to assessment of individual needs, to recommended treatment plan, to review and evaluation of outcomes, all through monitoring and supervision processes. This system aspired to evidence-based practice principles but could not claim to be one in a strict sense; it is perhaps more of a practice-based evidence model. The organisation received self-referrals from families, as well as referrals from schools and health and social care services. The organisation was funded through various commissioners, including charitable foundations, local authorities, social care, and NHS and fundraising activities. The organisation was the main data-holder for the referred service users and adhered to the local Children Safeguarding Board processes. Access to the organisation for the purpose of this research was preliminarily discussed with the Director and was confirmed upon ethical approval from the ethics committee at the University of Essex. This access permission included: Art Therapists, case studies, and relevant documentation.

The Art Therapists working for the organisation were informed about the research via an email sent by the Director and were invited to a voluntary information sharing group meeting with the researcher. Due to Covid-19 safety restrictions, all the meetings were

conducted online via a secure video conference platform. The overall aim of the study, as well as the methods, were explained so that those who were interested could give informed consent to participate. The organisation at the time of this study had six Art Therapists in the team working with children and who met criteria for AT qualifications and registrations. The recruitment aimed for equal inclusion of the employed and self-employed Art Therapists within the organisation.

Though, at the time of this study, I had senior management responsibilities within the organisation, there were no Art Therapists during the study that I was directly line-managing or supervising. However, as employees in the same organisation, they may have been supervised by me in the past. It was also acknowledged that there was no guarantee for the number of participants who would give informed consent to participate. The possible power dynamics, due to my senior role, needed to be continuously reflected upon to avoid any perception of subtle coercion.

The recruitment and methods plan included a group presentation at the beginning of the project and a group presentation at the end to share the findings; this aimed to increase engagement with informed consent. The research design stages as these were transparently shared with potential participants are summarised in the diagram below:

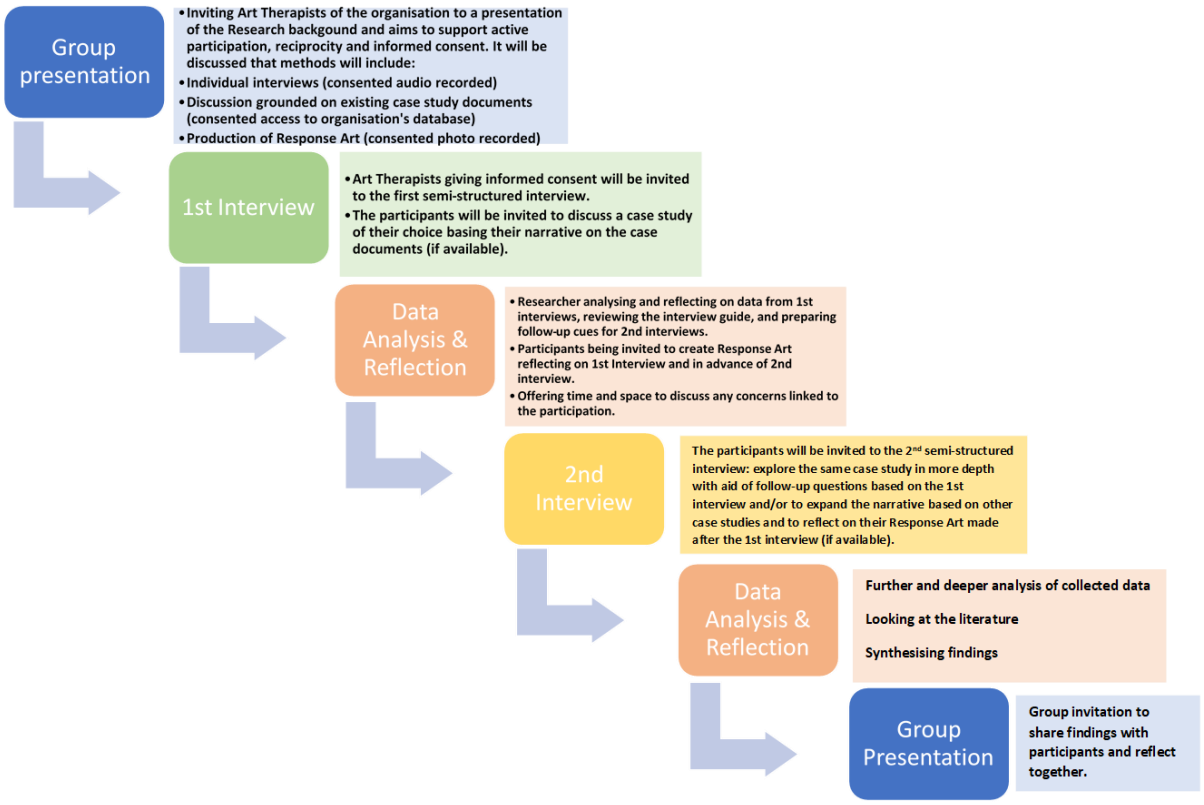

Figure 4: Stages of recruitment within research design

3.7.2. Methods

In CGT methodology, data can be collected, generated, or constructed. The term of choice may best describe the different types of data. In this study, data were generated through interviews, documents, and response art. Critical realism (Bhaskar, 2017) offers a stratified view of the world which can also help with the stratification of the methods. The diagram below was used to organise the methods and their aim, and it was included in the research proposal for the University of Essex ethics approval:

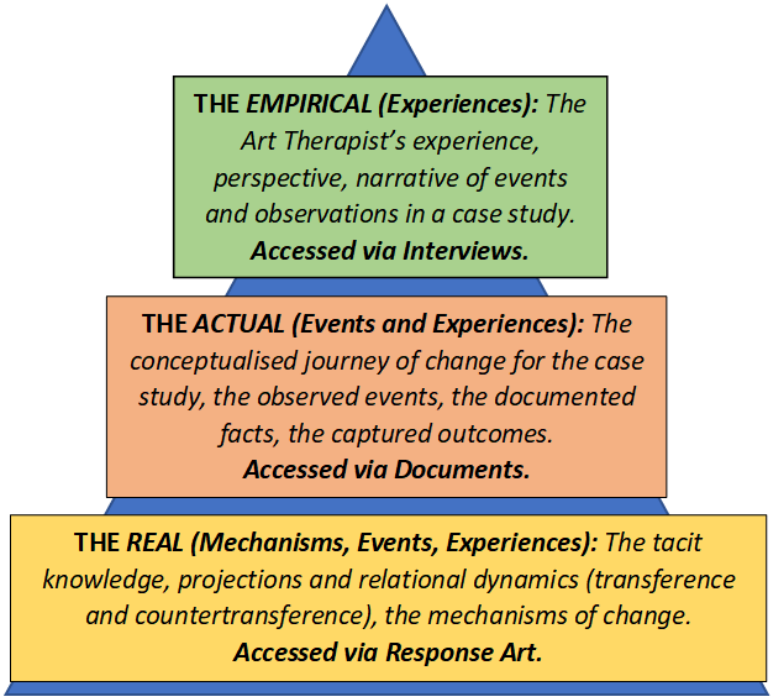

Figure 5: Stratification of methods based on Critical Realism

The intensive interviews were aimed at the empirical level or reality (the Art Therapist's observations and experiences). The documents were aimed at the actual level of reality (the events in the AT sessions and the way these are observed and experienced). The Response Art was aimed at the real level of reality (the events, the experiences and the mechanisms underneath).

3.7.2.1. Interviews

Charmaz's CGT approach suggested the method of Intensive Interviewing for an in-depth exploration and co-construction of concepts. This is a semi-structured but flexible approach to interviewing that gives an emphasis on the participants' perspective, meanings, and experience (Charmaz, 2014: 56). The specific number of interviews needed could not be predefined in this methodology as data collection and analysis

happened within the same period of time; until data and concept saturation was reached. This approach encouraged follow-up on the initial interviews to reach deeper exploration of emerging concepts (Birks & Mills, 2015). An interview guide was constructed, yet interview questions remained flexible to better follow leads and cues (Appendix F). The approach of two interviews per participant was drawn from the narrative methodology of Hollway and Jefferson (2000) who made a strong case for the value of the researcher and participant having more time between the first and the second interview to go underneath the surface and reach deeper insights.

Participants who gave informed consent to participate were invited to the first interview, bringing one case study of their choice to discuss. The case study aimed to ground the conversation to 'real life' material, avoiding many theoretical ideas that may have hindered the 'demystification' aim. In the second interview, the case study could be revisited to be explored further and in deeper detail, or more case studies and practice examples could be used to expand on the Art Therapists' observations and thoughts on the work done in the first interview.

Interviews were conducted online (on Zoom using the university email address and account) due to ongoing government guidelines for safety in relation to Covid-19. In addition to the pragmatic restrictions at the time, online interviews held an advantage of taking distance from the environment of employment and dynamics of power, and thus could have been beneficial for the participants and for any potential time restraints. With explicit consent, interviews were audio recorded using secure and password protected equipment, and audio and transcript data were securely stored (on password protected personal device and on cloud-based Box using the university email address and account).

3.7.2.2. Documents

Studying documents has been suggested as a way to investigate data within a CGT. Birks and Mills (2015) distinguished between data generation and data collection; interviews may have provided data generation, while organisational clinical documents may have provided data collection, whilst still holding onto the element of subjective meaning that makes construction. The potential use of case study documents was discussed with the potential participants in the optional group presentation. The participants could choose which documents wished to bring with them in the first or the second interview to 'ground' the conversation on this type of data, while complementing their 'narrative' of how they remember working with the chosen case. The possibility and value of accessing these documents in-between the two interviews to explore emerging themes was discussed with the participants to jointly ascertain which documents were accessed and for what reason. These documents could have included (all anonymised):

Referral form; with the child's presentations and concerns (completed by parent/carer or professional).

Assessment form; with the information shared by the parent and the clinical formulation of the assessor (not necessarily the same clinician as the allocated therapist).

Treatment plan; with suggestions for type of therapy, number of sessions, and tentative therapeutic targets.

Clinical file notes; completed by the therapist for each therapy session with the child.

Outcomes Star™[7]; self-reporting evaluation tool.

End of therapy report; completed by the therapist and summarising the therapeutic progress;

These documents were stored securely in the organisation's electronic database; there was a log of given consent by service users for clinical records to be used for anonymised research purposes. There was an anticipated need to include analysis of these documents in case more elicited data were needed to further understand emerging concepts without the possibility to conduct more interviews. According to Charmaz (2014) mixed qualitative methods can strengthen a study with a small number of interviews. The generated data from the interviews with participants were rich with the exploration of the case studies, often grounded verbally in the documents during the interviews without the need for them to be accessed independently. Some anonymised copies were shared with me by the participants as a means of following up on the discussion in the interviews and thus contributing to the data generation. There was no need for separate analysis of these documents.

3.7.2.3. Response Art

Finding a way to include Art in the methods aimed to honour the distinct character of AT and to approach the non-tangible or non-verbal but existing material (critical realist's view). According to CGT methodology, data can also be elicited by accessing visual sources and in this study Response Art was used, a method clarified by Fish (2012) in AT practice, supervision, and research. Art Therapists routinely use Response Art,

[7] Triangle (Outcomes Star™ 2023) https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

appointing artwork as a tool to capture unconscious material that is evoked before, during, or after a session with a client. Artmaking used in research has had an increased interest in the methodologies of Visual and Creative Research Methods, particularly aiming to enhance participation, collaboration, co-production, and emancipation. Examples of recent and comprehensive publications in this field are by Leavey (2020) and Kara (2020).

For this study, participants were invited to produce Response Art after the first interview as a way of visually capturing reflection on the case study material discussed in the interview. Then the participants were invited to bring their Response Art to be discussed within the second interview or in follow-up communication as a process of co-constructing meaning; a process that aligns with the Constructivist GT methodology. In conjunction, as a researcher, I also produced Response Art after the interviews with each participant so that these could be discussed in the interviews and in research supervision. Creating Response Art aimed to increase collegiality and to jointly, as researcher and participant, reach deeper reflections in-between interviews. The approach was not related to interpretations of the images by the researcher, rather, the participants were invited to create these images as a form of visual reflexivity or conceptualization of the discussed case study material. In this way, the participants were invited to say what they had wanted to say about their images and what they had meant to them, aesthetically and/or symbolically.

3.7.2.4. Reflexivity

The Constructivist version of GT calls for active and meaningful consideration of the researcher's own constructions through reflexivity (Charmaz, 2014: 319). In this study, the researcher's own reflections upon experience and related assumptions on AT were a

major part of the analysis in terms of bias and potential power dynamics, as well as comparing the data with pre-existing notions and theories of AT. Theoretical knowledge of the AT field was helpful in the different stages of GT data analysis, such as coding, categorising, theoretical sampling, comparison, and saturation through processes of abduction which: '…links empirical observation with imaginative interpretation, but does so by seeking theoretical accountability through returning to the empirical world' (Bryant & Charmaz, 2007: 46). Memo writing in CGT, as part of the reflexive process throughout the data analysis stages, was strongly encouraged throughout the research project, with the reflections of the researcher being explicitly documented (Charmaz, 2014: 162). Memoing could include writing, illustrations, diagrams, and quotes and could be treated as data themselves (Birks & Mills, 2015). In fact, visual memoing was a key method in engaging with the data during the analysis stages. This meant that conceptualisations were reached mainly through diagramming in the reflexive journal, then adding words to explain the meaning of the diagrams.

Reflexivity in this study drew from additional literature in qualitative and narrative methodologies. For example, Hollway and Jefferson (2000) made a case for bringing psychoanalytic elements into research interviewing, suggested that: 'It is hard to pin down subtlety and intuition, but we believe that using these capacities is unavoidable once the researcher has posited a psychosocial subject' (pg 68). Alvesson and Skoldberg (2000) gave a comprehensive account, and criticism, of the ways in which GT methodologies could be enriched with reflexivity to avoid overclaiming objectivity, including drawing diagrams by making graphic sketches of how grounded concepts and/or categories related to each other. More recently, Holmes (2018) discussed the links between the

artmaking and the dream state of the artist, along with the creative aspects of the reverie method, a psychoanalytic approach, in reflexive research.

3.7.3. Data Analysis

All types of collected data were analysed and promptly stored within the electronic software NVivo[8] (Appendix E). NVivo was originally designed based on the model of GT methods of coding which makes it suitable for this research project. The University of Essex provided licensed access to the software via the Software Hub portal using the university email account to download NVivo to the researcher's computer. Research supervisors could also have access to the NVivo project and monitor the activity and ongoing analysis; however, this function was not needed in this study, as the supervisors did not require access to the raw data. Backups of files were securely stored in the researcher's personal computer and a password protected external drive, as well as the cloud storage space of BOX provided by the university. Data included: audio files of recorded interviews and transcripts, photos of the participants' response art, copies of anonymised case study documents shared by the participants, and the researcher's reflective material (written and visual). Data was kept by the researcher for up to 10 years, securely stored in their personal devices to allow time for publication and dissemination after completing the research and the PhD qualification. All these details were explicitly communicated to the participants and informed consent was obtained for each section of the consent form.

[8] Lumivero (2023) NVivo (Version 14) www.lumivero.com

3.7.4. Ethics

This study, as part of the Professional Doctorate in the School of Health Social Care at the University of Essex and involving human participants, needed an ethics application with submission of the Participant Information Sheet and the Consent Form. Ethical approval was granted by the Research Committee at the University of Essex in June 2021, with ERAMS reference number: ETH2021-1133. Upon approval, access to the organisation for recruitment was confirmed with the organisation's Director.

The ethical approach of the project -at each stage of planning, conducting and exiting- endeavoured to incorporate the three main principles of research ethics in practice as advocated by Poth (2021): Respect for persons (free and informed consent, without interference or coercion); Concern for welfare (privacy and confidentiality, anticipating and assessing risks); Concern for justice (reducing bias, equitable and fair recruitment in sampling and treatment in reporting).

The researcher was a practitioner and, as McLeod (2015) explained in 'Doing Research in Counselling and Psychotherapy', the overarching ethical principles are the same for practice and research: Beneficence (acting to enhance client wellbeing), Non-maleficence (avoiding doing harm to clients), Autonomy (respecting the right of the client to take responsibility for themselves), and Fidelity (treating everyone in a fair and just manner).

The cases discussed in the interviews or studied via the stored organisational documents remained anonymous. Although the organisation where the recruitment took place routinely sought consent from service users to utilise their data for research purposes, the names and identifying details of the CYP discussed were still anonymised at every

stage of this research. The Art Therapists' names needed to be anonymised as well, so that it was less likely for service users to be able to identify themselves if they were to read any published material linked to this research.

To respect and honour the participants' investment of time and knowledge sharing within this project, the researcher offered a final invitation to an optional group presentation of the key findings after completion of analysis. This offered the opportunity for questions and answers, as well as a joint reflection with the entire team of practitioners in the organisation. Since the participants were anonymous, the invitation allowed for all those involved to avoid identification.

Finally, the researcher adhered to the British Psychological Society (BPS, 2018; 2020) ethical guidelines for practice and research. The participants adhered to the British Association of Art Therapists (BAAT, 2019) code of ethics. Additionally, care was taken in relation to power imbalances, as the researcher held a senior leadership role within the organisation. As explained in the positionality section of this chapter, this could have had an impact on the participants' willingness to take part in the research. Any activity was based on invitational, consensual, collegial, and reciprocal processes that avoided any dynamics of conceivable coercion.

3.7.5. Conclusion

GT has been criticised for not leading to the formation of 'grand' theories. However, the aim of this study's design was to make a modest contribution, with contextual and situational influences of an evidence-based informed model of change. The initial aspiration was that this may lead to the development of an AT supervision model that is relevant to contemporary Art Therapists working with CYP across similar settings. It was

anticipated that any model derived from this study may not be universally applicable or even relevant in the long term. AT as a profession may evolve and then different research would be required to further understand these novel AT mechanisms, which from a critical realist's perspective continue to exist regardless of our knowledge of them. However, the understanding or application of this knowledge may change through practice and process knowledge. As Eraut wrote:

> 'Process knowledge must be given a high priority in both academic and practice settings but without neglecting the contribution of propositional knowledge to the process.' (Eraut, 1994: 120)

Additionally, if Art Therapists practice in an environment of EBP, they are called to adhere to certain expectations. Indeed, BAAT's ethical guidelines calls all Art Therapists to:

> 'Seek to attain and maintain the client's optimum level of functioning and quality of life; Delineate the type, frequency and duration of art therapy; Set goals that, wherever possible, are formulated with the client's understanding and permission and reflect the client's current needs and strengths; Allow for review, modification and revision (BAAT 2019: 11).

GT claims that 'all is data' and therefore data could be grounded in any of the processes mentioned above: type/frequency/duration, formulation of needs, goal setting, reviews, modification, and revisions. Analysis of these processes could offer access to mechanisms of change, from the beginning to the completion of an intervention. This is how EBP may be translated into practice-based evidence, with the 'ground work' of Art Therapists being systematically recorded and analysed.

4. Results

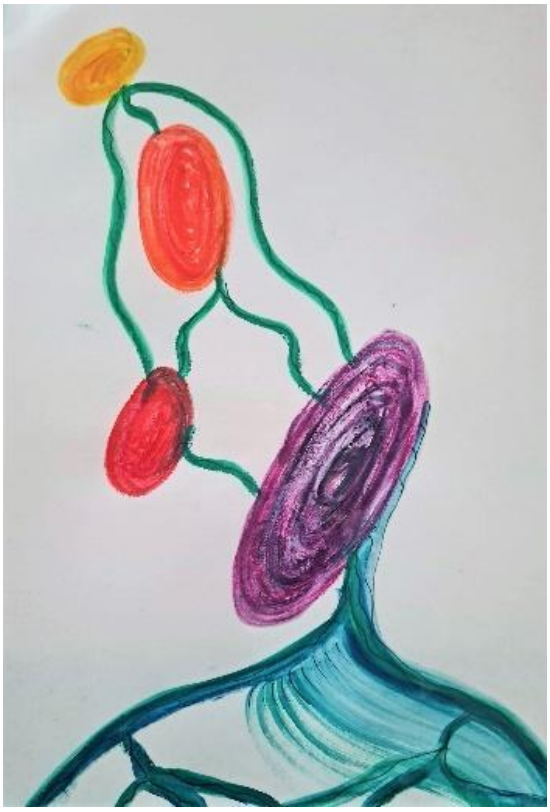

Figure 6: My response art B2

Titled '*Connecting the dots'*

The whole process of collecting and analysing data in an iterative way was a mind stimulating and challenging journey. Each process in turn generated even more data through: visual memoing and diagramming, response art and mapping, reflecting in my journal, and through research supervision. This is why I chose this response art image (Figure 6) to introduce the Results chapter. I created this image after the second interview with participant B and I named it 'Connecting the dots'. The relevant reflection to share here is that the process of making meaning of the data felt like a collaborative process of

connecting disparate parts to create a coherent narrative. I wish to invite the reader to keep this process in mind when reading the Results chapter.

4.1. Introduction

The results chapter covers the iterative process of data collection, analysis, and generation of themes, whilst applying the principles of CGT methodology. The first two parts of the chapter (4.2 & 4.3) offer an overview of the data collection and analysis processes. The third part (4.4) provides an integrated presentation of the findings and the resulting conceptual categories.

To protect the service users' identity and respect the sensitive and confidential nature of the work in AT, all participants have been anonymised to avoid any identification now and in the future. Additionally, I asked them to use pseudonyms for their case studies and choose the age and gender that helped anonymity the best way they saw fit. In that sense, these demographics cannot be used for descriptive purposes. I have had no access to their real names and I have done everything that is feasible, and according to my ethics approval, to maintain their anonymity.

My intention was to avoid calling my participants A-B-C-D-E (in order of participation) as this felt distant and artificial, so I used names starting with each letter as to better maintain the chronology of when each interview was conducted. The Art Therapists I interviewed are likely to identify themselves in the data, even though I discussed with them in the interviews my intention to anonymise as much as possible to reduce the likelihood of clients recognising themselves in the content. Nonetheless, I acknowledge that my choice of names might not do justice to how they would call themselves otherwise.

4.2. Data Collection

This is the first part of the Results chapter presenting an overview of how the data was collected: including the participants' recruitment and interviews, the use of response art and reflective writing, reference to organisational documents, use of NVivo software to organise codes and categories, and the researcher's approach to their own reflexivity.

4.2.1. Recruitment

This section presents the recruitment process, its challenges and how these were overcome with elements of co-construction under the overarching methodology of CGT. I started the recruitment process within the organisation by presenting my proposal with an open invitation to colleagues who wanted to hear more about the research and to consider possible participation. To increase accessibility, I offered three presentations at different days and times. All the presentations took place between November 2021 and January 2022. The feedback and questions during these presentations helped me clarify my thinking and revisit the semi-structured interview guide. There were some therapists who expressed interest to participate in the project, but they did not meet inclusion criteria of HCPC registration and BAAT membership, as they were from different modalities.

The first two participants came forward and were interviewed twice in the period between January and March, 2022. A gap of two to three weeks was given between each interview with the participants to allow them time for reflection before following up and going deeper into the case study. I found the first interview to be more on the 'horizontal level' of sharing (i.e. the Art Therapist's background, their general way of practising AT with children, and their role in the organisation). The second interview was more on the 'vertical level' (i.e.

thinking together in-depth about a client they finished working with in the last year or so). This was also linked with how the questions were arranged in the semi-structured interview guide: initial opening questions, intermediate questions, ending questions (Appendix F). Data from these first interviews were used for the initial coding, reflection, and discussion in supervision.

More calls for participation were made through internal communication channels within the organisation, such as internal newsletter and team meetings. In this new round of communication, I made myself more vulnerable by asking for their help to complete my data collection in a colleague-to-colleague request for support. I am grateful that three more participants came forward and were interviewed twice in the period between October and November, 2022. Due to time limitations, there was a smaller gap between the first and second interview, which felt different to the initial phase of data collection. However, the previous coding and reflection processes had enabled me to approach the interviews with a more collegial stance.

4.2.2. Participants interviews

This section presents a brief summary of how many participants were interviewed, when and how, as well as which case studies they talked about. I interviewed a total of five participants, conducting two interviews with each participant at a mutually agreed upon time. All interviews were conducted online using the Zoom platform for video conference calls. I remained flexible to better work around the Art Therapists' offered availability. Interviews had an average duration of 60-90 minutes each.

The semi-structured interview guide was used as a basis for each of the participants' two interviews. Yet flexibility was kept to ensure that any exploration was following on cues in

the participant's narrative. With one participant there was a 3rd follow-up interview to explore their Response Art. This was the participant's choice, as they required more time beyond the two initially planned interviews. This additional time was needed to discuss their reservations around how the client's confidentiality could be protected when talking about potentially identifying details of the artmaking and artwork in AT sessions.

All participants were invited to bring an anonymised case of their choice, with the only limitation being that it was a client case that they have finished working with in the last 6-12 months. All names used for the clients are pseudonyms chosen by the Art Therapists themselves, as well as altering their personal details (e.g. age and gender).

The First participant, 'Amelia', spoke about a male client, age 16, called 'Paul'. Paul was referred for therapy because he was struggling with anger and school exclusions. AT aimed to offer him a space to better explore the feelings underneath his anger. He was offered 10 sessions. Talking and drawing seemed to give him ways to communicate his needs.

The Second participant, 'Bethanie', spoke about a male client, age 9, called 'Adam'. Adam was struggling with grief and bereavement. AT aimed to support him in processing his loss. He was offered 20 sessions. Engaging with clay and other 3D art making seemed to support him, celebrate memories, and to accept what could and could not be fixed.

The Third participant, 'Carmen', spoke about a male client, age 13, called 'Gary'. Gary was struggling with isolation and low mood. AT aimed to offer him a space to explore what was going on for him. He was offered 10 sessions. Building a therapeutic relationship was facilitated through art making.

The Fourth participant, ‘Dahlia’, spoke about her female client, age 17, called ‘Leah’. Leah was suffering from recent bereavement accompanied by feelings of depression. AT aimed to support her process loss and find meaning. She was offered 30 sessions. Engaging with painting seemed to enable her to grieve and tune into her self-care.

The final and Fifth participant was ‘Elaine’, who spoke about a female client, age 8, called ‘Sarah’. Sarah was struggling with self-regulation. AT aimed to give her tools to creatively channel her energy. She was offered 10 sessions. Play-based activities seemed to give Sarah a sense of control with self-regulation elements.

4.2.3. Response Art

This section briefly presents how Response Art was used, as integrated in the methods of the research, to visually capture and deepen the exploration of the case studies. The first interview with each participant tended to finish by starting to think about their chosen case study. In the time given for the first interview, and based on the interview guide, they would lay out the profile of the child they worked with. They would start with the reasons for referral and what the AT offer aimed to achieve. In the second interview, we would revisit the case study by looking deeper into the content of the AT sessions and the processes within.

To visually capture and deepen the reflection on their case study, I invited the participants to create Response Art after the first interview and to bring their work and insights to the second interview. Four participants created Response Art, after either the first or second interview. Those who had their images in the second interview explored their insight with me then, while the others shared their insight via email as a follow-up. One participant

shared with me Response Art images they had made when they were still working with their client. One participant did not create Response Art during the research project, but shared images made previously as part of their processing of the case material.

For my own reflexivity as a researcher, and for the spirit of co-inquiry with the participants, I also engaged with Response Art making. I created two pieces of response art after the first and second interviews with each participant; a total of 10 images. The images I made after the first interview were shared with each participant, alongside my insights into the discussed material. To give my method some element of consistency, I kept the size of the paper, the art materials, and colour palette the same. I used an A4 size drawing pad and a set of water-soluble ink blocks. This material gave me a combination of elements of *control* (using the ink blocks to create forms) and *letting go* (using water and brushes to blend and allow for flow). This creative process mirrored the research process of holding the *form* of the project design whilst allowing for elements of surprise to *flow*.

4.2.4. Reflective writing

This section briefly presents how a type of reflective writing was integrated into the methods as a means of following up on further insights. Acknowledging that new insights may keep unfolding beyond the reflections in the interviews, I invited the participants to share any further thoughts they had via email, should they wish to. This possibility had been preempted within the consent form.

