Portfolio Volume 1: Major Research Project

Experiences of Art Psychotherapy in Early Adulthood: An Interpretative Phenomenological Analysis

Katerina

Alexandraki June

2019

Submitted to the University of Hertfordshire in partial fulfilment of the requirements for the degree of Doctorate in Clinical Psychology.

Student number: 14116770

Acknowledgements

A special thanks to the participants of this study, for generously sharing with me their experiences. I would like to express my gratitude to my first therapist, Evita Zafeiropoulou, who helped me make sense of my experiences through creativity.

Thank you to my late mum, for all the pebbles we painted together in my early years and to my dad who has always supported my bold steps, even when these led me to a country away from him. Thank you to my partner, David, for supporting this work with all his resources. I am very grateful to my library buddies, for being on my side.

I would like to thank my supervisors Dr Pieter Nel for welcoming my queries, concerns and celebrations, Prof Jonathan Smith for his rigorous supervision and Prof Dominik Havsteen- Franklin for his insights.

Contents

List of Tables & Figures

Abstract

This study was concerned with exploring young people's experiences of engaging in individual Art Therapy sessions. An exploratory research question was formulated and addressed using a qualitative methodology. Five young adults were recruited through voluntary organisations and art therapists in private practice. Participants took part in semi structured interviews, which were analysed using Interpretative Phenomenological Analysis. Five master themes were constructed from the data: From an initial trepidation, young adults engaged with art materials, enjoying parts of the process. They felt under observation by their art therapists, and they overcame the challenge of trusting their therapist when they felt emotionally validated and understood. They made sense of their presenting difficulties through their art-making, gaining further psychological insight. They felt connected with their childhood, recalling fond memories and feeling compassion for their child self. They considered the impact of Art Therapy sessions as a learning experience. These findings highlight the need for further research to explore further the process of making sense of difficulties through art, and the therapeutic value of connecting to one's childhood. Art Therapy can be experienced as a rewarding learning process, that helps young adults express and process their difficulties. Its benefits should be therefore communicated to referrers, service users and service developers, as it is a therapeutic mode that may offer different experiences to talking therapies.

Chapter 1: Introduction

The aim of art is to represent not the outward appearance of things, but their inward significance. (Aristotle)

1.1 Overview

This chapter will initially introduce the reader to the researcher's personal interest in the subject matter and will discuss the epistemological basis for the conduct of this research project.

The author will provide the definition of the term "Art Therapy" as perceived for this project, covering an overview of how Art Therapy developed as a profession in the United Kingdom. An orientation of the reader to main models used in Art Therapy will follow. A systematic review of the literature will be discussed, followed by the aims and questions of the research proposed.

1.2 Personal and Epistemological Positions

1.2.1 Personal interest.

Every study of any phenomenon needs to consider the context in which these phenomena occur: Mooney and Moran (2002) quote Heidegger to highlight "that phenomenology must be attentive to historicity, or the facticity of human living, to temporality, or the concrete living in time" (Mooney and Moran, 2002, p.20). From this perspective, the research context, the personal biographies of researcher and participant will influence how they perceive and make sense of the phenomena under research (Peshkin, 1985). Having considered this, it is essential to provide background information regarding my personal interest in the subject of this study.

In my adolescent years, I had the privilege to be introduced to creative therapies. From the first moment of engaging with art materials to express my experiences, I enjoyed visually representing my thoughts, feelings and my emerging identity as a young woman. As a young adult, I attended a Drama Therapy group. There, it was always group paintings and making clay objects that engaged me the most with the therapy process – they enabled me to talk about painful experiences such as loss. Yet this left me feeling like an alchemist, feeling I could transform emotional pain to creativity and playfulness. Those moments in therapy have stayed with me ever since.

I later trained as an Art Psychotherapist. In my years of working with inner-city young adults, I became increasingly interested in discovering what this process meant for my clients. In discussions with them, some would be vocal about valuing our therapeutic relationship, while others would treasure or destroy the artworks made.

In Art Therapy team discussions, co-workers would express a keen interest to understand in greater depth how our clients understood the process of Art Therapy. Young adults often shared that their experience of mental health services suddenly changed at the point of turning 18, and were treated as adults, with services often forgetting to respond to their specific developmental needs. In our team discussions, there was a growing concern that services provided too few spaces for young adults to give qualitative feedback on their experiences of therapy. While training as a Clinical Psychologist, I became actively interested in shaping services that respond to the needs of younger populations. As a result, I considered the subject of this study an area to be of worth exploring, and a doctoral research project would allow for a detailed exploration of this.

Having described my own interests and beliefs at the beginning of the project, it would be worth noting that my own experiences and views might influence the research process (Malterud, 2001). As my experiences have played a part in my choice of my thesis topic, they may sometimes influence my decisions, for example when I review the literature, or clustering themes during the data analysis. Having shared the above, together with frequent introspections and bracketing, I hope that the reader will have their own views about how my beliefs and experiences might have influenced the design, delivery and process of this study.

1.2.2 Epistemological position

This study will adopt a trans-diagnostic approach to therapies for mental health, moving beyond interventions for specific diagnostic populations. The philosophical stance of the methodology is phenomenology and hermeneutics (Smith, Flowers and Larkin, 2005). The researcher believes that through systematic and explicit methodology, it is possible for research participants to 'allow' access to their experiences and ‘meaning-making’ (Smith et al., 2009). At the same time, this study will be approached with an awareness that people construct stories and narratives together, which stems from a social constructionist stance (Gergen, 1991).

When starting this study, I am aware that my understanding of 'Art Therapy' is socially and culturally situated within the context of my previous studies and working experience. In investigating the subjective experiences of young adults in Art Therapy, I will be able to examine my previous knowledge (Gergen, 1985) and be critical of it. Using a social constructionist lens will enable me to adopt a critical stance towards 'taken for granted' knowledge, as the cultural and historical context will be taken into consideration when

understanding this (Burr, 2003). This will provide space for young adults to be able to bring their experiences forward.

1.3 Therapies for Young Adults

Young adults seem to present to services with needs and difficulties specific to their age group and life circumstances. Over the last decades, there have been many conceptualisations of the unique developmental challenges of early adulthood, from Erikson's (1959) dilemma between intimacy and isolation to more recent theories that describe young adults as developing identities, managing independence and negotiating relatedness (Harpaz- Roten & Blatt, 2009).

Despite the specific needs of this group, the report Future in Mind (NHS England, 2015) suggests that adult mental health services are sometimes not suitable to meet the needs of young adults. The task force report highlights the need for services to consider that young adults face multiple transitions, from education changes to finding work, leaving care or leaving home. In some areas of the country, mental health services for 0 – 25-year olds are being developed to include young adults. There is a growing emphasis in the need to listen and attend to the experiences of mental health care from the perspective of young people in therapy.

When looking at research, there are very few studies that examine therapies offered to young adults, considering their experiences or reflecting on outcomes. One example of this is a research study in Sweden (Palmstiena et al., 2016), where psychodynamic psychotherapies were examined. One of the main findings was the importance of the therapeutic relationship and a secure attachment with the therapist. Similarly, Lilliegren, Falkerstrom, Sandell,

Mothander, & Werbart (2015) assessed young adults' narratives to explore the therapeutic relationship in psychoanalytic psychotherapy. Although it has limitations as a correlational design, their study indicates that secure attachment to the therapist is linked to more treatment gains and improved functioning post-treatment.

1.4 Definitions of Art Therapy

Among the variety of therapeutic interventions offered to young adults, Art Therapy is a "form of psychotherapy that uses art media as its primary mode of expression and communication" (British Association of Art Therapists, 2017). Art Therapy is offered in groups and individual sessions. Qualified Art Therapists are regulated by the Health and Care Professions Council. Art Therapy is included in the NICE Guidelines for psychosis in children and adults (NICE, 2015). In a systematic review of Art Therapy effectiveness for adults who have not experienced psychosis, it was concluded that Art Therapy has positive effects on participants and is cost effective compared to controls (Uttley et al., 2015).

In a systematic review of RCT concerning Art Therapy interventions, it was reported that Art Therapy had statistically significant positive effects compared with control in a number of studies concerning low mood and depression, low self-esteem, anxiety, trauma, distress, poor quality of life (Uttley et al., 2015). Although the reviewed RCTs had varied methodological limitations, they demonstrated that Art Therapy interventions were linked to an improvement from baseline in all but one study and were a more effective treatment option than the control groups in most of the studies.

For example, a study on adolescents with PTSD compared Art Therapy interventions to arts and crafts activities and reported that the intervention had reduced the symptoms significantly more than the controls (Lyshak-Stelzer et al. 2007).Another example of an RCT in for children and adolescents with sickle cell disease of group art therapy versus CBT for main management and relaxation or vs fun activities, coping strategies increased

in all three groups, but there were no data reporting difference between the difference between the intervention and the controls (Broome et al. 2001). Art therapy was found to reduce depression symptoms in an RCT in adult males in prison (Gussak, 2007). In older adults, when art therapy was compared to regular program activities, significant improvements in the intervention were seen in positive affect, reduced anxiety and increased self-esteem compared with the control group (Kim, 2013).

When considering the terms used, some art therapists in North America might distinguish between Art Therapy and Art Psychotherapy. The terms will be used interchangeably in this study, as this dichotomy in the use of the terms is not observed in Europe (Wood, 2013).

1.5 Historical and Cultural background of Art Therapy

Art, psychoanalysis and psychiatry interplayed at the beginning of the 20th century leading to the Art Therapy profession emerging in the 1940's (Edwards, 2014). The first to use the term 'Art Therapy' was an artist called Adrian Hill, in 1942 (Waller, 2013). However, using image making in psychoanalysis, in 'moral treatment' and in experimental modern art has a long history. Edwards (2014), considering the history and development of Art Therapy, reminds

us that art has always been used in spiritual practices and religions, and has been debated in philosophical considerations about the relationship between madness and creativity.

The emergence of Art Therapy as a therapeutic approach is a recent development, compared to the historical tradition of using art to heal emotional distress. Waller (2013) provides a detailed account of the history of Art Therapy in institutions. She provides the history of how the British Association of Art Therapists (BAAT) formed and developed as a professional body since its first AGM in 1966. Similarly, Wood (1997) suggests that there have been three stages in the development of Art Therapy in the UK.

Initially, she describes how, in the first period, art therapists used art as a means to express and contain the distress of those with severe mental health difficulties. During the second phase, art therapists attempted to provide an "asylum within an asylum" (p.172) to counteract the perceived dehumanising effects of the psychiatric institutions. In the third, more contemporary period, art therapists are mainly influenced by psychotherapy theory and practice: the focus is on developing and improving technique.

During the first period, according to Hogan (2001), the most significant contributing factors to the development of Art Therapy in the 1940's were the founding of the National Health Service in 1946 and the emergence of new approaches to making sense of and responding to mental health (i.e. therapeutic communities, occupational therapy, group therapy). Waller (2013) accounts for the early influences on Art Therapy. A significant proportion of the early art therapists were art teachers and artists who had received art education, which was mainly using a 'child-centred' approach. This approach was developed by Franz Cizek, (Malvern, 1995) where children were invited to respond visually to events in their lives freely, without

employing technical instructions. In that way, the individual's creativity and inner resources were encouraged to be expressed and valued. In the same direction, the work of Marion Richardson was paramount, who developed the technique of visualisation, bringing children in touch with their inner world and express freely, and spontaneously (Swift, 1990). The child-centred approach had an enormous impact on the early development of Art Therapy in the US and the UK.

During the second phase, in the 1950's and the 60's a series of public exhibitions of artworks made by psychiatric patients, including exhibitions at the Institute for Contemporary Art (ICA) in London, helped draw the public's attention to the expressive 'psychiatric art' and the work of art therapists (Edwards, 2014). Edwards (2014) highlights that developments in visual arts such as the development of Outsider Art or Art Brute drew positive attention, helping to change how the public perceived people with mental health difficulties. According to Edwards (2014), the growing belief that the arts promote emotional and intellectual wellbeing has been vital in the development of Art Therapy. Similarly, he suggests that psychological theories from psychoanalysis, both from Freud and Winnicott, highlighting the value of play, imagination and dreams have led to place a positive value in imaginative play, drawing and painting.

The Withymean Centre in Devon, a therapeutic community combining the arts and the use of psychotherapy to support people with mental health difficulties was key to the development of Art Therapy and was reportedly visited by R.D. Laing (Wood, 1997). This therapeutic centre provided an environment significantly different to other psychiatric hospitals of the time. The patients would make art in the presence of an art therapist and a psychotherapist.

The role of the art therapist was to help the client create art, which would be interpreted by the psychotherapist.

During the 1960's and 1970's, many artists and art teachers were employed as art therapists in psychiatric hospitals (Edwards, 2014). They worked in isolation and therefore developed varied models- relying less on theory and mainly guided by intuition, respect for the artwork made and the creativity of the individuals. As Gillroy and Hanna (1997) highlight, Art Therapy in the '60s and '70s was aligned with anti-psychiatry movement and often opposed the medical model, while distancing themselves from occupational therapists.

The third stage of the Art Therapy developing as a profession begins in the 1980s (Waller, 2013). Despite an era of conservative politics, cutbacks in the public sector and privatisation, more and more art therapists trained, with the first salary structure being established in 1982 in the NHS. During that time, it was still particularly challenging to influence those deciding about services that art had an essential role in recovery and rehabilitation.

It might be useful at this point to mention the 'asylum within an asylum' movement of the open art studios. In many large institutions of the country in the 1980s and 1990s art therapists offered opportunities for self-expression and self-healing, as they considered the psychiatric environments impoverished, restrictive and isolated (Hogan, 2001). They considered the art studio a refuge from the alienation of psychiatric practices and environments. Many art therapists formed alliances with the anti-psychiatric movement and other person-centred and humanistic approaches of therapy. The anti-psychiatry movement fostered the values of critical thinking and rebelliousness in the developing Art Therapy profession.

With the psychiatric hospitals gradually closing, Art Therapy moved to community services (Wood, 1997). This move led to re-evaluating their models of working, moving towards incorporating theories and ways of working from psychotherapy, group therapy and psychodynamic theory. For example, the relationship between art therapist, client and artwork made in a session are discussed in supervision in an effort for them to be understood. Art Therapy trainees are expected to attend regular personal therapy to support their insights in their work.

Currently, health professionals are increasingly required to seek and provide evidence for the efficacy of their professional practice (Gilroy, 2006; Wood, 1997). Following the cuts in community and health services, there has been an increasing loss of Art Therapy posts, lead to the Health and Care Professions Council launching the 'Why hire an Arts Therapists' campaign to promote the fact that Arts Therapists are a regulated profession and raise awareness of their skillset (British Association of Art Therapists, 2016). In the NHS most Art Therapy posts are part-time, while individual caseloads have significantly increased in numbers and clinical complexity (T. Andrews, personal communication, January 23rd, 2019). In the community, art therapists are usually self-employed, or as sessional workers. Several charities (i.e. Off Centre, Step Forward, A space) have lost funding and therefore made Art Therapy posts redundant (J. Lammin, personal communication, February 2nd, 2019). This requires continuous adaptation while responding to the specific needs of their client populations and working creatively and flexibly in order to engage communities that might find psychological services hard to reach (Wood, 2013). Having considered how Art Therapy emerged and developed as a profession in the UK, we will next look into the main approaches that have developed in the Art Therapy practice.

1.6 Approaches in Art Therapy

Three main approaches have emerged in contemporary British Art Therapy, according to Hogan (2015). She describes the first approach as analytic Art Therapy: this approach incorporates concepts from analytical psychology and psychoanalysis. Transference is its focus, which is the lens through which the therapeutic intervention is understood. Art psychotherapists of the second approach might focus on the verbal analysis of the artwork with their clients; in some cases, the artwork can be considered a complementary tool to the talking therapy. Hogan suggests that this is common amongst art psychotherapists that have also been trained in talking therapy disciplines. The third approach is Art Therapy focusing on the process of making art, rather than the way the artwork is discussed. Although they might consider that a verbal analysis is not needed, they too discuss the responses of the client to the artwork made. Very often, it is hard to differentiate between the mode of Art Therapy as the three approaches can be used by the same art therapists depending on the service and the need of the client (Hogan, 2015).

In both individual and group Art Therapy, clients are invited to explore their thoughts and feelings using art materials (Edwards, 2014). The art materials usually provided are drawing materials, paints, paper as well as clay and materials for sculpture. For Moon (2000) Art Therapy as a field is still operating within an unnecessarily constricted repertoire of art materials: using clay, drawing, painting and found objects but very rarely inviting animation, conceptual art, performance or digital art.

Art therapists are encouraged to think of how the clients make use of the art materials, as well as how they make images and construct meaning out of the art (Wood, 2003). Hogan (2001) highlights that sometimes, clients give special meaning to the materials, as well as the images

made of them, making the process very symbolic of their inner experience. The relationship of the client with the artwork is also noted, as some might want to display or destroy or modify the artwork made in an Art Therapy session.

Hogan (2015) identifies that art therapists vary in the way they consider the role of the therapist. She suggests that there is a significant difference between those who use analytical psychology and those who use psychoanalytic theory and that this difference has not been considered in the literature. However, most leading Art Therapy theorists distant themselves from imposing interpretations of the client's artwork.

In the British Art Therapy training courses, the most focused model used is the Group Interactive Model (Waller, 2014). In this model, the attention of the therapists is focused on the interactions of the client with others. This approach is based on the view that the client is in a continuous state of flux, as the self is reconstructed following interactions with others. This is in contrast with the view of traditional psychoanalysis.

Apart from individual and group sessions, Art Therapy can also have an open studio format (Waller, 2013). In open art studio facilities, clients can drop in on a voluntary basis. This model has been mainly used in psychiatric wards or community spaces, sometimes criticised as clients could be pressurised into taking part.

In the UK, Art Therapy is mainly provided in the National Health Service (NHS), in mental health and learning disability services (Waller, 2013). Art therapists also work in the voluntary and private sector. The therapeutic aims depend on the client and the referrer.

Hogan reports that often clients have their own conceptualisation of goals that they wish to

achieve in Art Therapy (i.e. coming to terms with loss). The artworks made in therapy are kept in the service, for the client to be able to have access to them during the sessions. They are usually kept private, although some art therapists have recently been advocating for public exhibitions. These efforts come from art therapists advocating that the socio-political context within which illness, stigma and pain are developed and experienced should be brought to the foreground (Wood, 2013). Considering the various approaches and traditions within Art Therapy, one wonders what interventions and approaches have been used to support young adults. A systematic literature review will follow to provide a more detailed account of contemporary Art Therapy practice and research for this age group.

Chapter 2: Systematic Literature Review

2.1 Overview

In this section, a systematic literature review of research relevant to this doctoral thesis will be presented. As outlined by Siddaway, Wood and Hedges (2018), a research question was formulated as a starting point for systematically reviewing the existing literature:

What does the existing literature say about Art Therapy interventions for young adults?

The review initially aimed to show what the existing literature informs us about Art Therapy for young people with mental health difficulties. However, this question was modified to encompass a broader focus on Art Therapy for young adults in general. A rationale for this will be provided.

An outline of the search strategy employed will be discussed, followed by an overview and critical evaluation of the methodology and results of the identified papers. This will illustrate what can be understood from previous research. We will continue with a synthesis of the main points of the papers, before considering the limitations and implications of the review. The chapter will conclude with the rationale for this research and its aims and specific questions to be explored.

2.2 Search Strategy

This review of the literature is the result of several searches over a seven-month period, from June 2018 to November 2018. This process evolved due to the challenging nature of finding research that would usefully inform and bring light to the current project.

The databases PubMed, CINAHL and Scopus were used, as well as enquiries made to my research supervisors regarding any pertinent papers they were aware of. Initially, the aim was

to focus on Art Therapy for young adults with mental health difficulties. For the online database searches, a combination of several search terms were utilised, such as: '(Art Therapy OR art psychotherapy)'; 'AND young adults OR 'College students OR emerging adults'; 'AND (mental health OR mental illness OR depression OR anxiety OR PTSD OR personality disorder)'. Terms to be ignored were also stipulated, for example: 'NOT learning disability'; 'NOT psychosis*', were included, to refine the search and remove any results which were not in the sphere of mental health research. It is important to note that these terms (NOT learning disability'; 'NOT psychosis*) were not included in the second literature search to broaden the scope and provide more results. For example, an article on early intervention for psychosis was included (Bold and Paul, 2014).

Table 5. Summary of inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
Focused on interventions of Art Therapy for clients 16 to 30 years old	Included art projects without considering the therapeutic impact of interventions
Contained substantial reference to young adults' engagement with the intervention	Focused on quantitative evaluation or diagnosis
Published in English	Non-peer reviewed articles, reviews and personal accounts, dissertations.

This first literature search provided 192 results, however following each title being screened, and 81 abstracts viewed, it came to light that only three papers focused on Art Therapy for young adults. Most items found referred to generic art interventions or verbal psychotherapy, while most Art Therapy research studies did not meet the age range criterion (young adults 18 – 30 years old). This suggests a scarcity of research on this age group.

Following this, the decision was made to broaden the systematic review, and to

include papers focused on studies concerning Art Therapy with young adults in general. These perspectives are valuable to the researcher due to the importance of understanding rich information about Art Therapy interventions, prior to settling on the rationale and aims of the current research project. Flow charts of various example stages of the search process are included in Appendix A. The inclusion and exclusion criteria decided upon by the researcher can be found in table 1.

When these further searches of online databases were completed (see Appendix A), the combined searches yielded 650 articles. Excluded were those that did not meet the inclusion criteria, as well as duplicates. This left 42 articles, and the full texts of all of these were screened, leaving 9 relevant articles.

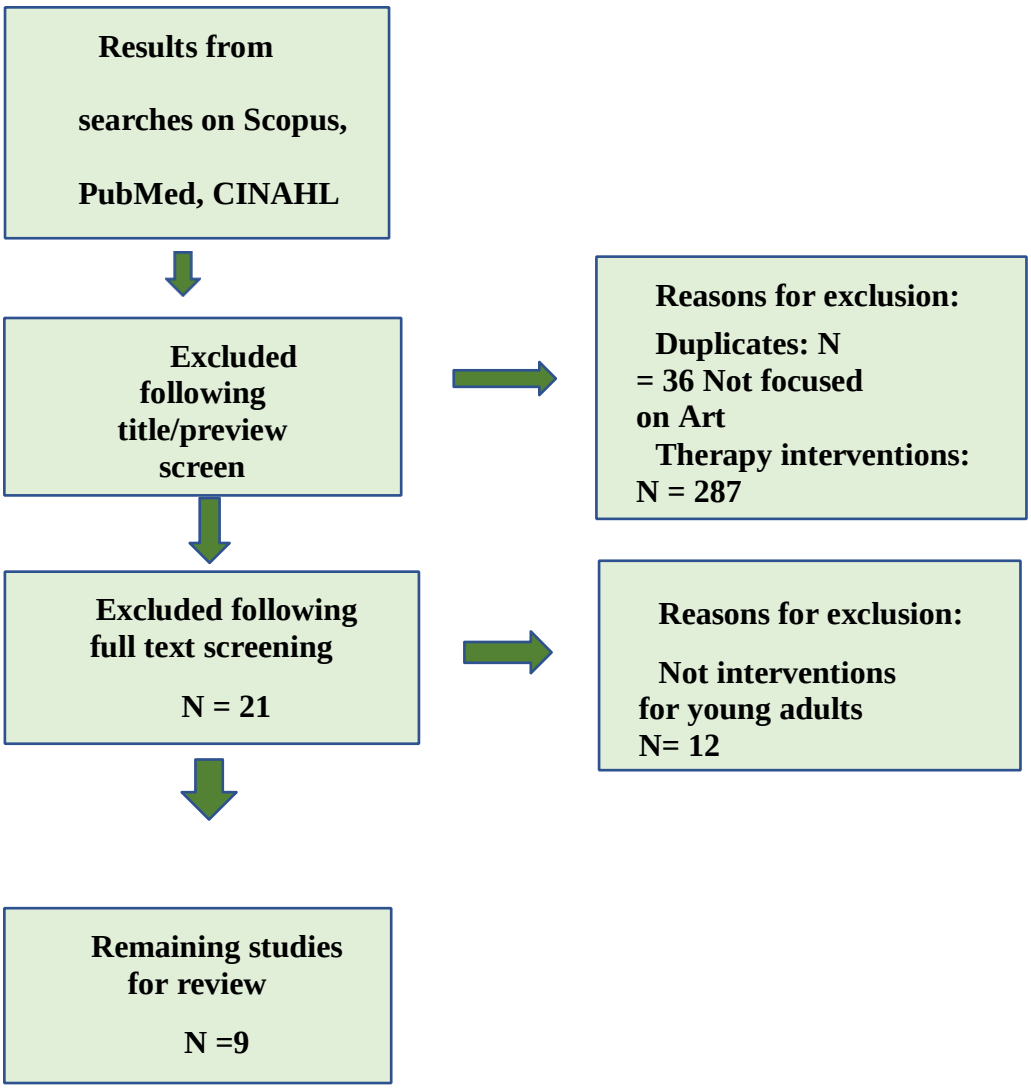


Figure 1. Results when inclusion criteria broadened to all Art Therapy interventions for young adults.

2.3 Overview of Papers

Following extensive searching in multiple databases, nine articles were selected to be included in the systematic review. Of these two were from the UK (Coles & Harrison, 2018; Parkinson & Whiter, 2016), three from the USA (Hensel et al, 2012; Chu, 2010; Boldt & Paul, 2011), one from Australia (George & Kasinathan, 2015), one from Israel (Corem, Snir & Regev, 2015), one from Canada (Collie et al, 2017) and one from Ukraine (Van Lith, Bullock, Horbal, & Lvov, 2017). Only four out of nine included a form of evaluation of Art Therapy intervention for young adults (Collie et al., 2017; Corem et al., 2015; Parkinson & Whiter, 2016; Van Lith et al., 2017), the remaining papers were detailed descriptions of clinical practice with young adults as a client group. The papers that attempted to apply specific research methodology utilised mixed methods (Corem et al., 2015; Van Lith et al., 2017) or reflect interviews and Audio Image recordings (AIRs; Parkinson & Whiter, 2016) and thematic analysis on participatory design (Collie et al, 2017). The selected papers represent published literature over a period of eight years (2010- 2018). There was no limitation in the chronology of the papers during the literature search: the dates of their publication are included as part of reporting the findings of the literature search.

The identified papers covered a variety of models of Art Therapy interventions. Most (n=8) described forms of group Art Therapy interventions (Boldt & Paul, 2011; Chu, 2010; Coles & Harrison, 2018; George & Kasinathan, 2015; Hensel et al., 2012; Parkinson & Whiter, 2016; Van Lith et al., 2017). One article (Corem et al., 2015) concerned individual sessions of Art Therapy.

2.4 Participants

While eight of the papers reviewed represent a total participant population of 181 across the UK, Canada, Ukraine, Australia, Rwanda and the USA, one of the papers concerned

ten groups of young adults without referring to specific number of participants (Boldt et al., 2011). An accurate figure was impossible to deduce as in some articles it was unclear how many young people participated in the projects involved. In most articles the participants were from 16 to 30 years old, except for Collie et al. (2017) where participants were 18 to 38 years old, and in the Mural Art Therapy study (George & Kasinathan, 2015), where participants were 16 to 20 years old. As mentioned above, participants were from varied ethnic backgrounds. The ethnic background of the participants was specifically considered in two of the studies (Chu, 2010; Van et al., 2017) while in others it was not reported. When participant and demographic data were not considered, it was difficult to situate and fully contextualise the findings.

2.5 Evaluation of the Research

Most of the studies included in this systematic review provided qualitative accounts of young people's engagement with Art Therapy interventions. Elliot, Fischer and Rennie's (1999) quality appraisal criteria were employed, designed for evaluating qualitative research from the perspective of clinical psychologists (see Barker, Pistrang & Elliot, 2002).

This appraisal considered general principles of evaluating research first (e.g. explicit scientific content and method; appropriate method; respect for participants; specification of method; appropriate discussion; presentation; contribution of knowledge), followed by more specific criteria for evaluating qualitative research (provided below) (detailed evaluation can be found in the Appendix B).

i. Owning one's perspective
ii. Situating the sample
iii. Grounding in examples
iv. Providing credibility checks

v. Coherence

vi. General vs Specific

vii. Resonating with readers

Despite the studies being predominantly case studies and expert opinion peer reviewed articles, these studies were selected amongst the very few published accounts concerning Art Therapy interventions with young adults. All studies provided a rationale for exploring young adults' engagement with Art Therapy interventions. Four of the papers identified an explicit scientific context or purpose (Bold et al., 2012; Collie et al., 2017; Chu et al, 2015; Parkinson & Whiter, 2016). There were no references to ethical approval being sought and granted in any of the papers reviewed.

While all the papers came from peer-reviewed journals and can be considered as important contributions to practice development, they did not all meet quality criteria as robust evidence of research in Art Therapy practice. Three of the nine papers described their data analysis methodology (Collie et al., 2017; Corem et al., 2015; Parkinson & Whiter, 2016) but varied in terms of how adequate their description was, and the amount of evidence provided to support their suggestion. One of the criticisms of the research in this area is the focus on case studies, with this limiting the generalisability and further dissemination of the findings. Participants were often the researcher's own clients: whilst this could offer richer interpretations, it limited triangulation and credibility, especially when in most cases no further credibility checks were sought. The researcher's position, assumptions or possible biases were not made explicit in any of the papers. Having considered the above, we can now move to a brief overview and critique of the articles.

Parkinson and Whiter (2016).

These researchers explored the process of setting up an art psychotherapy group in an early intervention for psychosis service. They synthesised young service users' perspectives with their own interpretations to discuss how Art Therapy meets NICE guidance (on reducing the impact of schizophrenia). The clinicians-researchers used Audio Image Recordings from two clients to further understand the aims and outcomes of the intervention. It is worth mentioning that Audio Image recordings (AIRs) have been developed by the British Association of Art Therapists (BAAT, 2015; Springham & Brooker, 2013): AIRs are reflective interviews which aim to capture an individual's narrative of their experience and their perception of change.

Interviews were themed under the three aims of practice recommended by NICE (2014). Clients spoke about experiencing themselves differently, feeling able to take positive risks and feeling part of the community. They also reported experiencing themselves as more tolerant. They reflected on expressing their feelings, which helped to organise their emotional experience instead of 'bottling things up'. They accepted and understood feelings through the creative process, while they appreciated moving to a community setting outside the hospital. One of the most interesting outcomes was that clients wanted to encourage young people to join group Art Therapy.

Parkinson and Whiter (2016) recommended identifying a community location can help young people engage in Art Therapy, as well as adopting a collaborative approach. To counteract the initial anxieties and hesitations from clients, they recommended generating optimism, expecting positive outcomes, and using warm up drawing games and exercises to help engagement. They suggested including friends of service users, as well as offering reflect interviews at the end of the interventions.

Despite adding to the small body of research on young adults' engagement in Art Therapy groups, the study had limited credibility as no credibility check or attempts at triangulation were reported. In addition to these concerns, no methodology was described in relation to the authors analysis of the qualitative data; it appeared that the findings were based on the researchers' impressions of the overall raw AIR data. That said, the study could be considered a starting point in an unexplored area of research, with considered and useful implications for clinicians.

Chu (2010).

In this research, a case study of an Art Therapy intervention with three young adults in Rwanda was reported. The aim of the study was to explore the creative making of boxes, used as a medium to process the trauma of losing family members in the Rwandan genocide. Chu adopted a culturally sensitive approach, consulting with local community about the project and situating the study and intervention in historical and political contexts. This study reflectively discussed characteristics of the box making and how the young adults used the media and made sense of their expressions, while processing posttraumatic stress and loss.

The box was used as a metaphor containing parts of the self and was found by the participants to help their expression, reconnection with parts of their self, and promoted their recovery. However, very limited quotes were included to ground the findings.

In order to demonstrate reflexivity, Chu could have provided information about her own culture on discussing this cross-cultural intervention. For greater rigour, the descriptions could have been organised in themes, including more direct quotes from the clients, instead of primarily the voice and view of the therapist-researcher.

Hensel et al. (2012).

These researchers looked at an expressive Art Therapy class in the last year of nursing training, to explore the use of Art Therapy as self-care. Six student nurses discussed the

outcomes of the intervention. They reported an initial reluctance to engage, followed by feelings of relaxation. They gradually saw this as an opportunity to reconnect and clarify their values, while some felt an increased sense of self-awareness, and a sense of empowerment.

As the outcomes of this intervention were considered positive and valuable for the trainee nurses, it was recommended that Art Therapy should be included in training as part of self- care and value clarification. The study was a very interesting read, as it provided rich descriptions of their experience, especially accompanied by the drawings of the participants. However, a qualitative methodology for the analysis of the data would have increased rigour; with participant raw accounts reported, the reader is left to do their own analysis of the data. It is an innovative project, which may draw more research interest in this area.

Corem, Snir, & Regev (2015).

Using an Art Therapy simulation, these researchers investigated the relationship between the therapeutic relationship and clients' attitudes to using art materials in the Art Therapy session. Fifty-one students on an Art Therapy course, completed the Client Attachment to Therapist Scale, the Session Evaluation Questionnaire, and the Art- Based Intervention Questionnaire (ABI). The findings indicated that the more secure the attachment formed with the therapists, the more positively clients engaged with art materials. Similarly, the greater the avoidance between clients and therapists, the less positive the experience of engaging in art materials. The paper contributes to the understanding of the relationship between the quality of the client's attachment to the art therapist and their engagement and impressions of the experience. As a correlational study, it did not indicate a causal relationship. The study implies that the relationship to the therapist fosters positive engagement with the art materials. However, perhaps the positive engagement with the art materials can lead to a more positive attachment experience with the therapist. Their

discussion was comprehensive, which included limitations of the study such as the restrictions of this being a simulation with training professionals. The results were utilised to make suggestions for future research which could lead to thought-provoking explorations.

George and Kasinathan (2015).

These researchers explored the process of creating a mural as part of an Art Therapy intervention with young offenders hospitalised with mental health difficulties. Eleven young people aged 16 to 20 years old participated in planning and developing a mural Art Therapy project. Themes from this intervention were discussed, mainly based on the researchers' own accounts of the intervention. Despite young people being reluctant about the project initially, they reported feeling a sense of achievement, a sense of teamwork and empowerment, as well as ownership and pride after the project was completed. One of the additional benefits that was considered important for the young people and the therapists involved was "leaving their mark"; bringing a significant aesthetic change in the courtyard of the unit. Although the subject matter of the study was innovative, it lacked the voices of the participants. Its methodology was also unclear, with findings based exclusively on researcher's observation and expert opinion. On a positive note however, the study included rich descriptions of the context, the demographic and mental health background of the participants, which helped the reader contextualise this engaging intervention.

Coles and Harrison (2017).

These researchers described a pilot Art Therapy group, based in a museum. Their participants were young adults (18-25 years old) experiencing mental health difficulties. They used quantitative and qualitative data to evaluate the group intervention, including post therapy reflective interviews. This intervention helped young people reflect on their experiences and feelings. It also helped facilitate interactions and foster connections

between group members. Young adults' motivation and creativity was enhanced. Art Therapy in the museums encouraged independence and engendered a sense of connection with the world outside mental health services. Museums were considered a cultural resource with therapeutic benefits. The study included a rich discussion, including limitations of the project. The results were utilised to make further suggestions for both clinical practice and further research. This well-presented paper sheds light into an unexamined and innovative area of Art Therapy practice. Regarding the limitations of the study, a larger sample size could have been more useful for the quantitative part, although it is understandable that realistically in practice this may not have been possible. A thematic analysis of the interviews would have helped organise the findings more coherently. Most importantly, the qualitative data were triangulated, using multiple sources to increase credibility of findings. This study has gained the interest of the public with The Conversation (Coles, 2019a) and The Independent (Coles, 2019b) recently publishing the findings, engaging further interest in the area of innovative Art Therapy practices.

Collie et al. (2015).

These authors used a participatory design to develop online Art Therapy groups for young adults with cancer. Seven participants had the experience of one or more online Art Therapy sessions. They then provided feedback that was analysed using a qualitative thematic analysis. The participants experienced the ability to express their emotions, whilst feeling comfortable and connected. It was considered that these experiences were supported by the therapists' facilitation, and their efforts to generate dialogue about the art made and group support. It was concluded that the newly developed mode of online Art Therapy support was ready to be delivered to young adults with cancer. These results provided insights into the therapeutic processes of online Art Therapy groups, especially regarding collective meaning- making and the promotion of a sense of connection. This

work captured the nuance of individual stories while also presenting an integration of the outcomes of the interviews. The discussion included very practical practice implications, suggesting that the study has already been made useful for the community. Challenges, such as the limitations of conducting sessions in a chat room, were considered and reflected upon.

Van Lith et al. (2017).

These researchers developed a mixed methods study to explore the practice of Art Therapy with undergraduate students in Ukraine. Initially, the university students were given a questionnaire to capture how they perceived Art Therapy. These questionnaires were later analysed to identify why they had sought Art Therapy and how satisfied they were with the intervention. Vignettes were included to demonstrate Art Therapy as a way of supporting students to process negative experiences associated with their political and historical contexts.

Having described the socio-political context of this study, the researchers suggested that Art Therapy should be tailored to promote self-care, instead of it being perceived as a treatment, which is associated with the stigma related to seeking therapy. The study was presented in neatly organised structure. However, it needed to be acknowledged that the case vignettes lacked rigour in important ways, with the researcher not naming a method of analysis for the qualitative part. Despite not discussing the limitations, this study is a helpful contribution to a subject area where little investigation has been attempted. Demographic data would have helped situate the sample.

Boldt & Paul (2011).

These authors looked at Art Therapy groups offered to university students as a means of addressing intrapersonal and relational concerns. In this case study the context of the intervention was considered carefully. It mainly comprised of the clinical impressions of

the two art therapists who developed the intervention. The authors were situated, and their hypotheses were discussed. Based on participants feedback and direct observation, they argued that the group members benefited from the process group, as well as participating in expressive arts. Differing aspects of the intervention were presented effectively and coherently. Organising the content into phases helped frame the narrative presentation of the results. Despite some students initially sharing feelings of reluctance to engage in group therapy, they found a creative arts therapy group to be a positive alternative. Students gradually built positive relationships and discussed aspects of their identity. Making art was reported to help participants to engage in introspection and facilitated connecting and sharing of experiences with others as relationships were built. However, the authors grounded these conclusions in limited examples of participants' direct quotes. The evaluation of the groups remained anecdotal.

Table 6. Evaluation of Recommended Guidelines for the Qualitative Research Papers of the Review.

Guideline							
Paper	**Owning one's perspective**	**Situating the sample**	**Grounding in examples**	**Providing credibility checks**	**Coherence**	**Accomplishing general vs specific research tasks**	**Resonating with reader**
Boldt & Paul (2011)	Yes	Yes	No	No	Yes	Yes	Yes
Collie, K., et al. (2017)	Yes	Yes	Yes	No	Yes	Yes	Yes
Chu, V. (2010)	No	Yes	Yes	No	Yes	Yes	Yes
George & Kasinathan (2015)	No	Yes	No	No	Yes	Yes	Yes
Hensel et al. (2012)	No	No	Yes	No	Yes	No	Yes
Parkinson & Whiter (2016)	No	No	Yes	No	Yes	Yes	Yes

Table 7. Evaluation of Recommended Guidelines for the Quantitative or Mixed Methods Research Papers of the Review

Guidelines							
Paper	**Explicit scientific context and purpose**	**Appropriate methods**	**Respect for participants**	**Specification of methods**	**Appropriate discussion**	**Clarity of presentation**	**Contribution to knowledge**
Corem et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Coles & Harrison (2018)	Yes	Yes	Yes	Yes .	Yes	Yes	Yes
Van Lith et al. (2017)	Yes	Yes .	Yes	Yes	No	Yes	Yes

2.6 Synthesis of findings

The variation in methodology, focus and outcome of all the papers, together with their varying levels of quality, made it challenging to synthesise conclusions across the literature. However, the papers did present interesting findings and innovative practices worth considering in relation to interventions with young adults. It was possible to identify similarities and differences in approach, theoretical understandings and themes of the work with this client age group.