Two participants sent me accompanied reflective writing on their images via follow-up emails. The depth of their shared thoughts made me realise that the participation process was having a profound impact by evoking a symbolic and poetic language that gave words

to the tacit elements of the joined reflection on the case studies. It became evident to me that Art Therapists think in metaphor, use a symbolic language, and need more time to find the *right* words. This helped me go back to my data and re-code it, staying closer to the participants' language. As Charmaz (2014: 331) stated: 'language is central and it enters both data collection and analysis'.

4.2.5. Organisational documents

This section briefly mentions the initial intention to include organisation documents as data sources and how, eventually, this method was not required. Some participants shared with me anonymised copies of organisational case documents, such as the Outcomes Star™[9] evaluation tool and therapy report. The choice of which documents would be useful to share was the result of the exploration taken in the interviews. I had included the potential need to access documents like these in my original design and ethics approval. I did not access them myself, but I asked the participants to share what they thought might be useful and meaningful to enrich any further exploration of the case study. I found that these documents were not as necessary as I had initially imagined. The reason being that the Art Therapists had the organisational processes of referral, assessment, and evaluation of outcomes already embedded in their thinking. Additionally, the semi-structured interview guide was designed in a way that lifted these themes in the conversation. Nonetheless, some of these documents were useful in grounding the case study narrative, which was subjective, to data that had a more objective nature.

[9] Triangle (Outcomes Star™ 2023) https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

4.2.6. NVivo software

I used NVivo software[10] to support the organisation and analysis of the transcripts through the functions of: coding, cases, memoing, and mind mapping. I did not use the automatic functions of auto-coding as I wanted to maintain control over my data. Extracted codebooks from the software enabled me to keep a methodological chronology of the working skeleton of the analysis. I worked systematically on four updated versions of the codebooks (as they were constantly changing) which were printed out for further processing via handwritten memoing notes. Extracted maps helped me visually organise each participant's background and each study, to more easily explore them separately as well as to create integrated maps of the common items emerging (codes, categories, concepts). Extracted memos helped me systematise spontaneous insights.

4.2.7. Reflexivity

Remaining a reflective researcher was essential in honouring the methodological choices made and my own positionality in the project. Drawing from reflexive methodology (Alvesson & Skoldberg, 2000) and psychoanalytical approaches in research (Hollway & Jefferson, 2000; Holmes, 2018), I used a selection of ways to: deepen my thinking, keep my assumptions in check, reach new insights, look after my wellbeing, and maintain my enthusiasm for the project.

My Response Art images were used for exploring the unconscious and for capturing tacit material in a tangible, visible way. This process supported my insights as to how I had responded to the material of each case study and to the different participants.

[10] Lumivero (2023) NVivo (Version 14) www.lumivero.com

Supervision helped me hold back the uncertainty I felt about my project when recruitment was delayed. My supervisors provided feedback using elements of their countertransference and examining parallel processes as these can be used as a tool to include the unconscious in research (Nicholls et al, 2013; Stamenova & Hinshelwood, 2018).

I kept a systematic reflexivity journal, similar to what Charmaz (2014) suggested for a methodological diary. I wrote down my thoughts after each interview, using my writings as memoing while analysing the data, and I drew diagrams and used them as visual memoing to help me organise and analyse the data further. These notes became *memo flash cards* to write down emerging categories and spontaneous statements that helped me capture insight in a tangible way. I used inspiration from Saldaña's (2021) suggested method of using *tabletop categories* as a way of *touching the data* and physically moving categories. This seemed to me to be a powerful tool for allowing researchers to engage with their codes in a tangible way: writing them down, moving them around, shuffling and rearranging them on a surface for analytic abstraction of code intra-relationships.

All these reflexivity processes helped me to engage and re-engage with my data, lifting the emerging conceptual categories *up from the ground*. In the next section, I will talk about how the data was analysed to reach the abstract conceptual level of categories.

4.3. Data Analysis

This is the second part of the Results chapter presenting how the data was analysed through two coding cycles. The first coding cycle (4.3.1) comprises initial and focused

coding processes. The second coding cycle (4.3.2) comprises coding processes based on gerund, invivo, versus, and meta-coding methods.

4.3.1. First coding cycle

This section presents the first coding cycle of data analysis. The analysis methods are differentiated as initial and focused coding processes.

4.3.1.1. Initial coding

This stage of initial coding aimed to code paragraphs and lines in the transcripts, creating the initial coding skeleton. I started with the first interviews I conducted with Amelia and then with Bethanie. The first transcript was used to notice emergent codes and to then follow these up in the second interview. This allowed me to share my reflections with the participant and to deepen the collaborative exploration of the case study. I worked in both hard copies of the transcripts, creating codes in a swift and spontaneous process, as well as in the NVivo software, working systematically to create an initial coding skeleton. The first thing that struck me was that all the data seemed important, and therefore I ended up having around 150 initially coded items in NVivo. Even though I felt I was still at an early stage in my process, I realised what the textbooks of CGT mean around how processes of data collection or generation and data analysis go *hand-by-hand*.

I started by creating tentative categories that enabled me to have a map for navigating my data without losing the element of surprise in the exploration. I worked on the first extracted codebook from NVivo which I printed out to make notes on, as this manual and tangible handling worked better for my cognitive processing. These initial and tentative categories are briefly described below:

Child's background – this category included codes linked with the reasons why the CYP had been referred to the service, some information on their family and school life, and who was referring the CYP and asking for support.

Child's presenting issues – this category included codes linked with the CYP's emotional, behavioural, and/or social struggles that contributed to others worrying about them.

Art making process – this category included codes reflecting how the CYP had engaged with the art materials and the creative process, showing changes from session to session in relation to material of choices (e.g. moving from controlled use of felt-tip pens to more flowing use of paints).

Art images – this category included codes reflecting the images that the CYP had drawn and how these were changing from session to session in terms of lines, colours, symbols, and size (e.g. black and white images having more colour and more layers, forming symbols which may have been indicating a need to be in control or to manage overwhelming emotions).

Art Therapist's feelings and reflection process – this category included codes reflecting the participant's process of reflecting on what they were witnessing in the sessions, using notes, doodling, and/or Response Art. The Art Therapist was actively witnessing the young person's pain, with this being reflected on and processed through their own feelings: worrying about the client's struggles, vulnerabilities, and emotional states.

Art Therapist's work and life experience before becoming an Art Therapist – this category included codes reflecting the participants' journey in relation to studying art, working as an artist, developing skills and an interest in working with vulnerable people, seeing how therapeutic art can be, and becoming inspired to start training and pursue a career as an Art Therapist.

Art Therapist's practice and role in the organisation- this category included codes reflecting preferences of applying AT techniques or another specific media type, working online or in person, and the participant's journey of employment in the organisation.

Art Therapy process, relationship, and outcomes – this category included codes reflecting how the CYP was presenting in the sessions, week after week, how the therapeutic rapport and relationship was developing, and what changes or outcomes were observed or witnessed by the art therapist.

At first glance, these tentative categories reflected the questions in my interview guide. I had my initial coding skeleton, but I wanted to go deeper, using mind mapping to separate the Art Therapist's background and the Case Study's material. For this reason, I decided to engage in a process of Focused coding.

4.3.1.2. Focused Coding

Focused coding allowed for emerging categories, instead of procedural, by separating codes, merging codes with similar qualities, and comparing and exploring relationships.

I used the map function on NVivo to create different diagrams that helped me to separate Art Therapist's background and the Case Study material, in addition to organising the data before more interviews were conducted. I wanted to keep each participant and each

case study in focus for the initial exploration before weaving-in all the data together. The creation of these separate maps also helped me to compare all five participants' background and all five case studies' narrative material; noticing the similarities, as well as the differences.

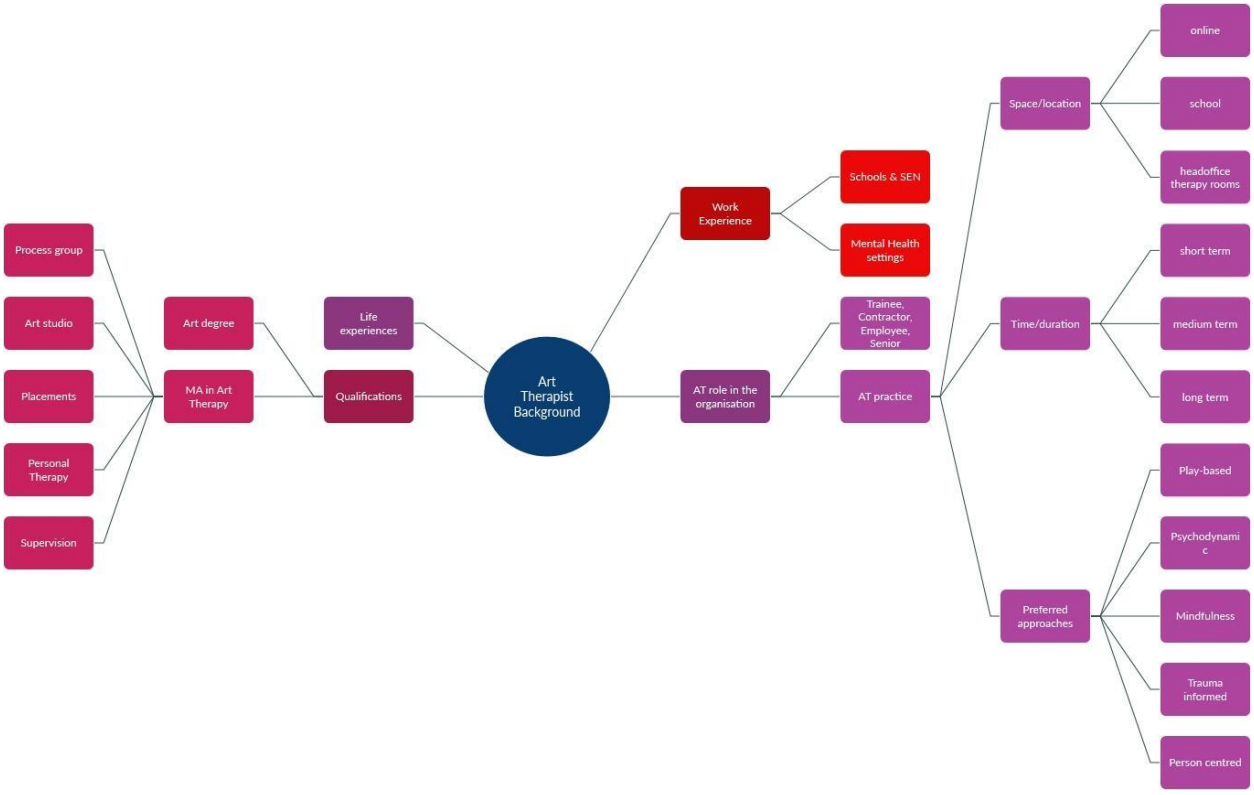

Figure 7: The Art Therapist Background mind map (on NVivo)

The diagram above (Figure 7) presents the Art Therapist Background mind map which I created manually in NVivo, based on what all five participants shared with me about themselves. It is an amalgamation of their individual journeys on becoming Art Therapists. Therefore, it further anonymises and protects the identity of each participant.

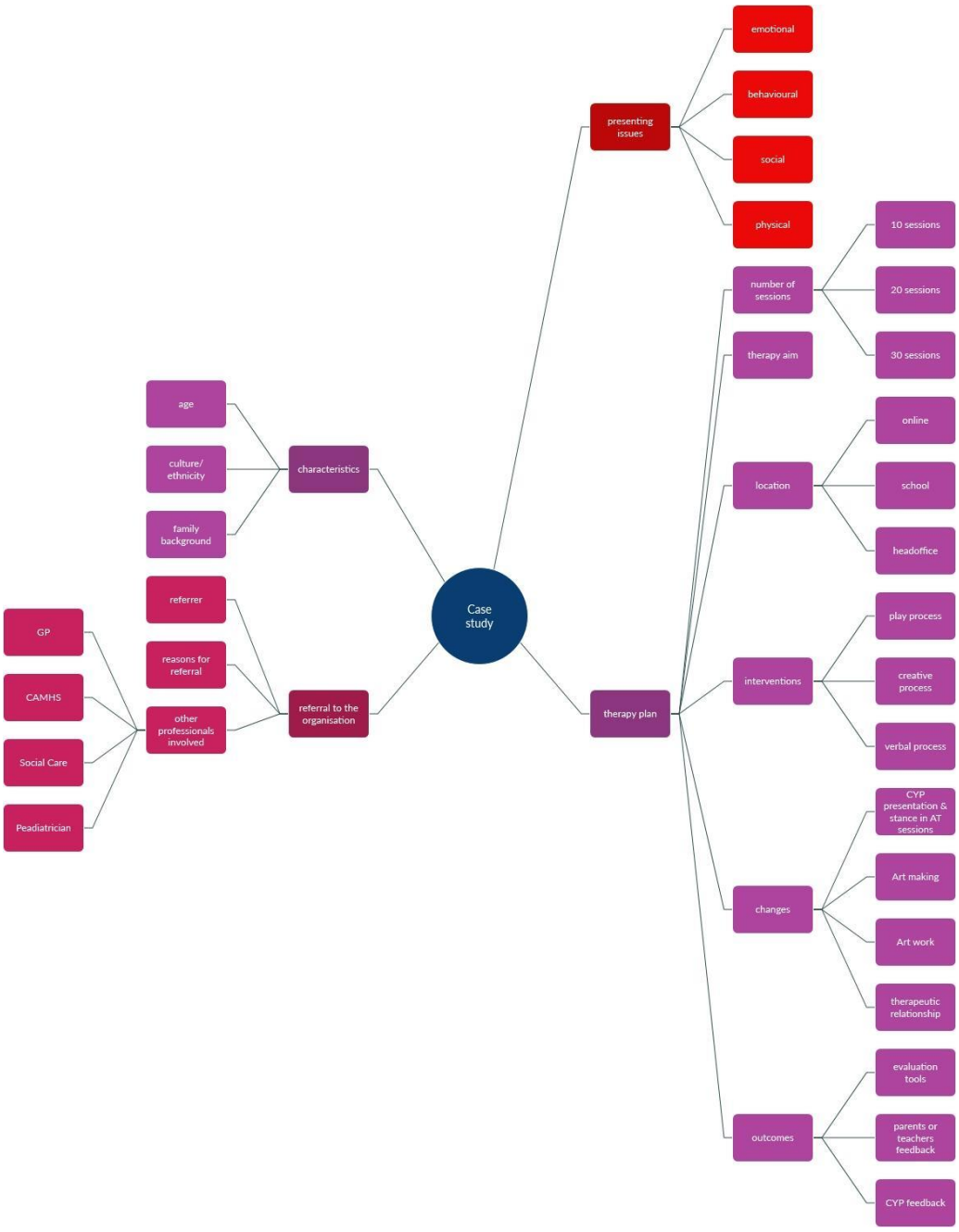

Figure 8: Case study mind map (on NVivo).

The diagram above (Figure 8) presents the Case Study mind map which I created manually in NVivo based on what all five participants shared with me about the children they worked with. It is an amalgamation of the children's individual journeys of change in AT. Therefore, it further anonymises and protects the identity of each CYP.

The comparison between these two types of mapping enabled me to revisit the codebook and reorganise the existing codes by lifting the ones that could be emerging categories. This updated codebook seemed to reflect a better flow between data and narratives that show key moments of change in the therapy. Categories which emerged anew and drew more attention were the child's presentation, the art therapist's stance, and the outcomes of AT.

The child's presentation (beginning, midway, ending) during their AT journey seemed to become more illustrated through the different case studies; a child could start with openness and then turn inwards, or start with shyness and then turn outwards.

The Art Therapist's stance, in a parallel way, seemed to change or somehow be linked with the different stages of the therapeutic process. Their approach could range from more active/directive to more passive/non-directive stance.

The outcomes of AT seemed to also come alive through the participants' narratives; starting from elements of evaluation and then reaching deeper insight (e.g. the measured outcome of increased confidence could indicate increased agency or autonomy built up via the art making processes).

Following on and reflecting on this visual exploration of the data, I created a third type of diagram which helped me map each child's journey: from referral and presenting issues, to identifying what the underlying emotional needs were, to how and what the AT sessions had offered to support these needs. This process made me realise that it is not always what the child is initially referred for that needs to be addressed in the AT sessions. It seemed that the AT sessions were offering time and space for the children to explore

what was going on *under the surface* and to process the underlying issues through art making and symbolism. This process offered a sense of deeper healing and transformation for processing loss/bereavement, accepting what can't be fixed, and for repairing what can be savoured and saved.

4.3.2. Second coding cycle

This section presents the second coding cycle of data analysis which included processes based on gerund, invivo, versus, and meta-coding methods. The separation between first and second cycle of coding can seem artificial, as in reality there is a back-and-forth process between the two cycles that is iterative and not linear. Thus, the next phase of coding was focused on helping the processes of change to emerge, returning to the overarching research question of how AT works. To aid this, I returned to literature and manuals of coding and CGT methodology (Charmaz, 2014; Saldaña, 2021) for methods of abstractive and iterative analysis of categories.

4.3.2.1. Gerund coding

I decided to revisit the codes and rename them using gerunds (*-ing*) which can support the emphasis on the processes. The use of gerunds and the addition of the *-ing* ending to nouns gave an instant dynamism and emphasis on the process, rather than the static end product of a change. This was particularly helpful with considering the following emerging categories:

The Art making process - became more distinct and separate to the actual art image/product, with codes being renamed as 'using clay', 'drawing', 'doodling', 'painting'; instead of 'made something out of clay', 'used pens to draw a doodle', 'used paints to make an image'.

The changes in the child's presentation – codes were renamed as 'engaging', 'withdrawing', 'opening up', 'closing down', 'reflecting', 'reciprocating'; which gave a sense of how change is a possible outcome for the CYP from session to session, and throughout the course of AT.

The gerund codes, between verb and noun, seemed to bring to life the child's process in the AT sessions, as if I was there within the Art Therapist's narrative. Fascinated by this aspect and wanting to further lift the therapists' symbolic language, as well as giving emerging categories a more abstract quality, I returned to reflect on the updated codebook skeleton. I then identified a proximity to Axial coding, as described by Strauss and Corbin (1998), which is used to highlight: Conditions, Actions/Interactions, and Consequences.

Charmaz (2014) does not embrace this type of coding as, in her view, it has the risk of imposing predetermined categories to the data and thus goes against the constructivist approach. This puzzled me as the semi-structured interview guide also had a similar structure, which also inevitably influenced the data.

4.3.2.2. Invivo coding

To resolve this tension, I went back to the data and paid more attention to the participants' language and their narrative, identifying Invivo codes, as described by Charmaz. This enabled the coding process to move toward more in-depth 'conceptual handles on the data' (Charmaz, 2014: 189). This process allowed key verbatim phrases from the participants' narrative to facilitate a deeper reflection and an enhanced abstract quality to the tentative categories. These phrases helped me to lift ideas from the transcripts and

use them later for conceptualising categories. Such key phrases from the participants are listed below:

'Having a space as bridge' – reflecting how AT sessions can offer space for exploration of the child's inner world.

'Shifting from the inwards to the outwards'- reflecting how an AT outcome can have a deeper quality, that of the child externalising what is internal and tacit, thereby creating something external and tangible.

'Slowing the pace' – reflecting how the Art Therapists may regulate their stance to support the child's needs, meeting them where they are, and matching their energy level through the choice of interventions and art materials.

'Seeing the cogs turning'- reflecting how the Art Therapist may witness change whilst the child engages with the art making in the sessions.

'Finding pattern in the trajectory' – reflecting how the Art Therapist may track the changes and make sense of what they witness in the AT sessions with the child.

'Making the unbearable bearable' – reflecting how the process of AT can offer transformative and profound healing for the child, in which painful experiences can be processed through engagement with art materials and the creation of symbolic artwork.

The Art Therapist's symbolic language inspired me to revisit my data analysis and create visual memos and/or diagramming in my reflective journal to move toward greater conceptualisation and theorising of the categories.

4.3.2.3. Versus coding

I used the 'versus' coding method (Saldaña, 2021: 174) to revisit the coding skeleton, comparing and lifting contrasts between categories to identify relationships in continua. When the processes of changes, shifts, and transitions were emerging, I found the versus coding useful as it enabled comparison between the two ends of each emerging continuum. Some key examples of categories which emerged as continuums are listed below.

The art making process – noticing when the child is shifting from 2D materials to 3D and vice versa (drawing 2D vs creating 3D), using controlled vs messy materials, creating diagrammatic vs embodied images.

The child's presentation towards the Art Therapist or the AT process – from talking and not art making at all, to then fully engaging with art making and becoming verbally silent (art making vs talking), being compliant vs dismissive, and/or trusting vs being nervous.

In the Art Therapist's stance and facilitation – shifting from being more directive and participating with the child's creative process, to standing back and giving the child more choices to build autonomy (being active/directive vs being passive/non-directive).

4.3.2.4. Meta-coding

At this final stage of processing my data, I aimed to conceptualise tentatively emerging categories on a more abstract level. To achieve this, I drew from the visual content of the participants' response art, my response art, and the participants' symbolic language in their images' titles. I revisited my reflective notes after each interview and after each image I created, and found myself being immersed within the abstract and symbolic level

of processing the visual data and reflective writing. Supervision helped me with this process as I shared these images with my supervisors, who were trained in psychodynamic thinking and reflecting on parallel processes. Their feedback allowed for further elements of experiencing, such as countertransference, which shed more light onto the research process.

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I find myself spinning and spinning,

Watching this child 'getting lost' in a ***vortex*** *of unknown shapes and colours*

Inwards and outwards*, inwards and outwards –* ***fractals*** *of light and dark*

Following them in their ***otherworldly*** *journeys*

Being there, holding their ***heart****, holding their* ***hand***

Until an ***even keel*** *is made possible, through shapes and colours*

Weathering the storm *– together*

Making the unbearable, bearable

Something new, an image projected through a ***kernel***

creates an ***anchor****; never lost, always understood.*

May 2023

The excerpt above (Reflexivity Journal, May 2023a) taken from my reflexivity research journal is an example of this stage. Using reflective writing and working towards greater integration, I decided to combine words from the participants' narratives and the titles of their images (* words in bold) to better reflect on how Art Therapists might conceptualise the process of change.

Engaging with a symbolic language helped me to manage my sense of being overwhelmed in experiencing all the different directions that the data was leading me. It

also satisfied my wish to honour the Art Therapist's voices and perspectives, without losing sight of the categories that had emerged. With renewed inspiration, I was able to return to my exploration of mechanisms of change in AT and my overarching wish to make the tacit tangible. Trying to make sense of my categories on an integrated theorising level, I used visual memoing and created hand-drawn diagrams in my journal. The image below (Figure 9) is the first integrated visual memo I created to organise the findings on a meta-coding integration.

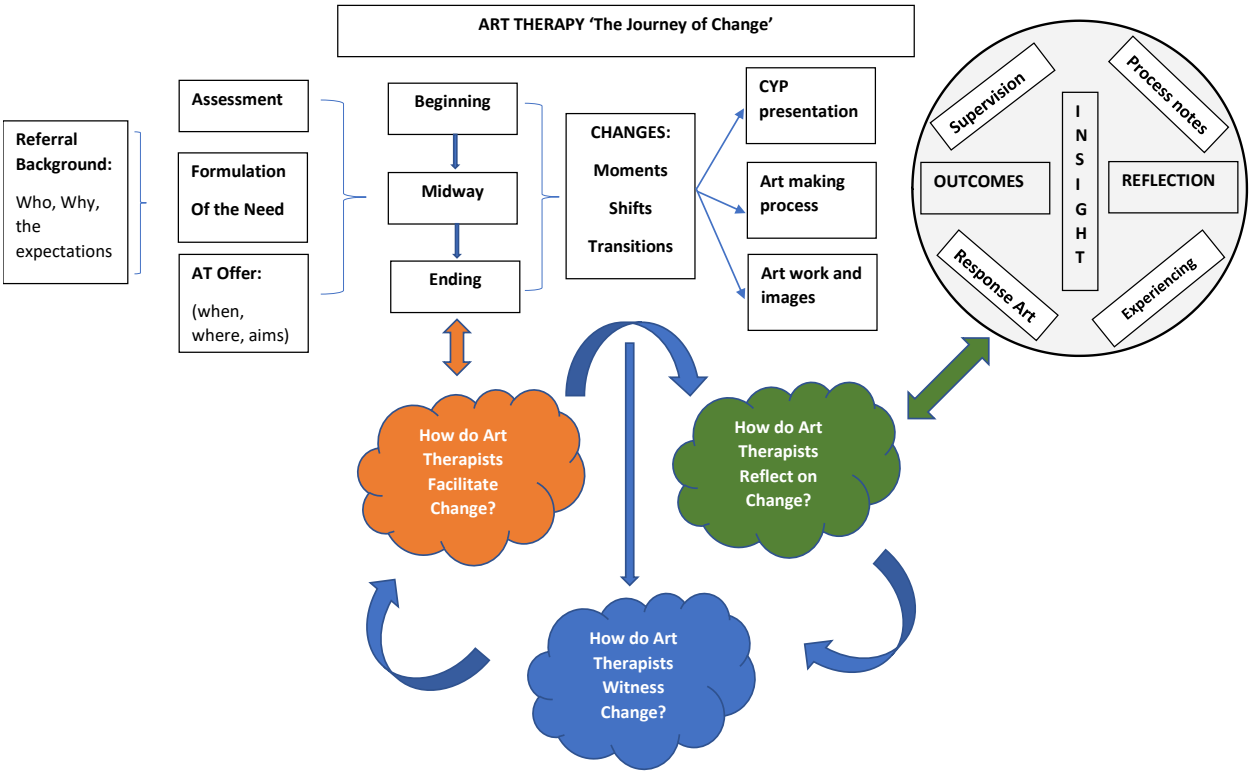

Figure 9: Art Therapy Journey of Change (visual memoing)

This visual memoing diagram helped me to organise the presentation of the findings in conceptualised categories; aiming to move from a procedural and linear perspective of the child's journey to a deeper level of understanding. A linear journey of change could be tracked and evaluated from beginning to end, through processes of referral,

assessment, and outcomes reviews. To achieve a deeper perspective toward a more process-based narrative of the child's journey, the Art Therapists' lens was used. This lens was based on the Art Therapists' processes of conceptualisation (facilitating, witnessing, and reflecting). These processes supported deeper insights into moments of change, shifts, and transitions found within the AT sessions, and also in relation to changes in the child's presentation, their artmaking, and artwork.

With the aid of this visual memoing diagram, the overarching research question of 'how does AT work?' was narrowed down to 'how do Art Therapists conceptualise change?', particularly in making the tacit tangible when working with children. With this question as our compass' heading, a summary of the key findings organised around the three conceptualisation processes of the child's journey is presented in the next section of the Results chapter.

4.4 Findings

This part of the Results chapter offers an integrated presentation of the key findings, based on the data analysis methods explained in the earlier sections of this chapter (4.2 & 4.3), which allowed me to reach the decisions about the categories I wanted to focus on. As described in the previous sections, I focussed on key emerging categories and elevated them as my conceptual categories by refining my initial research question. I started with 'How does Art Therapy work?', which was broad and ambitious, and settled on **'**How do Art Therapists conceptualise change?', which focuses on the art therapists' perspective and practice knowledge. The key findings are presented with the three conceptualisation processes centred on how Art Therapists make sense of the child's

journey. This journey refers to both the outcome-focused process of entering and exiting the service, in addition to the insight-focussed process of shifting from the inwards to the outwards. The visual memoing diagram below (Figure 10) helped me organise these conceptual categories as they are presented in the next sections.

Figure 10: Conceptualising the Art Therapy Journey of Change (visual memoing)

4.4.1. The Journey of change

In this section I discuss the childs' journey within the service where AT is offered based on an assessment of needs. Change happens on the surface level, from entrance to exiting the service, and is facilitated by the organisational processes of goal setting and outcomes evaluation. In parallel, change also happens on the deeper level, from the inwards to the outwards, which is further facilitated by the processes in the AT sessions.

4.4.1.1. The Child's needs

In the Art Therapists' narrative of their case studies, it was commonly noted that they followed their client's needs and adapted their approach and/or techniques accordingly. Analysing and comparing their narratives, I noticed that the reasons that CYPs had been referred to the service were not always connected to the actual issues that emerged during therapy. It was the processes in the AT sessions which allowed the needs underneath the child's presentation to be identified, through interactions with the therapist and the artmaking and materials. I wanted to visually capture this journey, from the reasons for the referral, to assessment of presenting issues, to identifying what lies beneath, and meeting these identified needs in the AT sessions.