2.6.1 The role of 'context'.

As described above, the social, political and cultural context of working with young adults can have a significant impact on the research carried out and the Art Therapy interventions offered. The papers for review span the UK, Canada, Rwanda, Australia, USA, Ukraine and Israel. The influence of these contexts on the work was acknowledged in some of the papers; as an example, the Art Therapy intervention in Rwanda was situated within the political and historical context of the Rwandan genocide (Chu, 2010). In the Ukranian study, political and cultural changes were also considered, as well as their impact on the Ukrainian university students' attitudes to services (Van Lith et al., 2017). As these students tried to negotiate how to exist having remainders of a collectivist socialist soviet era with a shift towards neoliberal capitalist individualism, they sought help with finding their identity and negotiating these dilemmas (Van Lith et al.,2017).

Many differences can be seen in the work being described in the UK and USA contexts, as well as differences in the types of services (university counselling services, training, inpatient services, outpatients, community etc). In the UK, the policy context influenced the research

conducted, as well as the cultural shift of trying to involve museums and galleries in healthcare (Parkinson & Whiter, 2016; Coles & Harrison, 2018).

2.6.2 Main themes emerging from Art Therapy intervention with young adults.

The findings from the thematic analysis of the literature identified seven themes. These included: Initial reluctance to engage; relationship to the art therapist; reconnecting with values and identity; making sense of the artwork; connecting with others; processing feelings and de-stigmatising.

Initial Reluctance to engage.

Young adults expressed an initial reluctance to engage with the art materials and the Art Therapy process in most of the studies reviewed (Bold & Paul, 2014; Hensel et al., 2012; Chu, 2010; Van Lith et al, 2017; Parkinson & Whiter, 2016). What could be behind that reluctance for participants? For some there was an initial pressure to draw and a fear that their lack of talent will be evident once they start drawing; for others engaging in art-making felt like a "waste" of time, or "totally ridiculous" (Hensel et al., 2012). Some participants might have appeared self-conscious, making self-deprecating comments about their artistic abilities and psychological struggle. When they engaged with art-making, they soon felt comfortable, discovered their abilities and eventually had a positive experience (Bold & Paul, 2014).

Another question arising is what the art therapists' stance towards this reluctance was. Initial avoidance is sometimes considered an integral part of the practice: art therapists suggested that it was important to allow clients to develop trust at their own pace (Parkinson & Whiter, 2016). Young adults seemed to be put at ease by warming up exercises and the collaborative, encouraging stance of their art therapists (Collie et al., 2017).

Having carefully considered the cultural context, it was possible for the art therapist to specifically employ an intervention that will help young adults engage in the process. As a specific example provided by Chu (2010), the nature of the medium indeed helped address these expected initial hesitations, expressed occasionally by limited use of colour and faint line pressure.

It makes sense that cultural attitudes could inform the client's attitude to seeking and engaging in therapy, however this is not always observable in the process. In the study with Ukrainian students, although there were cultural narratives against seeking help from therapists, there was no observed reluctance to engage (Van Lith et al., 2017).

Relationship to therapist.

The relationship between clients and art therapists was another occurring theme running across the papers reviewed. Several examples demonstrated how important the connection to the therapist was to the clients. While in some studies the attachment to therapist was named explicitly, in others it was noted more covertly.

It seems that the more secure the attachment to the therapist, the more positive overall the experience of engaging and working with art materials was – and vice versa. The more secure the attachment, the more positive was the attitude to the materials and the final product (Corem et al. (2015). The way therapists modelled a supportive tone when talking about artwork, seemed to have been important in participants' relationship to the therapists (Collie et al, 2017). Participants described the therapists as validating, including and supportive: they said the group developed an encouraging positive atmosphere because of the way therapists

related to the group (Collie et al., 2017). From an interpretive lens, it is particularly interesting how in Rwandan's artwork English words were included, rather than the spoken Kinyarwanda, perhaps in an effort to be understood by the English-speaking Art Therapist (Chu, 2010). In the young offenders' unit, it was considered that two participants demonstrated their attachment style by disengaging during the last phase of the group, to prepare emotionally before the pending ending of the group (George & Kasinathan, 2014). Both the above illustrated examples where the attachment was considered, however this reading relied on the researcher's interpretation of the client's communication.

Reconnecting with identity and values.

Rediscovering parts of one's identity, as well as connecting again with preferred values was a consistent theme among the papers reviewed (Boldt & Paul, 2014; Chu, 2010; Coles & Harrison, 2018; Hensel et al., 2012; George & Kasinathan, 2014; Van Lith et al., 2017; Parkinson & Whiter, 2016).

Young adults explained that through making images they reflected on what was important to them; some discussed core experiences of stigma and social inclusion (Parkinson & Whiter, 2016), while others celebrated their gratefulness to their family, religion, career aspirations, sports and education, connection to their communities (Hensel et al., 2012; Chu, 2010). Young participants changed their perspective about their artistic abilities, acknowledged that they were artists; they rediscovered their autonomy, and agency over their own recovery and personal development (Boldt & Paul, 2014; Chu, 2010). Participants reported a sense of success, recognition, accomplishment and pride (George & Kasinathan, 2014; Coles & Harrison, 2018). Among these rich outcomes of Art Therapy, many clients reported

connecting to a sense of playfulness and creativity (Collie et al, 2017; Coles & Harrison, 2018; Parkinson & Whiter, 2016).

Moving further from reconnecting with parts of identity, some changed their relationship with those parts of self. For example, the Ukrainian students negotiated older parts of self and community that were regarded as negative due to the socio-political changes in their context (Van Lith et al., 2017).

Feeling connected to others.

Members felt connected to others, within their groups and communities for a plethora of reasons. Group members connected with what other members expressed verbally and nonverbally, while they appreciated developing a collective understanding over the issues brought to the group. Looking together at the artwork and taking in different perspectives in the group was experienced as enabling and bonding (Chu, 2010; Parkinson and Whiter, 2016).

It is not surprising then that clients felt validated when others responded to their artwork, whether expressing questions, or affection and admiration (Boldt & Paul, 2014). At the same time, with the development of bonds, clients sometimes limited their disclosure and quality of participation in fear of the group's expectations and response. Therapists needed to make these interactions useful and validating for the participants, to facilitate understanding and closeness for the group (Boldt & Paul, 2014).

We see that even in the example of an online group, the clients bonded as a community despite their geographical distance not only because of their similar age and common experiences, but because they collectively made meaning together (Collie et al, 2017). Attending a group outside mental health settings, visiting a museum together, beginning to meet for coffee helped develop friendships and reconnect with a sense of "normality", and being part of the community (Coles & Harrison, 2018).

Even when there is a different structure of the intervention, while making a mural, group members felt a sense of connection, and pride for being able to work together as a team (George & Kasinathan, 2014). It is worth mentioning that the level of the connectedness in the mural group was such that they developed what seemed like a family structure, with older participants taking on older siblings' roles.

Making sense of the artwork.

Reviewing the artwork made in sessions helps with reflecting back on their original emotions and their experiences of creating it. Reviewing artworks prompted further discussion on how clients experience themselves, and sometimes find evidence of change (Boldt and Paul, 2014).

Clients could challenge beliefs they held about themselves mainly because of looking at the artwork with others and talking about it with them (Parkinson & Whiter, 2016). One can find it surprising that they considered that the most creative part was the collective meaning making, rather than the actual making of the artwork (Collie et al., 2017).

Furthermore, reviewing a client's developed body of artwork is described as a moving experience, as the client's themes, styles, and relational patterns become more apparent. The images were considered to contain symbolic representations of what was important in the artist's life, often holding relational significance by representing lost attachments and parts of the individual's identity within the community (Chu, 2010). Participants found themselves describing how different parts of themselves relate, as they negotiated how objects of their drawings relate (Chu, 2010).

Young adults were described to have reflected on metaphorical expressions of their family members and talked about using materials and images as metaphors to describe the quality of their relationships (Boldt & Paul, 2014). Similarly, the objects and colours were considered as a way to process past experiences and connections to family and community (Van Lith, 2017, Chu, 2010). It is important to add that although many participants willingly reflected on their artwork, some expressed they would have preferred not to talk about it in front of the group (Hensel et al., 2012).

Processing emotions.

It seems that processing of thoughts and feelings is an integral ingredient of Art Therapy. Making art helped participants experience their feelings and reflected on their experiences, enabling meaningful interactions between participants and therapists (Boldt & Paul, 2014; Chu, 2010; Coles & Harrison, 2018; Hensel et al, 2012; George & Kasinathan, 2014; Van Lith et al., 2017; Parkinson & Whiter, 2016).

Processing feelings about themselves, their self-esteem and relationships, helped with emotional regulation, as well as being more open to new future experiences (Van Lith, 2017).

Expressing feelings was seen as emotional release, alleviating stress (Hensel et al., 2012). Young people found a new way of organising their feelings, similarly, to organising their artwork, by applying a "frame" to them; others reported that making artwork about an experience helped them see it in perspective (Parkinson & Whiter, 2016).

In some studies, different types of processing were reported; in the Counselling service setting, the last part of every session was used as an opportunity for further insight, emotional validation, helping the group members articulate and acknowledge their feelings (Boldt & Paul, 2014). Similarly, in the Rwandan context, participants shared feelings of loss and mourning through the images, while connecting with their hopes for the future (Chu, 2010). Moving to the setting of the museum, young people gained inspiration from the museum exhibits and made artwork in response, reflecting their deeper feelings in relation to the museum artworks (Coles & Harrison, 2018).

Destigmatising.

In their varied contexts and forms, Art Therapy interventions helped clients move away from experiencing stigma for receiving therapy. Various factors seemed to contribute to this: for example, having the Art Therapy sessions away from the hospital, in the community, was particularly positive and destigmatising (Parkinson & Whiter, 2016). On the other hand, young Ukrainians were able to access Art Therapy as a way of avoiding the stigmatising attitudes towards seeking talking therapy (Van Lith et al., 2017). In a more innovative way, having a museum-based Art Therapy group brought the members closer to the community and was less stigmatising, with young people often meeting for coffee before their session and developing friendships (Coles and Harrison, 2015).

2.7 Implications for practice

Having read about young people making a mural together, groups forming friendships in museums, people building boxes and sharing artworks online, this review has offered a flavour of how flexible and adaptable Art Therapy interventions can be. With service development in mind, this adaptability is open to new innovative ideas that could foster coproduction and a meaningful response to communities' needs and resources. On the other hand, the benefits and feasibility of Art Therapy projects need to be carefully considered to maximise engagement and therapeutic outcomes.

It is encouraging to see the level of consideration and sensitivity of cultural context for the interventions reviewed: in any setting, art therapists need to reflect how clients' relationship to their geographical, historical and cultural environments can impact on their attitudes towards therapy, as well as their engagement. Training courses can continue to consider the resources, discussions and training experiences that can foster these competences in qualifying art therapists.

Moving forward, if the therapeutic relationship is key to the process, then therapists would need to create all the conditions that help an attachment feel secure: consistency, time, predictability, empathy. At the same time the engagement with art materials should be facilitated, with including a rich variety of inviting, accessible art materials.

The role of Art Therapy in helping connect individuals to values and aspects of their identity should be explored even further, and shared with professionals from other disciplines: referring services within the NHS and in the community could then refer to Art Therapy those who would benefit from therapeutic outcomes that cannot be captured solely within

symptom reduction agendas (although it is worth exploring whether mental health symptoms also reduce with re-establishing values and enhancing identity). Having considered that, it is useful to highlight the aspect of processing emotions as one of the functions of Art Therapy: this function needs to be emphasised and shared with those accessing the services. Experiencing, talking and thinking about feelings is a core element in Art Therapy, and therefore service users and their carers, as well as referrers would need to expect that as part of the process more explicitly. This will help Art Therapy projects, especially with younger populations, to differentiate art psychotherapy from the frequent confusion with art classes, and therapeutic art.

One of the more exciting take away messages is the destigmatising aspect of some interventions. This leads us to think whether services would need to consult and co-produce more often with young people to find out where and how the interventions can be more meaningful and less stigmatising. Using cultural spaces, or other parts of the community and having an aesthetic impact on environments could be considered as potential ongoing ideas that could work well in collaboration with community psychology projects, as well as cultural organisations and museum institutions.

2.8 Conclusion

In summary, synthesising and comparing the findings of the reviewed papers has presented some challenges. The papers are significantly diverse in terms of their quality, the focus of the investigation, as well as the methods used. Most of the papers reviewed are mainly descriptive and do not offer a form of ‘investigation’.

This highlights the need for further rigorous research, involving methods capturing how interventions are perceived by those engaging in Art Therapy. It is worthwhile to consider the reasons limiting Art Therapy research and address the contextual factors that might make research harder for clinicians and researchers.

The identified literature covered a variety of models of support. Most of the articles (n=8) described or evaluated Art Therapy as a group intervention, which renders researching individual Art Therapy interventions for young adults worthwhile.

The interventions identified include online Art Therapy groups, mural Art Therapy, Art Therapy experiential classes, Art Therapy groups run in museums and in counselling centres. The overarching themes found in most articles where considerations on the attachment developed between client and therapist, connections with the group, rediscovering values and parts of identity, making sense of the artwork, destigmatising and processing emotions.

2.9 Rationale for Present Study

Despite the above considerations, the voices of young adults accessing Art Therapy have not yet been directly communicated, as the voices of the clinicians involved seems to overtake. Although the interventions described and reviewed are reported to have benefited the young adults involved, it would be useful to gain further insights from the clients about how these interventions were experienced. There is a need to hear directly from young service users what they think about their engagement with Art Therapy and what is meaningful for them. It is hoped that by doing so, clinical practice, Art Therapy training and interventions will be informed.

The current study will therefore address the following research questions:

‘How do young adults make sense of their individual Art Therapy sessions?’

‘How do they experience their art therapist?’

‘How do they experience their art-making?’

This is an exploratory qualitative research study, which employs Interpretative Phenomenological Analysis (IPA) to analyse the results. The reasons for this approach will be outlined in the following methodology section.

Chapter 3: Methodology

3.1 Overview

This study explores the meaning young adults give to their experiences of individual Art Therapy sessions. In this chapter the design of the research will be discussed, as well as the reasons why the chosen method of analysis was employed in response to the research question.

The theoretical underpinnings of the chosen method of analysis: Interpretative Phenomenological Analysis will also be reviewed (IPA; Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2003). I aim to discuss the details of ethical considerations, participant details, recruitment strategies, interview development and procedure, as well as the process of data analysis. An attempt to assess the quality of this research (Yardey, 2008), including the credibility and self-reflexivity of this study, will conclude the chapter.

3.2 Design

This research utilised a qualitative design, with five participants, each engaging in one semi-structured interview. The perspective of young adults in Art Therapy has not previously been researched and to address this gap, a qualitative research approach that could privilege the subjective, lived experiences of young adults was sought. A qualitative design and analysis can provide rich descriptions of the examined phenomena, and in essence is concerned with what these accounts mean (Smith, 2015).

As a previous service user, I considered it important to choose a research method that could empower the participants (Faulkner, 2012). Collecting the voices of service users by qualitative methods has been identified as elevating in the “hierarchies of evidence” (Featherstone et al.,

2014, p15 cited in Cox et al., 2017), often used by service commissioners to influence their decisions.

As this study aimed at producing rich descriptions of a particular age group, in a specific situation, quantitative research methodologies were not utilised for this project. A qualitative methodology felt a necessary choice, considering my epistemological and ontological position.

The number of participating young people is within the range suggested by Turpin et al. (1997) as an appropriate participant number for doctoral psychology research when utilising the selected qualitative method of analysis (IPA), allowing for an analysis of differences and similarities between participants to emerge (Pietkiewicz & Smith, 2014).

3.3 Consideration of Methodologies

For this study a number of alternative qualitative methodologies could have been employed. Here I will outline the rationale for the methodology selected.

When the research aims at generating theory from the data, Grounded Theory (Charmaz, 2011) is an indicative method of qualitative analysis (Strauss & Corbin, 1997). Grounded Theory was not considered the most appropriate option for this project, as this study is concerned more with the experiences of young adults; it does not aim to create an overarching theoretical explanation for Art Therapy interventions.

Discourse Analysis is concerned with linguistic structures, patterns of conversation and social communication through conversation (Smith, 2015). When describing a person's experience, the focus is on the role of language (Biggerstaff & Thompson, 2008), rather than how

individuals make sense of experiences within their contexts, such as IPA (Smith, Jarman, & Osborn, 1999).

Narrative Analysis is used in research to make sense of people's stories, often from a social constructionist perspective that rejects the notion of a single truth (Taylor, Bogdan, & DeVault, 2015). However, Narrative Analysis is concerned more with how experiences are storied, who they are narrated for and with what purpose (Burck, 2005; Riessman, 2008). This contrasts with the current project's main concern of exploring in depth how participants make meaning and understand their experiences of Art Therapy.

Thematic Analysis was a potential methodology for this research. It is used to identify and interpret the patterns and themes emerging across qualitative sets of data (Clarke & Braun, 2014). However, this would result in broad, descriptive analyses of several participants (Hefferon & Gil-Rodriguez, 2011). As the aim of this research is to study a lived experience in detail, a more idiographic and interpretive focus is required, which can be found in IPA (Braun & Clarke, 2006).

3.3.1 My epistemological position.

In the previous chapter my ontological and epistemological assumptions have been outlined. These assumptions have informed my decisions regarding the methodology and will be briefly discussed here further. While co-constructionism assumes that a reality exists, it is important to highlight that different aspects of this reality are brought to the foreground according to the individuals' and the societies' ideas held about this reality: we can advance our understanding and our knowledge on a phenomenon, even if we can't reach absolute truths (Speed, 1991). By exploring how young adults construct their experience of participating in Art Therapy, we can

develop and enhance our knowledge about young adults' own reality. This requires an approach concerned with the meaning these individuals attribute to their reality.

Using this kind of approach with an interchange between interviewee and researcher, it is acknowledged that their interactions will be giving form both by the participants' accounts, but also by the researcher's ideas. Therefore, researcher reflexivity is essential to mediate and regulate my contribution to the findings. More information on how reflexivity is sustained throughout the research process is provided below.

3.3.2 Interpretive phenomenological analysis (IPA).

Among the various methods for analysing qualitative data, IPA was considered most appropriate for this study (Smith, 1996; Smith et al., 2009). Initially, this approach was developed within the field of health psychology as a systematic method of studying the lived experiences of individuals**.** It combines three theoretical lenses, or three theoretical assumptions: phenomenology, hermeneutics and ideography. This section will provide a brief overview of these philosophical underpinnings to orientate the reader to the fundamentals of the chosen methodology, thus providing an insight into why it has been selected.

3.3.3 Phenomenology.

Phenomenology is an approach to the philosophical study of experience, which has been described as the science of 'the essence of experience' (Husserl, 1982). Husserl (1982) considered it possible to study key elements of experience through reflection and 'bracketing', which requires taking distance from the immersion of experience, and consciously noticing the process of experiencing. Husserl, Heidegger, Levinas, Merleau-Ponty and Sartre highlighted how individuals become conscious of their own experience by 'bracketing off' knowledge that

is taken for granted: their ideas helped acknowledge the contexts in which people live and how their lived experiences can lead people to ascribe certain meanings to events (Smith et al., 2009).

IPA is concerned with investigating and capturing the lived experiences of individuals (Smith, Flowers, & Larkin, 2005), in order to have access to an 'insider perspective' (Smith & Osborn, 2003). In line with phenomenology's attempt to, within limits, provide a direct description of experience as it is (Merleau-Ponty, 1962), IPA acknowledges that perceptions emerge and develop from the interchange between language, cognition and affect (Smith & Osborn, 2008).