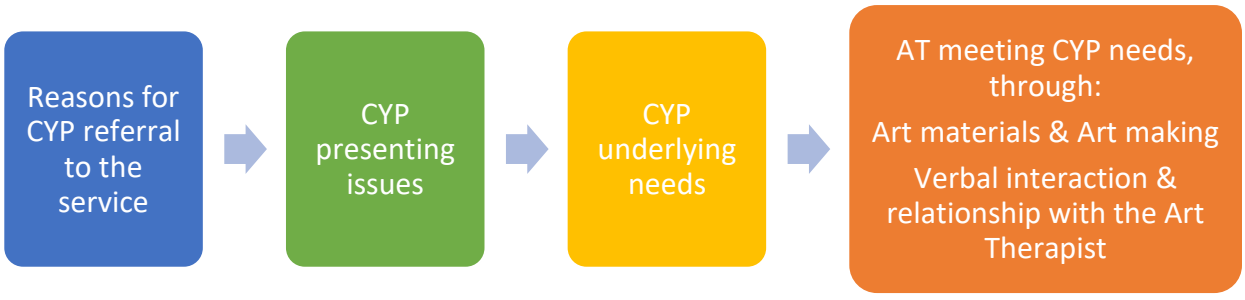

Figure 11: The child's needs – beneath the surface (diagram)

This diagram (Figure 11) shows my conceptualisation of how AT can delve beneath the surface to identify the child's needs and how these needs can be met in AT sessions. It was based on the individual case study maps I created for each case study to help me obtain this insight. To illustrate this, I have presented some selective excerpts from Bethanie's case study to exemplify this journey from surface level to a deeper understanding of the child's needs.

Bethanie, in the quote below, is talking about how her client Adam had been referred for therapy due to family bereavement:

> *'And these are the words used in the assessment: it was an obsession and a fear around death and dying. And any kind of conversation, even vaguely related to death, he couldn't… He was really struggling to manage in school. That meant that he was avoiding topics in class and had to leave the classroom'.*
>
> (Bethanie, Transcript B1 – 01:13)

It was evident in the exploration of Adam's case that both parents and school were worried about the impact that the recent bereavement may have had on Adam's ability to stay focussed on his learning. There was an underlying pressure for him to move on, but Adam was presenting as *stuck* and *obsessed with death*. Bethanie then spoke about her client's needs and how the AT sessions were utilised to process his grief through art making processes and the materials available:

> *'He used playdoh and clay and it was whether what he made, had broken or not, whether he had packed them away safely enough or not, whether I had looked after them in between sessions well enough. And as the sessions went on, we would do a bit of a check in, but he became more eager to see his work and the way that I would lay it out on the table. We had more or less some drawing materials and the pot of brushes and scissors and things and then on top of my Art box I would have the paints and games as well. So things were available, visible to see and I think we got into a routine of if there was something that he knew that*

I had put out, he could ask for it or I might say if there's anything you don't see that you feel you need, let me know and we can go and get it.'

(Bethanie, Transcript B1 – 01:27)

For Adam, it became important to visibly and tangibly check if objects were safe or broken, available or missing. This checking-in became like a ritual in the therapeutic process and Bethanie was facilitating choices where Adam could process his feelings towards loss.

Bethanie's Response Art images and accompanying reflective writing seemed to add more visible and tangible *flesh* on how the child's needs for growth and hope were being seen and met in the AT sessions.

Figure 12: Bethanie's Response Art 1

Titled 'Kernel'.

Figure 13: Bethanie's Response Art 2

Titled 'Anchoring'.

'Inward, coming outward. Fullness. Flow, flex, strength. Grounded and present / here but coming from and going there. Reaching and finding openness, breath. Alive. Fullness. Moving forward, but not forgetting, enfolding into itself, protecting. Change, grow, and expand. As I drew the image and looked at it once finished, I felt there was a sense of something small and cautious unfurling into something more expansive, self-possessed, and unapologetic. The 'something small and

> *cautious' also took on a seed like and rooted quality, which felt like a necessary development in the story of the image to allow it to open and bloom. I like that there is an organic quality to the image. I wonder about how this may reflect my optimism and hope for Adam's future, the joy I experienced in seeing him 'bloom' in the final session, as well as capturing a sense of his process of integrating loss, holding on to what is emotionally meaningful to him, while letting go of that which has physically gone.'*
>
> *(Bethanie, Email – 21.03.2022)*

The Art Therapists' narratives led to follow up on the deeper relationship between the child's needs and the AT offer. The children's needs are beyond the reasons they might have been referred to the service; they are found in the nuances of their emotional, behavioural, social, and physical needs, such as feeling different, losses, attachment disruptions, emotional dysregulation, along with a lack of time and space to express themselves. The AT 'offer' encompasses all the 'ingredients' that the art making, materials, and work, as well as the Art Therapists' presence, stance, and intervention, can 'offer' to facilitate change.

4.4.1.2. The Art Therapy offer

In this section, the AT offer is discussed and situationally defined by its contributing and/or limiting factors. These include: the specific setting of specific space and time options, alongside issues of parental involvement in the work, and issues of confidentiality.

The Art Therapy setting where the research was conducted was typical of a voluntary organisation operating in the evidence-based practice landscape of the UK mental health services. AT is offered as a funded or commissioned service to CYP who meet a specific criteria of need, and the offer comes with **time and space** specifications and/or limitations. The case studies explored had a range of 10, 20, or 30 sessions of AT, offered

online, at the child's school, or in the organisation's therapy rooms. The participants expressed different views on preferences and 'what works', whilst also highlighting that having a selection of choices can be beneficial for the work.

Amelia expressed her frustrations working with Paul online during Covid-19 lockdowns, as he didn't have the necessary space at home when accessing his sessions. Even though Paul had decided to stop prematurely (using 8 out of the 10 offered sessions), which could have been an indication of empowerment to make his own choices, he had used drawing to better externalise and communicate his anger.

> *'I found it interesting at times and there's difficulty as well as because I couldn't see what he was doing, so I was just kind of pulled in this space and I could see all this chaos going on, but I could also see him really taking his time and always trying perfecting and kind of editing this, so I guess the art served as a container for him to focus on his angry emotions or him being upset.*'
>
> (Amelia, Transcript A2 – 00:13)

In another example, Dahlia shared how her online AT work with Leah was positively enabled with the use of art making and sharing via the computer screen, with moments of visual resonance when what was talked about was also visually expressed in the artwork. This work was further enabled by the extension from 20 initially allocated sessions to 30 sessions in total further allowing Leah to process her grief after having recently lost a parent to Covid-19 in a very sudden and traumatic manner.

> *'I think while we talked, she would be drawing what she was saying. The things she was talking about were kind of resonating and coming through in her art. And actually because she always drew off screen, I don't entirely know what the processes were. But she would show me.'*
>
> (Dahlia, Transcript D2– 00:46)

Thinking about the **length of AT and number of sessions** offered in such a setting, it seemed that brief AT could also be effective, depending on the client's readiness and ability to connect with and through art. Carmen spoke about her work with Gary and how during the 10 sessions of AT at his school he had stopped self-harming. He was able to identify the deeper emotions around his identity that had been making him feel isolated and disengaged from others. In Carmen's words, brief AT had brought about a profound change:

> *'His parents at the review said to me that they have their little boy back and I found that very powerful. I was quite…I'm going to use the word impressed… Not the word I want but it was quite profound the work that I did with him, and I think, having those ten sessions worked because he engaged. If it's someone who wouldn't engage or would need longer just to kind of…Sometimes they need longer to ease themselves into it.'*
>
> (Carmen, Transcript C2 – 00:55)

It appeared that parental **involvement** was important for successful work with children. This occurred by holding review meetings where parents could discuss observed changes, or lack thereof, and provide the Art Therapist with further feedback on how the child was outside the AT sessions that could further inform the work. The value of discussing progress with the child's parents is reflected in the mother's feedback in the final parental review meeting Bethanie held for the work with Adam:

> *'So in the final review, it was interesting to hear her say that she had tried to be alongside him in it a bit more…not sort of… lean into his push back quite so much, which seems to allow things to be a bit more settled, and she said that he seemed more emotionally settled as well and happier within himself. So that was positive to hear.'*
>
> (Bethanie, Transcript B2 – 01:06)

In relation to limitations of the AT offer, Elaine shared how protecting and negotiating boundaries and **confidentiality** during her 10 sessions with Sarah at school was challenging. Sarah needed a safe private space to experience self-regulation through playing without the shame of being seen. However, school staff did not always understand the importance of respecting the confidential nature of the AT sessions.

> *'We actually started in a quite a small room to start with, and that seemed lots of other professionals around. I remember the first session, there being a teacher and a well-being person, and maybe someone else in it. It felt quite crowded but what that felt like for the child to have all these people gathered around? It was their first session. So there's a lot about keeping boundaries throughout the work, actually, which was interesting.'*
>
> (Elaine, Transcript E2 – 00:11)

4.4.1.3. Outcomes and Insights

> *'To understand Outcomes in Art Therapy is to understand Process – The Outcome **is** the Process…'*
>
> Memo Flash Card, March 2022a

This statement above, which I wrote for memoing (Memo flash card, March 2022a), supported my reflexivity when I was revisiting my coding skeleton. As I was paying closer attention to the Art Therapists' language using Invivo coding (described in section 4.3.2.2) and I began to experience the impact of their words, which went beyond the 'outcomes' language. In the interviews, we were able to ground the 'outcome conversation' onto tangible evaluation scores based on the tool used in the setting (Outcomes Star™[11]-see

[11] Triangle (Outcomes Star™ 2023) https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

appendix xxx). However, this exploration was going ever deeper and revealed a wealth of observations that went beyond the obvious. I found that the more time and space the Art Therapists had to unfold their case study narrative, the more layers of change were found to emerge. It was not about ‘just the outcome’, it was the insight into what was happening for the child on a deeper level, and I was witnessing the contrasting relationship between outcome and process.

Outcome is what can be evaluated at the point of exiting the service. Insight is what the AT has reflected upon with time and space, and hope that it continues as a deeper and more sustained change. Below I present some examples of process-based outcomes versus evaluation-based outcomes (*from the MyStar – Outcomes Star™).

Agency was a deeper layer of the ‘Confidence & Self-esteem’ outcome section of the MyStar evaluation tool. An example of processes through which the child was building a sense of agency can be seen through Elaine’s case study. Elaine described how the AT sessions allowed Sarah to take ownership of her play and creative processes, to feel accepted, to interact within boundaries, and to build autonomy.

> *So I think, for this child to be excepted for their behaviour, to be accepted and not treated as bad behaviour, because in the context of a session it wasn’t. They were aware of the boundaries and I was always able to say, ‘Oh, that ball was a bit high, or maybe we should throw that a bit more softly’, and they’d respond, , and there was never an issue with the mess getting out of hand, it’d be sort of kept on the table. And then, when it was time to clear up that we’d wash things up and wash their hands, and those boundaries were all kept. But allowing the child to express themselves freely in the way that felt like for them at the time and lead the play.’*
>
> *(Elaine, Transcript E2 – 00:44)*

Acceptance was a deeper layer of the 'Feelings & Behaviour' outcome section of the MyStar[12] evaluation tool. An example of processes through which the young person was building a sense of acceptance can be seen through Amelia's case study. Amelia described how the AT sessions offered Paul an online AT space where he could safely process his thoughts and feelings in relation to his home and school life, accepting his challenges and what he did not have any control over, such as parental disability and his own sense of belonging within the educational system.

> *'I think it [the AT session] held the space as well, it held this sort of bridge between school and college and all the stuff that is kind of happening at that time. I think it seemed to have a space where it wasn't school, 'cause he didn't like schooling, he kind of didn't like teachers. And it kind of gave him a space.'*
>
> *(Amelia, Transcript A2 – 01:15)*

Vitality was a deeper layer of the 'Physical Health' outcome section of the MyStar evaluation tool. An example of processes through which the child was building a sense of vitality can be seen through Bethanie's case study. Bethanie described how the AT sessions enabled Adam to find joy and vitality again, coming out onto the other side of the grieving process after the death of his grandparents.

> *'And then there was more joy in what he was making. I think that was probably the shift. He remained attentive to the bits that weren't working, all the bits that weren't fixable or the work that he was creating, but there was more joy and uh, vitality and what he was making and the reflections he had about the items, you know, which felt much more present, whereas I think the other…It's really hard to put into words, but before that it felt like we were somewhere else and then now we're more present in the moment.'*
>
> *(*Bethanie*, Transcript B2 – 00:59)*

[12] My Star covers eight outcomes areas relevant to child's life: Physical health, Where you live, Being safe, Relationships, Feelings and behaviour, Friends, Confidence & self esteem, Education & learning. Triangle (Outcomes Star™ 2023) https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

Attachment[13] was a deeper layer of the 'Relationships' outcome section of the MyStar evaluation tool. An example of processes through which the child was forming an attachment can be seen through Elaine's case study. Elaine described how AT sessions had given Sarah the opportunity to form a safe attachment, even though relationships had been expected to be a difficult area for this child at this stage of referral to the service. Sarah had even scored higher for 'friendships' in the evaluation tool, to Elaine's surprise as this had not been a direct therapeutic aim.

> *'And I was quite surprised by that as well, because, if this child was neurodiverse or not, but some in terms of relationship, they obviously had… There had been a relationship, there had been some sort of attachment going on, and that felt really touching that they made that. And she made that at the end.'*
>
> *(Elaine, Transcript E2 – 00:29)*

Creativity was not related to any of the outcome sections of the MyStar evaluation tool, but it was appearing in observed outcomes such as: *'developing artistic skills'* and *'connecting with creativity without shame'*. This may be expected since AT encourages engagement with creative media, even though the final art product of an AT session is not expected to be aesthetically 'perfect', as if created by a trained artist, but neither would these artworks be considered 'childish' or not important.

So how do Art Therapists make the transition from observed Outcomes to Insight on Process? To answer this, I returned to how Art Therapists conceptualise change in a

[13] For more theoretical reading on Attachment the reader can refer to: Bowlby, J. (1979). The bowlby-ainsworth attachment theory. Behavioral and Brain Sciences, 2(4), 637-638.

cyclical process: they witness change, they use processes to reflect and make sense of these changes, and they then adapt their stance, being themselves agents of change.

4.4.2. Conceptualisation of change

The journey of change was presented in the previous section to lay out the processes of how the child's needs are identified and met in AT. This next section is concerned with how this change is conceptualised, especially the aspects of change that are tacit and implicit. Before I lay out the three main processes through which Art Therapists conceptualise change, I feel it is important to discuss the Art Therapist's lens.

While I was reflecting on the Art Therapist background mind map (Figure 7), my initial thoughts were on how important the therapist's background can be in their AT practice with children. When Amelia was talking about her client Paul, I could sense how worried she was about him, as he had come from a background filled with familial adversities, with parental disability, patterns of transgenerational abuse, and underlying socio-economic disadvantages. Amelia's stance of empathy and deep understanding of what underpinned Paul's disengagement from education and aggressive behaviours seemed to be enabled, not only through her training, but also through her individual life experiences before becoming an Art Therapist.

Amelia's Response Art (Figure 14) when working with her client appeared to be reflecting on the challenges of time and space when doing Art Therapy online; constrained by the restrictions of allocated sessions and lack of space and privacy provided for the young person at home. It was as if the ink material needed time to settle and be held by the paper, visually mirroring, in my view, Amelia's process of emotionally holding the young person's pain.

Figure 14: Amelia's Response Art 1

No title

This emerging relationship between the Art Therapist background and the lens through which they see the children they work with, helped me later to ensure I was giving time to the participants to share their story with me. My original intention when devising the interview guide, and as discussed in supervision, was to enhance collegiality by asking the participants about themselves. All participants disclosed that they had found the space and time valuable in reflecting back on what inspired them in the first place to pursue a career in AT. Their experiences of becoming Art Therapists reflected common threads as presented below.

They described their fondness of and longing for the time they were training as Art Therapists, highlighting the demands of the course but also reminiscing how life changing it was (including art studios, placements, personal therapy, process groups, and supervision), as well as the space and time they used to have for reflection, processing, and artmaking.

Their experiences were enhanced by a professional journey and the wealth of work experiences that they brought with them (e.g. working in school settings with Special Education Needs, in high need mental health settings, or in community settings before they joined the organisation).

There were different levels of practice within the organisation, with some starting out as trainees and continuing with employment positions, some having a more senior role as practitioners case managing others, and others having a career pathway as an Art Therapist post qualification with employment stability.

The different AT approaches that they prefered, or found most useful, included psychodynamic thinking, person-centred stances, play therapy techniques, mindfulness-based interventions, and trauma informed use of materials and creative processes.

All these common threads were woven together to form an individual Art Therapist lens of experiences and training that underpins the three processes of conceptualisation, as presented in the next section.

4.4.3. Witnessing Change

Within this meta-category, it is acknowledged that the changes which the Art Therapists witness are filtered through their own individual lenses and the ‘tinting’ that their lens may have from their own background and their training; as described in the previous section. However, the changes in all the narratives seemed to organise around three axes of witnessing change in the AT sessions: the art making, the artwork, and the child’s presentation.

Arguably, the changes witnessed here by the Art Therapists tended to organise on a horizontal/linear timeline (beginning, middle and end) of their AT journey. Processes of reviewing progress with the child and/or the parent/carer seemed to be embedded and linked to organisational processes of previous assessment of needs and therapeutic aims, as well as parental review meetings and the use of the outcomes evaluation tool.

In contrast, I selected the word 'witnessing' instead of 'seeing' or 'noticing' as there is something profoundly active, intimate, and intensive in how Art Therapists engage with the material of change in the AT time and space. This also means that the client's inner world is being witnessed in the delicate moment of externalisation; *'from inwards to outwards'*, a spiral journey of change, as captured in my memoing below (Memo flash card, February 2023a).

> *'The change is not linear, it's a spiral that unfolds, and unfolds, and unfolds…'*
>
> Memo Flash Card, February 2023a

Changes in child's presentation

This category includes changes in the child's presentation and stance toward the AT process and their interaction with the Art Therapist. The note below (NVivo memo, February, 2023a) comes from my memoing process when I was organising my codes into categories on Nvivo.

> *'This is more about the integrated observations of Art Therapist on how the children were presenting throughout the course of therapy. I am noticing tensions between opposites in continua. The key is in the Noticeable Changes (without hastily naming them positive or negative). … pendulation between opposite states.'*
>
> *NVivo memo – February 2023a*

This memo captures my reflection on the opposites which guided me to revisit my coding skeleton using versus coding, as explained in section 4.3.2.3. Four key continua as subcategories of the child's presentation category are presented here. These seem to summarise and conceptualise what can be witnessed by the Art Therapist: *talking vs art making, opening up/engaging vs closing down/withdrawing, hyper/active vs settled/calm, painful separation vs celebratory individuation.*

The ***'talking vs art making'*** continuum seemed to be linked with the inherent verbal and creative processes of AT, as well as building upon the therapeutic relationship. Swinging between these two points seems to offer the children further intimacy and interaction with the therapist, as well as emotional regulation. Similarly, *'****opening up/engaging vs closing down/withdrawing'*** *variations* seem to be linked with the child's attachment patterns and building on the initial rapport and trust, as well as the ambivalence in the midway stages and negotiation of the therapeutic relationship. In relation to attachment and negotiating the relationship with the therapist and the AT process, '***painful separation vs celebratory individuation'*** *contrast* seems to be linked with how the CYP was experiencing and expressing the end of their AT journey; both opposites could be held by the AT process and the therapist. The ending in AT has a unique nature, as it can

be visually reviewed and processed through a joint revision of the child's art works created in the sessions, which also allows for processing this end through metaphor and symbolic language. In relation to self-regulation, ***'hyper/active vs settled/calm'*** *alternate states* seem to be linked with the child's capacity to self-regulate and their opportunity to build on this capacity through art and play material choices and provided space. Selected excerpts are presented below to illustrate these continua.

The excerpt below illustrates what Elaine said about Sarah learning how to self-regulate through creative and play activities:

> *'There was something about allowing them to use the space in the room, and being quite permissive with it, within the boundaries of, you know, 'Keep yourself safe and the room safe' and I felt I had to match their energy, so they would run around, and we'd sort of play together, play ball games, or what have you, and then there'd be a moment of calm in between that as well.'*
>
> (Elaine – Transcript E2 – 00:21)

Elaine created the image below (Figure 15) as a Response Art to the exploration of her case study in the interviews.

Figure 15: Elaine's Response Art 1

Titled 'Weathering the Storm'

Elaine's Response Art illustrated, in my view, the theme of self-regulation in AT; a boat in rocky waters with a person (the child, the therapist, the supervisor) trying to fish out what is under the waves. Perhaps the fish are the different emotions underneath the surface waiting to be fished out, with time, space, and hope to emerge from the inwards to the outwards. For this to happen, the person on the boat needs to learn how to navigate the boat in these rocky waters, trust themselves, and trust the other.

Building the relationship and trust seems important in preparing for the ending and processing of loss. As Dahlia said, when referring to her client Leah ending their sessions, after processing bereavement and reconnecting with life:

> *'That quality, I think it was that feeling of, well, I imagine it was that feeling that a parent gets when their child goes through that individuation process and starts cutting the strings, you know, metaphorically, and separating off into their own life as a kind of adult […] It did feel like a death, the end of the therapy in the way that when you know when somebody dies […] It didn't feel like a happy ending, but it did. It's very hard to describe. Yeah, I guess the good death is the only way I can really describe it.*
>
> (Dahlia, Transcript D2 – *00:57)*

This processing of separations was similar to what Bethanie said when referring to how Adam was emotionally processing acceptance of his bereavement, as seen in the excerpt below.

> *'We had a couple of really interesting conversations about cycles and regrowth and death came into that through thinking about autumn and winter. And he did say, I'm trying to think now exactly what it was, I can't remember exactly what it was but he did seem to be saying that things just do end, things do die or things do go through that phase and that's just what happens and it's nature.'*
>
> *(*Bethanie*, Transcript B2 – 00:38)*

In his AT sessions, Adam was exploring what could and couldn't be fixed, finally negotiating the experience of 'saying goodbye', both in therapy and in his life.

Changes in the art making process

This category refers to the changes in the artmaking process which the Art Therapists can witness during the AT sessions. These changes are organised in subcategories and reflect the different functions that the artmaking can have for the child. The artmaking subcategories in AT are: ceremonial, symbolic, developmental, and relational.

Developmental art making– In this subcategory, the Art Therapist was witnessing the way the child was approaching, choosing, and handling the art materials. These interactions could indicate developmental functions of problem solving, autonomy, and agency, along with kinaesthetic and sensorial functions of taking pleasure from 'messy play' with liquid materials, letting go, or learning how to self-regulate within boundaries. These processes were also linked with more play-based activities as a precursor to art making.

In Elaine's narrative of her work with Sarah, there was an initial need for exploration of the space through play activities, where the child learned how to regulate through states of hyperarousal linked with their ADHD. When Sarah felt settled and regulated, she would invite her therapist to actively join her and create collaboratively using large scale 3D materials. This seemed to have added regulatory functions that allowed Sarah to remain focused yet playful, thus developing skills linked with art making processes.

Relational art making– this subcategory includes observations on how the child approaches the art materials and organises their art making, which can also reveal relational qualities of attachment, connection, and interaction. These processes can be

particularly observed in the choice of dry materials (such as pencils, pens) versus liquid materials (watercolours, paints), controlled versus 'messy' use of the chosen art materials, doodling versus forming, and repetition versus variety.

An example of relational artmaking is illustrated with the excerpt below, from Amelia's narrative of her work with Paul.

> *'And then his images… because things were kind of changing, uhm, if there were sort of incidents happening all the time. These images became kind of more embodied and he kind of started off using pencil and that kind of attitude, that he talked to lots of counsellors before and he thinks it's a waste of time. So he kind of changed from using hard pencil and paper to kind of move on to feltip pens…So I was kind of thinking the change. The change was that he was able to kind of start, kind of reflecting inwards how he was kind of experiencing things through his image, from when he first began where it was, kind of, like he was just kind of having a chat about 'Oh, I'm doing this and that' and that was a kind of way to get him to kind of draw from some of these designs from him. Starting to kind of draw his own things that he was kind of interested in. And then he started to kind of take hold of how he was feeling.'*
>
> (Amelia, Transcript A2 – 00:08)

Paul revisited his drawings, adding more layers, taking more time, trying different materials, starting out with small and concrete sketches with black pencil and gradually creating bigger, more embodied images with felt-tip pens and colour paints. This may indicate that the way in which Paul was relating to his art making could also reflect, in my view, the way he was relating to himself and others.

Ceremonial art making– In this subcategory, some of the processes in the Art Therapists' narratives seemed to speak of special moments. These were moments when the children would create something of great significance to them, like a *totem*, or engage with art materials in a manner indicative of a *ritual* or a *ceremony*. This ceremonial art making was particularly evident in Bethanie's narrative of how Adam was sensitively

handling his creations, revisiting them in every session, checking on them, continuing to work with them, and then storing them tenderly in boxes (or 'containers') with layers of protective materials.

> *'He wrapped it, propped it up, you know, tucked it in, and each week that became more and more carefully done. So you had this process of this very, very fragile body being put in and out of this box and being sort of wrapped up. Uhm, which yeah became a really important part of the session and equally, putting the lid on became really significant and almost ceremonial, that he would put the lid back on the box like he would blow it down really slowly, and sometimes he would say goodbye.'*
>
> (Bethanie, Transcript B2 – 00:18)

Symbolic art making– In this subcategory, processes of art making themselves may also have a symbolic quality, even before the final artwork is created to hold the child's internal world. Returning to Adam's case, who was processing his family bereavement, his art making was not only ceremonial.

> *'But interestingly the figure just wouldn't hold its form. It kept falling apart, it kept breaking and he was trying to repair it week after week after week. And the joints just wouldn't hold or his nose broke off or a wrist snapped.*'
>
> (Bethanie, Transcript B2 – 00:16)

The way the child was engaging with the art materials–*fixing and mending* his clay made figure–was offering him a symbolic way to process loss. He was repairing what could be saved and accepting that which could not be healed, symbolically processing his grandparent's death.

Changes in the artwork

This category refers to the changes in the artwork which can be witnessed by the Art Therapists in the AT sessions. With the risk of generalising or artificially differentiating these functions, I used this memoing flash card statement (Memo flash card, March 2023b) to organise the artwork in these subcategories: visual representations, symbols of inner world, and forms of emotional expression.

'The Artwork as:
Visual Representation
Form of Emotional Expression
Symbol of Inner World'

Memo Flash Card – March 2023b

Artwork as visual representation– In this subcategory, I have placed the artworks that the children created when they spoke about their everyday life experiences of their external world, at home or at school. These artworks seem to have less emotional investment, resulting in more diagrammatic rather than embodied images. In the Art Therapists' narratives, examples of this type of artworks were especially prevalent in the initial stages of therapy when the therapeutic relationship was being formed and trust was being built. Sometimes the child would return to this type of artwork after a big emotional revelation and needed to close down again, becoming more reluctant and/or withdrawn.

Artwork as form of emotional expression– This subcategory includes artwork typically made once trust had been built and a sense of safety experienced. The child would then

start investing more time and taking up more space, in the room or in the paper of choice, to express and explore their feelings through colours, lines, shapes, forms, and textures. In the Art Therapists narratives, there were examples of how the child was supported week after week to better externalise their emotional world. Sometimes the child would 'jump in' straight away into this type of artwork in the initial stage of therapy. The Art Therapist would then consider this in terms of attachment patterns, as well as self-regulation.

Artwork as symbol of inner world– This subcategory includes artwork usually created towards the final stages of the AT journey. At this stage, the Art Therapists tended to witness artworks that reflected the symbolism of the child's internal world. In previous stages there would have been colours, lines, shapes, and forms used in a more representative or expressive way. However, there also seemed to be greater integration at this stage that manifested into a coherent and symbolic narrative of the inner experiences that brought them to therapy. An example of this comes from Dahlia's narrative of how Leah's artwork changed and how Dahlia witnessed these changes:

> *'And then the other thing that was really powerful. So then she started thinking about this memory of a place she used to go to with her parent and so she'd get all these intrusive thoughts at night about the painful memories of her parents, and that's when she would self-harm. But then she started thinking about them in the art therapy sessions as well, because at night she pushed them away. But in the session, she kind of brings them in little tiny bits, and, you know, maybe just drop a comment in and then go away from it again and come back later. And she started wanting to do a watercolour painting on a proper canvas-like board of this place that she went to with them. And she started off by painting it from memory.'*
>
> (Dahlia, Transcript D2 – 00:46)

4.4.4. Facilitating Change

This meta-category encompasses the processes through which Art Therapists facilitate change in AT sessions. The memo below (NVivo memo, February 2023b), which I created when I was coding on NVivo, helped me identify this meta-category and organise it into three main categories: directive stance and non-directive stance as the two ends of the continuum, with joining in the middle.

> *'I am noticing a continuum between: passive vs active, or non-directive vs non-directive, and in the middle of the continuum is TOGETHER; such as Joined Attention.*
>
> *NVivo memo – February 2023b*

Directive stance

Referring to the end of this continuum, the category of the more directive stance in the Art Therapist's facilitation includes the processes through which decisions are made on supporting the child with their artmaking processes and artwork.

One key subcategory in relation to the artmaking is the directive stance of the Art Therapist around **offering choices**. The Art Therapist is trained and skilled in providing a selection of art materials and creative processes for the child to choose from, according to the child's emotional and/or developmental needs. An example of this is shown in the excerpt below, in which Dahlia described her thinking process of choosing the right materials for Leah:

> *'I can't remember all of it. But I think there was that… Well, I know that there was definitely a sketchbook, because that's what she used for most of the time. There were also some little canvas boards that you can like paint on. There were some*

> *watercolours that they were quite fancy, you know. Because I was sort of thinking it's got to be something appropriate for an older adolescent. It can't be childish, and actually that one, I mean it could be childish, but actually, I think I had a sense after the assessment of what she might respond to and there was some textile stuff in there. There was some needles and thread as well. And there was some collage pictures, and that was very difficult to select them, because I was sort of trying to choose pictures that might resonate for her, but also a kind of range of different things, but also trying not to let my own kind of counter-transference from the assessment, this, you know, sort of come into it too much and be disturbing potentially, you know.*'
>
> (Dahlia, Transcript D2 – 00:22)

Another key subcategory worth including here, to demonstrate the Art Therapist's contemplation on how directive they need to be, is the **supporting narrative.** The Art Therapist is trained and skilled in supporting the child with making meaning of their process in the AT sessions. This can be facilitated through making links between what is happening in the here-and-now of the AT sessions and their real-life experiences, naming these experiences and creating a narrative together that makes sense to the child. An example of this process is shown below in an except by Bethanie:

> *'I attempted to see if he was making that link but he got to a point where he wasn't talking about his grandparents and then the funerals or then he started off talking about it and then the more he got into the art making, the less he was verbalising. And if I sort of made a link or made a reflection, he didn't receive it in a kind of conversational way. Or maybe, you know, so it did get to a point and as I talked about this in supervision, it did get to some point for me where I felt like he's obviously struck onto something, it feels like creatively and symbolically that he's really connected with, and that perhaps that's just where he needs to go with it, sort of into the more symbolic sort of realm. And every now and then he'd come back round to it just to sort of check in and see where he was with it and then I will get to it, but the work did then sort of take a turn and sort of curved in a different direction.'*
>
> (Bethanie, Transcript B2 – 19:33)

Bethanie shared how she offered the possibility of links to Adam, without imposing meaning, rather by being mindful and facilitating the process for him to connect with his

artmaking at his own pace. In my view, this shows how facilitation is always set on a continuum and that the Art Therapist makes these choices depending on their preferred stance, as well as the child's needs.

Non directive stance

This category refers to the other end of the continuum, with a less directive stance in the Art Therapist's facilitation. This includes processes organised as four subcategories of: reflective presence, building rapport and trust, allowing, and holding.

An underlying non-directive stance which the Art Therapist can maintain throughout is the **reflective presence.** This relates to being present, listening, and observing the childs' responses to the process; being aware and sitting with what's unfolding in the session, not jumping in to intervene, and subsequently reflecting and trying to make sense of the child's world. Dahlia described a stance like this when Leah was processing her grief:

> *'I think it was a moment of deep processing of grief and not pushing it away. You know, it was kind of really moving through it in the way that you need to, that actually feels awful at the time. And just being with it, you know, I had to do a lot of sitting with it all, and just being a presence that could just be there with it.'*
>
> (Dahlia, Transcript D2 – 00:46)

A non-directive stance can lead to **building rapport and trust**, especially in the beginning of a child's AT journey, when everything is unknown and a common language has yet to be established to build the foundations of a therapeutic relationship. For instance, Amelia shared how in the first few sessions Paul wouldn't draw, but he did want to talk more about himself, with the focus being on building communication rather than 'doing'.

> *'When we first started online, he was kind of, he was quite happy to talk, but he was really hard to kind of engage in art and he did have pencil and paper, but the*

> *first session I don't think he did that at all. And second session, we kind of built up communication, I guess. So we had our rapport'.*
>
> (Amelia, Transcript A2 – 00:04)

Once rapport and trust has been established, the Art Therapist further facilitates through a non-directive stance of **allowing.** This relates to allowing the child to be in control, being permissive within boundaries, being invitational and non-directive, and remaining open to child-led suggestions. Elaine explained this in her narrative of her work, with Sarah using play in the big space of the provided room at school:

> *'I think to start, that freedom to be themselves, I think, which they probably couldn't do at home or at school.'*
>
> (Elaine, Transcript E2 – 00:37)

When difficult emotional material arises, the Art Therapist facilitates through a non-directive stance of **holding.** This term is used often by Art Therapists in their narratives through phrases such as 'holding back', 'holding space', or 'holding feelings'. This excerpt shows how Amelia responded to the painful material that Paul was bringing in the sessions with holding:

> *'And I thought, 'Oh my goodness', I was really curious about what he was doing. But I just kind of held the space, 'cause I felt like the right thing to do to kind of be there to be present and let him have this space and I think that's the way that it was kind of going and I don't know if it was too much for him to sit with his own sort of thoughts.'*
>
> (Amelia, Transcript A2 – 00:46)

One can notice Amelia wondering if a less directive stance was the right one. It might be that, in reality, Art Therapists find themselves facilitating the AT sessions from the middle of the continuum, often joining in with the child in the process.

Joining in

This category refers to the middle range stance of the continuum in the Art Therapist's facilitation. This includes processes organised as seven subcategories: creating together, playing together, matching energy/co-regulation, joint attention, playfulness and humour, visual mirroring, and reviewing together,

Sometimes, facilitation may be through collaboratively **creating together**. This is when the child and Art Therapist create something together that is meaningful, enhancing collaboration and their relationship. An example of this was given in Carmen's narrative of her work with Gary, where they created their own version of 'snakes and ladders' to talk about the ups and downs of life.

Other times facilitation may be implemented is through actively **playing together**. This is when the Art Therapist receives an invitation from the child to join them in their play. An example of this was given by Elaine, in which she was invited to a child-led play interaction with Sarah with the toys available in the sessions or brought from home.

When playing together, facilitation may also require **matching energy** or **co-regulation**. This is when the therapist is co-regulating with the child, following the child, and adapting the pace of the interaction accordingly. Elaine spoke about this in her play interaction with Sarah.

Most of the time, facilitation happens through **joint attention.** This is when the Art Therapist and child share feelings of amazement whilst looking at what has been produced in the artmaking process of creating something new; something that did not exist before. An example was given in Bethanie's work with Adam:

> *'He was standing while he was painting and, just like 'Wow, this is amazing. Wow, look! I've made paint. This is incredible!'. He was painting and he was like 'Look!', looking at how the colours sort of mixed together. And just this really wonderful moment in the final session where we were looking at something that he had created.'*
>
> (Bethanie, Transcript B2 – 00:27)

A joining-in facilitation of AT sessions may also include **playfulness and humour**. This is when an Art Therapist and child meet in a space of vitality, full of playfulness, humour, and laughter. Elaine emphasised this in her work with Sarah, describing how the child would be funny and play tricks in the sessions, bringing a playful engagement to the interaction.

Another common facilitation through joining is **visual mirroring**, in which the Art Therapist uses artmaking in the session to visually mirror the child's drawing as a means of visual connection and mirroring. One example of this was given in Amelia's case study, where her copying drawings offered the opportunity to connect through and across screens of online sessions:

> *'And then I would kind of trying to copy what he was talking about, so I would also be doing these designs, which was kind of to his horror because I wasn't laying them in the correct place, so we had that kind of rapport. And then he kind of did those drawings and then we discussed a lot of around them and he started to talk about one of his drawings.'*
>
> (Amelia, Transcript A2 – 00:06)

Towards the end of the AT journey, the facilitation includes **reviewing together**. This is when the therapist and child review their journey together, either verbally exploring identified themes or visually through the artwork created in the sessions. An example of how the final review of the AT journey was facilitated in a visual and tangible way through the artwork was given by Bethanie:

> *'He had a very, very deep relationship with the artwork he made. He seemed to, anyway, and interestingly, when I talked to him about, you know, when we finished working together, you can choose what you would like to take home and we could think about how you would like to do that, he was quite ambivalent about it saying 'I don't really, I don't think I want to take much with me.', which I was surprised by and I said 'OK, that's fine. You can make whatever choice you like'. And in the end, he took almost everything with him apart from bits that had broken, there are just a handful that he left with me, but pretty much everything else he took.'*
>
> *(*Bethanie*, Transcript B2 -00:47)*

This differentiation of the Art Therapists' stance is not linear; it is closer to a process of adaption within a conceptualising continuum where the therapist can change how they actively guide, or not, the child during the session or throughout a series of sessions. This decision making seems to be a tacit, intuitive process based on what the Art Therapist notices during a moment (child's presentation and art making) within the session, later reflecting on their own thoughts and feelings (arising from the session material) through various processes outside the session. Some of these processes seem to be significant, such as supervision and countertransference, and were mentioned in the previous example quotes from the interviews, but there are other processes too.

4.4.5. Reflecting on Change

This meta-category encompasses the processes which Art Therapists can use to reflect on the changes they witness, leading to facilitation stance adaptations and further witnessing in a cyclical process of conceptualising change. These processes include processes organised as three categories of: self-reflexivity, supervision, and Response Art.

4.4.5.1. Self-reflexivity

This category includes the main processes through which Art Therapists reflect on the changes they witness, making sense of them and adapting their facilitation to meet the child's needs. These processes include four subcategories of: countertransference, symbolism, visual reflection, and process notes.

Experiencing

One way through which Art Therapists self-reflect on change is through experiencing. Based on the Art Therapists' narratives, experiential phenomena such as a response to client session material can be: emotional, countertransference, aesthetic, visual, and embodied.

Emotional – the Art Therapists' narratives were rich in emotions that were felt during their work with the case studies and these feelings arguably illuminate the dynamics of the work, the challenges and the successes, by 'carrying and digesting the emotional material' for and with their client, until a shift occurs. Some of the emotions in the Art Therapists' narratives were: *fear, frustration, helplessness, pressure for outcomes and anxiety of not achieving, sadness, tiredness, worry, as well hopefulness, reassurance, surprise, pride,* and *privilege.*

Countertransference – a very specific subtype of the emotional experiencing, where the Art Therapist experiences feelings related to parent-child relationship, with elements of holding and containment as described by psychodynamic theories of child development and attachment. Dahlia talked about this in her work with Leah, where a parental absence was prominent in the work. Amelia also pointed to this relationship in the description of the Response Art (Figure 16) she created after reflecting on her work with Paul in their first interview.

Figure 16: Amelia's Response Art 2

Titled 'The brain and the heart'

> *'Oh, yeah, the brain and heart, yeah, it's kind of, you know, just, it was just anywhere I felt kind of like wanting to sort of nurturing, this kind of mothering and it was just him with his like being sort of heart and feeling like everybody doesn't like him, he's got no friends, nobody.'*
>
> *(Amelia, Transcript A2 – 00:18)*

Aesthetic- this type of experiencing seems to be unique to AT and a few other creative arts therapies. The therapist is experiencing an aesthetic resonance or dissonance toward the artwork created by the client and these changes in responses can be tracked

throughout the sessions, giving possible access to changes in how the client relates to the process and/or themselves. For example, Bethanie talked about how some elements in Adam's artwork offered a window into understanding of unconscious emotions that related to his grandparents' death and funerals.

> *'I wondered… because it was very…I mean, it's obviously his artwork, but just noticing how I felt when I saw the eyes and he really carefully added the features. There was a wideness about them that I found quite scary. They weren't necessarily easy to look at. So I did wonder whether there was something about what he had seen. It was a bit unsettling.'*
>
> *(*Bethanie*, Transcript B2 – 00:54)*

Visual- this was a surprising experiencing type; being related to emotional and aesthetic whilst also appearing to stand apart as its own entity. This was based on what Bethanie said about her client, Adam, and how she thought of him 'having grown bigger' when she was reflecting on their first interview case study.

> *He seemed bigger to me at the end of the work…So he may have grown, but also he's in my mind when I think about him. He seems bigger, more robust, I think.'*
>
> *(*Bethanie*, Transcript B1 – 01:32)*

Embodied- this type of experiencing relates to the somatic sensations experienced by the therapist as a response to client material that may offer further information or even a new window into the client's world. I found this embodied experiencing was quite powerful in Dahlia's narrative of her work with Leah, where there was lots of grief and loss processing.

'I was really noticing my own body in the sessions, and I would come away with my heart pounding and absolutely drenched in sweat, you know, and it would take me a while to self-regulate. And this is really interesting, because I think online art therapy, even though

we weren't there in the same room, somehow our nervous systems were still keying into each other. So it's really interesting to think what cues are, what cues do your nervous system pick up, and how from other people, and you don't have to be in the same space for your body to respond to someone else's.'

(Dahlia, Transcript D2 – 00:31)

Symbolism

Another way in which Art Therapists self-reflect on change is symbolism. This includes use of symbolic language or verbal imagery elicited by the material of the session, and then expressed in their Response Art. It also includes words such as reflective writing, responding to the visual artwork and enabling the symbolic imagery to be expressed in a verbal way. An example of this can be found in Dahlia's reflective writing which accompanied her image (Figure 17), having sent me both after the second interview.

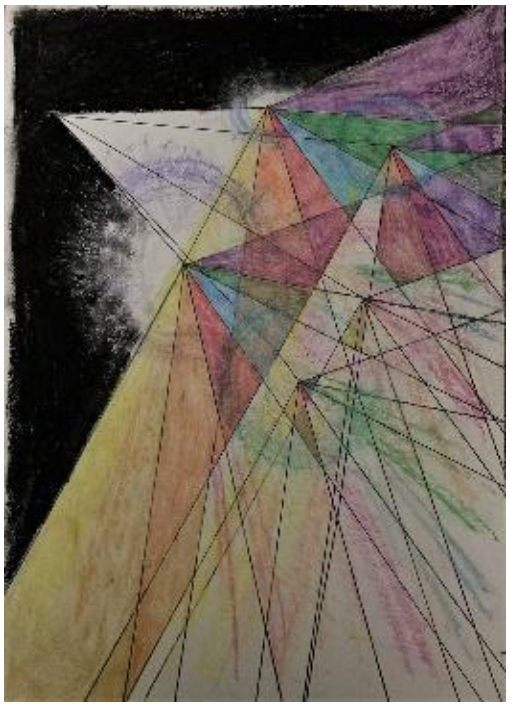

Figure 17: Dahlia's Response Art

Titled 'Fractal'

> *'It felt like a strange image for me to make and I'm still not quite sure what to say about it. But I can see something about a process of refraction, as if there is a metaphor about the process of separating out a beam of light into its different colours which paralleled my process of thinking with you about my work as an art therapist. But it interested me that the process of doing this became overly complex and confusing and so I left some areas less organised, perhaps reflecting the not-knowing we are often left with, and the inherent 'messiness' of human emotions.'*
>
> *(Dahlia, email follow-up)*

Visual reflection

A different way in which Art Therapists self-reflect on change is visual reflection. The Art Therapists' reflection on qualities of their client's artwork functioned as a visual anchor for the case study narrative. In some cases, they had kept copies of the artwork or original images or objects which were left behind by the child. Part of the reflection in the interviews also related to what would happen to the images left behind, as a requirement within the AT approach and BAAT ethical guidelines, as well as to the artwork that would be given to the therapist as a 'goodbye gift'. Even though some of these images were shared with me during the online interviews, I have not included them in my data for ethical reasons; nor do I have a record or other form of copy since the recording of the interviews was only audio. For instance, below is an excerpt of Amelia talking about accessing her record of Paul's images to support her reflection after the first interview and in preparation for the second one:

> *'Well, I've got in secure folder, art made by the client because we did it online and so he kind of held up his image. I've got some of them. It was just kind of interesting to kind of see the images again after you're kind of holding these images, his response and my response.'*
>
> *(Amelia, Transcript A2 – 01:08)*

Process notes

Keeping process notes is one more way which Art Therapists may self-reflect on change; some shared that they do not always have space or time to produce response art, so instead they kept process notes. By jotting or noting down some quick doodles or key words, these could be used as an *anchor* for further reflection at a later stage. Bethanie, in the excerpt below, had her process notes ready with her for the second interview, which helped her remember the stages of Adam's journey and key moments of change:

> *'They're more process notes. I sort of tend to make more of a note of what was made, anything that the child said, any sort of, you know, transference and countertransference, what I was sort of feeling as well…Sort of my response and anything just so I can pick up on patterns really… I think it does work for me and it really helped with him, I think because a lot would happen in a session I think, and they felt very full.'*
>
> *(*Bethanie*, Transcript B2 -00:52)*

4.4.5.2. Supervision

This category refers to the process of supervision which supports Art Therapists in collaboratively reflecting on change along with someone else. The memoing flash card below (Memo flash card, March 2023c) helped me bring this to the forefront of my thinking, as it was also emphasising the parallel process of the interview and how researcher and participants reflected together on the changes of the child in AT.

The Art Therapists mentioned how supervision was a meaningful and supportive process in making sense of their work with the case study. In particular, Carmen mentioned that supervision often tended to be more talk focussed, missing the elements of exploring dynamics through art making. She explained that it was important to have more time and space for reflection, reminiscing on the time of their AT training. Another Art Therapist, Elaine, mentioned that it was different having supervision online during the pandemic, and that post-pandemic art making in supervision was more accessible.

4.4.5.3. Response Art

This category refers to the use of Response Art as a process to reflect on the changes witnessed in the AT sessions. Based on the ATs narratives, creating Response Art can facilitate and/or support one of these six functions: emotional processing, holding and containment, kinaesthetic processing, self-care and self-regulation, visual understanding, and meaning making.

Emotional processing – making Response Art to process overwhelming emotional material from the sessions. An example of this was in Carmen's image (Figure 18), which was created whilst she was working with Gary. Her engagement with artmaking helped her to process the 'pain' of Gary's self-harming.

Figure 18: Carmen's Response Art 1

No title

> *'So these kind of mimic the lines that I had seen on his arm after I had witnessed the self-harming. And he had stayed with me quite a lot that week because it was the first I had seen…It looked very…It looked deeper than the others, and it was like sad, it was fresh, and I think the colours kind of represent the idea of bruising, that you're left with, like emotional bruising. And also when you hurt yourself, there's that element of bruising, the different shades of colour that is brought about. You can't really tell in the image, but I actually used a knife to slash through the image.'*
>
> *(Carmen, Transcript C2 – 01:05)*

Holding and containment – how Response Art can offer time and space to hold and contain emotional material in the ATs narratives, as seen though Dahlia's use of her own process art while waiting for her client Leah to join the online session:

> *'I would be left with the anxiety of 'Oh, my goodness! Are you okay? What's happened to you?' So I would do my own process art while I was waiting for her, to kind of hold that feeling of absence and fear. It was to do with death, I think, and grief as well, which she was struggling with.'*
>
> *(Dahlia, Transcript D2 – 00:33)*

Kinaesthetic processing – the use of art material and processes to connect with the client material in a kinaesthetic way of reflection demonstrated in the example given by Carmen who, in supervision, created a replica of what her client Gary had made and then destroyed during the session. She used this process to reflect on the qualities of the artwork, identifying elements of strength and vulnerability of the piece made of playdoh, which were also reflected in the child's qualities in their journey of change.

> *'I think I found by doing either response art or replicating what the client had done, it helps me connect with what 'they're going through, maybe how they're feeling, sort of understanding what's left as a residue within myself as well, because you take on quite a lot of what's been unsaid in the room.'*
>
> *(Carmen, Transcript C2 – 00:34)*

Self-care and self-regulation – the use of Response Art for the AT to attend to their own overwhelming feelings that were aroused by the client's work, with the potential to offer self-care and prevent burn-out. Amelia shared an example of this function when she was working with Paul; she used art making with inks to allow for time to 'empty out' the emotional material from the session, to then 'dry and settle' to increase the capacity to reflect later, and take some distance from the session.

> *'I always felt really tired after, so it was a way to kind of gain insight, and then I've also done art reflecting back as well. Because I was thinking 'Oh!', I would always be kind of like 'Wow' after it and then just putting ink on the card. Then just leaving it to kind of dry so not really being sort of consciously aware of what you're doing or trying to overthink it. I think it helped me to kind of empty out 'cause there was always lots happening.'*
>
> (Amelia, Transcript A2 – 00:27)

Visual understanding – as in the previous example of Amelia's use of Response Art, Art Therapists may create Response Art to engage with client material that is still non-verbal, making sense of it through a visual understanding of what is happening in the sessions with the child. Carmen explained this function when she used Response Art during her training group supervision:

> *'I was at University sort of capturing these moments, so then we could reflect on them together, and it's easier when you got a visual in front of you rather than sort of describing it, because I think when you've got a visual then other people can share that visual as well.'*
>
> *(Carmen, transcript C2 -00:32)*

4.5. Conclusion

In this chapter, the Results of my study have been divided into two parts. The first part presents the methods of data collection and analysis, showcasing the iterative processes of the Constructivist GT methodology that led to me refining my research question. The second part presents the core conceptual categories and subcategories which aimed to answer the newly defined sub-questions of 'how'.

As I had explained earlier, my initial apprehension about not having enough participants to interview was quickly replaced with being overwhelmed by a sea of findings, in which trying to fish out the most important categories -like in Elaine's appropriately titled Response Art (Figure 15): 'Weathering the storm' -became a source of immediate apprehension. I struggled to leave out codes, subcodes, categories and sub-categories, as everything drew my attention and enthusiasm toward all the different elements of change in AT. I found more than I was expecting and I ended up with a cornucopia of rich

data. I believe this was possibly due to conducting two interviews with each Art Therapist, allowing time and space for deeper reflection, as well as making the Response Art to navigate the more abstract and symbolic elements. It was also possibly due to the Art Therapists' willingness and generosity to share their narratives with me. Wanting to honour their perspective helped me systematise my findings around: 'How Art Therapists conceptualise change when situated in a specific setting where AT is offered and in a specific context of time and space'. To answer this core question, I lifted findings in conceptual categories related to the processes through which Art Therapists' conceptualise change–witnessing, facilitating, and reflecting–and these have become core themes to further discuss in the next chapter.

5. Discussion

Figure 19: My response art D1

Titled '*Getting there*'

Figure 20: My response Art D2

Titled '*It's a dialogue after all*'

The journey of conceptualising change starts with breaking things down, separating and focusing on the details. This is what I felt I visually captured in the image created after my first interview with Dahlia, titled 'Getting there' (Figure 19). When I reflected on this image, I thought about the spheres as the researched which have escaped the framework of the research but do not flee away. Instead, these spheres, the researched or perhaps a symbol of the volatile moments of change, use the framework as steps to ground their fluid and elusive nature. This reflection process on changing jointly with the other, be it the therapist, the supervisor, the researcher or even the young person, eventually brings integration. This is what I felt I captured visually in the small spheres being integrated into

one spiral in the image I created after the second interview with Dahlia, titled ‘It’s a dialogue after all’ (Figure 20). The researcher, art therapist, or supervisor does not conceptualise change on their own; it is a dialectic process of integrating *little* insights into a *bigger* meaning, *getting there* step by step and all in good time. With this visual reflection, I wish to introduce the discussion chapter.

5.2. Introduction

This chapter discusses selected key findings of this study and relates them to existing literature which examines how AT works, the processes or factors of change, and in particular to AT with CYP. The aim is to approach this dialogue between existing literature and this study’s findings from the Art Therapists’ perspective, emphasising the processes through which they make sense of changes in AT.

We shall start with the first section discussing the three processes through which Art Therapists conceptualise change: witnessing, facilitating, and reflecting. These three processes connect with each other in a cyclical way that enables the Art Therapist to make sense of the changes happening for the CYP in the AT sessions. The second section then discusses the three conditions for change: time, space, and hope. These three conditions allow change to unfold in a spiral way, discussed as the nature of change in the third section. Within this spiral change condition, art making and artwork function as metaphorical bridges; discussed further in the fourth section. In the last section, insight in change is discussed as the resulting culmination of all the above sections.

The diagram below (Figure 21) shows my visual memoing from the data analysis phase. I have included this to support the structure of the discussion.

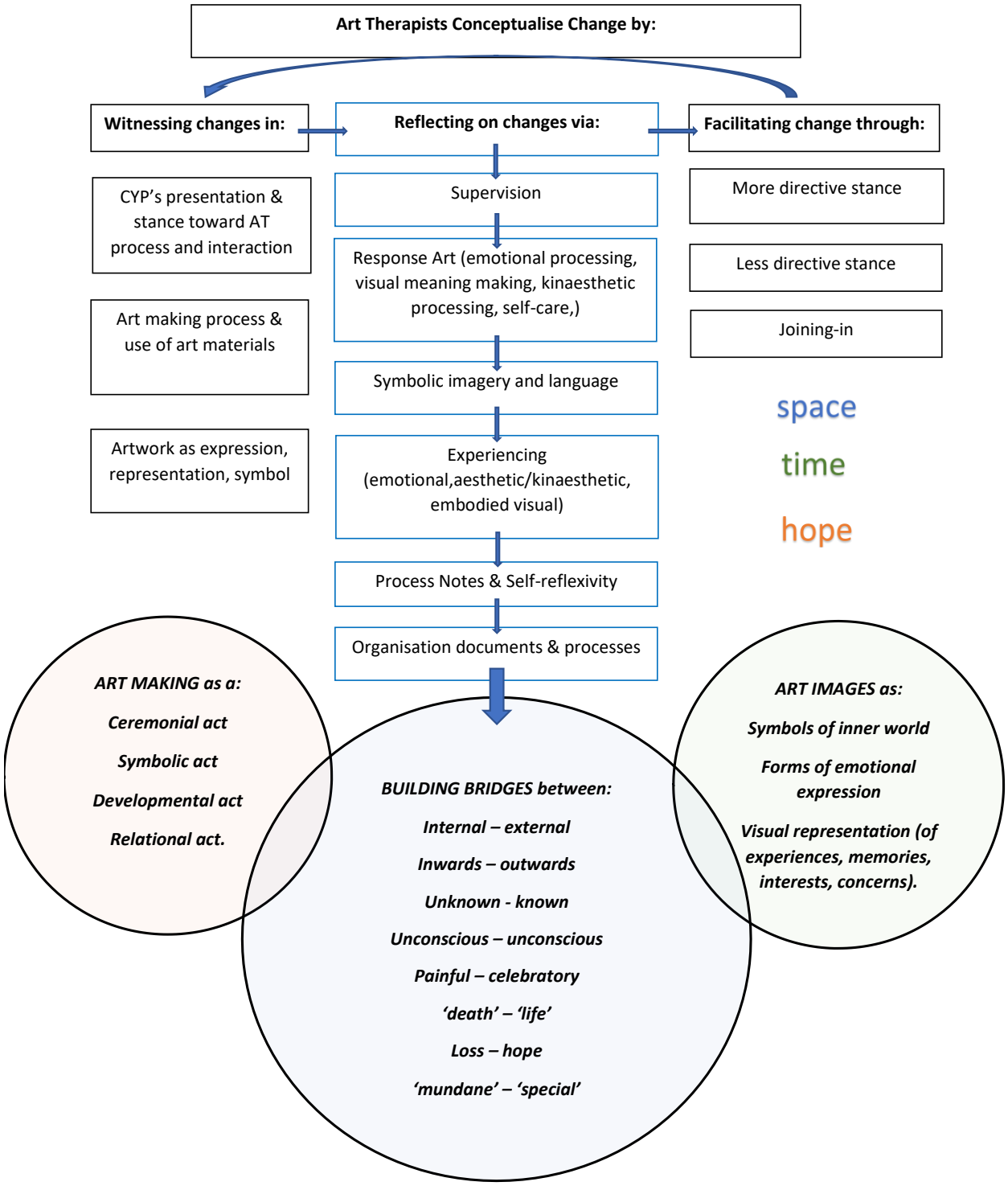

Figure 21: Building bridges (visual memoing)

5.3. Conceptualising change

This section offers an overview of the discussion around how Art Therapists conceptualise change in their work with children, aiming to bring their perspective to the forefront. Even though the overarching question that underpinned the epistemological and ontological positioning in this research was ‘How does AT work?’, the findings seemed to veer toward an exploration of the specific processes through which the Art Therapists conceptualise the changes that happen in the AT sessions with a CYP. The Art Therapist does not remain passive towards what unfolds in each weekly session with a CYP. Instead, the Art Therapist offers an active partner, a holding or containing presence in psychodynamic terms, that enables greater exploration of the child’s internal world. These inner worlds’ *threads and colours* start emerging and being externalised through the art making, becoming visual and visible in the artwork. The tacit then becomes tangible, through witnessing, facilitating and reflecting on these processes.