3.3.4 Hermeneutics.

The second assumption of IPA is the theory of interpretation, known as hermeneutics. Although Heidegger developed his ideas from a realist perspective, he emphasised that we understand our experiences through the lens of our cultural, social and theoretical contexts (1962). We make sense of our own experiences and we provide our own unique individual perspective: when talking about our perspective through our own sense making, we are influenced and influencing through a dynamic relationship a whole system and its parts (Smith, 2007). The researcher's interpretation is influenced by the contexts they live in and are taking part in a double hermeneutic process (Smith et al., 2009). It is a requirement that the researcher takes a reflexive stance, as it is difficult to limit the researcher's influence on the interpretation.

3.3.5 Ideography.

IPA is an ideographic lens for psychology; it is concerned with the specific rather than making generalised claims, exploring the specificity and uniqueness of the human experience (Smith, 2015). This means that the researcher can look in depth at the minutiae of an individual's

experience, while at the same time further understand how a phenomenon is conceptualised from a specific perspective within a particular context (Smith et al, 2009). This is an antithesis to the nomothetic perspective, where laws that applied to all, need to be uncovered (i.e., the theory of personality; Eysenck, 1953). Therefore, IPA does not attempt to make more general claims for a wider population (Smith & Osborn, 2003). The samples used in IPA are situated, small and purposively selected in order to maximise our understanding of the phenomenon under investigation (Smith et al., 2009).

3.3.7 Limitations of IPA.

It has been suggested that IPA may describe participants' lived experience but does not provide an explanation for it (Willig, 2008). However, one could argue that before explaining an experience we need to understand in-depth how the individual perceives their lived experience and what it means to them (Macran & Shapiro, 1998).

Another consideration of IPA is the use of language (Willig, 2008). Participants provide descriptions of their experience to the researcher through their use of language. It can be argued that through language participants construct a version of the experience they chose to describe (Willig, 2008). However, IPA acknowledges this and highlights the importance of the researcher in understanding and making sense of the participants' experience (Larkin, Watts, & Clifton, 2006).

In a recent critique questioning the phenomenology of the method (Van Manen, 2017), it has been clarified that IPA is a good example of a method being both psychological and phenomenological at the same time (Smith, 2018). This is an important consideration held for this study.

I have kept these limitations in mind throughout the analytical process, with the intention to reduce the impact of them on data interpretation, and to also remain mindful of the limits of interpretation.

3.4 Service User Involvement

The Research Governance Framework for Health and Social Care (Department of Health, 2009) suggests actively involving service users or their representative groups wherever possible in designing, conducting, analysing and reporting of research. Faulkner (2012) supports engaging service users in the research design and process, as well as ensuring the findings are communicated to the communities they came from.

From the outset of the project, I have consulted with two adults who have used Art Therapy services, considering their views during designing the study, recruitment and the write up. I have also consulted with several HCPC registered Art therapists working for voluntary organisations in the UK, as well as tutors from MA Art Psychotherapy courses. They provided feedback that allowed an enhancing of the interview schedule to increase the possibility that it would produce responses relevant to the research questions and aims. I was able to reflect with the consultants about the wording and style of delivery of the questions. This was also helpful in the process of recruitment and dissemination.

3.5.1 Recruitment

In January 2019, following receiving ethical approval from the University of Hertfordshire (Appendix D), I shared a summary of the research via email with UK charities that offer Art Therapy to young adults, as well as every practicing Art Psychotherapist registered with the

British Association of Art therapists. The email contact included participant information and consent forms, in order for the Art therapists to share with their clients, if they met the inclusion criteria. The inclusion criteria concerned the clients' age (16- 30 years old) and number of sessions (more than six sessions). Furthermore, an advertisement was posted on Twitter and was circulated by the British Association of Art therapists, for service users of private and voluntary provided Art Therapy to contact me via my university's email.

Considering the age range of the participants, the initial recruitment strategy, through the NHS, concerned participants 18 to 30 years old, following the age ranges indicated for young adults populations included in the literature review on Chapter 1. Following recruitment challenges, as described later in this Chapter, the age range expanded to include participants over the age of 16 years old. The limitations of these methodological decisions are discussed in the Discussion Chapter.

3.5.2 Participants.

For qualitative research, it is recommended that the sample size is small, ranging from five to 15 participants (Coolican, 2004). Specifically, for IPA, the number suggested is anywhere from one to eight (Smith, Flowers, and Larkin, 2012). The sample size for this study was five participants. Between January 2019 and May 2019, several young adults contacted me directly via email inquiring about their participation in the research study. From them, only one had Art Therapy on an individual basis and was accepted for the study. Four further participants receiving individual art therapy were recruited through their art therapists, who provided them with information about the study. The participants were 17 to 29 years old, of various ethnic backgrounds. The majority had completed university education, with two having completed postgraduate studies. The information about their presenting difficulties was based on what the participants shared in the beginning of the interviews with me.

Table 8. Demographics of participants.

Pseudonym	Age	Gender	Ethnicity	Presenting difficulties	Service provider	Area
Juni	20	Female	White Other	Depression and anxiety	Voluntary sector	London
Emily	23	Female	Mixed Asian	Eating disorder, social anxiety	Private	London
Cerys	17	Female	White British	Low mood, young carer	Private	Essex
Niki	28	Female	British Asian	Interpersonal difficulties	Voluntary sector	London
Daniel	29	Male	White British	Depression	Voluntary sector	London

3.6 Ethical Considerations

This section will describe procedures followed in the ethical approval obtained and the ethical issues relevant to this study.

3.6.1 Ethical approval.

As initially the design of the study included recruiting young adults that had been seen in the NHS services, an approval through the IRAS was obtained (IRAS number 246071, Appendix C). Following the above steps, as recruitment was not possible within the NHS, it was decided that participants would be sought through voluntary organisations and private practice, I applied for ethical approval from the host University (protocol number: LMS/PGR/UH/02699) in order to gain authorisation to conduct the study, as well as to protect the participants' safety (Madill & Gough, 2008). The Ethics approval notification from the University can be found in Appendix D.

3.6.2 Informed consent.

It was required for the participants to read a Participant Information Sheet (PIS; please see Appendix K) and sign a Consent Form (Appendix E, F) before agreeing to participate in the

study. This gave them an opportunity to make an informed decision about their involvement in the project.

The PIS was sent to potential participants over email, to avoid any information being new for participants before the interviews started, and to give the participants the opportunity to ask me questions prior to the meeting. In addition, the Consent Form and PIS informed participants that they would be able to withdraw their interview data from the research process any time up to two weeks after the recording of their interview. This was specified in order to avoid losing interviews for the study at a point where it would be harder to conduct new interviews, given the time restrictions of the research. Both PIS and Consent Forms were again read and discussed at the beginning of the interviews.

3.6.3 Confidentiality.

In order to safeguard confidentiality, all interview recordings and transcriptions were anonymised, coded and securely kept, in line with the Data Protection Act (1998). The participants were asked to provide their pseudonym of preference. The audio files were immediately uploaded at the site of interview and were password protected. The research team only had access to the transcription documents, which were also password protected. The transcripts and recordings of this study will be stored in University archives upon the completion of the study. They will be destroyed after five years, in accordance with University policy.

Participants were informed in the PIS that their interview would be transcribed by me. The recording and transcript of each participant was given a matching numerical code (e.g. #3). All participants were referred to by their preferred pseudonym, for example in discussions with my

supervisors. As part of the consent process, participants were informed that direct quotations would be used in the research and agreed to this in their consent form.

Audio recordings intended not to include any personal identifiable information; the names of participants were not used during the recording of the interviews. Participants were asked not to disclose the service they were seen in for Art Therapy or the name of their therapist in order to protect their anonymity. Instead some used pseudonyms for their therapists during interviews. Any identifiable information that was provided by accident, such as the name of a service, was removed during the transcription process. Every effort was made to protect the identities of participants.

3.6.4 Risk of distress to participants.

The research team did not anticipate any significant risk of harm to participants. However, it was considered that interview questions may remind clients the reasons of accessing therapy which could potentially be emotionally loaded. Questions around highly sensitive areas were not included in the interview schedule. It was considered unlikely that any criminal or other disclosures would arise during the interviews, however in the event of this, I had agreed to follow the guidance stated in the PIS.

At the end of the interview, participants were provided with the opportunity to discuss any difficult emotions brought up during the interview. I used my long experience of working therapeutically, as well as a Trainee Clinical Psychologist, drawing upon my clinical skills in order to assess whether a break of the interview was necessary. None of the participants reported they were distressed during the interviews and the process did not need to be discontinued or paused

3.7 Impact of Recruitment on Study Design

Initially, as mentioned above, the study design included recruitment within the NHS services. Since the IRAS ethical approval, I visited local Art Therapy teams, attending their team meetings and presenting the study to the art therapists. This lengthy process included weekly email contacts and telephone conversations with practitioners and service leads. The majority of the therapists expressed a concern regarding the original design of the study that included video recording of the sessions being used in the interviews with young adults to remind them of the session. When the supervisory team decided to simplify the design, various therapists said at a later stage that they mostly engaged in group Art Therapy sessions, and that their individual clients were either not suitable for the interviews or they did not meet the age criteria. After devoting a significant amount of time and work in this, from July until January, it was decided that recruitment could take place outside the NHS, in charity organisations and private practice.

Despite contacting every practicing Art therapist on the British Association of Art therapists register, numerous visits to Art Therapy charities in London and Scotland, as well as meetings and telephone calls and social media posts on the relevant pages, very few art therapists responded positively to the call for inviting their clients to take part in the research. Two of the therapists with the most access to young adults (in relevant charities) were made redundant in January and withdrew from the process. Four potential participants contacted me - however they did not maintain contact to participate in the study.

3.8 Data Collection

Semi-structured interviews were used in this study as they are considered as the most appropriate way of collecting data in an IPA study (Smith & Osborn, 2008). A semi-structured interview schedule was developed, in order to enable me to hear the participant describe their experiences in depth (Appendix L). The interview questions explored the thoughts and feelings of the participants during their initial engagement with art materials, their experiences of

making artwork and talking about it with their therapists.

As mentioned above, the experts by experience were consulted regarding the interview schedule. Involving service users in the design of questions in qualitative research kept the questions grounded in genuine experience and ensured that they could be more meaningful (Allam et al., 2004, cited in Faulkner, 2012). The interview schedule can be described as a "menu" (supervision with J. Smith, 18th January 2019) acting as a map for the interview and offering opportunities for me to follow up and clarify interesting issues that may emerge (Willig, 2008; Smith & Osborn, 2008). Examples of the interview questions were,
'How was the process of making the artwork?', 'What was that like for you to use the materials in the presence of the art therapist? and 'Based on the artwork that we saw, what do you think about the way you used the art materials during the first session? (see appendix L for the full interview schedule). They were invited to bring to the interview two artworks, one from their first session, and one at a later stage (sixth to eighth session). They were invited to link the questions of the interview to the specific artworks. The interviews lasted approximately 80mins. They were audio-taped with a digital recorder. Three of the participants were keen to share their artworks for publication and dissemination, and emailed images of their artwork through to my university account.

3.9 Interview Procedure

In preparation for the interviews, I received regular supervision by my supervisory team to discuss the interview schedule and practice skills to evoke answers that would be suitable to the research questions. For example, I used hypothetical scenarios where participants would not convey their experiences and would discuss not relevant matters to practice with my supervisor how to encourage participants provide relevant answers.

The interviews were carried out in quiet, confidential rooms, either professional meeting rooms (i.e., through Workspace) or in community settings such as libraries. The participants were

interviewed individually, and every possible measure was taken to ensure a confidential space to conduct the interview. Before the interviews started, all participants were provided an information sheet to read, which offered information about the research study (Appendix K), and a consent form (Appendix E, F). At the end of the interview, the participants were given debriefing information sheets (see appendix G), containing information regarding services should they feel they needed additional support following their interview. Throughout the duration of the interviews, I remained attentive to any indication of discomfort or distress the participant may have been feeling. If the participant talked about challenging experiences, I would use my professional skills as an experienced mental health professional to listen to these experiences with empathy, while assessing if the participant would require further support. While three participants consented to provide their artworks for dissemination and publication to accompany their accounts, two participants did not consent to share their artworks.

After the end of each interview, I kept written reflections regarding my experience of the interview. These reflections informed the writing up of the Results chapter, allowing me to explore and discuss my experiences with my supervisors, bracketing my own feelings and thoughts about the young adults' experiences. Bracketing is recommended in qualitative research in order to moderate the potentially distorting effects of the researcher's preconceptions that may colour in a specific way the research process (Tufford & Newman, 2012). Reflecting and bracketing helped me stay close to the analytical process of IPA.

3.10 Data Analysis

The interviews were analysed using IPA methodology (Smith et al., 2009); interview transcripts were analysed one at a time, following the idiographic lens of IPA. In order for me to immerse myself in the content of the interviews, I found it necessary to read the interview transcripts several times (Smith et al., 2009).

Initially, written reflections, notes and comments were made on a descriptive, conceptual and linguistic level of analysis (Smith et al., 2009). Specific phrases and key comments describing participants' experiences were highlighted, together with attempts of interpretation. After this process, a line-by-line analysis was conducted on the individuals' accounts, considering the observations and reflections made during the interviews. Repeated several times, the process of the line-by-line analysis for every transcript, illuminated emerging themes. Reflecting during the process of analysis was necessary to keep the analysis less impacted by my preconceptions.

'Juni's personal experiences of parental stricture resonated with my own life experiences, I felt very compassionate and connected with her during the interview. I stayed aware of the possibility that I might project my own thoughts and feelings on the content of her account: I employed techniques to help me process the data from her account as much as possible separately from my experience; as an example, I read some of her sentences backwards in order to help focus on the words (Smith et al., 2009). I attempted to remain as close as possible to her personal phenomenological experience, as a conscious effort to stay aware of my own preconceptions of her experiences that could impact on my interpretation of her accounts.'

Emerging themes were subsequently developed from each interview and were grouped into five clusters, each given a title. Referring to the different processes in which the theme clusters are identified by their frequency and function or time location, methods such as 'function', 'numeration' and 'contextualisation' have been used (Smith et al., 2009). In line with the phenomenological part of the IPA, relevant quotes were sometimes occasionally used to name themes, which continued throughout the process. Examples of the quotes from which these clusters and themes emerged were added to support the analysis in the text.

A transcript excerpt, annotated by the analysis carried out, with reflections on the right column and new themes on the left, can be found in Appendix M. Appendix M also lists and clusters

the emerging themes identified from this transcript, with relevant quotes. A cross reference process followed clustering and adding quotes. This involved examining the documents of clustered themes and identifying superordinate themes that reflected many clusters or themes emerging from the interviews (Appendix N). Similarities and differences were highlighted with the aim of identifying the superordinate themes, demonstrating the difference and common ground of ideas and experiences between individuals within an IPA process (Smith et al., 2009).

A table was developed to help the process of cross-referencing similar themes that emerged across interview transcripts in order to highlight the superordinate themes of the entire data set. This cross-referencing table is included in Appendix N. After the above steps, a list of subordinate and superordinate themes was compiled for the entire data set. It can be found in the end of this chapter.

The supervisory team were involved in quality controls of the analysis, as well as in the clustering of themes for the transcripts during this entire process, e.g. those taken from the excerpt in Appendix M. More specifically, this process involved a detailed development of clusters and table of themes for each individual, which was reviewed and assessed by J. Smith at several points, ensuring that all the steps of the IPA analytical process are followed. The content and manner of interviewing was assessed, as well as a prompt to continue reflecting, bracketing and reorganising the tables and the clusters of the emerging themes. Furthermore, J. Smith also contributed to the cross-referencing sub-themes across transcripts, leading to the development of the final superordinate themes. This was paramount to ensure that the analysis stayed loyal to each original transcript, without being influenced by my own prejudices, beliefs and experiences from previous transcripts to allow for a systematic and rigorous analysis.

3.11 Quality Assurance

The quality standards that are used in quantitative research, such as validity and reliability,

cannot be used in qualitative research. This is because of the difference in epistemological points of view, for example the search for objective truths or the position of neutrality for quantitative research (Mason, 2002).

In order to evaluate the validity and the quality of qualitative research, many guidelines have been developed (Elliott, Fischer, & Rennie, 1999; Yardley 2000; 2008). Yardley's guidelines have been applied to IPA studies on many occasions, (Smith et al., 2009; Hefferon & Gil-Rodriguez, 2011) thus they are suitable for elucidating the validity of an IPA study.

Yardley (2008) suggested that four areas can be used to evaluate qualitative research; sensitivity to context, commitment and rigour, coherence and transparency, and finally impact and importance. These criteria will be discussed below. Furthermore, Appendix P includes a further assessment of the quality of this study, using the guidelines developed by Elliott et al. (1999). This will also be explored again in the Discussion chapter.

3.11.1 Sensitivity to context.

A systematic literature review has been used for this study, which allowed for an understanding of the current literature, and helped identify a gap in knowledge which informed the research question. Further understanding of the current knowledge on Art Therapy contributed to the needed sensitivity to context, which in turn demonstrates the validity of this study (Yardley, 2008). This followed exploring the history and development of Art Therapy within the 'Introduction' chapter, providing context for Art Therapy services for young adults, as recommended by Yardley. Furthermore, I had prior awareness of the Art Therapy context having trained and worked as an Art Psychotherapist in Edinburgh and East London.

The reader can consider my perspective, and the contexts from which I work, as personal and epistemological positions have been transparently stated. I have therefore maintained an awareness and sensitivity to her participants' context, as well as her own. This has also made it possible to consider how this could have a negative impact on the study.

I hope that this impact can be limited by continuous self-reflection, which I will illustrate throughout this study, by using italics at various points. This will indicate extracts from reflections I made in my reflective diary during the research process (Appendix O). Moreover, with the aim of maintaining sensitivity to the analytical process and limiting the impact of my own assumptions and biases on the data, the research used bracketing with other IPA researchers, as well as with my supervisors (Biggerstaff & Thompson, 2008; Tufford & Newman, 2012). I completed a reflexive, bracketing interview by an Art therapist, to explored my assumptions and preconceptions. One of my main concerns as a client was how much or how little my therapist would talk – as sometimes I found her talking and explaining my experience, naming and offering me ways of verbalizing my feelings particularly helpful, while I did not appreciate the silences. My assumption at this point was that participants would be concerned with silences and verbal conversation, which did not emerge from the interviews as a theme in the end.

Discussion with consultants about the interview style and schedule helped me reflect further on how relevant and sensitive the potential questions were. Experts by experience highlighted it was important I was clear about my role as a researcher and not as a therapist. They also suggested that participants were given choice regarding the location of their interviews, which was also considered. Moreover, I remained aware of potentially sensitive information they might have disclosed. I encouraged participants to ask me questions or to stop or pause the interview at any time they felt they needed. This was done in order to put them at ease, responding empathically and appropriately to "the interactional nature of data collection within the interview" (Smith et al., 2009, p. 180).

In the Results chapter that follows, it will be demonstrated that the idiographic nature of IPA contributed to maintain a sensitivity to the participants' individual contexts. The differences between experiences (Smith et al., 2009) have been highlighted using interview quotes.

3.11.2 Commitment and rigour.

As summarized earlier in this chapter, the ethical applications which led to both university and NHS approval, demonstrate the awareness of ethical issues relevant to this study.

As described earlier, a commitment was made during the collection of data to help the participant be at ease, by choosing locations preferable to them, explaining the process of the interview, informing them on their voluntary participation, as well as developing a positive rapport upon meeting with them.

I made conscious and planned efforts to carry out a rigorous analytical process; I attended practical group sessions on analysis, led by my principal supervisor, as well as peer supervision groups with other trainees and a specialist university lecture on IPA.

The supervisory team also carried out rigorous quality checks on every interview I analysed. This had many benefits, as it helped me to focus on the specific phrases and words by participants, which in turned helped with identifying emerging themes. In Appendix M, I attempt to provide evidence of this rigorous process, including examples of the analytical process.

Rigour has been demonstrated by the pilot interview, as well as the process of bracketing, including diarized reflections (Ahern, 1999), from which selected parts are shared in this document, as well as discussions with supervisors.

It is hoped that by providing information about my efforts, my commitment and rigour is evident. This effort continues in the Results chapter, where the comprehensive account of the data collected enhances the depth of understandings of the subject under exploration (Yardley, 2008).

3.11.3 Coherence and transparency.

Yardley (2008) talked about transparency as to how a reader can clearly see what has been done in a study, as well as the rationale for each step. Starting with a systematic review that crystalised a rationale for this study, transparency has been demonstrated in considering various research methodologies; a specific section explicated the rational for selecting IPA, including the limitations of this method.

In the analysis, a significant portion of the analytic process of the transcript is included (Appendix M). In the Introduction and the Results chapter there has been a conscious attempt to deliver coherent narratives: using participants' quotes in the Results chapter offers more transparency, as readers can read parts of the actual accounts. Transparent accounts of each of these steps enable readers to assess the validity and quality of this study.

3.11.4 Impact and importance.

The validity of the study is fundamentally linked to the impact of this research and its ability to make a difference (Yardley, 2008). As mentioned in the 'Introduction' chapter, little research has been carried out in this area. It is hoped that through young adults' accounts, important information will emerge, that could inform trainers, commissioners, practicing art therapists and potential service users, as well as professionals from other disciplines. Recommendations and clinical implications from this study will be elaborated upon in the Discussion chapter.

3.12 Acknowledging the 'Hermeneutic Turn'

In the following chapter an IPA analysis of the experiences of young adults engaging in Art Psychotherapy will be presented. Central to this process is the inevitable double hermeneutic at play, which needs to be recognised (Smith et al., 2009): as a researcher, I attempt to make sense of the young adults' understanding of their own experiences. Nonetheless, I have taken certain measures to ensure the credibility and rigour of this process (Elliot, Fischer, &

Rennie, 1999). I believe that the pertinence of the following themes would have been acknowledged by other researchers, reaching and producing similar outcomes.

The reader has an important role in the hermeneutic cycle. As the reader of this chapter unavoidably integrates their perceptions, meaning and biases into their understanding of the presented outcomes, the third layer of meaning-making is added to this hermeneutic process (Smith et al., 2009). The results are therefore reviewed and understood by the combined efforts of reader, participants, researcher. They are socially constructed, as they are partly influenced by a degree of shared social context and understanding of words, ideas and concepts (Nel, 2006).

3.13 Summary of Themes

The five 'master themes' are illustrated in Table 5 (Smith et al., 2009, pg. 107), together with their sub-ordinate themes, which emerged from the analytical process.

Table 9. Super-ordinate and Sub-ordinate Themes.

Super-ordinate Themes	**Sub-ordinate Themes**
The process of engagement	Initial trepidation Expanding the repertoire of using the materials Finding pleasure in immersing in art-making
Developing a therapeutic relationship	The intensity of surveillance The challenge of trusting the therapist Developing trust through feeling
Making sense of presenting difficulties through the process of making art	
Reconnecting with child self through art-making	Fond memories of childhood emerge during art-making Making sense of painful childhood feelings Growing compassion for child self
Feeling the Impact of Art Therapy	Feeling enabled to express full range of emotions Art Therapy as a learning experience

3.14 Presentation of Outcomes

In the following chapter the ‘commonality’ between participants' accounts is demonstrated, as well as their ‘individuality’ (Smith et al., 2009, pg. 107). This will include a narrative presentation of the themes, together with corresponding quotes from the interviews to enable the reader to check the attempted interpretations (Elliott et al., 1999) and to respond with sensitivity to context (Yardley, 2000). Participants have chosen their pseudonyms to maintain confidentiality and preserve their anonymity. I hope that this chapter brings the young adults' experiences to life, in a way that resonates with readers (Elliott et al., 1999).

Chapter 4: Results

4.1 The Process of Engagement

This super-ordinate theme envelops the experiences for participants as part of their gradual engagement in the first steps of the therapy. After experiencing an initial anxiety, not knowing how to engage, they gradually developed more fluency in using the sessions, and enjoyed the process of art-making.

4.1.1 Initial trepidation.

This sub-ordinate theme brings together participants' nervousness and hesitation during their initial sessions. All participants spoke of not knowing how to engage in the sessions. They were nervous about using the materials and about being understood by the art therapist. This theme is an illustration of commonality and difference, as participants shared their nervousness, but found different ways of responding to it.

Emily spoke of her experiences of not knowing how to engage:

> I didn't know what to draw. And if I drew it I didn't know whether my therapist would understand it. Because I am honestly not very good at painting, drawing and I haven't been doing this for a long time.

Underlying Emily's nervousness lies a belief that she was ‘not very good’ at drawing, and thus would not be understood by her therapist. This anxiety was shared by another participant, Juni. It is interesting to hear how she chose to respond to minimise this anxiety at her first session:

> …I went for the one material I was most comfortable using and went for some coloured pens. I mean you can't go wrong with them, right? And I took the smallest of papers, like a very tiny […] it's hard to make anything too bad in such small surface [laughs].

In her account, one can see her initial trepidation when she approached the materials, selecting the ones she was most comfortable with to counteract her anxiety of going 'wrong'. It is very telling how she laughed at herself for choosing the smallest of papers for the same reason. While Juni's account is about minimising the risk of exposure, Cerys sounds uncertain about the rules of how to use the therapy time:

> I wasn't sure if we were meant to be talking while I was making a collage, so I think I was a bit shaky (laughs) and nervous. (…) I was like I don't know how to utilise this.

This initial trepidation seems to be a common experience at the start of the therapeutic process for the participants, as they approached their first session with apprehension.

4.1.2 Expanding the repertoire of engaging in art-making.

As participants became familiar with the Art Therapy process, their accounts reflected a growing expansiveness in how they used the art materials. Some participants described a developing ability to select different materials than the ones they felt comfortable with, or an expansion of the use of space their artwork takes. Whereas Cerys talked of a gradual experience of artistic freedom, for Emily it represented a smaller step towards not restricting herself in choosing the same material session after session.

> I like control and I like habits, so I tend to use the same thing... […] There was a lot of anxiety in... to choose the materials and whereas in the other session, [..] from the third or fourth session I felt I could choose a different type of paper instead of a white paper or colourful pens.

Although this step may seem small, beyond her usual ‘same thing’ holds significance for Emily as it is described in an emphatic tone during the interview. Later her account sounds clearer and bolder, as she grows more autonomy over her art-making.

> In the first session I was very scared, so I kept a little place for my drawing, I kept it very small. But here I feel more confident I can make use of all the space (points at edges of page). […] I feel I'm really in control with the art material at that moment and I can do whatever I want and […] I feel there is more freedom and more control… and maybe less pressure.

Niki experiences a similar shift from using the same pencils, to feeling the need to change her use of art materials.

> I wasn't changing , I used the same pencils over and over again and then in the recent sessions there was a change of colour . I felt more comfortable like that, until I wanted a change.

Cerys felt that she has been able to allow herself more artistic freedom. This follows her previous description of the therapist allowing her to engage in more organic art-making.

> I just kind of go there and let intuition , like let's use that colour or that brush just seems like the choice I'm going to make now. It's allowing yourself to make art without particular value or weight to it, that it doesn't need to look good or bad, and that these look nicer to me like paintings cause they don't look overworked.

Cerys considered the more intuitive way of engaging in art-making as even more appealing, ‘not overworked’, perhaps indicating how strongly she endorsed allowing herself to make more immediate art. Expanding the use of art materials could be interpreted as an indication that they felt allowed to experiment and express more freely - moving beyond the initial

trepidation, feel less concerned about getting it wrong. It is possible that the therapist's encouraging stance had fostered more artistic freedom.

4.1.3 Finding pleasure in immersing in art-making.

Most participants expressed a sense of enjoyment in their art-making. This pleasure experienced by Daniel and Cerys in art-making is described in contrast to the painful experiences shared or discussed during the sessions. Let's look at Cerys first:

> I used black ink, so at this point, it was nice to have colours, and it felt more joyful and it was trying to offset the conversations. Like at least I can make a nice painting or at least I can enjoy no matter how it looks, enjoy painting part of it.

Cerys enjoyed art-making not being linked to any of her responsibilities as a carer. She seemed to be proud of making art out of painful experiences.

> This felt not like a luxury but as something that wasn't necessary, it wasn't needed to do it - but being able to do it was kind of a relaxing thing and also a fun thing!

For Cerys, enjoying painting makes Art Therapy worthwhile, as it helped her engage and share painful experiences that are counterbalanced by the art-making process.

> And it has made going to the sessions more enjoyable and has made it feel more positive and more approachable cause I can do something, not only like dwell on my problems, I can paint and I enjoy painting, and it's a… not a by-product but has made it far more encouraging to keep the therapy going, keep attending and keep feeling like it's worth it.

Similarly, Daniel talked with pride about his artwork. The playfulness of it was presented in contrast to earlier artwork that was painful.

> I made this little house. I kind of decorated it with nice little things like bands and feathers and things. […] made a clay version of my cat to go in it.

> […] I really enjoyed it. It was very, very playful, really. It felt good, where some of the past art-making was painful.

Some participants found the sensory process of art-making very pleasurable. Cerys, for example, found painting on the paper to be a very soothing experience , freeing up mental space by anchoring intrusive thoughts on physical and mental action of painting. While for Emily, it was clay making that brought a liberating feeling of control and ownership of clay.

> My hands were very dirty and I'm doing lots of mess on the table, but I also like... enjoy the feeling of making something with my hands […]. But the feeling of touching the clay and the feeling of the clay is mine and I can shape the clay in whatever shape I want, is a very good feeling for me.

This control over the clay to shape it at will is significant for Emily, as she shared her struggle for control while battling with an eating disorder. Enjoying artistic freedom is a significant development for her, in the light of her initial self-restriction. For Niki, the pleasure of art-making is highlighted by how disappointed she is when she needs to return her focus to the room, after engaging in her drawing.

> Ah, that feeling of coming back to the room! It's very disappointing (laughs).

Indeed, this is similar to Cerys who felt painting is a ‘positive detachment and a positive way to escape’. Although participants enjoyed different aspects of making art, overall finding pleasure in art-making was a shared experience.

4.1 Developing a Therapeutic Relationship

This super-ordinate theme illustrates young adults' experiencing a gradual trusting relationship with their art therapist. Participants described being aware of being observed, and the initial challenge of trusting their therapist. Participants also spoke of developing an understanding with their therapist through feeling validated. It is interesting to see how the experience of being validated encouraged participants to share more of their concerns in therapy, which in turn increased their trust to the therapist and their confidence in the therapeutic relationship.

4.2.1 The intensity of surveillance.

This subordinate theme concerns the shared experience of feeling observed by the art therapist. All of the participants shared awareness of the therapist's attentive, continuous observation during their art-making. It is intriguing to notice how similar and how differently the participants perceive the experience of surveillance. For instance, Daniel found this feeling of being observed strange, as he is used to making art on his own.

> That was a little strange, to have someone looking at what you're making– I guess art is often a quite solitary activity… or it was for me. […] someone sitting there in silence looking at you making art, it can be a bit strange. You're quite aware of them. […] It makes you think what's important to show them.

It seems that Daniel felt led to consider how to use this attentive observation as an opportunity to choose what to communicate with the therapist, suggesting an element of conscious selection of sharing. These accounts highlight the feeling of being continuously observed. Emily was struck with the meticulous attention of her therapist's watchful presence, noticing 'the order' and 'the process'.

> My eyes were on the paper but I, I also saw her that she was looking at me drawing. So, she was following all the process and also the order […]. She paid attention to all the details which I found really really nice of her. So, she was really interested in my story.

Emily described this as a pleasant experience, as she attributed caring meaning to her therapists' attention: she took her therapist noticing all the details as an indication that the therapist was interested in her story (‘so nice of her’). Emily was not the only one to attribute positive meaning to the uncomfortable feeling of surveillance. For Niki the attention of the art therapist felt like supervision:

> You rely on your therapist to help you from their influence of your work, they are like supervising you. They comment on what you make, they are watching you and this has an impact: you are aware of them watching. They notice what materials you are getting and those kinds of things.

Niki sounded conscious of her selection of materials and continued to describe her awareness of the therapist observing her, as well as feeling accountable to the therapist that she perceived as a supervisor for any silences:

> It would be questionable as to why I am silent and what's going on.

This feeling of being observed links to the process of developing trust in the therapist, the following subtheme.

4.2.2 The challenge of trusting the therapist.

During the first Art Therapy sessions, one of the primary challenges for the participants was to develop trust for the therapist. Their accounts varied in their attempts to mind-read their therapist, or even predict catastrophic behaviours, manifesting their initial lack of confidence

in this new person. For example, Cerys described being wary of her therapist's approach, trying to guess their intentions:

> So, in the first session, I was unsure where her priorities would lie in kind of getting me through a process and then 'Out of the door'. She would like to try and diagnose me and work from that? Or whether it was going to be generally talking about things holistically.

Ideas about the therapist's approach to therapeutic contract might have been informed by Cerys' previous experience of psychological therapy at CAMHS, where her therapy ended abruptly. She sounded anxious about the therapist going through the motions with her or diagnosing her. Being cautious, she started by sharing less sensitive information about herself. At the same time she assessed the therapist's responses before opening up and trusting.

> I could see from (the therapist's) answers to them how she will respond to like harder things to talk about.

This challenge to trust a new person was also part of Niki's account:

> It is kind of intimidating really. I have to unveil myself; I have to unveil myself to this person in a new setting. So that was yeah... that was difficult actually, that was a difficult process.

The metaphor of 'unveiling' indicates a felt pressure to share vulnerable information with her therapist. However, later in her interview, she seemed to overcome this initial engagement stage. Compared to the above, Juni's account was the most striking, as she feared being 'too much' for her therapist:

> I thought I hope she is not going to think that I'm too much, or she is not going to think that I was losing it. I thought she might think that there is something very serious going on with me, something so bad that no one else had realised until now, and she'd say she can't work with

> me, she won't take me on, things like that.[…] It feels like it's too much for my friends and my family to handle... and I thought it's going to be too much for her too, to handle…

Juni's account illustrates what a challenge it was for her to open up to her therapist. Based on her debilitating experience of depression, she feared her therapist getting overwhelmed like her family and friends. She imagined her therapist rejecting her. The repetition of 'too much' and the fear of the therapist not responding in a helpful way to her anxiety make it very clear that this is an emotive area for her. These negative thoughts crossed Juni's mind during her initial checking of her therapists' response.

> I thought ok, if she is not appalled or not doing anything terrible or not leaving the room... then it's ok.

Participants seemed to emotionally and mentally respond to the challenge of finding out whether the therapist was trustworthy, as highlighted by the accounts above.

4.2.3 Developing trust through feeling validated.

When participants started sharing their emotional experiences with their Art Therapists, most of them felt understood and accepted. Feeling validated by the therapist often occured while looking at the artwork together:

> I felt more close to my therapist and even more understood by her […] I think she understands more than me, even seeing little details, I think after six sessions yeah, I feel more confident to talk to her, about even more private aspects of my life. And I'm sure my therapist can understand even more about me and my personality.

For Emily, this developed understanding has strengthened her confidence with the therapist, as she was "sure" and "more confident" and felt "more close" to her therapist, and that

encouraged her to disclose more. Daniel described making artwork based on one of his nightmares of being chased by vampires:

> She would comment on both the art and the dream. […] something about how it sounded scary or something like that and that was nice to hear to kind of… have those feelings validated. […]
>
> I felt that I've been expressing something difficult or the art was about something or turned out to be about something difficult. It felt supportive to have someone there with me looking at it and thinking about it together. I wasn't alone in there. I had someone there who – yeah. It was like – I don't know – seemed to understand what I was feeling either in that moment or in the past.

For Daniel having someone else to acknowledge his emotional experiences was not only impactful but also deeply moving:

> I think having kind of acknowledged that some of what I went through was hard and difficult… Hm.. not sure how to describe it but... having someone like naming it and feeding it back to you is just like, woah. I feel like I'll end up crying. And I'm not a big crier…

Juni talked about her therapist's accepting stance, after taking the risk of sharing the pressure she felt from her parents for her future:

> I was getting emotional and (therapist) was like 'no wonder you feel so overwhelmed by everything... like no wonder you have all these ideas when you wake up in the morning about how things are going to go'.

Having her anxiety understood and contextualised lead to more sharing on her part. Juni's feelings of being accepted are illustrated in the interview. The phrase 'no wonder' echoes her

feeling accepted and understood through the therapist's conceptualisation of her difficulties ‘she gets where I'm coming from’.

> …she took time to untangle this... she took time for us to talk about each area, and it felt like she was present, and she cared about the whole thing and she wasn’t freaking out. [Sighs]It felt like... it’s ok... we can work with that... like it’s ok... it’s not too mad... it’s ok...

In this repetition of ‘it’s ok’ nests a newly found reassurance that her therapist understands her: this refuted her initial fears of being ‘too much’ for her therapist. Indeed, in most interviews, therapists were described as acknowledging the clients' emotional experiences. This helped them develop trust and confidence in the process. Following that, they felt enabled to share more of their concerns and emotional experiences.

4.2 Making Sense of Presenting Difficulties through Making Art

This super-ordinate theme comprises the participants’ experiences of communicating their difficulties in the way they engage in art-making, the insights and realisations that arose for them in response to finding that artworks they have produced depicted their presenting difficulties. Some participants shared the realisation that their difficulties transpire through the art-making process, even when they did not deliberately intend to portray their struggles through their artwork. However, divergence (Smith et al., 2009) will also be presented in the meaning of the art-making and their responses to it. In order to illustrate the complexity, it would be more useful to describe each participant separately for this theme.

The way participants make art, as well as the artwork itself, reflects their presenting difficulties they attempt to work on in their therapy. Within the context of the Art Therapy session, the artwork and the approach to art-making can express and mirror the struggles and

dilemmas, as well as the feelings of the clients. Some participants expressed an intentional effort to share their mental states through their images. However, all participants described that the meaning seeped through despite their intention to not directly express it: they felt that art-making revealed their predicament nevertheless.

4.3.1. 'Juni'.

Figure 2. Juni's artwork during her first session.

In her first session, Juni used oil pastels to draw an image of a landscape, including a volcano with black, white and red patterns on the mountain slopes, a cave of several colours and outlines, a blue and lighter green and yellow area and borders in between the elements (figure 2).

> It's like a map of my feelings... it's like…it's kind of a landscape, this is what I told her. Like you have on one side this kind of lava of depression... like self-loathing... and a tunnel of anxiety […] these restrictions that I put on myself […] this is how I'm feeling now, like really really messy.

Juni spoke of ‘mapping’ visually her felt landscape of depression and anxiety as seen above. The emerging theme of making sense through the her art-making was clear in her account. For Juni these metaphors of her depression became live during art-making. Through drawing a landscape with oil pastels, she found herself expressing visually the turmoil of her emotional world, processing and verbalising it. The qualities of the elements in the image seemed to be similar to the qualities of her feelings:

> This sort of lava of my like depression, this overwhelming thick dark feeling that takes over on days when I can’t do much.
>
> ... but there is a barrier there and I don’t seem to access this when that you know black powerful… it’s like a black river that comes over me.

She talked about elements in the image depicting internal barriers to a lighter, brighter part of herself on the top left of the image. She tried to make sense of the darker erupted volcano, which she found to be capturing her depression. In her account we can hear how she attempted to understand and organise the chaos of anxiety and depression into striking visual metaphors.

Figure 3. Juni's artwork during her seventh session.

In her seventh session, Juni used chalk pastels to draw a series of repeated vertical lines on a black paper (figure 3). As she made the lines, she gave examples of other people's expectations on her, explaining to her therapist how she felt about outside pressures. Each colour represented an important person in her life. For example, the green and purple lines represent the expectations of her mother and father.

> It was good to name every line and go through this with (therapist) like an introduction to my world, like hello, these are the things inside me, but still ... it made it very concrete, you know, these lines, you can see that it feels like a prison, it's like BAM BAM BAM BAM [makes repeated vertical hand movements], it's like a relentless ' after you've done this, then you need to do this'.