While I listened to the Art Therapists talking about their case studies, I felt fascinated, absorbed and amazed by how many changes were shared in their narratives during the interviews. I had some initial reservations that the low number of participants would not allow me to reach data saturation for the GT methodology, especially since the literature did not conclude on how many is enough. In the end, I was reassured by the richness and depth of the interviews. The narratives were confirming my preliminary thoughts that there was so much change happening in AT that is being left undocumented and remaining tacit. Based on my initial literature review, along with my own perspective, this practice-based knowledge arguably remains largely undocumented in a systematic

manner that is to the detriment of the profession in terms of research evidence advancements.

When practice-based knowledge is considered, the framework of thinking takes some distance from the need to objectively measure outcomes with standardised tools. As presented in the Findings chapter, outcome measurements have a pragmatic place in the child's journey entering and exiting the service. The initial assessment of needs aims to identify the type of support available, and able to make a difference, in the specific situation and context. In that sense, the Art Therapist's offer is situational and contextual, arguably comparable to similar community settings and to children with similar mental health needs. This would align with an evidence-based practice lens and it is important for the *what works* movement and relevant frameworks. Indeed, there are studies that are concerned with the focus on AT and outcomes. Recent systematic reviews have made a good case of supporting this (e.g. Yatziv & Regev, 2019; Moula, 2020; Bosgraaf et al, 2020; Braito et al, 2021), and recognise that there is a need for gathering evidence that supports the effectiveness of AT with CYP.

As indicated in the Findings chapter, the use of standardised measurement tools (in this case the Outcomes Star™) can show positive change. This is important for the child, their caregivers, and the system around them (including teachers and professionals) to have confidence in these achieved and measurable outcomes. However, an outcome assessment based only on one metric may also be reductionist and unrepresentative of the deeper changes and processes that may have occurred for the child. A similar insight was offered by Regev (2022), who conducted a process-outcome study of school-based AT focusing on one outcome and its change process, and concluded by acknowledging

how difficult it is to unpick processes in AT with CYP. This may be one of the reasons why the Art Therapists in the setting of my study are required to write a therapy report that summarises the narrative of the child's journey, in which the measured outcomes in numbers can be included but not merely as stand-alone indicators of change. To an extent, both documents–the evaluation tool and the therapy report–were used during the interviewing process to anchor the narrative but were not used as *objective evidence*. Consequently, my study was not concerned with making a case for objective outcomes in AT with children.

Additionally, my study was not preoccupied with identifying any protocol that can be applied, irrespective of the Art Therapist's individual presence or the unique presentation of each child, regardless of any formal diagnosis or 'label'. Specific AT techniques and targeted interventions were explored within different research projects and settings. These added value to the evidence-based field when NICE guidelines are to be considered and/or when AT tries to remain in competitive races of commissioning and funding. Examples that veer towards this direction were conducted by McDonald et al (2019) and McDonald and Holttum (2020). These studies were set in UK primary schools, responding to the Green Paper of the Departments of Health and Education (2018) which made evidence-based recommendations for in-school interventions but did not include AT; an issue which had also formed part of my background thinking when I started this study. In the literature review, it became clear that the AT field still needed to conceptualise change through the Art Therapist's perspectives and understanding how they make sense of change, before any tools had been developed which were *fit-for-purpose* in measuring change in AT. As explained in my Methodology chapter, the focus

of the study design was to bring the Art Therapist back into the evidence-based practice triangle of service user, clinician, and evidence; as conceptualised by Sackett (1997) in wanting to approach change through the Art Therapist's perspective.

Holmqvist et al (2017) conducted a study exploring what Art Therapists, based on their observations, considered to be the patients' inner change. The original aim of my study was to demystify AT through the Art Therapist's lens and their practice-based knowledge to further advance AT practice and research. The Art Therapist engages actively with the child's journey of change and so it would be challenging, or even undesirable, to remove their contribution of insight in this process, for either evaluation or research purposes. Equally true is the active involvement of the child's perspective as active and meaningful partners in the therapeutic relationship; a useful suggestion by Keidar et al (2020) in their study on the relationship between the therapist-client bond and outcomes of school-based AT.

The Art Therapists, with their own life experiences, training, and skills are enablers of change, constantly reflecting on what they observe in the sessions with the child and adapting their facilitation accordingly. This journey requires constant hard work and active ongoing engagement. It is a skill and a talent for the Art Therapist, requiring commitment and devotion framed by professional practices of constant and systematic reflection through Response Art, countertransference, and supervision. All these are amplified and need further guidelines when it comes to AT with CYP; hence the principles of AT with CYP developed by Buck and Hendry (2016) for BAAT. According to these principles, the Art Therapist needs to support the child in understanding the process and adapt the sessions to meet the child's emerging needs.

However, the Art Therapist may often be left with uncertainty, wondering precisely what had changed or was achieved, especially in a fast-paced setting where protected time and space for reflection may be limited; largely due to the pressures linked with funding and commissioning. In my study, the process of conducting two interviews with each practitioner revealed that new insights into profound change were accessed when time and space for joint reflection was available. It highlighted that conceptualisation is a collaborative process and can be achieved in co-constructive, explorative, and reflective conditions, similar to clinical supervision (Scaife, 2010). It also reflected the possibility that change for the child may not be readily and easily observed, measured, or deeply understood at the point of exiting the service. This may have implications for outcome measurements through standardised processes that do not account for how the practitioners witness, facilitate, and reflect on change. The next three subsections aim to discuss and shed more light on these three key processes.

5.3.1. Witnessing change

Choosing the word *witness* to name this process –rather than a competing label such as observe, notice, sense, or track– was a process in itself. Some words have more active or passive qualities than others, but *witness* seems to hold the feeling of the ‘wow’ moment when the Art Therapist is privileged enough to witness something *special* happening in the session; a moment of change in the ‘here and now’ of the child. It can simultaneously hold both active and passive qualities with the respect, surprise, and awe that the therapist can experience for and with the child. It gives the message: ‘I am here with you and I see you’.

These experiences, in my view, demonstrate the concepts of mirroring and attunement (Wright, 2009), joint attention (Isserow, 2008; Hawes, 2016), and self-regulation and resonance (Siegel, 2007; Hass-Cohen, 2008; Malchiodi, 2015; 2020). These concepts reflect a cluster of processes or mechanisms that highlight the importance of the Art Therapist's presence and their attuned attention to how the child presents in the AT sessions. This change is exemplified in the 'wow' moments, when both therapist and child are jointly attuned and attentive to what is visually and tangibly being mirrored in the artmaking.

Admittedly, each Art Therapist as an individual possesses filters, lenses, and perspectives through which the changes are witnessed. These may be tinted by life experiences, training and qualifications, cultural and socioeconomic factors, as well as individual demographics. Additionally, the changes are witnessed within the relational context of the interaction between child and therapist, with the observer influencing the observed. Indeed, any attempt for objectivist positionality will prove challenging to achieve. Therapy is a subjective matter and the therapeutic 'use of self' can be an important tool for developing empathy and insight into the client's world. But the underlying challenge remains: how can practitioners ensure their practice remains as unbiased as possible and, more importantly, adhere to the tenets of informed, safe, and ethical decision making? Perhaps having a framework of conceptualising the changes they witness may be a useful way to approach this challenge.

Based on the findings of my study, the suggested changes that can be witnessed in the child's presentation and stance towards the AT sessions, the therapist, the art making

process, and the use of art materials and artworks. Ball (2002) also proposed a similar set of categories of change:

- Changes in the focus of interaction – observing how the focus of the child was changed in relation to the artmaking, the therapeutic relationship, and the self, with these shifts happening from outwards to inwards.

This outwards-inwards interplay also came up in my study, primarily through the therapists' narratives; with art making and art images serving as bridges between internal-external, inwards-outwards, and unknown-known. This is explored further in a later section discussing bridges as a function of change.

- Changes in the mode of interaction – observing how art offers structure and emotional regulation first, with the Art Therapist being more directive in their intervention, and then leads to exploration of meaning, with the therapist having a less directive or observing stance.

The choices offered in the sessions, pertaining to the space and the art materials offered as depending on the child's needs, were also recognised in my study with the Art Therapists' facilitation being a key factor of change; knowing when to adjust their stance, from directive to less directive, and often joining in.

- Changes in the function of the art process – observing how differences in the art materials and artmaking reflected changes, from embodying impulses to containment and rhythm, whilst the artwork was mediating a dialogue between the therapist and the self.

Art making was also found to take different forms and functions in my study, mainly being grouped as: a developmental act (relating to resonance and self-regulation), a

symbolic act, and a relational act. This is explored further in a later section discussing bridges as a function of change.

Visual manifestations of witnessed change as a unique element of AT

Behind all the three major sets of changes (interactions, art making, and artwork) that can be witnessed in AT, building of trust and rapport seems to be a key factor and foundation of change; as would be expected in any type of psychotherapy or creative therapy. Indeed, this was highlighted by Keidar et al (2020) in their study of the relationship between the therapist-client bond and outcomes of school-based AT. Although this is not necessarily unique to AT, the degree to which the child feels safe and confident in the sessions can be explicitly observed in how they engage with the art materials. For instance, making bolder choices in use of materials or trying new techniques can be seen as indicators of increased autonomy and agency. Trust and rapport built through the bond or relationship between the Art Therapist and child can become even clearer through the changes in their artwork, as images become more embodied and less diagrammatic. The child may also become more or less verbal; increasingly focused on the interaction with the therapist or further absorbed in their art making. Waller (2006) discussed this process of change, as it relates to the child's communication with the therapist via their artwork, as a unique process in AT where words or verbal interaction may not be necessary.

I found that the artwork the child creates in the AT sessions may function as a visual representation of life experiences, an expressive outlet of emotions, and/or a symbolic externalisation of their inner world. The visual nature of what can be witnessed in AT appears unique, particularly in contrast to other therapeutic modalities. Specific changes in relation to art making in AT were highlighted in de Witte et al's (2021) systematic review,

in which they systematically gathered existing research and identified key factors of change in AT:

- The tactile quality of art and the choice of appropriate and specific art materials.
- That art making contributes to emotion regulation and anxiety reduction, as well as self-concept and self-awareness enhancement and agency.
- Transference and relational aesthetics during artmaking and in relation to the artwork.
- Visual self-expression and the creation of a visual narrative.

The most important factor highlighted in de Witte et al's (2021) study, in my view, is the visual nature of change in AT; that which can be visually witnessed. Something is different in the AT sessions compared to other therapeutic modalities, with the Art Therapist paying attention with attunement and resonance. This act of witnessing makes the change significant, yet still tacit. The Art Therapist holds the change in mind for later processing, digestion, and reflection. In this process, tangible aspects of witnessed change may be accessible in the child's use of art materials and their artwork. In my study, the Art Therapists often used the child's artwork, from copies or replicas or even memory, to 'visually anchor' their narrative. In other words, they used the visual elements of the artwork to remember what had happened in the sessions and to talk about the changes that they had witnessed.

5.3.2. Reflecting on change

Even though the three key processes of conceptualisation seem to be cyclical, rather than linear, it makes sense here to discuss reflection as the in-between of witnessing and facilitation. The Art Therapist constantly reflects on what happened in the session, trying

to find the *right words* and often using symbolic imagery in their language to unfold the meaning of, or even the absence of these 'wow' moments. In this study's interview narratives, the expression 'I don't know what the right words are' was often used. This may be true, as naming the implicit can often be like *capturing a butterfly* and missing the *magic*[14]*.* Indeed, I wonder if AT processes can truly be demystified in their entirety and even if it is desirable to do so, and for whom. Possible answers to these questions link back to the background of the research question and design. There is value in demystifying AT processes, ultimately for service users of settings which depend on outcome-related funding. However, as based on Critical Realism (Bhaskar, 2018), which has been a philosophical underpinning of this study, there are some processes that we can know and name, although some may remain known and yet unnamed, and some may remain unknown but exist nonetheless. .

Thus, this study wishes to make a case for processes that keep the therapist's reflexivity at the centre of conceptualising this change; enabling the revealing of the unknown through making it visible, thereby making the tacit tangible. This can be facilitated through imagery and art making, thinking in metaphors and symbols, and by using Response Art. This naming can then collaboratively happen with the other: the supervisor, the researcher, the peer/colleague, and/or with the CYP. Using the Art Therapist's self-reflection processes (such as reflecting on countertransference), along with processes of

[14] This phrase is inspired by my readings of the British psychoanalyst Marion Milner's book titled 'A Life of One's Own' (1934; 2011) in which she explored the use of art in journalling as an act of recording which felt like butterfly-catching. She wrote: 'It was as if I were trying to catch something and the written word provided a net which for a moment entangled a shadowy form which was other than the meaning of the words.' (pp. 46-47). Milner's work as a pioneer of her time in psychoanalytic circles has been revisited by Emilia Halton-Hernandez in her book 'The Marion Milner Method: Psychoanalysis, Autobiography, Creativity' (2023).

supervision, is not unique to AT. These processes are common and foundational to other psychotherapies. What is different and unique in AT is the opportunity to explore the meanings of change through visual avenues (i.e. Response Art).

For example, there is extended literature on transference and countertransference in the psychoanalysis field. Interestingly, it was not within my study's scope of intentions to singularly focus on this process as I had wanted to avoid applying a certain theoretical orientation. The orientation of my AT training was psychodynamic, including practising on the use of countertransference. Although I did not want to impose a psychodynamic orientation, countertransference was often referred to by the Art Therapists in their own reflections. In their narratives, they talked about it as a way of making sense of change and separating which emotions belonged to them and which were as a direct response to what the child was projecting or experiencing. In my data analysis, I found that countertransference took on different forms, which I categorised as emotional, visual, aesthetic, kinesthetic, and somatic in the Findings chapter. From the psychoanalytic point of view, one could argue that this categorisation is artificial and unnecessary, as all these differing forms are manifestations of countertransference as a whole. However, I did this for the benefit of highlighting nuances in AT processes, whilst also not wishing to claim expertise in psychoanalytic theory and practice.

Use of psychodynamic concepts and processes embedded in how Art Therapists reflect on change is not unique to AT as a therapeutic modality. Psychoanalytic terminology proved to be an inevitable aspect when research participants reflected on change in the therapy process. This was due to the Art Therapists' language which often uses the terms holding and container. Ogden's (2004) paper explored these psychoanalytic concepts

and how they were different or inter-related. It is not my intention here to extensively discuss these concepts, however, I would still want to honour the fact that holding and containing have an important place in how Art Therapists reflect on change. In fact, the concept of container in AT was explored by Waller (2006), writing that art can act as a *container* for powerful emotions (Waller 2006: 272), and in a more recent AT paper, Holmqvist et al (2018) stated that the Art Therapist is offering *holding*.

Visual and aesthetic reflexivity as a unique element of AT

Yet the question remains: what is unique about AT and its processes of reflection? It transpired in this study's interviews that the Art Therapists think in symbols, consistently using symbolic language and imagery. This may not be unique, as other therapists of different modalities may use similar processes for reflection. What is perhaps different in AT, is that the Art Therapist uses the visual elements of the child's artwork to *make* meaning of the change. In their own self-reflexivity time, they might make doodles or visual notes of what the child made in the session so that they might better visually remember. At other times, they might engage with the art material which the child initially used to process kinesthetically what it must have felt like for them and to access deeper insight through the tactile qualities of the material.

Similarly, in supervision Art Therapists reflect on the child's artwork, often tangibly bringing the artwork into the space to explore with the supervisor the visual elements of change. Changes in materials, colours, lines, shapes and forms are visibly available for reflection. The aesthetic changes can have an aesthetic impact on the therapist; in other words aesthetic countertransference can offer insight into how the child may also be feeling about their artwork. The Art Therapist uses these feelings as a response to the

child's artmaking and artwork, reflecting on the significance of the visual changes as indicators of internal changes for the child. The Art Therapist does not reflect only on what the child says or how they present in the session; their artwork may speak louder to what is happening inside, 'from the inwards to the outwards'. This can have a mixture of surprise, awe, and fear responses, but all of these may be included in the 'wow' response. The presence of an Art Therapist who can share these 'wow' responses offers a holding place for the child. The Art Therapist may use art making to externalise and contain their own responses and process these visually through Response Art in supervision (Fish, 2012). In this study and as a reflective researcher, I have used Response Art to process my own emotional responses to material, allowing for symbolic and visual exploration, as well as meaning making through self-reflection and during research supervision. This process in research supervision involved some joint attention and reflection that was visually anchored on my Response Art that occurred between myself as researcher and my supervisors for collaborative conceptualisation. This allowed some time and space for unconscious-based exploration in research (Nicholls et al, 2013; Stamenova & Hinshelwood, 2018).

These different reflection processes, layered within each other, might resemble a 'Russian doll' version of containers that offer holding until the tacit becomes tangible; relating to the artwork, the child, the Art Therapist, the clinical supervisor, the researcher, and their supervisors. These are similar to the processes that enable the Art Therapists to consider their facilitation of the child's journey, to adjust or to consciously maintain their chosen stance. In the next section, I discuss the process of facilitating change.

5.3.3. Facilitating change

The word *facilitating* was chosen to maintain the active presence of the Art Therapist as a key enabler of change. It is important to consider this as changes can be made in any context of engaging with the arts per se. Art making may have a therapeutic effect in the presence of an artist, a teacher, a social worker, or even without the presence of another at all. This is supported by the recent World Health Organisation report on the benefits of the Arts (WHO, 2019). The main difference in consideration here is that the Art Therapist is trained and skilled to accompany and guide the child in a purposeful journey of change, wherein the tacit can become tangible within the therapeutic framework of the agreed time and space of the AT sessions. This is where the Art Therapist's offer of the setting becomes important, with a clear referral pathway and clear therapeutic objectives to be achieved. This need for clarification is reflected in Deboys et al's (2016) study that highlighted AT in schools still remains a mystery, albeit a fun one, when there is not a clear understanding between why the child is referred to AT and what is the intended therapeutic outcome. Anecdotally and during the presentations of the study I offered for colleagues in the setting, Arts Therapists shared with me that often AT is misunderstood in schools, with the teachers, for example, saying to the child before the AT session: 'enjoy your art lesson'. This can be problematic and confusing for the child who has the right to know exactly what type of therapy they are having and why. A paper which highlights this ethical responsibility of this need is that of Buck and Hendry (2016), whose principles and guidelines for AT with children advised that the Art Therapist supports the child in understanding why they are coming to AT.

In my view, this commitment to helping children to make meaning of changes in their AT journey can be approached through the Art Therapist's facilitating processes. This view is based on my study's insights into the Art Therapists' perspectives and their case studies' narratives. There is no claim that the children's experiences are accurately and/or even objectively (re)presented. There is however a case to be made for how significant the process of facilitating conditions for change is, as Snir (2022) suggested that, in future research designs, it would be beneficial to include the Art Therapists' perspectives on mechanisms of change in *externalizing vs internalising* problems through artmaking. In a way, the AT field needs a clear explanation of how it works in readiness to explain itself to the service users, adapting the language of the mechanisms of change for children.

Conceptualising how Art Therapists facilitate change for a child in a continuum of stances between directive vs non-directive approaches, as well as everything in the middle, from joining in the art making or playing together, may be a useful approach. The Art Therapist's stance may be a personal preference, an inevitable result of theoretical orientation, a direct response to the child's individual needs, or as a necessity beholden to the pragmatic conditions of time and space of the AT sessions. Bosgraaf et al (2020) suggested that all three types of Art Therapist behaviour (non-directive, directive, and eclectic) can have a significant effect, indicating the value of flexibility in the use of means and forms of expression, as well as the therapist's behaviour in AT sessions with the child.

In this study, each Art Therapist interviewed seemed to have had their own preferred approach that related to how directive or non-directive they were in the sessions with the child. Analysing my study's findings, I found that having a psychodynamic, person-centred, or trauma-informed approach may result in different levels of flexibility in the Art

Therapists' facilitation with some being more directive than others. What was consistent, regardless of their theoretical orientation, was changing their stance in response to the needs of the child. For example, a withdrawn child may need more input from the therapist in relation to art materials and choices, whilst a more confident child may need less input from the therapist in their art making. What seemed crucial was responding to the child asking for help or not, always balancing attachment needs as well as recognizing the development of autonomy and agency. This aligns with the principles of Buck and Hendry (2016), who advised that the Art Therapist must adapt activities and materials according to the child's needs, including the choice of joining in with the child's play while also maintaining the therapeutic frame.

Tactile choices in facilitation as a unique element of AT

As part of facilitating change, the Art Therapist may be thinking and preparing the art materials in advance of the beginning of the course of therapy, choosing the way these are presented (in bags or boxes, on the table or on the floor) to the child. As the sessions progress and the child's needs change, the Art Therapist may adapt the art materials offered, for example, by enabling transition from 2D images to 3D artwork or transitioning from diagrammatic drawings with pens and pencils to embodied paintings with watercolours and acrylics. Indeed, the findings indicate that some children needed to let go of control by engaging with more fluid materials (watercolours, paints, etc), while others needed to gain more control through dry materials (pens, pencils, etc). Equally, the Art Therapists considered the age of the child to better offer relatable materials, as well as the space (online, school, therapy setting), thus offering flexibility of choices and possibilities.

Flexibility and choice of art materials was studied by Haeyen et al (2022). In their study, they found that the purposeful choice of materials and interventions in AT, as well as working with opposites, can increase the client's psychological flexibility. Another study which made a significant link between the use or art materials in AT artmaking and how this can have an impact on the individual's flexibility and mental health is that of Penzes (2024). Even though both these studies included AT with adults, there might be applications for AT with children too. In my view and based on the findings, the Art Therapists have the training and skills to provide a variety of artmaking options which are relevant to the child's needs. The child can then experience shifting between opposites, expanding their comfort zone and their abilities, including acceptance of feelings of failure or disappointment when something is not working. These processes seem to have the potential to increase psychological flexibility with an attuned and/or directive facilitation by the Art Therapist.

The distinction between directive and non-directive may be a construct for the purposes of theory only, as an Art Therapist is never at the extreme ends of this continuum. They are always somewhere in the middle: accompanying the child, guiding them in their visual art making journey, joining in the exploration of the unknown, and offering 'joint attention'. The Art Therapist offers a facilitatory function of *joint attention* to what is being externalised, expressed visually, emerging through colours, lines, shapes and symbols, and together, with the child, they build bridges of meaning. In the next section, I discuss how space, time, and hope offer the conditions for these bridges of meaning to be created.

5.4. Conditions for change (time, space, and hope)

This second section of the discussion chapter discusses time, space, and hope as the conditions of change in AT with CYP. These three concepts emerged through ongoing reflexivity during the study. Using the reflexive approach, based on Alvesson and Skoldberg (2000), Hollway and Jefferson's (2000) suggestions for conducting qualitative research, with reflexivity at the centre, bore fruit in relation to reaching greater depths in this qualitative inquiry. The opportunity of the second interview with each one of the therapists offered time and space for a mutual exploration, a deeper dive, and sharing experiences of surprise and amazement in these moments of change.

The Art Therapists shared in their interviews how having time and space allowed them to think deeper about their work. This enhanced reflection made them realise that more changes had happened than they had originally thought when they had first finished their work with the child. Their shared reflection made me consider how restrictions of time and space within the organisational setting had created conditions of less hope for the AT work with the child. However, by remembering the child's art making, new insights brought subtle but meaningful moments of changes, beyond the originally captured outcomes. In my memoing (Memo flash card, February 2023b), I wrote:

> *'The change is not linear, it's a spiral that unfolds, and unfolds, and unfolds…'*
>
> Memo Flash Card, February 2023b

I was curious about this notion. It was coming out as a strong statement, which also reminded me of the spiral spheres in my response art images (Figures 1, 2, 19, 20). I decided to use visual memoing to create a diagram that could bring it all together; time, space, and hope as *floating pillars* that create the conditions for ongoing reflection on change. Below is the result (Figure 22), originally hand drawn in my reflexivity journal and then digitised for the documentation:

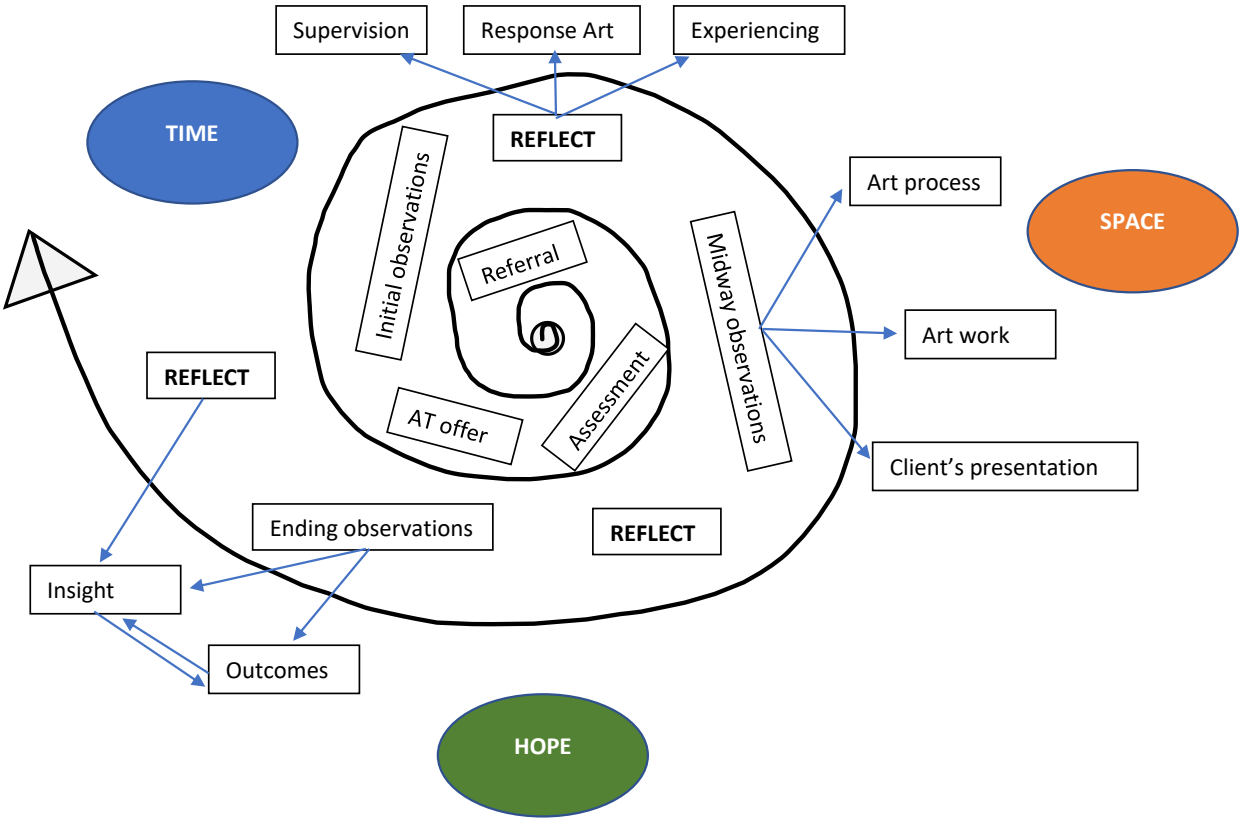

Figure 22: The Spiral Journey of Change (visual memoing)

This diagram integrated: a) the child's changes (initial, midway and ending observations) from referral, to AT offer, and finally exiting the service, b) the Art Therapist's ongoing

reflection on their observations of the child's journey. The main insight being that this process is spiral, starting from the centre and unfolding steadily outwards. A process like this requires time, space, and hope for the child to be enabled to experience change and for the Art Therapist to make sense of this change and conceptualise it with words or images, beyond the outcomes-based observations. In fast paced settings, having time, space, and hope might be a luxury against the pragmatic conditions of restricted resources. In Gerber et al's (2018) paper, they studied mechanisms of change in creative arts therapies and made references to the notion of change in AT being non-linear, but dynamic. I was vindicated to find that this notion had also been studied in psychotherapy (Hayes et al, 2007), making a stronger case for non-linear shifts as windows into complex processes of transitions and significant changes, wherein patterns are discontinued. This realisation is in contrast to traditional views of change in psychotherapy being gradual and linear; therefore, it assumed easier protocoling for RCT designs. My hope is that my study will make a case for protecting non-linear and embedded reflexivity processes of time, space, and hope as a vital component of 'best practice' in AT with CYP. These are the conditions through which bridges can be built between the external and the internal patterns of change; witnessing the unfolding change and making sense of it to support the child with meaning making.