She drew lines that represented people's expectations of her. The emotional weight of this concern emerged from her art-making, despite her intention not to reveal her feelings. She said this was 'supposed to be like colourful (…) but', during the process of naming these expectations she realised the heaviness she experienced. As she accumulated vertical colourful lines, her overwhelm solidified, as she felt captive in the expectations of others. Juni perceived the lines she drew as jail bars; the parental stricture and expectations were described as inescapable, as she used words such as 'very concrete', 'like a prison', 'Bam, bam, bam'. During this part of the interview, Juni's voice was emphatic and appeared to break when she said "it feels like a prison". The way she experienced outside pressures was captured in the image: the emotional intensity was clearly communicated by the tone of her account. She attempted to make sense and understand her own mental processes through the perspective offered by reviewing her artwork with her therapist.

> When we were looking at the coloured lines of the expectations of others like seeing them and seeing like... it was a moment of like ah they are so many! There is not even a little space like for me left to have my own expectations. It's so crowded. And (therapist) saying that it is not a surprise that I feel the way I do ... was like... ok I need more space for myself .

For Juni, art-making led to a clearer understanding of her mind, making links between her experiences and her mood.

> After I make my images or things this will usually lead to more discussions on my situation, my mood, and what impacts on me like any problems with friends or issues with my parents.

This process happened as she got a full perspective of the extensive parental stricture and expectations while drawing lines, describing her experiences of how heavy her parents' expectations felt. She gradually got angry as she realised the lack of autonomy in her life.

> I've only just begun my university years with this heavy thing you know… like there is no other choice for me – it feels so long – I don't want to study for ten thousand years and I don't want to get there anyway – but I can hear him in my mind telling me these things. So, these lines, these ideas like I have to be so clean and so tidy even if I'm just twenty now, like I'm just... I don't have to be so perfect yet, you know? I'm just figuring out how to do these things... This is like an example of what I was saying, of these dark lines...

4.3.2 'Emily'.

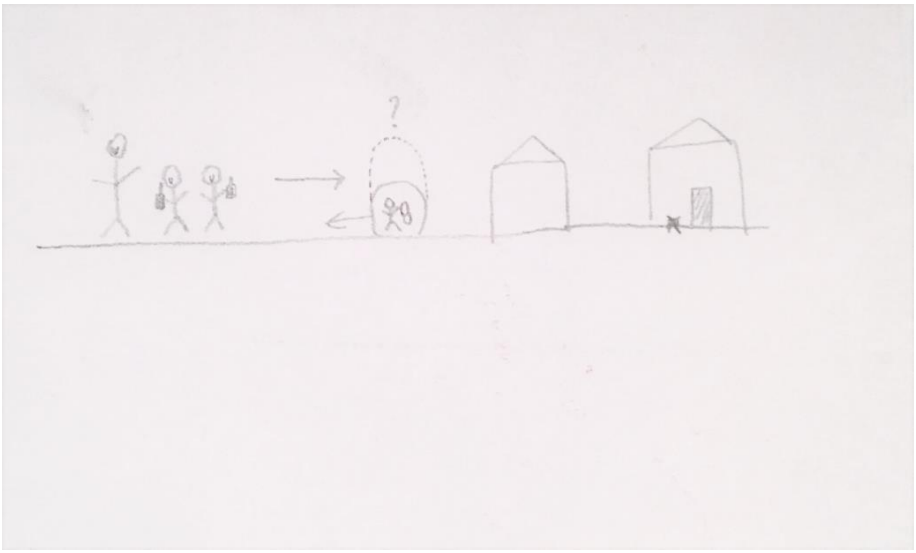


Figure 4. Emily's artwork during her first session.

Emily's first image was a pencil figure drawing that depicted four stick figures approaching two buildings (figure 4). Emily said she wanted to explain to her therapist a scene outside her university library, where she was approached by a group of people, she was not familiar with. Outside the library, a group of acquaintances approached her and asked her to join them for a coffee. Emily said she felt very uncomfortable and decided to leave.

> I was very shy and worried, so I put a question mark on me (points at image) because I feel anxious when I'm in a place with new people that I don't know very well. I feel very uncomfortable and very indecisive what to say or what to do. So, on purpose I drew myself

> very small compared to other people, taller and bigger than me. Cause this is how I feel. Yeah, cause I feel smaller than other people.

Her account demonstrates how Emily tried to make sense of her social anxiety during a day at her university through the stick figure drawing. On her faint pencil drawing, she illustrated the 'question mark' reflecting her uncertainty and decision making. Having drawn herself smaller, she then talked about feeling 'smaller' compared to other people, opening up to further discussion with her therapist about her confidence and body image. Through these symbols, Emily revisited, explained and processed her mental processes that took place during those moments of her social encounter.

In a similar way, for Emily, making reviewing her drawing helped her understand further the trajectory of her social anxiety. She mapped the events that led her to feel anxious in an encounter with peers. Describing how she interacted with people on paper helped her understand and link her behaviour and her feelings. In revisiting the scene, she gave new meaning, understanding it from another point of view:

> And we walked here [points] to the University Library and at the door I put a cross there [points] that was the point where I said I had to leave so then I left because I was too scared to join a group of people that I don't know very well and yeah. […]
> I realised how scared I was that day. And that actually I didn't have to be that scared. I mean there were no reasons to be but yeah. It just made me look at the scene from an external perspective. […] I probably should have gone with them, and enter the library, instead of leaving at that cross point. […] I think there is a lot of understanding, I can now understand how I felt that day… but I also wish that I could act in a different way.

Emily in this brief sentence captured the process of looking back at her feelings that day "from an external perspective". She realised how she felt during those moments when she experienced social anxiety, at meeting people outside the library. Her past emotional experience now made sense to her.

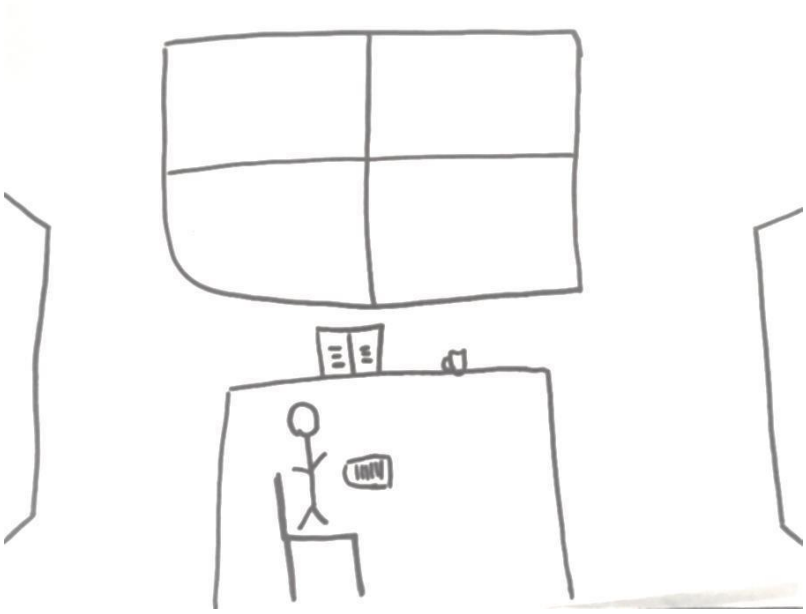


Figure 5. Emily's drawing during session six.

During her sixth session, she drew an image of a stick figure sitting at a desk in front of a large window (figure 5). The figure has a hot water bottle, a drink and a book next to it. The image is made with a black pen.

> She also made me available [sic] different types of paper, different colours, and again I chose a very simple one. […] I felt I didn't have time to go out although I wanted to. Also, another problem was that I always felt cold because I was losing weight.
>
> And I also drew on purpose a very big window. Because at the time I could have gone out with friends as usually people when they are sixteen do. But every day, even during the weekend, I preferred to stay home inside and study.

Emily approached art-making with a restricted repertoire, narrating a story of her experience of self-restriction, even when Emily did not necessarily intend to. She described that each time the Art Therapist introduced her to art materials, she chose very few and very plain materials. Her drawings was diagrammatic, and she explained this link to 'control'. In her account, Emily found that the simplicity of her 'geometrical' drawing mirrors her adolescent struggle for control:

> Very clear and somehow geometrical because this way of drawing really represented my mindset at that time …that I wanted control.

The content of her drawing could be seen as the mental barrier she felt was between her and the outside world. The powerful image of Emily's window seemed to communicate her embodied experience of missing out on her adolescence, the cost of her eating disorder. She was sat with a hot drink, a book and a hot water bottle to keep her warm, as she was cold while losing weight. The elements of her priorities, which were her education and controlling her weight while being isolated are depicted in her bare looking, elementary image (figure 4). She described how the window in her image captured her perception of her struggles during adolescence. Reviewing her second image by the window, she gave new, positive meaning to her past self- restricting as contributing to her current sense of self.

> Because probably without those years in the home studying very hard, I wouldn't be the person that I am today.

As I have reflected on my diary, the intensity of these realisations was also reflected in my emotional response to the artwork when conducting the interviews. Emily's portrayal of her younger self in front of a large window, missing out, was particularly evocative, and I remember leaving the interview feeling struck by the protectiveness I felt for her. This was a

strong indicator to me of how powerfully her image articulates the emotional cost of missing out. As an Art Therapist, I was not surprised at the revelatory content of the image - I was struck to hear about this revelation happening in the early stages in therapy, within the first six sessions - and that the participant herself was able to articulate so clearly her experience of finding meaning in the artwork that relates to her difficulties.

This may also be considered as illustrating of how important it is to recognise the process of the double hermeneutic; while this experience stood out to me, it may not have to another researcher to that extent. However, it was important for me not to be led by my own feelings of what I felt was very significant within the interviews, to maintain loyalty to the analytical process. This experience, however, of finding the main presenting concerns of clients within the artworks has been included in this chapter as it was also pertinent to other participants, as demonstrated.

4.3.3 ‘Cerys’.

Figure 6. Cerys’ first artwork.

Cerys selected cut outs from magazines to create a collage of different images and word captions (figure 6). The combined images depict an artwork in a gallery, a woman walking, a woman with a bucket, carrying objects, an open palm of a hand, the grey hair of a human face and words.

> It was like a hodge - podge of things[…] all of the things being stuck together, it was the same as having lots of intertwining problems and the parallels of having things overlap. […] They weren't the worst fears I've ever had or the most traumatic things but were a small reminder of how I felt. Like this woman struggling with a bucket with lots of things kinda feeling I was carrying hardship, and having my hands open cause it was like I was waiting to help people.

Cerys said that her ‘hodge - podge’ collage made in the first session, mirrored her ‘intertwining’ concerns, as she felt she had come to therapy with multiple and complex issues. She talked about selecting strips of magazine cut outs and assembling them together. Gradually, she linked every piece of her collage to her current concerns. Looking at her collage, she realised that the image contained important concerns in her mind: ‘carrying hardship’ as a carer, worrying about her parents, and managing her discomfort with her intrusive thoughts.

It seems that she was trying to represent and work through her worrying thoughts. For example, the grey hair at the bottom of the picture and the artwork depicted at the top left reminded her of her concern for her brother and her parents. She had been a carer for her autistic brother, and sometimes for her mother who had depression. The complexity and anxiety of that role had been the main reason for accessing therapy.

> …this image that reminded me a piece of art I saw in a museum when (brother) had a panic attack … (pointing at different part of the artwork). That's like .. like the hair like grey hair…it's more like I worry about my parents like dying quite suddenly .

After the first session, Cerys said she had not used the medium of collage again but started using inks in every session. Through trying to make sense of her difficulties, she developed insights in conversation with her therapist:

> (The therapist) was the first person that connected the dots between the young carer or what I have been in the family […] still a stressful role and still has a big impact on the way you live and the way you think and […] these issues have been a long-term thing.

Cerys made sense of her experiences as a carer together with her therapist. Through their reviewing the image, she realised the emotional weight of caring (‘stressful role’, ‘big

impact'). Not only did her difficulties make more sense considering the role she held in the family, but she also began to grasp the long-lasting quality of this responsibility, a 'long-term thing'.

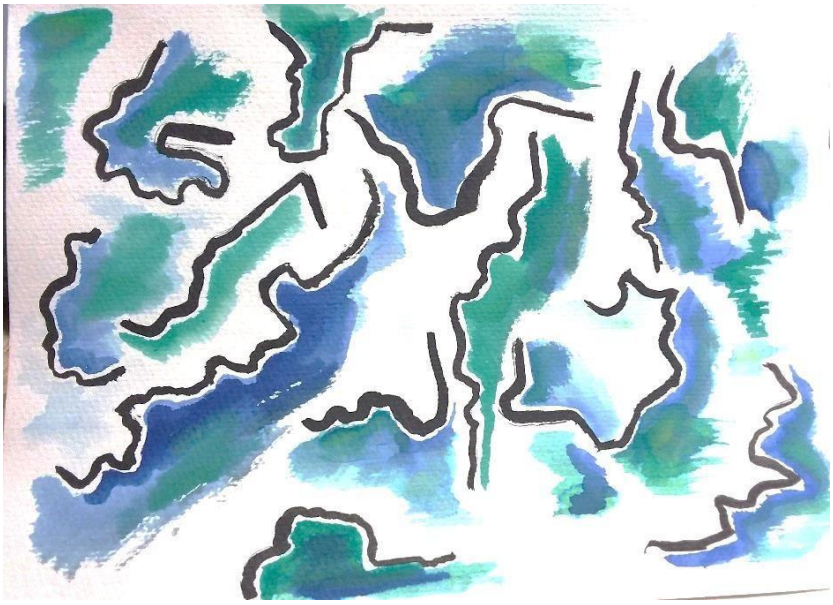


Figure 7. Cerys artwork during session seven.

In her seventh session, Cerys used black, blue and green inks to create a non-representational image containing shapes, shades and wavy black lines of various forms (figure 7).

> It's kinda abstract shapes so just doing colours and lines it was more about enjoying the physicality of painting without worrying about any aspect of what it represents. […] We talked about how the lines are fractured so it's a bit like intrusive thoughts, static, there is this uncomfortableness and these gaps between them.

Cerys enjoyed making non-representational art, as this was less stressful for her, and she could counterbalance discussing painful feelings, such as the pressures of her parentified role and coping with intrusive thoughts, with the art-making. Cerys said she did not intend to highlight any connection between what she was making to the content of her verbal sharing with her therapist. However, she recognised that the lines had the form of intrusive thoughts,

despite her intention of not expressing anything through her art. The colours and the shapes mirrored the fragmentation and disconnectedness she had experienced – almost the opposite of the first image, where all her intersecting concerns presented into a bundle, in this stage of therapy she had "more space" for herself, to explore each and every emotional experience needed.

4.3.4 'Daniel'.

In his first session, Daniel drew an image made of coloured pens, depicting open cages and vampires running towards a group of human figures.

> I had to get that out of me […] in the dream, there was vampires and they were chasing me and my family. And then there was something in cages. I was running away from them. I said something about how – I don't know, are these vampires something in me that I'm scared of or was it that – or I'm wanting to eat, wanting to kill something. […] I think one of the things that I came into the therapy with was a kind of an anger really that I haven't been able to express. And you know, I would direct that anger at people.

Daniel attempted to express and understand the nightmare that had been concerning him. During sharing it with his therapist, depicting the vampires in his dreams chasing him and his family, we can see his effort to try and understand his emotions and what he represented within the image. He attempted to give meaning and understand whether that dream and artwork were related to his own aggression and fear "are these vampires something in me".

In his seventh session, Daniel decided to make a house out of cardboard. He decorated the house with craft materials, including buttons, pipe cleaners, feathers and ornaments. In the window he put a clay figure of a cat, sitting.

> I definitely wanted to be cared for (…) And it's interesting, while I was making it, well, I put a lot of care into it. […] The cat being kind of a cared-for version of me. […]
>
> Like, my cat, in there, is like me in this little safe house, where she's not there (the therapist).

Daniel communicated his need to be cared for through the care he had put into making his cardboard house. When his art therapist was about to go on leave, and their weekly therapy routine would be interrupted, he expressed his need to be cared for through his artwork.

> I had this kind of reliable space where I could open up to her […] then that space was about to not be there for a couple of weeks. She would be gone and it felt – I mean, from what she said, it kind of makes sense to me in a way in the moment that like the house was like I was holding on to someone, taking some of that, while she wasn't there, in this little home.

Daniel described noticing the need for safety during pending therapy break. He noticed the care in which he made his cardboard house and was able to connect the two: his need for care, and how he was showing this in the room.

4.3.5 'Niki'.

During her first session, Niki draw a picture of patterns forming a large eye, using coloured pencils on a purple paper.

> I would describe this as fine pencil eye drawing, eye patterns that kind of explore the inner eye. They look like eyes, I think they are eyes, so I think the eye represents for me my real self, my real identity, that's what I thought when I made it. I think it's almost like a microscope, you know, a magnifying glass you know being kind of on you like this (makes movement).

Niki talked about going to therapy to increase her self-awareness and understand further relationship difficulties and how negative past experiences have shaped her as a person. In her account of her first drawing, she described her image as representing her “inner eye”, “microscope” as she was about to open up and initiate sharing her introspection.

> I had a lot to share and obviously. I think that too much was coming out at once. It was difficult to review the work in the end because I… I had so much to share, I think.

In her seventh session, Niki drew with coloured pens two cubes connecting with one another.

> So, this artwork is the peak of the artwork in the seventh session, if that makes sense, there is like is like everything is neutral and then goes really really heavy and now it is calmer. It is like only two squares as you can see, no patterns, just clear shapes, very similar to how I felt.

> I have been coming to terms with understanding what is this rectangular thing on my paper, like understanding having to accept and process my anger. I don't like it, but it looks like something clear and it represents how clear I feel inside.

Niki tried to make sense of her mental clarity through articulating it on paper by a precise shape. Even if her relationship with the artwork was not a positive one, representing her anger through a shape helped her accept it. As she shaped her understanding of her relationships, she drew a shape that represented her clear anger about relationships. Feeling that she can ‘speak to the materials’ helped her engagement in the process, as it enabled her to make sense of her emotions and insights without the pressure to articulate herself verbally:

> That is the thing that made me feel more comfortable, not having to talk because I know that I can speak to the materials and I can do the speaking through using the materials.

4.4 Reconnecting with Child Self through Art-Making

This super-ordinate theme subsumes the participants' experiences of remembering feelings from their childhood, as well as changing the relationship to their child selves. Although participants shared some similar experiences, divergence (Smith et al., 2009) in the way in which they reconnected with their child self will also be presented.

4.4.1 Fond memories of childhood emerging during art-making.

During the making of their images or 3d objects, most participants described recalling memories from childhood. It seems that these emerging memories were evoked with a sense of affection. For Emily, art-making feels familiar and brings back moments of creating together:

> It also reminds me when I was a child and I used to do lots of paintings and crafts with my friends, or at home with my family or within my school with my classmates. For me art, it reminds me a lot of my childhood and being with people I am very familiar with. […]
> And we, students, maybe twenty students in a classroom we did painting or crafts... so for me that time in school was very relaxed and we were like doing art and also talking and also it was a happy time at school, cause usually in school it's then serious.

Emily re-experiencing the warmth of these feelings during her childhood was evident by her big smile during the interview at the time of describing these ‘happy moments.’:

> I did enjoy making small paintings to give to my parents. So, when I think of art, I just think of my primary school, my mum and my dad, my classmates and they are all very happy moments...

The fond memories of art-making with peers and family seem to bring a familiarity to the process of art-making: for Emily this familiarity appeared to bridge her initial nervousness

to generating warmer feelings. Daniel described a sense of connection with his younger self, after making a cardboard home with craft materials:

> When I initially was making it, it felt like I was in touch with the kind of younger version of me. […] When you're a kid… you have craft… even like buttons or these little things and pipe cleaners and these feathers that you stick together, and that was all that. It made this kind of house very precious. […] like a childhood home.

Craft materials seem to have prompted these memories for this participant, as they formed a connection to times he used to make crafts as a younger boy. In his interview, speaking with a very warm voice, he treasured his cardboard house, finding it 'precious', as the object reminded him of his childhood home.

4.4.2 Making sense of painful childhood feelings through reviewing the artwork.

Following the emergence of childhood memories, participants described connecting to feelings they felt during childhood, through the process of looking at their artwork. For most, re-experiencing feelings seem to concern emotions that were not previously openly acknowledged – sometimes these were feelings they were not allowed to express during their childhood. For example, Cerys talked about processing her feelings as a child living with her brother's autism and her parents' mental health problems.

> In that session, I said, I remember when, as a child, I was scared, and it used to be that my brother had most of the attention.

For Cerys, making sense of her childhood feelings was possible because of the therapist feeling like a "safe parental figure", who could be there during the emergence of her emotions of fear and sadness.

> A feeling that I was able to realise more about my like feelings as a child or like a sense of a child feeling hard done by or... kinda sad or scared because it felt like there was a presence of safe parental figure or there was safety. So I was able to allow myself to feel like a scared child because there was an adult who was actually capable of looking after me better, or that I could let my guard down in a more like a childish way because there was somebody else that could fulfil the responsibility of upholding.

Daniel reconnected with childhood feelings through reviewing his artwork that he had earlier described as playful: in this part, he remembered experiencing a mixture of safety, worry, and sadness.

> I was reminded when I was younger, there were times where I felt very safe and then other times where it didn't feel so nice. And so, you can't really separate those. There was… there were moments of like there were things that's nice and there were moments where things were very sad, and I'd worry...

.When his therapist suggested that his artwork of vampires haunting his family expressed his anger, he experienced that anger towards her suggestion. One could consider this as a moment where he reconnected with the anger he was not allowed to express earlier in his life and he had an opportunity to do this in the room:

> To have that kind of fed back to me, I think I had a kind of a reaction against it …. It made me angry.

4.4.3 Growing compassion for child self.

After making artwork that reminded them of the feelings and experiences they had as children, many participants expressed compassion for their child self. For some, this emotional experience was mainly sadness for their predicament. For Cerys, it was sad that

she had to take on the role of a carer for her brother with autism at a very early age, having "to grow up faster":

> And I think there is some sadness that I had to grow up faster.

Similarly, Emily feels sadness and regret for having stayed indoors, restricting her interactions with others and prioritising her learning.

> Instead of being outside maybe with people, always being inside and studying. So, there is a lot of regret, sadness, but also regret. But I feel very sorry for this little girl here, sitting. Yeah, it's very sad.

Indeed, it is compelling to hear Emily talking about her feelings towards 'this little girl', looking at her drawn version of her younger self. Expressing compassion while looking at an artwork that represents the child self was an experience also shared by Daniel:

> In previous sessions, we spoke some and made some art and stuff about it about me not liking my younger self. And this was almost a kind of moment of me liking my younger self.

In Daniel's account it is evident that he was shifting from having a negative relationship to the idea of his younger self to a moment of liking his child self. He then repeated this realisation at other points during the interview.

> …by making this kind of clay version of my cat is like in the moment I'm thinking about my cat but…it's not really about my cat. That was about me and I guess while holding and making it and talking about it I realised this is about me and how I started feeling closer to the younger version of me.

On reading his account, one can see how Daniel moved from holding and processing his clay cat to acknowledging he was handling his relationship to his child self. Having talked with affection about the clay cat, he experienced affection about himself through the clay object:

> In a sense, I was kind of caring about this side of myself that I didn't like. And then when I was making this little clay cat to go out there, I was very fond of it. So fond of it, so I was like pouring a lot of love into it. Yeah. Its little ears and its little eyes, little nose.

This description of 'pouring love' and being 'fond' of its 'little' characteristics demonstrates the affection felt towards the 'cared-for version' of himself, expressing the care he felt he needed: 'I needed to be cared for.' These participants' accounts echo being gentle and sympathetic to the suffering they had experienced during their childhood. These moments of looking back with a warm understanding of the child self are an experience shared by most of the participants.

4.4.1 Feeling the Impact of Art Therapy

This super-ordinate theme includes how participants felt they were influenced by their engagement with the Art Therapy process. Most participants accounts described being enabled to share a variety of feelings, developing a more nuanced understanding of their minds, and becoming able to tap into their creativity. Following this, it is not surprising that most participants found Art Therapy to be a learning experience, taking messages from the sessions to their lives after the sessions.

4.5.1 Feeling enabled to express a full range of emotions.

This sub-ordinate theme illustrates the experience of reaching and expressing emotions as they are. Participants described being able to share feelings that previously did not have access to or felt they were not allowed to express. Participants talked about being more able to communicate and process their emotions, becoming more genuine and overcoming

restrictions of the past. Cerys, for example, is able to share how she felt without minimising her emotions.

> … it was me telling stories of feelings rather than looking at resolutions, or mechanisms and trying to retell them kind of without missing chunks so... without ... underplaying how I felt.

Daniel felt that talking to the therapist and making art about his anger, had helped him express it.

> Some of my feelings weren't…. okay to be expressed when I was younger. And to be able to think about those with my therapist was very helpful, and to be able to make art about these feelings…Feelings like anger, I guess.

This experience of retrieving feelings that have not been expressed is shared by Niki as well.

> I think Art Therapy is really does reach and reveal to you things about yourself that are unknown to you. Feelings, thoughts, emotions, so much stuff has been there under the surface and we've been able to unearth them through the process of art-making and talking about the artwork and sharing the emotions.

The metaphor of unearthing the emotions that have been unknown and being able to represent them in her artwork gives us a clear indication of her developing ability to express herself. It also captures the process of first realising the less known feelings, and then processing them and sharing them with the therapist. Following their reflections and art-making, participants expressed a greater variety of emotions.

4.5.2 Art Therapy as a learning experience.

Most participants spoke about their realisations during the Art Therapy process. These were messages that they wanted to implement in their lives. They talked about gaining new

understandings and skills. Take, for example, Niki who spoke about her new conceptualisations during her sessions:

> This is part of the coping process. You are learning to cope with this material that you really don't like, but you have to use it in order to start the healing process and apply that in life. I think there are many things in life that you don't like, but you have to cope with it.

Her experience seemed to draw parallel ‘lessons’ from using the art materials. She spoke about learning to use materials she did not like as a lesson for her to find ways to cope when things did not go the way she wanted. It seemed that she wanted to apply in life the principle of finding ways out of feeling stuck. Towards the end of her interview, she spoke with excitement and a curiosity to see ‘what's next’:

> I'm curious to see what these patterns mean in my life, what's going to happen as a result of these realisations.

Here, we can see her increased interest in finding personal changes in life following her newly developed insights. Considering changes to be made in personal life also concerned Cerys:

> I think a large part of my therapy focus is trying to separate family life from my individual life and I think I like Art Therapy cause it is something I do for myself, one of the only things I have been doing for myself . Where... like Art is uniquely yours when you are doing it, so I felt some sort of claiming of property or space.

Through creating a space for her own thoughts and feelings, Cerys' description illustrates her experience of learning to progressively claim ‘space’ for herself and to individuate from her family. Through reflections with her therapist, she expressed attempts to meet her needs and not prioritise her brother's needs. She realised how to relate to her brother not as a carer, but as a sister:

> But it wasn't my role as his sibling to comfort him.

Cerys highlighted the specific learning that has helped her cope with the emotional burden and responsibilities of being a carer. She felt her therapist has helped her ask to be cared for:

> She helps me understand the process of how I'll get my parents to look after me.

Earlier, we read about her opening up, sharing parts of her childhood and reflecting with the therapist about her role as a carer. Combining these accounts, one can suggest that she was gradually learning to receive care from the therapist.

> Here is a parental figure like with interest in my wellbeing, like holding me in safe space.

Emily reflected on her learning through engaging with a clay object (figure 8):

> I wanted to represent with white what I consider OK parts of my body and with black the parts I hate about myself. But then when I used white it looks like grey in my hands where covered with clay. And she noticed that this part are mix between black and white, mix of what I consider good and bad. […] I actually would never have thought that. Cause for me it was either good or bad, there is no mix or in between. […] and I have to agree that in life it is not always black and white and there is no perfection.

Emily's account demonstrates her building tolerating to mess, gradually accepting imperfections and grey areas - despite her feelings of unease.

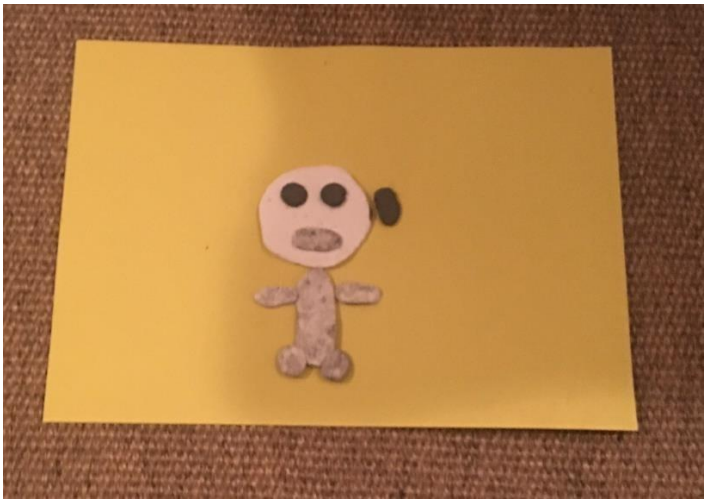


Figure 8. Emily's clay object.

> At the beginning I found hard to have set all the mess on the table. […] now I am slowly accepting the mess when doing clay sculpture but still feeling a little uncomfortable.

These accounts crystallise that participants have discovered opportunities for new skills and realisations to develop. They considered transferring this learning outside of the sessions. These realisations and new ways of thinking around presenting difficulties seemed to be one of the most critical aspects of the therapeutic impact experienced by the participants. Following her reflections of her learning, Niki said:

> I would definitely recommend Art Therapy to anyone. And hopefully it becomes a compulsory thing! (laughs) so everyone will reflect on their issues and past, I really wish that everyone would go ... everyone would be helped if they did.

It is clear from her account that she finds these realisations beneficial as far as to suggest it should be compulsory. This phrase gives us the flavour of how strongly she felt about how she benefited from her engagement and reflection during the initial session.

Chapter 5: Discussion

5.1 Overview

In this chapter the emerging master themes will be discussed in light of the existing literature and research. Links will be made to the relevant Art Therapy and psychological theories, where appropriate. New literature will be introduced to explain some of the findings, because IPA is an exploratory and inductive approach that allows for the fresh exploration of new ideas (Smith et al., 2009). Following the discussion of clinical implications, methodological issues will be considered, and final reflections will be provided to evaluate the contribution of this study to the research. Finally, conclusions will be drawn based on the current interpretation of the analysis.

5.2 Summary of Findings

This study aimed to investigate the experiences of young adults who engage in Art psychotherapy. Five young adults accessing Art Therapy in voluntary and private services were successfully recruited to participate in the study. In their in-depth semi-structured interviews the young adults that participated were asked to describe their experience of engaging with art materials, of working with their therapists, and of reviewing their artworks. They were asked to share two of their artworks in the interview, one made in the first session, and the other in the sixth to eighth session. Their accounts were then systematically analysed using IPA. Five major themes were constructed from the data, presenting a perspective of these young adults' experiences.

Most participants talked about initially feeling nervous, unsure about how to engage with the art materials and unsure whether they would be understood by their therapists. Participants developed more fluency in using art materials and were gradually more able to expand the

repertoire of their engagement. Most talked about enjoying aspects of the art making and finding pleasure in making images in their sessions. Some enjoyed the physicality of painting and clay work, while for some artmaking was counterbalancing their painful verbal sharings in the session. Participants talked about developing trust in the therapeutic relationship. While initially feeling under continuous observation, they considered how to trust their therapists and they developed an understanding with their therapists through feeling validated. Participants made sense of their inner dilemmas and their presenting difficulties through the process of art making, generating new insights and understanding their feelings.

Through art-making, they were also able to connect with their childhood, remembering fond memories, as the art materials reminded them of crafts and artmaking in school. They talked about making sense of childhood feelings that emerged from their artworks. They seemed to develop an affectionate understanding of their child selves, as they expressed compassion for their past difficulties. They talked about Art Therapy enabling them to express a full range of emotions and helping them develop psychological insights, making sense of their feelings. Following this, it is not a surprise that some considered Art Therapy sessions to be a learning experience. They shared insights that they would be taking to their lives after therapy.

5.3 Discussion of the Research Findings

The research question which this study aimed to consider was:

‘How do young adults make sense of engaging in Art Therapy?’.

The superordinate themes that were co-constructed are discussed below. Firstly, one needs to consider how the context in which these young adults' accessed Art Therapy has influenced their experiences of their sessions.

5.3.1 Participant's context and characteristics.

As briefly highlighted in the method section, participants that took part in this study presented as very articulate and psychologically minded. One can argue that their accounts were co-constructed within their educational backgrounds: apart from Cerys who was about to complete her A-levels, all other participants had experience of undergraduate education at University, with two participants having completed postgraduate studies. The fact that they were accessing Art Therapy in the voluntary and private sector indicated, as many shared, that they did not meet 'criteria' to be referred to psychological services within the NHS. Considering the social GGRRAAACCCEESSS (Burnham, 2014) and how these factors influence the research process, one wonders how individuals from different social, ethnic, economic and cultural backgrounds would conceptualise their engagement with Art Therapy. One can hypothesise that young adults who have not been in contact with the culturally specific concepts of psychotherapeutic language, may provide different descriptions of their experience. For example, Cerys talks about "transference", which indicates she is familiar with therapy concepts. I wonder if participants that were familiar with these concepts were keen to share their knowledge with me. Accounts from those distressed to the level of eligibility for accessing Art Therapy in NHS services may be very different.

It is also worth mentioning that two participants were non-native speakers, coming from EU countries. Although they were very fluent and articulate, one wonders if their accounts would be different, having been in their first language. Were there nuances in their experience that were lost in translation? For example, Emily described several moments in her therapy as "good experiences", and I wonder if she would have been more descriptive - like Cerys, who used more descriptive words such as "containing" and "rewarding", giving more detailed

psychological content in her account. This is also a consideration for me as a non-native researcher, which will be discussed in the limitations.

5.3.2 The process of engagement.

Participants talked about their nervousness and trepidation in meeting with their Art Therapists in the beginning. It is not uncommon for clients at the beginning of counselling and psychotherapy to perceive the initial seeking of help as a risk-taking situation (Mearns & Cooper, 2005). Furthermore, Reder and Fredman (1996) suggest client's bring their beliefs about seeking help to their first therapeutic contact and this can have a significant impact on the encounter. Although nervousness and trepidation are expected, in this study we can find more detail on what this nervousness is about. It seems that young adults are unsure how to use the materials, they fear they might get it wrong, and worry about not being understood by their therapist.

Additionally, most of the studies on Art Therapy interventions for young adults specifically suggested that young clients experience an initial reluctance to engage in art making (Bold & Paul, 2014; Hensel et al., 2012; Chu, 2010; Van Lith et al, 2017; Parkinson & Whiter, 2016). Some participants presented to be self-conscious, not feeling confident about their artistic abilities or not wanting to disclose their difficulties (Bold & Paul, 2014). Parkinson and Whiter (2016) suggest that feeling anxious and avoiding the art materials is an expected part of the practice, as clients need to develop trust in the process and the art therapist at their own pace. It is possible that this study's participants experience trepidation because of their relationship towards asking and receiving help, feeling conscious of their artistic abilities and the understandable anxiety about opening up and sharing vulnerable information.

However, as they began to overcome this nervousness, clients were able to start using new materials more fluidly, expanding the repertoire of their art making. This development of a more fluid use of art materials could be seen in the context of a developing attachment with their therapist in the sessions. Clients may have a more positive engagement with art materials when they develop a secure attachment with their Art Therapist (Corem et al., 2015). Participants with a less secure attachment may have a less positive attitude to the materials and their final product (Corem et al., 2015). On the basis of these findings, it could be hypothesised that when clients feel safer with their therapists, they feel enabled to use the art materials more freely.

When immersed in art making, participants shared experiencing pleasure in creating images, enjoying the sensory process and offsetting difficult conversations. In Art Therapy literature, the pleasure clients experience when engaging in art making has not been given the same attention as the more complicated processing of painful experiences – perhaps because of the psychoanalytic tradition in the UK. Furthermore, Art Therapy in the UK had a long struggle to differentiate itself from occupational therapy (Waller, 2013), and art therapists had to distinguish their practice from simply an enjoyable structured activity to the eyes of external professionals. As the profession was aiming towards being state registered, it was simultaneously trying to assert itself as a legitimate psychotherapy to other psychodynamic psychotherapies. In this way it is understandable why, historically, Art Therapy literature and research would not want to focus on the enjoyment of the process, so as to highlight that Art Therapy is not just a pleasurable activity. In Art Therapy with children, one can find examples where the enjoyment of art making is explored (Prokofiev, 2014) as children experience their Art Therapy group as a paradise of materials. This finding agrees with

previous studies, where young adult clients enjoyed connecting to a sense of playfulness and creativity (Collie et al, 2017; Coles & Harrison, 2018; Parkinson & Whiter, 2016).

5.3.3 Developing trust in the therapeutic relationship.

Participants felt under the surveillance of their therapists during their initial engagement in the sessions. Some participants perceived this continuous attention of the therapist to mean they cared. For others this sense of being observed helped them consider what is worth sharing with the therapist. There is little written about how the therapeutic gaze on the client and the client's artwork is experienced. In Springham et al. (2012), service users expressed that the art therapist's 'watchful, not watching' stance during art-making helped them immerse in the process. Elsewhere, Isserow (2008) has highlighted the therapeutic value and importance of sharing attention and looking together at an object.

Furthermore, participants shared they felt a time where they were unsure about trusting the therapist. However, they all gradually had the experience of developing trust and confidence in the them, especially when they felt understood and validated. This is not uncommon as, for example, Collie et al. (2017) suggest that the participants in their study felt validated and supported by their therapist. In their view, this fostered a positive atmosphere for the group and helped develop a therapeutic alliance (Collie et al., 2017). When others responded to their artwork, asking questions, giving positive feedback, clients felt validated (Boldt & Paul, 2014). Relatedly, looking together at the artwork and considering different perspectives has been described as an enabling and bonding experience (Chu, 2010; Parkinson & Whiter, 2016).

Participants felt that being understood helped them develop their confidence. The more they shared, and the more they felt heard, the more they opened up to their therapists. For example, Juni started sharing her concerns about the expectations of others. As soon as the therapist validated her points, she opened up even further, feeling safer to share her more vulnerable feelings. Bowlby (1988) proposed that developing a secure attachment relationship between client and therapist can provide a safe space for clients to explore painful experiences. A positive attachment relationship can be a catalyst for change, which has also been observed in recent research (Mallinckrodt, Porter, & Kivlighan, 2005).

Mikulincer and Shaver (2007) suggest the main features of a safe therapeutic alliance are similar to that of a secure working bond. Parish and Eagle (2003) say that clients experience a secure attachment to their therapist when their therapists are emotionally responsive, and this enables them to develop more confidence in their bond and continuing reflection outside of therapy.

This consideration supports the findings of Palmestierna et al. (2013) with successful therapies for young adults: that a secure therapeutic relationship enables growth. Through developing a safe therapeutic bond, the clients and their therapists can overcome any obstacles to their collaborative work (Palmestierna et al. 2013). Specifically, in Art Therapy, the joint attention strengthens their bond, as it gives opportunities to both therapist and client to share insights (Isserow, 2008). Both art making and reviewing the artwork enables mirroring. The shift between reviewing the image, talking about experiences, and making sense of feelings helps the client feel understood by their therapist, but also helps them make sense of their own experiences (Springham, 2018). This is an opportunity to develop greater

intersubjectivity, helping client and therapist mentalise each other's minds (Springham, 2018).