5.5. Function of change (building bridges)

This third and final section discusses how the artmaking and the artwork can build bridges as a function for change. These bridges are: symbolic and metaphorical, between the internal and external, inwards and outwards, unknown and known, unconscious and unconscious, painful and celebratory, 'death and life', loss and hope, and/or mundane

and special. All these terms may signify the same concept as seen through a different perspective or theoretical approach of AT. The aim is to discuss this from an integrative lens; one which has time, space, and hope for different concepts that work together to enable a child to build bridges of visual and tangible changes.

5.5.1. The Artmaking as bridge

The artmaking process in AT can function as a bridge between the inwards and the outwards and it can be ceremonial, symbolic, developmental, and relational. This type of bridge may relate to the concept of *making special* by Dissanayake (1995), who wrote: 'Ritual ceremonies give us the opportunity not only to do something but to control what we do' (Dissanayake, 1995: 126). Dissanayake explained how creating something stylised, extraordinary, or indeed 'special' is a universal human performance of controlling the unknown and unpredictable. Examples of such practices could be identified in different indigenous traditions, particularly ones practised for celebrations of life and death, juxtaposing these with modern and/or westernised experiences of 'aesthetic distancing', such as those fostered in 'fine art'. This approach of art making seems to resonate with how children approach their artwork in AT; not as a 'fine art' masterpiece, but as an artefact of emotional investment created as special to mark a celebratory or a painful process; a totem of life or death. Waller (2006) wrote about the significance of visual image making as an aspect of the human learning process that leads to making of an object which is important to the child. In her exploration of how AT leads to change for children, she explained that, at first, change happens through physical involvement with the art materials.

For some children, and in some AT sessions, it may be more important to experience change through the different qualities of artmaking. These might be by engaging with the art materials in a ceremonial, ritualistic way of ‘making special’ to celebrate or grieve. They might be by developing problem solving skills and agency through ‘trial and error’, through mess and control. Hilbuch et al (2016) studied the role of art materials in AT and its connection with the interaction between client and therapist, alongside the transferential dynamics. The children in AT might be connecting with themselves and the therapist through playful and experimental use of art materials, navigating the excitements and frustrations of successes and failures, as well as attachment patterns.

In Holmqvist et al’s (2019) paper, the researchers explained how attachment came up in their study as a surprisingly strong factor in their understanding of inner change. When children feel safe in the therapeutic relationship, they are able to use artmaking as a symbol of what they need to process. Processes such as creating, destroying, mending, and repairing can reflect how the child relates to themselves and the other; in conjunction with their attachment patterns and relationship with their prime caregiver. The creative space is where the child experiments with art materials, their possibilities, and the self’s limits, which could be associated with the transitional space that Winnicott (1971) described as the child’s space of exploring the self through play in their early years of development.

Artmaking by the child can offer a window into unspoken emotions that are still raw, unprocessed, or hidden from logical explanations and words. This might be more significant for children than adult clients, as their brain is still in development and their cognitive abilities, including the ability to verbally name emotions, are still forming (Siegel,

2007). Therefore, the focus of AT may best be placed on the artmaking process itself, rather than on the final product. In this regard, Elbrecht (2018) and Malchiodi's (2020) work with sensorimotor rhythmic approaches can offer a more targeted AT approach to working with the neurophysiology of child development.

Bringing this breadth of literature into the discussion, from anthropological as well as psychodynamic and neurodevelopmental perspectives, I wish to demonstrate that AT maintains a dialogue with diverse approaches. This dialogue and openness to a range of frameworks seems to be important when artmaking is considered as a process. However, when we bring the artwork into focus, the perspective may change again. This refers to the next subsection: the artwork as a bridge.

5.5.2. Artwork as bridge

The artwork product in AT can function as a bridge between the inwards and the outwards, whilst also being a symbol, emotional expression, or visual representation. This type of bridge may relate to the concept of sublimation, which Waller (1996) saw as having value in AT with children. She described the sublimation function as the child's channelling; directing difficult emotions into the artmaking and thus the image or artwork becomes a container of these feelings, having been transformed aesthetically and artistically. In their study, Hilbuch et al (2016) demonstrated how the final artwork is not just a visual representation of the client's inner world, but it also functions equally as a container of transference (i.e. the projections of emotional material relating to early childhood experiences).

For some children, and in some AT sessions, it may be more important to express change through the different elements of their artwork. They might create an image as a visual representation of a life experience, illustrating an actual difficulty in their life, or in some hobby or interest. At other times, the artwork may be a visual expression of feelings, with chosen colours, lines, and forms showing how different emotional states are visually expressed. Both of these types of artwork may link to self-awareness, as the therapist and child have an opportunity to place the image at a distance and discuss verbally. Changes in these artworks may be easier to track and measure by focusing on content and the artistic elements; sometimes, the artwork also operates as a symbol of the child's internal world and the meaning might still be unknown, non-verbal, or unconscious. Therapist and child witness together what has been externalised in a symbolic way, perhaps reflecting together and exploring the meaning further. However, some layers of meaning may remain yet unknown, non-verbal, and/or unconscious, but they are also now visible and tangible for ongoing reflection. The significance of the artwork in AT could also be associated with the concept of a transitional object (Winnicott, 1971) that is created by the child themselves and therefore has significant emotional investment as an extension of the self. Therefore, its existence is key in AT, operating as a bridge between the known and unknown, conscious and unconscious, implicit and explicit, and the tacit and tangible.

5.6. Insight into change (‘wow’ moments)

This last section is dedicated to a focused discussion of the ‘wow’ moments which kept emerging in the Art Therapists’ narratives on their case studies, as well as my own, whilst interviewing and reflecting on the findings. As a researcher, I found myself grappling with more findings than I had originally anticipated. This felt daunting at times and I described in the Findings chapter how I used Response Art and visual memoing to *dive in and out* of the findings. True to its word, constructivist GT methodology advocated for staying the course with uncertainty while navigating so many codes and categories. With my supervisors, we discussed the importance of allowing myself to be surprised by my data and findings. Allowing myself to be in that state of *curiosity*, I began noticing that there were all these ‘wow’ moments in the Art Therapists’ narratives that enabled accessing deeper insight into change.

These moments made me remember the ‘aha’ moments of insight in psychotherapy or, in other words, the ‘now’ moments which Stern (2004) described. Moreover, in work with children specifically, there seemed to be an element of curiosity and excitement which also resonated with this age of playfulness. I was wondering what underpinned the Art Therapists’ references to moments of change in the child’s artmaking or artwork that made the child and the therapist feel amazed. This amazement was being verbally expressed as ‘Wow!’ toward what they were *seeing together*; in other words, through *joined attention*. I returned to the literature to explore potential answers and this inquiry led me to two key concepts.

The first concept was related to the experience of Flow in creativity as written by Csikszentmihalyi (1991; 1997). Experiencing flow seems to be a tacit process of the person developing a sense of what their aim is whilst also engaging with a creative activity. This may well be reflected in AT processes where the child reaches meaning making gradually with what change they want to achieve therapeutically. However, they might not know what that looks like yet, apart from the visual and tangible feedback offered through their artwork. Indeed, flow was included as an AT factor of change in the systematic review by de Witte et al (2021), and Gerber et al (2018) also found *imaginational flow* to be a dynamic factor of change in AT.

The second concept, also included by de Witte et al (2021), was related to experiences of Vitality, which Stern wrote about in relation to psychology, psychotherapy, and the arts, claiming: 'Vitality is a whole' (Stern, 2010: 5). He explained how vitality can be a holistic, felt experience that bridges the internal with the external in relation to dimensions including time and space. However, Stern referred mainly to music and dance as forms of art which brought about dynamics of vitality. He did not include visual art, which surprised me as I could naturally assume, based on my study's findings, that artmaking can have a vitality effect. I then came across a study by Holmqvist et al (2018) looking at the role of vitality specifically in AT and inner change, making preliminary connections with Stern's (2010) theory. Image making can indeed have vitality effects through the creative and playful exploration of emotional life using art materials and symbolic language of the image (Holmqvist et al, 2018: 38). This vitality appears to result from a regained sense of hope through the holding of painful experiences by the Art Therapist and the image.

To conclude this section, I have remained curious about the potential of approaching the impact of AT with children and young people by focusing on these ‘wow’ moments of change. As I said in the Findings chapter and based on one of my memoing flash cards (Memo flash card, March 2023a): *the process is the outcome.* To understand this, we must explore further and deeper beneath the surface. However, this process might appear to be labyrinth-like, resulting in getting lost in the details, but what if the focus was on the ‘wow’ moments in which the child presented with vitality and flow in themselves and their artmaking? This enhanced focus could better relate to insight into changes as they unfold.

5.7. Conclusion

This chapter discussed the three processes through which Art Therapists conceptualise change. Through facilitation, witnessing, and reflection the Art Therapists make sense of the inner and outer changes that occur in AT sessions with CYP. To achieve meaning making, the right conditions for ongoing reflexivity are needed: time, space, and hope. These conditions can prove challenging in settings where change is perceived as linear and thus easily measurable in restrictions of time and space, which may reduce hope. Conceptualising change as a spiral nature might fit the nature of AT better. In a spiral, change keeps unfolding as bridges are being built. Artmaking and artwork create bridges between the internal and external world of the child; making the tacit tangible, through physical and tactile engagement with art materials, as well as visual representations of symbols and metaphors. Inner change is captured in the ‘wow’ moments when both the child and the Art Therapist are jointly paying attention to something significant emerging.

Insight into these moments of change may relate with regained vitality in oneself and flow in their creativity.

6. Conclusion

Figure 23: My final response art

Titled '*The End?*'

REFLEXIVITY JOURNAL

'With time,

space

and hope

the Spiral engulfs the square

To reveal a Labyrinth

Of meandering in uncertainty and vulnerability'

May 2023b

Visual reflexivity throughout the study has helped me remain anchored in the realm of tacit and symbolic processing whilst trying to pin down the findings of my study in a concrete and tangible way to present in this thesis. During this process, I realised the need to create my final Response Art image to visually conceptualise the end of my study. This is the image above (Figure 23) titled: 'The End?'. The question mark in the title is my playful way of admitting that there is no actual end point. My mind is still *swimming* in the findings of the study, as may be expected in qualitative research. The accompanying discussion aimed to explain what is depicted in the image, which is also the process of conducting the study. With time, space and hope, the original image of the researched, AT itself, being a spiral in the square framework of the study (Figure 1) evolved into an integrated relationship of changed forms and swapped places.

Figure 1: My initial response art Titled '*Science as the Container Art as the Force*'

Figure 23: My final response art Titled '*The End?*'

The researched object, AT, evolved from a spiral to a circle moving from the inside to the outside, engulfing the study framework which is now in its centre and is not a square, but a labyrinth as another form of spiral. In other words, the process of the study felt like I had been meandering in a maze of findings and clues, uncertainties and vulnerabilities, gaining ever deeper insight into meaning making. With this reflection I wish to introduce the conclusion chapter of my thesis, including key learnings, limitations, and recommendations.

6.2. Key learnings

In relation to the overarching research question, ‘How does AT work?’, the initial aim to ‘demystify AT’ was ambitious, but I acknowledge that this cannot be satisfactorily answered in this study or by any other single study for that matter. However, the underlying assumption that, if we focus on processes instead of outcomes, we may be able to unpick the mechanisms of change was partially addressed through the Art Therapists’ perspectives. In particular, the angle of this study was determined by the Art Therapists’ processes of conceptualising change, which enabled them to make the tacit tangible. Thus, the overarching question changed into: How do Art Therapists conceptualise change? The sub-questions formed were: How do Art Therapists witness change; How do Art Therapists facilitate change; How do Art Therapists reflect on change. To my knowledge, and based on the extant literature review in the relevant chapter, these questions and the resulting processes have not been studied together and/or presented in an integrated model previously.

In relation to the study's population and setting, accessing the practice knowledge of Art Therapists who worked in a UK-based mental health charity organisation for children and young people proved to be a rich data experience. Even though the number of participants was small, analysing and synthesising their narratives relied on case studies, providing a model of conceptualising change that could help in approaching a deeper insight into how change happens for a child who receives time-limited AT sessions. This insight goes beyond the reasons the child has been referred for mental health support and explores under the surface to find what the child *needs* from the AT offer. This places the emphasis on the relationship between the service user and the clinical expertise parts of the EBP 'triangle': evidence, clinical expertise, and service user's need (Sackett, 1997).

Relating to the overarching methodology of this study, Charmaz's (2014) constructivist GT approach, in combination with the philosophical underpinning of Critical Realism (Bhaskar, 2017; 2018), offered a supportive compass to navigate the expanse of data generation and subsequent analysis. As is crucial in such methodology, I kept flexibility and reflexivity at the centre of the study whilst demonstrating a rigorous and structured approach to the coding cycles, as described in the Findings chapter. The three sub-questions which emerged during this analysis enabled me to lift key categories into a model of change reflecting the child's journey in AT through the Art Therapist's processes of conceptualisation. However, this is not a comprehensive model of change, as it still acknowledges Critical Realism's epistemological and ontological limitations of what we can know.

In relation to the choice of methods, these supported a flexible balance between known and unknown; organising findings whilst also being open to surprises and maintaining creativity, symbolic thinking, and imagination. For instance, including Response Art (Fish, 2012) created by participants and researchers in the methods appears to have facilitated a collegial process that reaches a deeper understanding and further insight into the processes of change. On the other hand, the images created have not been 'objectively' analysed to triangulate data and the images were mainly used for visual reflexivity and to access deeper layers of thinking through imagination and symbolism.

Pertaining to the power dynamics in research, the elements of time, space, and hope were paramount in building rapport and engagement in the interviewing process. The positive feedback from the interviewed Art Therapists was also encouraging. In my experience, having supervised Art Therapists in the past, I know how passionately these professionals feel about their work and there might have been some underlying caution around research aiming to demystify something that might be considered uniquely mysterious in its nature. Including arts-based methods seemed to make research participation more engaging and collaborative, whilst simultaneously honouring AT's unique nature and the symbolic and visual approaches Art Therapists use to interpret sense and meaning.

In analysing to the findings, it became clear that change in AT for CYP can include a wide range of mechanisms/processes/factors of change, such as: mirroring and attunement, joint attention, self-regulation and resonance, sublimation and embodiment, holding and containment, psychological flexibility, visual expression/externalization, visual narrative

and meaning making, vitality, and flow. To my knowledge, there is no clear consensus for a coherent model of change which captures the unique nature of AT, beyond the range of its theoretical underpinnings (i.e. psychoanalysis). This study was concerned with offering a model of conceptualising change in AT with CYP as a way to integrate key findings in the Art Therapists' narratives that were relevant to the specific setting and were based on their case studies. To summarise, Art Therapists conceptualise change by:

> **Witnessing changes** in the child's presentation and stance towards the AT process, their interactions with the therapist, the child's artmaking and use of art materials, and the child's artwork.
>
> **Facilitating change** through a more directive stance, joining-in, and/or a less directive stance
>
> **Reflecting on change** via supervision, Response Art, symbolic imagery and language, notes and documentation, and emotional, visual, aesthetic, and/or kinesthetic processing,

These processes of conceptualisation support CYP in AT:

> To **engage with artmaking** as a ceremonial, symbolic, developmental, and relational act.
>
> To **create artwork** as a symbol of their inner world, form of emotional expression, and visual representation.

The outcome of this engagement with artmaking and creation of artwork is the process of **building bridges** between:

> Internal and external, inwards and outwards, unknown and known, unconscious and conscious, painful and celebratory, mundane and special, loss and hope, 'death' and 'life'.

When these bridges are built, the child can experience **'WoW!' moments** as a tangible, visual demonstration of insight into change through their artmaking and artwork, and also through the joining-in presence of the Art Therapist. This insight into change, which is spiral in its nature, can be linked with a newly gained or regained sense of **Vitality in themselves** and **Flow in their artmaking**.

6.3. Limitations

Not including the children's perspectives was a clear limitation of this study, as it did not explicitly and directly focus on the child's *voice* but instead focused on the Art Therapists' perspectives. The reasons behind this choice were explained in the Methodology chapter, along with the philosophical underpinnings of the design, to explore the 'How does AT work?' through pragmatism and practice-based knowledge as an alternative to evidence-based knowledge, with underlying notions of tacit knowledge (Polanyi, 1966), reflective practice (Schon, 1987), and professional competency (Eraut, 1994). However, in the findings and the resulting recommendations there are clear arguments that centre on the child in the process of understanding their journey of change, empowering them in the EBP triangle as service users when outcomes are considered in the setting. This is in alignment with the guidelines suggested by Buck and Hendry (2016), who advised that Art Therapists need to proactively include the child in the process of defining therapeutic aims or goals.

Inevitably, the Art Therapists' lens, their experiences, and 'journey on becoming' were found to be central to the findings. Often their language was full of symbols, metaphors, and imagery which required *fine attunement* by the researcher; a readiness to see, listen, and think in a visual and symbolic way. The researcher's background knowledge was helpful to this *fine attunement* and in finding a common language. However, this also constituted a limitation of this study, with the risk of the researcher's own background and bias being imposed on the findings. Reflexivity was maintained throughout and the methods were designed to minimise power dynamics and personal bias. It remains uncertain whether a researcher without knowledge or training in the AT field, without an existing role in the setting, or a professional acquaintance of the participants would be capable of engaging with the data generation and data analysis methods in the same manner.

Other limitations may be considered in relation to the sampling of the participants and the transferability of the findings. The recruitment process and data generation methods were described in the Methods chapters; with the study being qualitative, I aimed for fewer participants and supplemented this with richer in-depth data. Additionally, this study proposes an unorthodox approach in conceptualising the child's journey of change in AT, a model that was grounded in data (as per the Constructivist GT design) and not a *high theory*. In other words, this model of change remained contextual and situational, but it could not be applied to all children and all settings.

6.4. Recommendations

The main practice-based implication and recommendation relates to supervision, as one of the Art Therapists' reflexivity processes. Set in a similar setting, supervision that can understand the AT offer may provide the much needed time and space for Art Therapists to feel supported and to 'hold the hope' for the child's journey of change. This journey is not always linear and straightforward, rather it depends on a spiral unfolding of change in which the internal becomes external through the child's artmaking; this can be difficult for Art Therapists to demonstrate in an evidence-based practice environment. The role of supervision in similar settings, and how this can be either a source of support or hindrance, has been highlighted in other studies (Court, 2017; Jethwa et al, 2019).

I previously presented a model of organisational supervision that could support evidence-based AT (EBArT) in similar settings (Theodoropoulou, 2021). Based on the findings of this study, I now recommend that supervision–alongside and including the use of self-processes and Response Art–is placed as a central process of building metaphorical bridges between a) the internal and the tacit, and b) the external and tangible. This form of supervision would provide the Art Therapists with time, space, and hope to conceptualise change, starting from symbolic language and visual imagery inherent in AT artmaking and artwork, and growing beyond as a part of capturing and understanding outcomes. This process has further practice-based implications.

The Art Therapists may then be equipped with a coherent and integrated narrative of change that supports meaning making for the CYP, their parents/caregivers, and professionals (i.e. teachers and social workers) who would need to know *how AT*

sessions supported this child's needs and *what was unique in this process*. Ultimately, professionals, commissioners, caregivers, and the young people themselves would want to know how AT is going to help with a certain issue and why AT, and not a different therapeutic intervention, is being implemented. The Art Therapists can offer meaning making when they have been supported in supervision, to better reach insight and conceptualise change through cycles of: facilitating, witnessing, and reflecting.

In terms of research advances and future designs, as well as further implications and recommendations, it is suggested that AT researchers focus on one mechanism or process to answer the 'how does AT work' question from a selected angle, and then apply it to a specific population or setting. This suggestion is supported by the existing and recent works of: Holmqvist et al (2018) on Vitality, Haeyen et al (2022) and Penzes (2024) on Flexibility, and Hawes (2016) on Joined Attention. These processes could be further studied as mechanisms or processes of change in AT with CYP, perhaps narrowing down the mental health challenges and the desired outcomes; this should be done with caution to avoid a reductionist approach which can label children based on symptoms to respond to evidence-based practice pressures.

Based on the discussed findings, the 'Wow!' moments in AT with children, along with their relationship with Vitality in themselves and Flow in their artmaking, would be of particular interest. A combination of these concepts could simultaneously be a mechanism and an outcome, although it remains to be explored in future research. The existing standardised measurement scales may not be able to capture Vitality and Flow quantitatively, and consequently there is a risk of missing these as factors of change in any experimental

type design. Qualitative designs that can explore Vitality and Flow from the child's perspective as well, whilst also relating to 'WoW!' moments in their artmaking process and artwork, would be suitable. Triangulating the child's narratives with the teacher's or parent/caregiver's perspectives would also be valuable (e.g. Deboys et al, 2016), as well as the Art Therapists and their supervisors' perspectives.

Based on such qualitative or arts-based methods research designs, specialist measurement tools which honour the unique nature of AT–and its visual, tactile, aesthetic, and kinaesthetic elements–can be constructed or further developed to support bigger scale mixed methods and/or quantitative research designs; particularly with CYP as more evidence is needed. Such a direction would support the building of practice-research bridges, further contributing to contemporary advances in the field (Van Lith & Bulosan, 2022). Additionally, the suggested model of change in this study can be used as a starting point to conduct more studies in similar settings, especially charity or community-based organisations which depend on funding and commissioning in the UK or similar environments. Finally, it can be used as a vantage point to further develop a consensus on a model of change for AT with CYP, determining how all the different mechanisms of change may interact and interrelate with each other in a way that best describes and honours the unique nature of AT.

Finishing touch

Like an artist adding their finishing touch into their artwork, I wish to leave the reader with my final thoughts on my journey conducting this research. Doing a professional doctorate can be a lonely process, especially when it is undertaken in parallel with full employment. Furthermore, life happens and matters require attention competing for time and space. As a mature student, I was able to maintain hope, vitality and flow through contact with the wider community of Art Therapy field following the latest advances. I did this through my affiliate membership with EFAT and associate membership with BAAT and attending and/or presenting in their conferences.

My journey continues through contributing to AT research thinking as member of the research committee of EFAT and teaching AT as a visiting lecturer for the master's program in Greece. Some of the questions I had when I started my research, I found that others had them too progressing their own research in parallel journeys. This makes me think that the AT field has a collective appetite to ride the wave of research and practice innovation perhaps overcoming previous challenges and apprehension. I feel proud and honoured to be part of this momentum, standing on the AT pioneers' shoulders, and bringing my own beam of light into looking at the horizon.

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Appendix A – Ethics Approval

Ethics ETH2021-1133: Ms Dimitra Theodoropoulou

Date Created	21 Mar 2021
Date Submitted	07 Apr 2021
Date of last resubmission	10 Jun 2021
Academic Staff	Ms Dimitra Theodoropoulou
Category	Postgraduate Research Student
Supervisor	Dr Lindsey Nicholls
Project	Demystifying Art Therapy: using Grounded Theory methodology to make the tacit tangible.
Faculty	Science and Health
Department	Health and Social Care
Current status	Signed off under Annex B

Ethics application

Project overview

Title of project
Demystifying Art Therapy: using Grounded Theory methodology to make the tacit tangible.

Do you object to the title of your project being published?
No

Applicant(s)
Ms Dimitra Theodoropoulou

Supervisor(s)
Dr Lindsey Nicholls

Dr Sagaradevi Caroline Barratt

Proposed start date of research
01 Jul 2021

Expected end date
31 Dec 2022

Will this project be externally funded?
No

Will the research involve human participants?
Yes

Will the research use collected or generated personal data?

Yes

Will the research involve the use of animals?
No

Will any of the research take place outside the UK?
No

Project details

Summary of the project
The study aims to explore 'How Art Therapy works' with children and young people by interviewing Art Therapists who have had experience of working with this population. Their practice-based knowledge may lead to finding the (tangible) words for the (tacit) changes that take place in Art Therapy sessions. The researcher will invite Art Therapists in the employing organisation to take part. Methods will include individual interviews (initial and follow-up) with the Art Therapists who wish to participate. Researcher and participants will reflect together on a case study of the participant's choice. The conversation may also be based on case study documents and art work made by the Art Therapist as a response to the discussed material. The study aims to result in a grounded-in-experience theory that explains 'How Art Therapy works' which could contribute to: a) the field of Art Therapy by suggesting further research on specific mechanisms, b) the service users, parents and children who may wonder how this type of psychotherapy may help them with mental health issues.

Research project proposal
Will the participants, either the subjects or the investigators, be involved in any activities that could be considered to be unlawful in the UK?

If the project is being undertaken outside the UK, will the participants, either the subjects or the investigators, be involved in any activities that could be considered to be unlawful in the country overseas?

Participant details

Who are the potential participants?
The participants will be Art Therapists who work in the same employing organisation as the researcher and have relevant qualifications and professional registrations. The organisation is a charity for children and young people with mental health and emotional wellbeing issues. The organisation currently has 6 Art Therapists that meet criteria.

How will they be recruited?
Upon receipt of ethical approval, the researcher will seek written permission from the employing organisation to conduct the project. This has been preliminary discussed with the Clinical Director and they have agreed in principle but they will confirm once they have seen the Participation Information Sheet and Consent after the Ethical approval. The Director of the organisation may act as 'gatekeeper' and be the person to invite the Art Therapists to an optional group presentation

where the researcher will offer the space for questions and comments that could support an informed decision to participate or not.

Recruiting materials

Will participants be paid or reimbursed?
No

If yes, please provide details and justification for this payment.

How much will the participants be paid?

Could potential participants be considered vulnerable?
No

If yes, please explain how the participants could be considered vulnerable and why vulnerable participants are necessary for the research.

Could potential participants be considered to feel obliged to take part in the research?
Yes

If yes, please explain how the participants could feel obliged and how any possibility for coercion will be addressed.
The researcher has a senior role related to assessing clinical impact in the organisation; this may make the participants to feel obliged to take part in the research. However, the Art Therapists' 'voice' is important in finding the words to 'How Art Therapy works' so their participation is key and hopefully empowering for them. To limit risk of feeling obliged to take part in the study, there will be an agreed named gatekeeper in the organisation whom the potential participants can inform if they want to take part or not.

Will the research involve individuals below the age of 18 or individuals of 18 years and over with a limited capacity to give informed consent?
No

Is a Disclosure and Barring Service (DBS) Check required?
Yes

If yes, has the DBS check been completed?
Yes

If your project involves children or vulnerable adults but does not require a DBS check, please explain why.
The potential participants, including the researcher, all have an up-to-date DBS due to working with children at the organisation.

Informed consent

How will consent be obtained?
Written

If consent will be obtained in writing, please upload the written consent form for review and approval.
If consent will be obtained orally, please explain why.

Please upload a copy of the script that will be used to obtain oral consent.

If no script is available to upload please explain why.

Who will be obtaining and recording consent?
The researcher will be obtaining and recording consent.

Please indicate at what stage in the data collection process consent will be obtained.
The researcher will share the Participant Information Sheet and the Consent Form to all the people attending the initial optional presentation. They then will have time to consider the information and make an informed decision to take part or not. If they decide to take part, they can either email the consent form to the researcher or bring it with them in the first interview.

If informed consent will not be obtained, explain why.

Please upload a participant information sheet.
Have you reviewed the information provided by the REO on participant information and consent?
Yes

Confidentiality and anonymity

Will you be maintaining the confidentiality and anonymity of participants whose personal data will be used in your research?
Yes

If yes, describe the arrangements for maintaining anonymity and confidentiality.
The content of the interviews will be based on case studies of Art Therapy work with children and young people. To protect their identity, any identifiable details will be changed and pseudonyms will be used. Additionally and for the same reason, pseudonyms will be used for all participants to protect any service users from identifying themselves in the published findings.

If you are not maintaining anonymity and confidentially, please explain your reasons for not doing so.

Data access, storage and security

Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project.
Any data from or about the participants will be digitalised and securely stored in: the researcher's password protected computer, the researcher's password protected back-up drive, and the BOX. For face-to-face interviews' audio recordings, a portable device will be used but the file will be deleted as soon as it is copied and stored in the above secure places. For Zoom interviews, the researcher will direct the audio recording to be saved in their computer instead of the Zoom cloud.

Please provide details of all those who will have access to the data.
The researcher (Dimitra Theodoropoulou) will have access to the raw data and the two named supervisors (Lindsey Nicholls and Caroline Barratt) will have access to anonymised data once the researcher has removed identifying personal details.

Risk and risk management

Risk Assessment documents
Are there any potential risks (e.g. physical, psychological, social, legal or economic) to participants or subjects associated with the proposed research?
Yes

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.
Potential risks:

1) Discussion of sensitive topics in terms of client work and material with risk of clients material being exposed and risk of psychological distress to participant recalling the client work. The clients, whose material will be discussed, may recognise themselves in published findings.

The participants, therapists who conducted the client work, may feel distressed. Procedures in place: a) The organisation where data will be collected has already embedded processes of client consent for sharing anonymised data for evaluation and research purposes, b) The researcher will anonymise all client material as well and no identifiable details of clients and therapists will be used in any publication, c) The researcher will prepare the participants with clear expectations through the Initial presentation of the project and the Participants Information Sheet and Consent form. The Researcher will remain sensitive to possibility that therapists may feel discomfort recalling the client material during the interviews and will give option to pause.

2) Impact on wellbeing and risk around existing heavy workload with busy schedule of client work and related impact of fatigue with the added time commitment to this research. This could affect The participants. Procedures in place: a) Participants already access clinical supervision and are aware of professional practice and self-care routines, b) Researcher will offer opportunities for participant's choice of time and pace of interviews.

3) Covid-19 and risk of virus transmission during face to face interviews leading to ill health. This could affect the participants. Procedures in place: a) The organisation's offices already have safety protocol for the essential client sessions following up to date Government guidance; well ventilated rooms with access to disinfectant products for cleaning before and after the use of space, maintenance of social distancing of >2 metres, and use of masks or visors, b) The researcher will

conduct the interviews online using safe platforms to minimise the risk even more. Participants and researcher are already familiar with remote working using online platform.

Are there any potential risks (e.g. physical, psychological, social, legal or economic) to the researchers working on the proposed research?
Yes

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.
Potential risks:

1) Impact on wellbeing and risk around existing heavy workload with busy schedule of client work and related impact of fatigue with the added time commitment to this research. This could affect The researcher. Procedures in place: a) Researcher already accesses clinical supervision and is aware of professional practice and self-care routines, b) Researcher will consider time and pace of interviews within research supervisio.

2) Covid-19 and risk of virus transmission during face to face interviews leading to ill health. This could affect the researcher. Procedures in place: a) The organisation's offices already have safety protocol for the essential client sessions following up to date Government guidance; well ventilated rooms with access to disinfectant products for cleaning before and after the use of space, maintenance of social distancing of >2 metres, and use of masks or visors, b) The researcher will conduct the interviews online using safe platforms to minimise the risk even more. Participants and researcher are already familiar with remote working using online platform.

Are there any potential reputational risks to the University as a consequence of undertaking the proposed research?
No

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.

Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the reviewer(s) of your application?

Other documents

Attached files

Research Proposal-submitted-reviewed-10.06.2021.docx

Consent Form-submitted.docx

Participant-information-sheet-submitted-reviewed 10.06.2021.docx

Risk Assessment-05.06.2021-signed.docx

Appendix B – Research Proposal

Title of the Project: 'Demystifying Art Therapy: using Grounded Theory methodology to make the tacit tangible'

Researcher: Dimitra Theodoropoulou (Professional Doctorate student) School Heath and Social Care, University of Essex, dt18782@essex.ac.uk

Research Supervisor 1: Dr Lindsey E. Nicholls, School Heath and Social Care, University of Essex, lindsey.nicholls@essex.ac.uk

Research Supervisor 2: Dr Caroline Barratt School Heath and Social Care, University of Essex barrattc@essex.ac.uk

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Background and Research question (s)

Art Therapy is one of the creative arts therapies alongside music/drama/dance/play therapy; it is a form of psychotherapy that uses art media as its primary mode of expression and communication to address emotional issues that may be confusing and distressing (BAAT 2019). It is a profession regulated by the Health and Care Professions Council (HCPC) in the UK and Art Therapists are represented by the British Association of Art Therapy (BAAT).

Waller (1991) had recorded the Art Therapy journey in the UK and identified its pitfalls until the success of becoming a profession in 1982. Following on this official recognition and to find its place as a 'newborn' profession in the field of psychotherapy, there were numerous publications, mainly narratives based on case studies, anecdotal evidence and experts' opinions, to illustrate how Art Therapy can support people with various psychological needs. An example of such publications is the Handbook of Art Therapy by Case & Dalley (1992, 2006, 2014) which in three editions has been capturing the ongoing debates and advances around definition of Art Therapy and variations of theory and practice. This need to document theory and practice of Art Therapy became especially important in the UK due to the advances of the National Institute of Health and Care Excellence (NICE). According to NICE published guidelines for evidence-based practice which started in 1999, there was, and still is, a push for health and care professionals to make informed decisions about their service user's needs based on available research evidence.

In this effort to produce evidence to support the effectiveness of this form of psychotherapy, Gilroy (2006) gathered published evidence for a systematic review in her book 'Art Therapy, Research and Evidence-based Practice'. This publication demonstrated that there seems to be accumulative evidence that 'Art Therapy works', but it also called for more systematic research. This call was linked to Art Therapy trying to climb up the hierarchy of evidence in health care illustrated by Evans (2003) as a pyramid. At the top of the pyramid are randomized controlled trials as the 'golden standard', followed below by other quantitative designs (such as cohort and case studies), then qualitative designs and experts' opinions at the bottom. This effort of Art Therapy researchers to place the intervention higher in the hierarchy of evidence, responding to the pressure of NICE guidelines in the UK, has not been a journey without challenges.

As a more recent illustration of this struggle, Huet et al (2014) explained in their paper on how the Art Therapy Practice Research Network was created as a response to the paradigm change in the UK health care sector due to funding and commissioning crisis. In their view (Huet et al 2014), this new paradigm created a culture of fear impacting negatively the development of practice-based research which is what most Art Therapists can realistically engage with, since they are engaged with on-the-ground clinical work supporting service users. The potential problem therefore is that the less Art Therapy research is taking place, the less evidence for Art Therapy in health and care is available resulting in exclusion of Art Therapy from health guidelines and recommendations with the risk of the profession being decommissioned.

Part of this cycle of exclusion could be traced back to a systematic review of evidence of psychological treatments for children and young people conducted by Fonagy et al (2005) and funded by the Department of Health. This resulted in a book titled 'What Works for Whom?' and it did not include Art Therapy interventions. A few years later after this publication, Cornish (2013) flagged up the issue of the role of Art Therapists in Children and Adolescents' Mental Health Services being at risk of decommission due to the lack of inclusion of Art Therapy in published guidelines. As a result, service users could be deprived from a beneficial intervention, especially for children and young people who may need

alternative and expressive ways of therapeutic engagement, different to the verbal psychological therapies.

More recently, the green paper published by the UK Departments of Health and Education (2017) explored the need for mental health interventions in schools by reviewing the literature and making certain recommendations based mainly on cognitive-behavioural therapy approaches. The green paper did not include any Art Therapy interventions in the recommendations. There were no explicit reasons why; however, there was the assumption that there was not enough up-to-date research available to support effectiveness of such interventions with children and young people.

To explore the of lack of recent research evidence of Art Therapy with children and young people, the researcher conducted a preliminary scoping literature review. This exploratory review aimed to identify recent research (2013-2018) focusing on Mental Health Outcomes of Art Therapy interventions facilitated by qualified Art Therapists working with children and young people in mental health educational and community settings in the UK (Theodoropoulou 2019). Some of the findings are summarised below:

- Art Therapy research seemed to struggle with methodology, often failing to fit in randomized control trials or other quantitative designs with standardised outcomes measurements. Systematic reviews recommended more qualitative or mixed methods designs that can identify better the nuances of Art Therapy.
- There was an ongoing trend of matching Art Therapy with other -perhaps more recognized or researched- therapeutic approaches, such as Cognitive Behavioural Therapy or Mindfulness. Although Art Therapy can indeed be combined with other approaches in clinical practice, research designs become methodologically problematic as it cannot be easily determined which Art Therapy elements bring about the change.
- Other methodological problems were related to Art Therapy interventions conducted by other professionals, like social workers and counsellors or studies including all different creative arts interventions, like drama and music, with joint outcomes.

- There was limited number of published Art Therapy research in the years 2013-2108 with children and young people in the UK perhaps indicating reduced engagement of Art Therapists with research, also perhaps due to ethical barriers in conducting research with children and young people.

In my view, the challenge for Art Therapy research is how to consider methodology designs that can explore the multi-faceted nature of this therapy by identifying the tacit elements that can bring about change. Starting with the relatively recent systematic literature reviews that examined mental health outcomes in Art Therapy (Kelly et al 2015, Van Lith et al 2016),with the use of quantitative scales as pre and post measurements providing data to support effectiveness, there seems to be a consensus that 'Art Therapy Works'. However, it is also identified that Art Therapy mechanisms remain a 'mystery' and the suggestion is for more qualitative or mixed methodology studies to explore 'How Art Therapy Works'.

In a similar tone, Kaiser's (2017) editorial paper in the American Journal of Art Therapy Association, called for more exploration of Art Therapy knowledge and practice wisdom to inform research across the world. A relevant effort to disseminate the clinical knowledge of Art Therapists, whose clinical knowledge does not often enter the academic discourse, was described in a paper by Regev (2017) suggesting interviews with therapists as an effective method to gather systematic information under a grounded theory. Additionally, Bauer et al (2017) examined the attitudes of Art Therapists towards evidence-based practice and suggested that more research is recognised by them as needed and desirable.

Following on these suggestions, the aim of this study is to further demystify the Art Therapy process by asking 'How does Art Therapy work?' and to explore how the tacit mechanisms of change can become more tangible. The focus is narrowed down to the use of Art Therapy with children and young people in the UK and with the assumption that Art Therapists hold 'tacit knowledge' -in the sense that Polanyi (1966) is referring to the '*art of knowing*' and his statement that '*we can know more than we can tell'*- which is based on their experience and clinical practice supporting children and young people with mental health challenges.

Research Design and Methodology

Since the overarching research question of this proposal is ‘How does Art Therapy work?’, a qualitative design seems appropriate to explore the topic through the Art Therapists’ perspectives. Grounded Theory methodology has been identified suitable for exploration of ‘How’ questions and the expectation is that it could support the aim of this research proposal to make the tacit tangible: ‘…Grounded theory methods demystify the conduct of qualitative inquiry -and expedite your research and enhance your excitement about it. The method fosters gaining both analytic control and momentum.’ (Charmaz 2014: 4)

In Grounded Theory methodology, the overarching question ‘How does Art Therapy work?’ may shape into sub-questions which then may need further exploration by conducting a secondary literature review. For this study, the tentative sub-questions could be: How do Art Therapists facilitate change? How do Art Therapists know when there has been a change? How do Art Therapists conceptualise this change? The term ‘change’ could refer to all three elements of Art Therapy and their triangular connections (Schaverien 1999): a) the client, b) the therapist and c) the art making and object.

Specifically, and amongst different versions of this methodology which was initially developed by Glaser and Strauss as a response to tensions between quantitative and qualitative designs in social research, Charmaz’s (2014) Constructivist approach of Grounded Theory methodology seems more appropriate. Charmaz supports the original aim of this methodology: ‘Grounded theory aims to make patterns visible and understandable. Gathering data with broad and deep coverage of your emerging categories strengthens both the precision and theoretical plausibility of your analysis.’ (Charmaz 2014: 89).

Additionally, Charmaz’s (2014) Constructivist approach of Grounded Theory methodology embraces the impact of the researcher on the researched and promotes the idea of co-construction of data between researcher and participants. This is important for my study as I, the researcher, hold assumptions about Art Therapy which will influence the research process and the data. Charmaz’s response to Glaser’s (2002) famous statement ‘All is data’ was: ‘People construct data’ (Charmaz 2014: 29).

According to this approach (Charmaz 2014), grounded theory researchers need to be transparent about their background assumptions and disciplinary perspectives which can enable them to start the inquiry but they also need to be alert not to force preconceived ideas on their data. In this sense, I will need to be transparent about my qualifications and experience in both Psychology and Art Psychotherapy, as well as undertaking a self-funded Professional Doctorate in Health and Social Care, a field dominated by the evidence-based practice debates in the UK. My background and research interest make me stand in good stead to pursue exploration of the overarching research question whilst maintaining reflexivity to ensure that I remain open to emerging concepts accepting that the research questions and my assumptions may be challenged during the data collection and analysis.

The main area of inquiry in this research is around 'mechanisms of change' in Art Therapy. The researcher's underpinning position is that in Art Therapy, there might be:

- Changes we can see, for example in the client's behaviour and the art making process (the *empirical*)
- Changes we can't see but we can somehow know, for example in the therapeutic relationship or the symbols and meanings in the art products (the *actual*)
- Changes we can't see or we can't know, but exist nonetheless (the *real*).

These assumptions hold a tension between a positivist-like position that reality exists independently of the researcher and the participants and an interpretivist-like position that reality is formed entirely by the researcher and the participants. This tension makes the clarification of my ontological and epistemological position essential. At this point, Critical Realism (Bhaskar 2017, 2018) seems to be offering a 'reconciliating' approach to this tension. According to this philosophical approach, there are three levels of reality: the real, the actual and the empirical. For example, there will be mechanisms of change in Art Therapy that we cannot sense or know about, but there will still be impacting on the reality of what happens in an Art Therapy session between the therapist, the client and the art materials.

Methods and considerations

Research Setting & Recruitment:

The research will be conducted in my employing organisation which offers therapeutic interventions to children and young people across Essex UK to support them with their mental health and psychological wellbeing. The organization employs an interdisciplinary team of various therapists, including Art Therapists. The organization has a structured system of supporting the service user: from referral to assessment of individual needs, to recommended treatment plan, to review and evaluation of outcomes, through monitoring and supervision processes. This system aspires to evidence-based practice principles but cannot claim to be one in a strict sense; it is perhaps a more tacit or practice-based evidence model. The organisation receives self-referrals and referrals from schools, GPs, Social Care and other services. The organisation is funded through various commissioners including charitable foundations, local authority, CCG and fundraising activities. The organisation is the main data-holder for the referred service users and adheres to Essex Children Safeguarding Board. An access to the organization for the purpose of this research has been preliminarily discussed with the Clinical Director and may be confirmed upon ethical approval from the ethics committee from the University of Essex. This access permission includes: Art Therapists, case studies and relevant documentation.

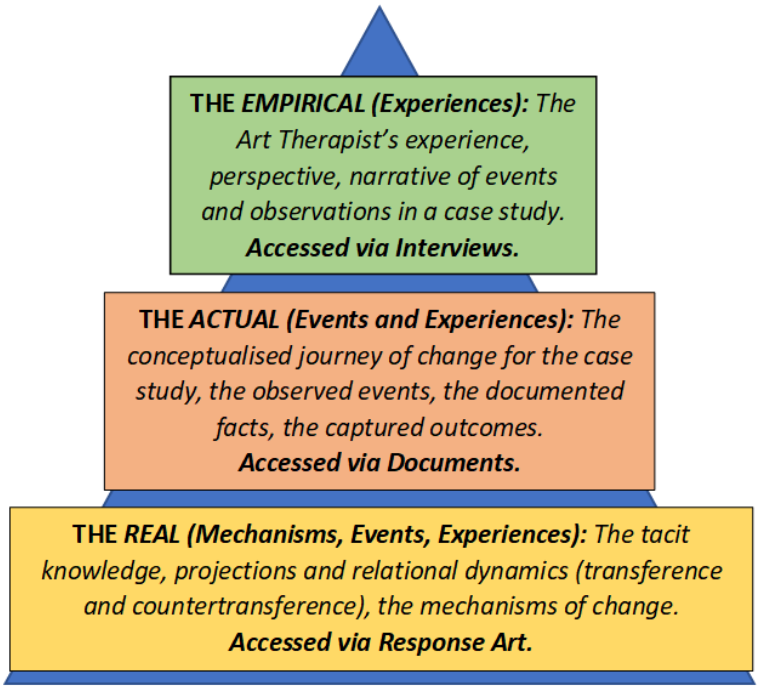


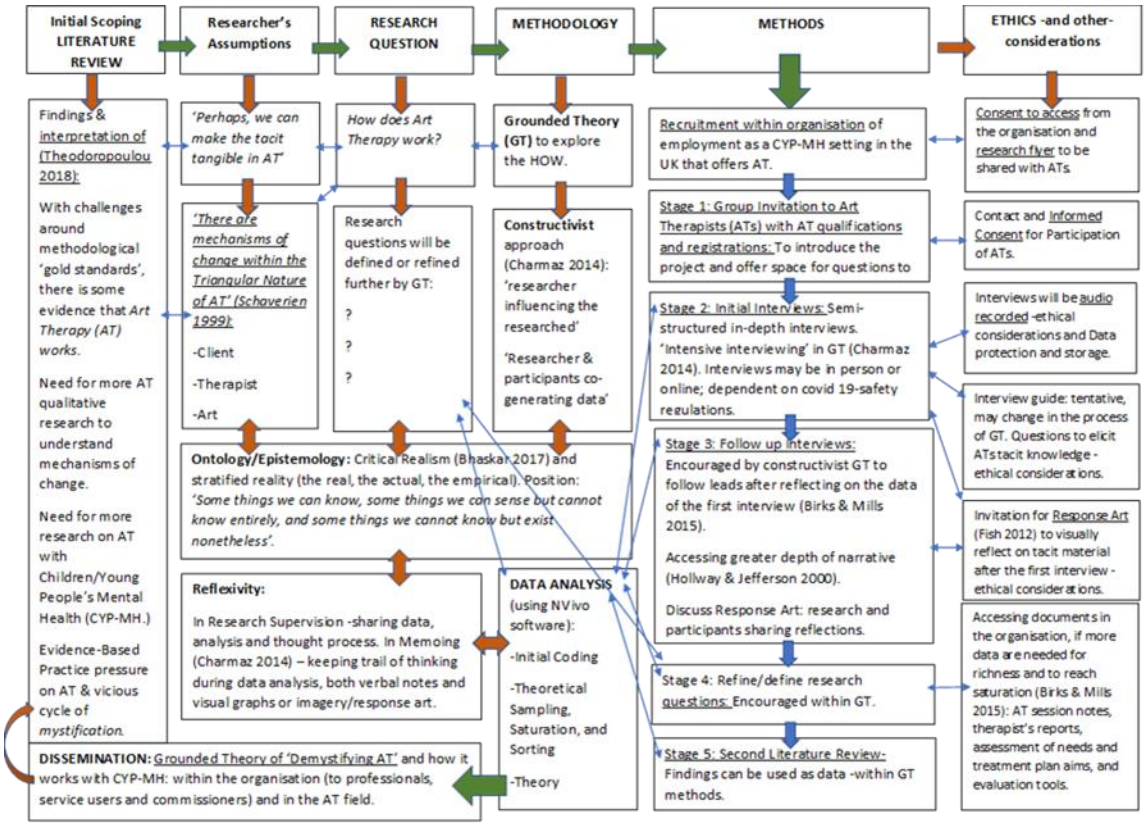
Diagram 1: Methods based on Critical Realism theory (Bhaskar 2017)

The Art Therapists working for the organization will be informed about the research via email sent by the Clinical Director and will be invited to an information sharing group meeting with the researcher; due to covid-19 safety restrictions the meeting will be conducted online via a safey video conference platform . The overall aim of the study as well as the methods will be explained so that those who are interested can give informed consent to participate. The organization currently has a team of 6 Art Therapists that meet criteria for Art Therapy qualifications and registrations and who work with children/young people. There will be equal inclusion of the Art Therapists who are employed with fixed term contracts and of those who are self-employed within the organization. Although I have supervision responsibilities within the organization, I do not currently supervise any of the potential participants. I also acknowledge that there is no guarantee for the number of participants who will give informed consent to participate and that power dynamics, due to my senior role, need to be continuously reflected on to avoid any perception of subtle coercion.

Diagram 2: Research thinking leading into chosen methods and ethical considerations.

Data collection, generation and construction:

In Grounded Theory methodology, data can be collected or generated or constructed. The term of choice may describe best the different types of data. In this study, data will be accessed through: Interviews, Documents and Response Art.



Interviews

Charmaz's Constructivist Grounded Theory approach suggests the method of Intensive Interviewing for an in-depth exploration and co-construction of concepts. This is a semi-structured but flexible approach to interviewing that gives emphasis on the participants' perspective, meanings and experience (Charmaz 2014: 56). The specific number of interviews needed cannot be predefined in this methodology as data collection and analysis happen in the same period of time and until data and concept saturation is reached. This approach also encourages follow up on the initial interviews to reach deeper exploration of emerging concepts (Birks & Mills 2015). An interview guide will be constructed but will remain flexible and interview questions may also change to follow leads and cues. The approach of two interviews per participant is also encouraged by narrative methodologies (Hollway & Jefferson 2000).

Participants who will give informed consent to participate will be invited to the first interview bringing one case study of their choice to discuss. The case study may ground the conversation to 'real life' material avoiding romanticised or too elusive ideas that may hinder the 'demystification' aim. In the second interview, the same case may be further and deeper explored or more case studies or practice examples may be used to expand

Interviews will be conducted online (on Zoom using the University of Essex email address and account) due to ongoing government guidelines for safety in relation to covid-19. Additionally, online interview may hold an advantage of taking distance from the environment of employment and dynamics of power and thus may also be beneficial for the participants and their own time restraints. In any case and with consent, interviews may be audio recorded using safe and password protected equipment and consent for audio and transcript data storage will be explicitly sought.

Documents:

Studying documents is also a way to investigate data within a Constructivist Grounded Theory. Birks and Mills (2015) distinguish between data generation and data collection. Interviews may provide data generation, while organizational clinical documents may

provide data collection; still holding however the element of subjective meaning making construction. The potential use of case study documents will be discussed with the potential participants in the optional group presentation. The participants can choose which documents may wish to bring with them in the first or the second interview to 'ground' the conversation on this type of data while complementing their 'narrative' of how they remember working with the chosen case. The researcher may explore with the participants the possibility or value of accessing these documents in-between the two interviews to explore emerging themes.

These documents can include:

- Referral form- with the child's presentations and concerns (completed by parent/carer or professional)
- Assessment form- with the information shared by the parent and the clinical formulation of the assessor (not necessarily the same clinician as the allocated therapist)
- Treatment plan- with suggestions for type of therapy, number of sessions and tentative therapeutic targets
- Clinical file notes- completed by the therapist for each therapy session with the child
- Outcomes Star™– self reporting evaluation tool
- End of therapy report – completed by the therapist and summarising the therapeutic progress; this may be the preferred document for the participants to bring with them as they have more ownership of the content.

These documents are stored securely in the organisation's electronic database; there is log of given consent by service users for clinical records to be used for anonymized research purposes. The researcher may need to include analysis of these documents in case more elicited data are needed to further understand emerging concepts without the possibility to conduct more interviews. According to Charmaz (2014) mixed qualitative methods can strengthen a study with small number of interviews.

Response Art:

Finding a way to include Art in the methods would be to honour the distinct character of Art Therapy and to approach the non-tangible or non-verbal but existing material (critical realist's view). According to Grounded Theory methodology, data can be also elicited by accessing visual sources and in this case Response Art, term clarified by Fish (2012) in Art Therapy practice, supervision and research. Art Therapists routinely use Response Art, making an artwork as a tool to capture unconscious material that is evoked before, during or after a session with a client. For this research, participants will be invited to produce response art after the first interview as a way of visually capturing reflection on the case study material discussed in the interview. The participants then may bring their response art to be discussed within the second interview or in follow-up communication as a process of co-constructing meaning, a process that agrees with the Constructivist GT methodology. The researcher will also produce response art after the first interview with each participant and this may also be discussed in the second interview and in research supervision.

Reflexivity:

The Constructivist version of Grounded Theory calls for active and meaningful consideration of the researcher's own constructions through reflexivity (Charmaz 2014: 319). In this research project, my own reflections upon experience and related assumptions on Art Therapy will be a major part of the analysis in terms of bias and potential power dynamics as well as comparing the data with the pre-existing knowledge and theories of Art Therapy. Knowledge of backgroung will be helpful in the different stages of Grounded Theory data analysis, such as coding, categorizing, theoretical sampling, comparison and saturation through processes of abduction which: '...links empirical observation with imaginative interpretation, but does so by seeking theoretical accountability through returning to the empirical world' (Bryant & Charmaz, 2007: 46). Memo writing is strongly encouraged throughout the research project, with all the reflections of the researcher explicitly documented (Charmaz 2014: 162). Memoing can include writing, illustrations, diagrams and quotes and can be treated as data themselves (Birks and Mills 2015).

Data Storage:

All types of collected data will be analysed, and thus stored within, using the electronic software NVivo. NVivo has been designed based on the model of Grounded Theory methods of coding which makes it suitable for this research project. The University provides licensed access to the software via the Software Hub portal using the university email account to download NVivo to the researcher's computer. Research supervisors can also have access to the NVivo project and monitor the activity and ongoing analysis. Back up of files will be stored in: researcher's personal computer and password protected external drive as well as the cloud storage space of BOX provided by the University. Data may include: audio files of recorded interviews and transcripts, photos of the participants' response art, copies of documents and researcher's reflective material (written or visual). Data will be kept by the researcher for 10 years to allow time for publications and dissemination after completing the research and the PhD qualification. All these will be explicitly communicated to the participants and informed consent will be sought for each section.

Ethics:

This study is part of the Professional Doctorate in the School of Health Social Care. An ethical approval is being sought through the University of Essex with submission of the Participant Information Sheet and the Consent Form. Upon approval, the access to the organization may be confirmed with the clinical director.

The ethical approach of the project -at all stages of planning, conducting and exiting- will endeavor to incorporate the three main principles of research ethics in practice as advocated by Poth (2021):

- Respect for persons (free and informed consent, without interference or coercion)
- Concern for welfare (privacy and confidentiality, anticipating and assessing risks)
- Concern for justice (reducing bias, equitable and fair recruitment in sampling and treatment in reporting)

The researcher is also a practitioner and like McLeod (2015) explained in his book titled 'Doing Research in Counselling and Psychotherapy', the overarching ethical principles are the same for practice and research:

- Beneficense (acting to enhance client wellbeing)
- Nonmalificence (avoiding doing harm to clients)
- Autonomy (respecting the right of the client to take responsibility for themselves)
- Fidelity (treating everyone in a fair and just manner)

The cases discussed in the interviews or studied via the stored organisational documents will remain anonymous. Although, the organisation seeks routinely consent from service users for their data to be used for research reasons, the names and any identifying details of the children and young people discussed will be anonymized at all stages of this research. The therapists' names will need to change too so that it is less likely for service users to identify themselves if they read any published material linked to this research.

To respect and honour the participants' investment of time and knowledge sharing within this project, the researcher will offer a final invitation to a group meeting for Dissemination of findings after completion of analysis. This may offer the opportunity for questions and answers as well as joint reflection. Participation in this group will be optional.

Finally, the researcher adheres to the British Psychological Society (2018, 2020) ethical guidelines for practice and research. The participants adhere to the British Association of Art Therapists (2019) code of ethics. Additionally, care will be taken in relation to power imbalances as the researcher holds a senior leadership role in the organization that can impact on the participants' willingness or avoidance to take part. Any activity will be based on invitational, consensual, collegial, and reciprocal processes avoiding dynamics of coercion.

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Appendix C – Participant Information Sheet

Participant Information Sheet

Title of the Project: 'Demystifying Art Therapy: using Grounded Theory methodology to make the tacit tangible'.

Researcher: Dimitra Theodoropoulou (Professional Doctorate student) dt18782@essex.ac.uk

Invitation: You are kindly invited to consider taking part in a research project that aims to support a deeper understanding of the process within Art Therapy. This information sheet provides information about the project that may help you to decide if you want to take part. At the start, there will be an invitation to an optional group presentation where I will discuss the project and you are welcome to ask any questions or make comments before the start of the project. Due to covid-19 safety restrictions this group presentation will be conducted online via a safety video conference platform. The project aims to explore the question 'How does Art Therapy work' with children and young people who have mental health issues. I aim to explore this question through the thoughts and experiences of the Art Therapists who are undertaking this clinical work.

Why you? You are an Art Therapist/Art Psychotherapist with an MA in Art Therapy/Art Psychotherapy and have registration with the British Association of Art Therapists and the Health Care Professions Council. You work for the chosen organisation as an employee or a contractor/self-employed supporting children and young people.

Why take part? To address my research question, I would like to explore with you your practice knowledge and experience on 'How Art Therapy works'. We can have the space to think together deeply about the mechanisms of change that take place when you support a child's emotional wellbeing through Art Therapy. This process might help us find better words and a stronger voice when we need to explain to children, their parents, their teachers or other professionals who are wondering how Art Therapy is going to help.

What does it involve? If after the group presentation about the project and an opportunity for questions and reflections, you decide to take part, here is what to expect:

a) I will invite you to an individual interview where we will be discussing a case study of your choice. The conversation could be based on case study documents of your choice that you can bring with you.
b) A time of reflection for both of us will follow. I will invite you in that time to produce a 'Response Art' work with materials of your choice to capture visually the 'Journey of Change' based on the discussed case study.
c) I will invite you to the second individual interview where we will be expanding the exploration of the case study's journey of change. If you have done some 'response art' that you can bring with you, that may help us explore the process further.

How will the interviews happen? The individual interviews will happen online (using Zoom) adhering to government guidelines for covid-19 safety.

Do you have to take part? Participation in this project is entirely voluntary. If you decide to take part, then you may contact me directly via email to my university account: dt18782@essex.ac.uk. I will then send you the consent form to read and returned signed to me before we can start.

Can you withdraw? You can decide to stop your participation and not attend the interviews, first or second without explanation and without penalty. If you withdraw within a week of attending each interview, I can then delete your data related to the interview. However, after this time it will be difficult to delete the data as I would have started my analysis and your participation would have been threaded throughout the analysis. If you do decide to withdraw, please let me know.

What might be the risks of taking part?

a) Our work relationship; since we are colleagues, this may affect how you feel about me during this process.
b) Because of my senior role in the organisation on assessing clinical impact; this process could feel like supervision and that your work is being evaluated.
c) Your ethics as an Art Therapist; this may affect how you feel about talking about your client work and the need to protect their identity.

What about confidentiality? I aim to protect the identity of any individual involved directly or indirectly in this project. For this reason, I will not be keeping, analysing or using any identifiable personal details of you or of the case studies discussed in the interview. Where possible, I will always anonymise. I still hold an obligation to break confidentiality in case there are safeguarding concerns. In this case, I will inform you that I will follow the Organisation's safeguarding procedures and share any disclosures with the Director.

What about data protection? All data provided will be anonymised, digitalised and securely stored in my computer (password protected) and a GDPR approved EU cloud-based repository (for example, the BOX or other University of Essex secured shared drive) accessible only to myself and my research supervisors. Data that I will be storing and analysing (with consent) would include: audio recordings of interviews, transcripts of interviews, copies/photographs of case study documents, and photographs of response art. I will take all possible precautions in relation to GDPR and legal use of data. The Data Controller will be the University of Essex and the contact will be Sara Stock, University Information Assurance Manager (dpo@essex.ac.uk). I will also need to retain the data for up to 10 years until the research findings can be used for relevant publications.

What will happen to the results of the research study? This study is part of my self-funded professional doctorate course in the School of Health and Social Care at the University of Essex. The findings will be included in my thesis. When the analysis of the findings is written, I will invite you to an optional group presentation for dissemination and sharing of the findings. This study will also inform publications and presentations in the Art Therapy field, research methodology, conferences, and professional training.

Ethical Approval & Complaints: This study has been submitted for ethical approval by the University of Essex, Ethics Sub-Committee 2. For any issues in relation to ethics of this project, you may contact my research supervisors (contact details at the top of this form) or contact the Ethics Subcommittee Officer at the School of Health and Social Care, Gill Green (gillgr@essex.ac.uk). If you are still concerned and you think your complaint has not been addressed to your satisfaction, please contact the School of Health and

Social Care Director of Research Camille Cronin (camille.cronin@essex.ac.uk) and then the University's Research Governance and Planning Manager, Sarah Manning-Press (sarahm@essex.ac.uk).

Many thanks,

Dimitra Theodoropoulou

Research Supervisor 1: Dr Lindsey E. Nicholls, School Heath and Social Care, University of Essex, lindsey.nicholls@essex.ac.uk

Research Supervisor 2: Dr Caroline Barratt School Heath and Social Care, University of Essex barrattc@essex.ac.uk

Appendix D – Consent Form

Consent Form

Title of the Project: Demystifying Art Therapy: using Grounded Theory methodology to make the tacit tangible.

Department: School of Health & Social Care, Professional Doctorate

Researcher: Dimitra Theodoropoulou (ProfDoc student) dt1878@essex.ac.uk

Please initial or sign each box, if you agree:

1. **I confirm that I** have read and understand the Participant Information Sheet for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that my data will be withdrawn too, if I decide to withdraw within a week after each interview (first or second).	
3. I understand that the researcher has a senior role in the organisation and that it has been clearly explained to me that my answers will remain confidential and anonymised and will not be shared with the organisation for evaluation or performance management purposes.	
4. I understand that this research is self-funded by the researcher as part of completing their professional doctorate. I understand that there is no conflict of interest.	
5. I understand that I will need to protect the identity of any individuals mentioned in the interviews by anonymising, as best as I can, any identifiable details. I understand that the researcher will also anonymise any identifiable data related to individuals mentioned in the interviews.	
6. I understand that all data provided will be anonymised, digitalised and securely stored in encrypted devices (password protected researcher's computer) and a GDPR approved EU cloud-based repository accessible only to the members of the	

research team (student and supervisors) directly involved in the project.	
7. I understand that my fully anonymised data will be used for research publications in the professional field of Art Therapy and research methodology as well as for conference presentations and training events in the future.	
8. I understand that the data collected, all anonymised and non-identifiable, will be kept by the researcher beyond the completion of their professional doctorate to support future publications. I understand that this may be for up to 10 years after completion of the Professional Doctorate course (estimated December 2022).	
9. I give permission for my data below to be stored and used in an anonymised and unidentifiable way for this research study and related future publications: a) Audio recording of the first interview b) Transcript of the first interview c) Copy of the case study document(s) d) Audio recording of the second interview e) Transcript of the second interview f) Photograph of response art	Please initial or sign next to each type of data, if you agree:
10. I give permission to be contacted by the researcher via email during the stage of data collection and analysis for follow-ups and second interview.	
11. I agree to take part in the above study.	

Participant Name Date Participant Signature

_____	_____	_____
Researcher Name	Date	Researcher Signature
_____	_____	_____

Appendix E – Nvivo Codebook

Demystifying Art Therapy

Codes

Name	Description	Files	References
Case Studies		37	932
Client's referral background		8	56
bereavement		3	5
grandparents' death		1	1
parent's death		2	4
complexity		5	13
adoption		1	1
risks		2	2
transgenerational issues		3	3
traumatic event with fire		1	3
covid 19 impact		2	2
Diagnosis		3	5
mental health		1	1

Name	Description	Files	References
neurodiversity-ADHD		1	2
other professionals involved		1	2
Family adversities		5	17
family dynamics		2	4
financial hardship		1	2
parental disability		1	1
parents with difficulties		2	2
supporting network		1	2
young carer		2	6
School difficulties		1	7
who is referring		5	7
parents referring		3	3
school referring		2	3
self-referring		0	0
How do ATs FACILITATE change		10	85
Joining in (together)		5	17

Name	Description	Files	References
Copying what the child is making		1	1
Creating together		2	5
Joined attention		2	4
Laughing and humour		1	1
Playing together		2	5
Reviewing artwork and journey		1	1
Less directive stance		6	20
Allowing, being invitational and permissive		3	7
allowing client to be in control		1	1
being invitational		1	1
being non-directive		1	2
being permissive within boundaries		1	2
keeping open to child-led		1	1
Building rapport and trust		2	3

Name	Description	Files	References
building rapport first		1	1
building trust		1	2
Holding		4	8
holding back		1	2
holding feelings		1	1
holding the space		2	2
therapist holding the space		2	3
Reflective presence		1	1
being present		2	3
'finding pattern in trajectory'		1	1
sitting with it		1	1
therapist being aware of difficulties		1	1
watching the response		1	1
Slowing the pace for regulation		1	1

Name	Description	Files	References
More directive stance		8	48
Contracting and goal setting		3	3
asking client to set goals		1	1
contracting		2	2
Involving parents		3	5
Managing space, boundaries, safety, structure		4	8
considering safety		1	2
offering structure		1	2
protecting the space and boundaries		2	4
Matching energy		1	1
Meaning making, reframing, supporting narrative		4	8
changing the narrative		1	5
making links		1	1
making meaning together		1	1

Name	Description	Files	References
naming the pain		1	1
Offering materials and choices		6	18
inviting client to bring materials of choice		1	1
laying out the art materials options		2	2
offering a space		2	2
offering agency		3	3
offering choices		1	2
providing art materials for AT online		1	3
retrieving art materials		1	1
using countertransference to select materials		1	2
using the space		1	2
Storing the artwork (containment)		1	5
containing or storing the soggy paintings		1	3

Name	Description	Files	References
keeping the art work as special		1	2
How do ATs REFLECT on change		23	228
Accessing Organisational case paperwork		1	2
Creating Response Art		19	124
Emotional processing		5	7
digesting		2	2
emotional bruising		2	3
processing the journey		2	2
Holding and containment (time and space)		7	15
containing different layers of time and space		2	2
holding absence and fear		2	7
'holding that energy'		1	1
needing more time for response art		1	2

Name	Description	Files	References
needing time and space to reflect		1	1
nurturing and mothering		2	2
Kinaesthetic processing		4	8
creating replica of client's artwork		1	4
using ink and letting it dry to gather thoughts in chaos		2	2
using knife and crayons to reflect on self-harming in supervision		2	2
Self-care and regulation		7	9
emptying out		2	2
feeling tired		1	1
processing residue		4	5
self-regulating		1	1
Symbolic imagery and language		14	33
'a good death'		1	2

Name	Description	Files	References
'anchoring'		2	2
'cartridge wheel'		1	1
'feeling like a vortex' (hear and head not being in control)		2	4
'fractal' (refraction, separation)		2	3
'keeping even keel'		2	3
'kernel'		2	2
'otherwordly'		3	3
'seeing the cogs turning'		1	1
'something small and cautious'		1	1
'weathering the storm'		4	11
Visual meaning making		12	35
being known or identity		4	7
gaining insight		1	1
illustrating the activity process		3	4

Name	Description	Files	References
noticing contrast between reflective art then and now		3	3
reflecting back via response art		7	9
reflecting visually the opening up		2	4
using symbol of hand to reflect on self-harming of angrily puching walls		2	2
using the symbol of a gate as transition		1	1
visual understanding		4	4
Working with the uncoscious and the unknown		6	8
coming from a place that is unconscious		2	2
going with the uncoscious flow		2	2
not being consciously aware		2	2

Name	Description	Files	References
reflecting the not-knowing		2	2
Keeping Process notes		3	9
Reflecting in Supervision		5	9
Reflecting on Client's Art (or 'Anchoring')		6	14
Through Countertranference		13	70
Aesthetic countertransference		3	9
aesthetic resonance		3	6
Emotional countertransference		10	44
believing change is possible		2	2
experiencing intrusion		1	2
feeling amazed		2	3
feeling anxious		2	3
feeling concerns		1	2
feeling fear		2	3

Name	Description	Files	References
feeling frustrated		1	2
feeling helpless		1	1
feeling hopeful		4	5
feeling like a privilege		1	2
feeling of not achieving		1	1
feeling pressure of outcomes		1	2
feeling proud		2	2
feeling reassurance		1	2
feeling sadness		2	2
feeling surprised		1	1
feeling tired		1	1
feeling touched		1	2
feeling worried		3	3
fulfilling and intense		1	1
holding feelings		1	1
holding onto the case		1	1

Name	Description	Files	References
Maternal transference		3	5
Somatic countertransference		2	3
having heaviness and headaches		1	1
heart pounding and sweating		1	1
moving it out of me		1	1
'Visual' countertrasference		3	5
'having fantasies prior to the work'		1	2
seeming bigger to me		2	3
How do ATs WITNESS change		13	205
Art making process, use of art materials & changes		8	110
Accessing and trying out materials		7	30
accessing 'treasure bag' for online AT		3	7
'easily grabable materials'		1	1

Name	Description	Files	References
natural materials		1	3
painting with watercolours		1	1
Taking time		0	0
using cardboard boxes		1	1
using feltip pens		1	2
using pencil and paper		3	4
using pipe cleaners		1	1
using playdoh		2	5
using soft pastels		1	4
using watercolours on canvas		1	1
Art making enabling verbal sharing		3	9
fidgeting makes talking easier		1	1
talking over drawing		1	1
using art to connect		1	3

Name	Description	Files	References
Completing		1	1
Connecting with emotions		2	10
art making containing anger		1	1
client using art process as container		1	2
dealing with mess		1	4
finding clay messy		1	1
going into own space via art making		1	1
reflecting on emotions via art making		1	1
Destroying		1	2
Drawing without knowing		3	3
drawing dots		1	1
'finding a pattern in the trajectory'		1	1
Engaging and playing		3	6
engaging with art		1	1

Name	Description	Files	References
engaging with sensory play		1	1
playing ball games		1	1
playing top trump cards		1	1
playing with bubbles		1	1
taking pleasure in the texture		1	1
Fixing, mending, joining		2	7
dealing with frustration of not fixing		1	2
falling apart		1	2
joining mini pieces together		1	2
'seeing the cogs turning'		1	1
Making special or ceremonial		2	5
Packing and wrapping		2	9
packing away		1	6
wrapping		2	3

Name	Description	Files	References
Revisiting		3	14
checking the art work		1	3
coming back to the artwork		1	1
going over and over		1	1
revisiting art image		1	2
Taking time		2	6
going slowly		1	1
needing time		1	3
needing time for materials to dry		1	1
taking time to edit and perfect		1	1
Transitions in art making between		6	14
no art and making images		1	1
concrete and symbolic		3	6
becoming symbolic		2	2

Name	Description	Files	References
drawing more embodied images		1	4
controlled materials and messy materials		1	1
changing from pencil to feltip pens		1	1
fidgeting-doodling and form making-shaping		1	1
figurative drawing and messy painting		1	1
playdoh-clay and drawing-painting		1	2
shifting from drawing to clay		1	1
shifting from playdoh to drawing		1	1
repetition and variety		1	1
sketching and tone painting		1	1
Artwork as expression, representation, symbol		12	95

Name	Description	Files	References
Aesthetic changes		6	11
shifting from 2d to 3d artwork		2	2
shifting from 'beautiful' images to 'messy' ones		1	2
shifting from cold colours to warmer ones		1	1
shifting from diagrammatic to embodied images		1	3
shifting from lines and geometrical shapes to adding colour		2	3
Allowing the unknown		3	4
drawing a man in a hat		2	2
emerging characters		1	1
making doodles		1	1
Connecting with the Art Therapist		4	8
creating a fishing game		3	5

Name	Description	Files	References
creating snakes and ladders		1	2
drawing pleasant figurative image		1	1
Creating for pleasure		2	5
creating pestle and mortar		1	2
making hand prints		1	1
painting butterfly prints		1	2
Expressing and externalising feelings and needs		5	25
Symbols of need to be in control		2	6
creating a steering wheel as a symbol for sense of control		1	1
drawing symbol of hammer from superheroes		1	1
drawing symbol of superheroes		1	2

Name	Description	Files	References
making an exit via his last art image		1	1
need for superheroes powers		1	1
Symbols of need to be safe		2	4
creating symbol of protector		1	3
need for a super-ego		1	1
Symbols of unexpressed feelings		4	15
being small, weak, vulnerable		2	4
big drawing to say I'm here		1	1
creating a pot of worry paint or the muddy colour		1	6
drawing big A for ADHD		1	1

Name	Description	Files	References
drawing blood		1	1
drawing symbol or knife		1	1
painting a worry image		1	1
'Making the unbearable, bearable' (visible and tangible)		1	2
Processing (emotionally, visually, kinaesthetically) life events, memories and trauma		2	18
creating a robin using clay		1	1
creating a train using clay		1	1
creating totems to process loss		1	1
drawing the outline of dead parent's hand		1	1
making a box with a lid		1	9

Name	Description	Files	References
making a painting from memory 'like a graded exposure to memories'		1	2
making a puppet using clay		1	1
morphing a beehive, 'this nesting box'		1	1
sculpting a pipe made of clay		1	1
Using or creating containers		6	17
Visual sharing of and connecting with real life experiences, interests, concerns (from home or school)		3	5
creating a dinosaur		1	1
creating image of volcanoes exploding		2	3
drawing brick building designs		1	1
How do CYP presentation and attitude towards AT process change (in an continuum)		9	110

Name	Description	Files	References
At the beginning...		8	27
Art vs Talking		4	8
being dismissive toward art		1	1
being happy to talk		1	1
being verbally eloquent		1	1
intellectualising		1	1
not sharing art work		1	1
shifting from talking to spaces of quietness		1	1
talking about interests		1	1
talking negative about self		1	1
Compliant vs Dismissive		3	8
being floaty (compliant and unsure)		1	1
engaging		1	1
feeling anger and mistrust		1	2

Name	Description	Files	References
having an attitude of 'it's a waste of time'		1	1
having difficulty to reflect on own feelings		1	1
wanting to please		1	2
Needing space		2	4
needing calm and reflective space		1	1
needing quiet space		1	1
negotiating space		1	2
Trusting vs Nervous		6	7
building confidence		1	1
feeling awkward		1	1
feeling nervous		1	1
feeling overwhelmed		1	1
hiding		1	1
holding lots		1	1

Name	Description	Files	References
wanting to be understood		1	1
Finishing off...		7	42
After processing and acceptance		5	16
deep processing of grief		1	1
holding on to everything		1	1
making bearable		1	1
reciprocating		1	3
reconnecting with memories		1	1
reflection on 'seasonal cycles of death and regrowth'		1	1
relaxing more		1	1
'Saying goodbye while needing a little bit more'		1	2
Celebrating		1	1
Leaving a 'souvenir' for the therapist		3	10

Name	Description	Files	References
emailing last art image		1	1
Inviting the therapist in		1	3
leaving artwork behind		1	3
making a picture for the therapist		1	3
With new sense of agency, pride and autonomy		2	5
finding own rythm		1	1
growing		1	2
having ownership		1	1
With pain and difficulty		3	10
'a good death'		1	2
becoming self-conscious		1	1
difficult ending		1	2
dropping out		1	2
feeling sad		1	1
withdrawing		1	2

Name	Description	Files	References
Midway...		8	41
Art vs Talking		5	19
Art themes resonating talking themes		1	1
non-verbal processing		1	1
reflecting on art		1	1
sharing the art work		1	3
sharing the pain		2	5
shifting between talking and art making		1	1
talking		2	5
talking about difficulties		1	1
talking easier than art at first		1	1
Energetic vs Calm		1	1
shifting between active play and moments of calm		1	1
Engaging vs Pulling back		4	5

Name	Description	Files	References
client engaging		1	1
feeling connected		1	1
feeling cosy and safe		1	1
feeling proud		1	1
needing time		1	1
Opening up vs Closing down		5	11
being late		1	1
being more open		2	4
blocking out		1	2
playing in a bigger space		1	1
preparing for ending		1	1
pulling back		1	2
Reflecting		3	5
Changing capacity to reflect on images and feelings		1	1
dismissing 'it is just a doodle'		1	1

Name	Description	Files	References
staying with the unknown		1	2
understanding needs		1	1
Trust vs Ambivalence		0	0
becoming assertive		1	1
becoming more eager		1	1
being ambivalent		1	1
building trust		1	1
challenging		1	1
checking things out		1	4
Outcomes & Insights		25	117
Acceptance		7	15
accepting		5	10
feeling heard in an non-judgemental space		1	1
non-shaming		1	1
'things do end'		2	3

Name	Description	Files	References
Art related outcomes		3	6
communicating difficult feelings via art making		1	1
connecting with creativity without shame		1	2
developing artistic skills		1	1
feeling excited about own artwork		1	1
finding resolution through art making		1	1
Attachment related		5	7
connecting		3	5
forming an attachment		1	1
Separation and individuation		1	1
Autonomy		4	4
having autonomy		3	3
making a choice		1	1
Evaluation tool related		6	37

Name	Description	Files	References
being safe		2	2
confidence & self-esteem		5	9
education and learning		4	7
feelings and behaviour		2	2
friendships		3	6
physical health		1	2
relationships		6	9
Having a 'space as bridge'		1	1
Processing and reprocessing		2	8
processing grief		1	3
reprocessing trauma		2	5
Self-awareness		6	7
becoming more aware		1	1
'changing profoundly'		3	3
feeling surprised by change		1	1
reflecting on behaviour		1	1

Name	Description	Files	References
understanding own process		1	1
Self-care and resourcefulness		1	2
managing self-care		1	1
realising resourcefulness		1	1
Shifting 'from the inwards to the outwards'		3	4
wanting to explore the world		1	1
wanting to share		1	2
Vitality		5	9
coming back to life		1	2
finding joy and vitality		4	6
'life coming back into the picture'		1	1
What do CYP struggle with or 'the needs'		8	42
Behavioural		1	1
having outbursts		1	1
Emotional		8	20

Name	Description	Files	References
avoiding talking about loss		1	1
being angry		2	4
experiencing extreme anxiety		1	2
feeling different		1	1
feeling fear of death		1	2
feeling low		3	3
feeling suicidal		2	3
feeling worried		1	1
having low confidence		1	1
having PTSD symptoms		1	1
struggling with grief		1	1
Neurodiversity		1	2
having ADHD		1	2
Physical and Somatic		3	5
self-harming		3	4
sleeping issues		1	1

Name	Description	Files	References
Social and Relational		6	14
bullying		1	1
having difficult family relationships		1	1
having friendship issues		2	4
lacking of space at home		1	3
struggling at school		3	4
struggling socially		1	1
What does AT offer or the 'contract'		11	77
negotiating expectations		4	12
parents		3	6
schools		2	3
space (location)		7	30
headoffice		1	2
online		4	19
AT online		1	7
awkward		1	1

Name	Description	Files	References
being two dimensional online		1	1
can it work		1	1
challenges of space		1	2
heavy home space		1	1
holding anxiety and worry from distance		1	1
if sessions were in person		1	1
online space giving space		1	1
spaces of quietness		1	1
would have been different in person		1	1
school		3	8
storage		0	0
the aim		5	19
having space and time		2	3
having opportunities for self-care		1	1

Name	Description	Files	References
having safe space for inner child		1	1
having space to explore emotions		1	1
to accept or transform		2	3
accepting of difference		1	2
building resilience		1	1
to explore or to process		2	4
exploring adolescent needs		1	1
processing grief		1	2
processing loss		1	1
to improve or manage		2	3
improving self-regulation		1	2
managing self-harm		1	1
to talk or to express		3	5
expressing feelings safely		1	2

Name	Description	Files	References
expressing needs		1	2
talking about loss		1	1
time (duration)		7	14
long term		1	1
medium term		2	3
short term		3	6

Appendix F – Interview semi-structured guide

Initial Opening Questions

Can you tell me a little bit about yourself?

- Prompts: Relationship with Art and experience of art making

What did you do before you become an Art Therapist?

- Prompts: professional background or work experience

How did you decide to become an Art Therapist?

- Prompts: anyone or anything influencing your decision

Other themes to cover:

- Training, university, qualification, duration, years of experience

Can you tell me about your role in the organisation?

- Prompts: employee or self-employed, since when, how many days/hours

What are the main characteristics of the clients you work with?

- Prompts: age (children, adolescents), challenges (emotional, behavioural, developmental etc)

How would you describe a typical Art Therapy session with a child or young person?

- Prompts: frequency, duration, setting, structure

Intermediate Questions

Which case would you like us to think about together?

- Prompts: a child or young person you worked with in the last year or so
- Reminder: use pseudonym in first instance if possible

What first comes to mind when you think about this client?

- Prompts:

From what you can remember, what was this client's story?

- Prompts: reasons for referral, background, any assessment information
- Reminder: documents may be used if necessary to anchor the conversation

In your opinion, what were the reasons Art Therapy was offered to this client?

- Prompts: therapeutic aims or benefits or targets

Could you describe what the Art Therapy sessions with this client involved?

- Prompts: number of sessions, when, where, how, who

How did the client present at the beginning of the Art Therapy course?

- Prompts: behaviour and attitude towards the session, the art materials and process, and/or the therapist

As you think back, what specific interventions did you use with this client?

- Prompts: Art therapy or other creative media or verbal

What were you noticing as sessions with this client were progressing?

- Prompts: observations of behaviour in session, use of art materials and art making, verbal sharing, therapeutic relationship

When was a time that you noticed a significant change in the session?

- Prompts: any change, positive or negative, a shift, an 'Aha' moment

Could you say more about this change (or lack of change)?

- Prompts: observations of behaviour in session, use of art materials and art making, verbal sharing, therapeutic relationship

How did you respond to this change (or lack of change)?

If you recall, what were other people noticing about this client at that time?

- Prompts: views of parents/care givers, teachers, social workers etc

In your view, what was the outcome of the Art Therapy sessions with this client, if any?

- Prompts: any link back to reasons for referral, emotional/behavioural/social etc
- Reminder: documents that can be used (End of Therapy report, Outcomes Star)

Ending Questions

After looking back at this client work during this interview, what new thoughts or feelings may have come up for you, if at all?

If you could think of a title for this client work, what would it be?

Is there anything else that you think I should know to understand the work that you did with this client?

Is there anything you would like to ask me?

Preparation for 2nd Interview:

- Response Art
- Documents
- Same or different case study examples?

Appendix G - Literature review

PRISMA 2009 Flow Diagram of Literature Review 1 (2018)

Identification

Records identified through database searching: EBSCOHost: CINAHL Complete, PsychINFO, MEDLINE with Full Text (n = 71)

Additional records identified: ArtIndex via EBSCOHost (n = 6)

Additional records identified: Cochrane library (n = 0)

Screening

Records after duplicates removed (n = 61)

Records excluded after screening titles (ECLIPSE criteria) (n = 15)

Eligibility

Records screened (abstracts) (n = 46)

Records excluded after screening abstracts (ECLIPSE criteria & study design (n = 28)

Full-text articles not available: (n = 2)

Full-text articles assessed for eligibility (initial critical appraisal and ECLIPSE criteria) (n = 16)

Included

Full-text articles excluded, with reasons (Initial Critical Appraisal and ECLIPSE criteria) (n = 9)

Full-text articles included in Full Critical Appraisal (n = 5)

Critically Appraised

Studies included in systematic narrative analysis and synthesis (n = 5)

PRISMA 2009 Flow Diagram of Literature Review 2 (2023)