5.3.4 Making sense of presenting difficulties through making art.

Both deliberately and unintentionally, clients expressed their presenting difficulties through the way they engaged in making art: this is a finding that substantiates the central claim of Art Therapy. Participants' art making mirrors the emotional and physical reality of their predicaments. For example, in Emily's account, her habitual self-restricting, together with the physicality of her eating disorder was expressed in her limited use of art materials. Daniel's need for care is demonstrated through taking detailed care with his artwork. Cerys' complexity of needs come through her collage bundle. Juni's erupting volcano and prison bars convey the pressure of expectations and emotional turmoil.

These findings are congruent with the view of Persons (2009), who suggested that the paintings of young adult clients reflected their psychological needs. In addition, Chu (2010) hypothesised that images made in the sessions mirror representations of what is important in the clients' life, often representing lost attachments and parts of the individual's identity. Similarly, young adults used images as metaphors to describe the quality of their relationships (Boldt & Paul, 2014). At the same time, relating to art materials can give rich information when assessing adults' mental health (Pénzes et al., 2014). Pénzes et al. (2014) explored the relationship between the way clients interact with art materials, their artwork and their psychological characteristics. When reviewing a client's developed body of artwork, clients could explore their styles in art-making and reflect on their relational patterns as they became more apparent.

Another perspective on this phenomenon is the psychoanalytic lens. Kramer (2016) introduces the psychoanalytic concept of the defence mechanism 'sublimation' into her understanding of art making. Sublimation is the effort to express internal conflicts, turmoil and tension in a socially acceptable way that moves from fantasy to the active use of imagination in an attempt to process inner experience (Kramer, 2016). For Kramer (2016), during art-making, the client expresses their inner world in a more acceptable form which sometimes has a cathartic function. She agrees with Winnicott (1970) that the client can express repressed feelings only within a reliable therapeutic space. This reliability is fostered with the security of the therapeutic bond described above. For Kramer, the therapist needs to support the client's introspection, as together they make sense of less conscious processes. Following this, for Schaverien (1987), art therapists should respectfully and patiently allow clients the time to process their artwork, so as to gradually realise and recognise the emotional processes contained within them.

The findings of this study present a different perspective: it seems that art making is a process of making sense of these difficulties from the beginning of the clients' engagement, and does not necessarily happen in two distinct different times (i.e. first the client makes image, then later suddenly realises what the picture was about and starts processing it). It can be suggested that the client from the beginning is processing their concerns, and through the use of art materials starts processing and generating further insights that are verbalised through the discussion of the artwork.

This happens within the psychological space created between client and therapist, where the client can try and experiment with various behaviours or play, described by Winnicott (1971, p.14) as a "transitional space". The psychoanalytic perspectives and Art Therapy views

sometimes overlap. For example, Robbins (2007) discusses Object Relations Theory in Art Therapy: past and current representations of the client, moods, feelings and thoughts are expressed in the form of art- making, or in the verbal exchange between therapist and client. Robbins (2007) resurfaces the idea that by developing a space where experimentation is fostered and facilitated, the client can develop further psychological flexibility, as they gradually learn to be more tolerant and open to imagination, emotions and experiences.

What is different in this study is that the participants themselves acknowledge the connections between their artwork and their mental processes and presenting difficulties. In their sessions, they verbally connect their psychological experiences to their artworks, explaining that sometimes despite their intention to not make representational art, the structure, quality or content of their images convey their emotional states. Emily tells us the geometry of her image links to her need for control; Cerys reminds us of her intrusive thoughts resembling floating lines; Daniel shares how he demonstrated his need for care through making an ornamented childhood home; Niki clarifies the connection between her rectangular shape and the clarity of her anger.

Making, thinking and talking about their artworks lead the participants to further insights and a better understanding of their emotional experiences. This finding is consistent with the previous research in young adult Art Therapy: making art helps clients process and reflect on their thoughts and feelings, enabling meaningful realisations (Boldt & Paul, 2014; Chu, 2010; Coles & Harrison, 2018; Hensel et al., 2012; George & Kasinathan, 2014; Van Lith et al., 2017; Parkinson & Whiter, 2016).

Participants in this study described making sense and organising their thoughts and feelings during art-making. Gradually they moved towards making sense and understanding their

experiences. This process, known as mentalisation (Fonagy & Bateman, 2011) has been found particularly useful with clients who have interpersonal difficulties and find it hard to regulate their emotions (Springham et al., 2012) – a finding that highlights its therapeutic usefulness. Mentalisation is considered the primary agent of change, as a common process in most forms of psychotherapy (Fonagy & Bateman, 2011). It is the work on our capacity to understand and make sense of our minds and the minds of others. This is an opportunity for clients to see themselves and their experiences through the views of others (i.e. their therapist) (Fonagy & Bateman, 2011).

For the participants, the alternation between art making and talking about the artwork seemed to help develop these insights and the capacity for mentalisation, as in Springham et al. (2012). As they were reviewing their images with their therapists, and explaining the experiences depicted in their artwork, young adults were able to understand further how they felt, considered different actions they would take, and made sense of the reasons why they felt that way. Some of them realised the level of their past feelings, for example Emily, who realised how scared she was to socially interact with people she did not know well.

5.3.5 Reconnecting with childhood through art-making.

As demonstrated in the Results, the young adults in this study experienced a connection to their childhood; this was a positive experience for those who remembered fond memories of school, childhood play and connection to parents and friends. At times, participants started making sense of childhood emotions that they seemed to reprocess during their therapy session. A less expected finding was that they expressed compassion for their child self in the past, demonstrating sympathy and affection for their younger self.

This connection to a child self can be found in transactional analysis, where one's childhood is incorporated in one of their ego-states –'child', 'adult' and 'parent' (Berne, 1972; Steiner, 1974). For transactional analysis, the inner child is a mode of communication, a part within each of us. That part holds important interpersonal information that can be useful when relating to others.

Another perspective comes from the psychoanalyst Alice Miller, who has talked about the "child within me" (1986, p.24) to describe the process of reconnecting with her child self during her painting. Despite having psychoanalysis for several years, Miller (1986) was able to access her autobiographical earlier memories only through a series of spontaneous paintings. For Miller (2008), one can be in touch with their 'true' self, only when they gain back their ability to mourn the losses of their childhood. She suggests that many children are not celebrated for whom they really are, or rarely is their anger, sadness and chaos acknowledged. Connecting to their childhood through art making gives the client the opportunity for compassion and self-understanding. In therapy, the client is able to think "I can now be angry, and no one will get a headache because of it. I can rage when you hurt me, without losing you." (p.41). With this new compassion and space to experience their feelings, clients are gradually able to recognise even more feelings and able to organise their psychological experience. For Miller (1986) imagining herself as a child, and communicating with that part of herself as an inner voice, led to helpful realisations:

> "I am fascinated by this ongoing dialogue between me as a grown woman and the little child in me (…) I have been able to give the silent child of long ago the right to her own language and her own story. Now she refuses to be dissuaded from remembering […] what really happened and reporting it with ever growing clarity". (p. 31)

Furthermore, the therapeutic use of childhood memories is widespread in the history of psychology. Ego psychologists considered childhood memories as attempts to find ways out of current difficulties (Burnell & Solomon, 1964). Those concerned with attachment theory have suggested that childhood memories give useful information on the working models of the self and relationship to others (Holmes, 2001; Main, 1991). From a cognitive–behavioural perspective, some therapists focus on compassionate childhood memories to help address anxiety disorders (Hackman, 2005).

Another way of viewing the connection to childhood is through a Narrative Therapy lens; exploring early recollections can provide information on some transgenerational or common narrative themes for families and individuals (Androutsopoulou, 2013). This connection can help therapist and client explore restrictive themes that limit and hinder the client's development. For Androutsopoulou (2013), it is of significant therapeutic value to incorporate childhood recollections in the therapeutic dialogues, as it can lead to understanding transgenerational themes that might restrict the client's life. It is crucial that the therapist facilitates the remembering of these memories with an invitation to retell them in compassionate ways. By revisiting earlier memories, the clients can become more able to narrate coherently their autobiographical accounts, which can help address their current concerns and difficulties; Siegel (2010) refers to this as developing 'mindsight'. This is an important finding as connecting to childhood can be a link to developing a more coherent sense of self and identity.

Regarding the compassion that participants felt for their child selves, one can claim that developing compassion for earlier life experiences has always been at the core of many psychotherapeutic practices. Starting with Sigmund Freud's attempt to understand and further

make sense of his client's symptoms through early life events and experiences (Quinodoz, 2013), one can claim that developing self-compassion, understanding and insight have always been at the core of developing psychological therapies. More recently, Compassion Focused Therapy (Gilbert, 2010) is a clear example of an emerging therapeutic approach, that centres the importance of self-compassion as the primary therapeutic tool.

This is a less anticipated finding, as it has not been possible to find contemporary research that reports adults connecting to their childhood through art. There is a lot of research on Art Therapy accessing past traumatic memories – especially neuroscience and Art Therapy (Carr & Hass-Cohen, 2008). However, there is no specific theory conceptualising the connection with child self for adults. This can leave one to wonder whether there is scope for further exploration of the role of positive memories in the Art Therapy process.

A different way of understanding the value of connecting to childhood emotions could be through Winnicott's concept of true and false self (Winnicott, 1973). When wanting to protect their parents from disappointment, children may learn not to express the full variety of their emotional experiences and end up performing from a false sense of self (Winnicott, 1973), that disguises their genuine feelings behind a ‘masked view’ of themselves (Habermas, 1970). This process can lead to an alienation from genuine emotions and a feeling they may only be accepted by parents and groups if they present a ‘false self’. Therapy needs to become a space where clients can rehearse and test out authenticity as they connect with the more genuine parts of themselves.

Palmestierna et al (2013), when looking at young adults' experience of psychodynamic psychotherapy, also saw that clients seem to find ways to reconcile their past difficulties and interpersonal experiences (Palmstierna et al., 2013). Reportedly, leaving past experiences

behind involved a degree of mourning yet led to expressing love for their own self and important others. This seemed to help them develop interpersonal independence and confidence in their ability to cope.

5.3.6 The impact of Art Therapy.

This research has reiterated that through engaging in Art Therapy sessions, clients were able to express a full range of emotional experiences (Edwards, 2014). As Art Therapy theories (Killick, 2000, Wood, 2000) highlight, the Art Therapy space, the therapist and the art materials provide a containment within which a range of painful emotional experiences, feelings and memories can be projected by the client, and processed by both client and therapist.

The notion that psychotherapy is a learning experience originates from Bandura (1961) who encouraged more research and rigour to investigate the learning processes between client and therapist. Bandura came from a behavioural tradition that encouraged direct teaching, reward and even at that time punishment. The notion that therapy is a learning opportunity for the clients can leave us wondering about the learning that takes place for the therapist as well. It is moving to read in *Playing and Reality*, Winnicott (1971, p.2) dedicating the book to his clients "who pay to teach" him.

Being able to learn and have new thoughts following the art making process and the review of artwork in Art Therapy ties in with theories of embodied cognition. Our mental experience is shaped by our physical actions and the actions of those around us (Varela, Thompson, & Rosch, 1991). This embodied action is a way of learning through sensory and motor information, for example during the process of engaging in the physical act of art making.

5.4 Implications

There are no available guidelines on practising Art Therapy with young adults to the researcher's knowledge at the time of writing. The findings of this study could point towards some potentially useful clinical implications which will be discussed below. The findings of this study invite the provision of services to consider the process of young adult's engagement while attending to the nuanced nature of this process.

When offered to young adults, Art Therapy sessions can be experienced as very rich and meaningful. The qualities of these participant's accounts highlight that Art Therapy can offer different experiences to other psychological therapies. The processing and understanding of presenting difficulties seems to take place not only through words, but within and through the art making process, and reviewing of art work. When compared to talking therapies, connecting to past childhood experiences and recalling memories is a more sensory based experience, which could evoke memories in a different manner through the tactile qualities of clay and craft materials. It is argued that wider provisions of Art Therapy for this client population can be a form of early intervention, where clients are enabled to process and make sense of their difficulties, while being helped to construct a more holistic way of talking about their history.

5.4.1 Clinical implications for Art Therapists and clients

As demonstrated by emerging themes of making sense of presenting difficulties and realising the impact of Art Therapy, this therapeutic approach can be an opportunity to develop an empathic dialogue with the client, within which, the process of further making sense of their past and developing compassion for the client's experiences can help alleviate their presenting difficulties. Furthermore, Art Therapy can provide a space to develop a safe therapeutic bond, as highlighted by the participants who valued developing an attachment with their therapist. Within this bond, mentalisation can

be fostered that encourages insight, self-understanding and compassion, as well as a connection to creativity and the reconstruction of autobiographical narratives.

Connecting with childhood may be a particularly useful process for clients that experience difficulties rooted in developmental and early life experiences, such as trauma or challenges in interpersonal relationships. Helping clients revisit significant moments from their past through art making can be a process with potential benefits; helping service users resolve issues form their past and understand them with more clarity. This informs their perception of their own development in a different, perhaps more meaningful, hopeful, compassionate way. As such, Art Therapy can facilitate greater self-understanding and self-compassion.

5.4.2 Implications for share-holders and service development

As the therapeutic relationship is considered one of the core mechanisms of change, services should review the conditions that might support this**.** Having a consistent clinician and being provided with enough time can be factors that promote secure attachments and thus need to be factored in to services. This helps clinician and client to bond and develop a good working relationship that fosters validation, insight and change. Creating a safe, supportive space and forming a good therapeutic relationship, where memories and current difficulties can be shared and reflected upon should continue to be at the core of Art Therapy practice.

Although the context of these implications applies to Art Therapy provisions, professionals from other disciplines are also invited to extend these considerations to their own work. Psychological therapists, for example, that would find it useful to incorporate art making in their field could seek consultations from Art Psychotherapists.

5.4.3 For training.

It would be worth noticing how and when adult clients bring to the foreground memories and accounts from their childhood. This could encourage Art Psychotherapy trainings to

incorporate lectures and input not only from the psychodynamic approaches, but to invite perspectives from Narrative Therapy and Compassion Focused Therapy. This may help future Art Therapists to anticipate and skillfully facilitate autobiographical conversations and self-compassion insights.

During recruitment, there where hesitations and negative messages received from the majority of Art Therapists contacted; with some suggesting the study would not benefit or concern their clients. This makes a strong argument for Art Therapy training courses to better communicate the value of research. Training programmes need to actively highlight and promote the importance of rigorous research that involves and concerns the views and experiences of the clients. Practicing Art Therapists need to acknowledge the contribution of research to the development and employability of their profession.

5.4.4 For service development.

Clinical psychologists can support the provision of Art Therapy to meet clinical needs. They can actively support the better dissemination of how Art Therapy can be experienced from a service user perspective in multidisciplinary teams, in service development and clinical governance meetings. Working towards developing a more pluralistic provision of services, clinical psychologists can consider alternatives to talking therapies to meet the diverse needs of their communities, thus counteracting the wave of CBT monopolisation (Dalal, 2018). The findings of this study strongly support the inclusion of Art Therapy in teams. In a more inclusive service provision, where service user engagement is promoted, Art Therapy can

offer service users struggling to articulate their difficulties verbally the opportunity to communicate and make sense of their concerns.

5.4.5 For Art Therapy research.

In terms of implications for theory development, it would be paramount to develop language and theories that bridge Art Therapy with other disciplines. For example, one could consider the development of more theoretical frameworks that link Art Therapy with social constructionism psychotherapies, such as Narrative Therapy.

More research on how Art Therapy interventions are experienced by clients can be shared with the service users and the public, in order to timely address myths and misconceptions that can stand in the way of young adults engaging in Art Therapy services. The same applies for professionals and referrers. Through learning from the clients how interventions are felt and understood, the profession can have rich and meaningful feedback to evaluate theory and practice.

5.5 Strengths and Limitations of the Study.

Method

This study used an IPA approach to investigate young adults' experiences of engaging in Art Psychotherapy, which is consistent with the research question. IPA allows for the detailed analysis of individual experience (Smith et al., 2009) and has provided an idiographic spotlight on the experiences of a homogenous sample of participants. The interpretative element of the method allowed common themes to be crystallised, and varying, nuanced experiences to be portrayed.

Recruitment

Small sample sizes are recommended in IPA to enable an in-depth interpretation of each

interview (Smith et al., 2009). Due to the significant challenges in recruitment, the sample size of this study was smaller than initially planned. However, the sample number was in line with the recommendations for an IPA study, and it allowed for accurate coding of those that participated. Although the sample is ethnically diverse, four out of five participants have completed postgraduate education. This study has not heard the experiences of those who have not found Art Therapy useful or were unable to engage. It has been able to explore theprovision of Art Therapy in voluntary organisations and private practice. This did not include experiences of young adults accessing Art Therapy in the NHS. A further limitation is the different presenting difficulties of the participants. These limitations can also be viewed as exciting opportunities for future research.

Participants

A limitation of this study could be considered the wide age range of the participants (17 to 29 years old). This was an essential step in the recruitment due to time restrictions and the feasibility of the project. It is possible that by expanding on the age range, the participants group became less homogenous, as perhaps people in their late 20's might have different life experiences that people who are completing school. However, as discussed in the method section, such increase in age range was vital for the feasibility of the project. One can claim that there was greater value in exploring this group of participants, despite their age differences, as this is the first study that explores the experiences of individual Art Therapy sessions in the UK.

Interviews

In line with the epistemological position of the researcher, it should be noted that what was expressed in the young adults' interviews may only represent one account co-constructed within their single interview.Having had the opportunity to plan and discuss in depth the design and methodology, analysing each interview with one of my supervisors who has

expertise in the field has been a strength of this study.

Findings

This study explored how these young adults made sense of their engagement in therapy. This study provides the young adults' own, first-person accounts of their experiences of individual Art Therapy interventions. It represents a unique contribution to the field, as it cannot be found anywhere else in the literature. Until the time of submitting this thesis, there has not been another Interpretative Phenomenological Analysis of the experience of young adults accessing Art Therapy. Using IPA to explore service user experience in the domain of Art Therapy can be considered innovative, as it is the first occasion that this occurs. Apart from the qualitative rigour of this study, having conducted the research with young adult participants who had Art Therapy as practised in the United Kingdom is another aspect of its contribution to the body of knowledge. In summary, the contributions concern the method, location and participants' age, as it has shifted the focus to the young clients' direct understanding of their engagement.

Discussion

It would not be possible to confidently generalise the findings of the study to all young adults who access and engage in Art Therapy, as this approach is idiographic. However, these findings are a valuable indication of how Art Therapy sessions can be experienced. Their accounts provide lenses through which we can further understand and investigate young adults' engagement in Art Therapy.

Due to the limitations of time, following the analysis, it has not been possible to engage the participants in a meaningful member checking. The researcher intends to send a summary of the findings to the participants via email, from her university account, as indicated in the ethical approval application. Discussing the limitations can generate further ideas about

future research.

5.6 Suggestions for Further Research

The findings of this study point to future research with young adults experiencing Art Therapy interventions after their therapy contract is complete. It would be invaluable to have accounts of Art Therapy clients for whom the intervention has not been experienced as helpful. It would be worthwhile to explore the experiences of young adults accessing Art Therapy in the NHS, in primary and secondary care. This study is an invitation to other researchers to explore facets of the therapeutic process in Therapy. It would be interesting to compare these results with the experience of young adults in other forms of treatment and see the similarities and differences. It may be especially interesting to do this with other creative therapies (i.e. music, drama therapy). Moreover, further research can explore whether other Art Therapy clients connect to their childhood through art making, and if so, how this is experienced.

At this point the contribution of the voluntary and private sectors needs to be acknowledged. More research needs to evaluate and acknowledge the work of charities and practicing Art Therapists outside the NHS. This could help raise the confidence of referrers and funders to keep supporting services that are useful and complementary for primary care, as early interventions, in the community to prevent deterioration of mental health.

5.7 Final reflections

My journey of completing this Doctoral thesis mirrored some of the experiences of the young adults I interviewed. At the beginning, I started with trepidation, gradually expanded my research skills repertoire and in the end enjoyed several aspects of this process. At times, I felt the surveillance of my supervisors, as I was particularly privileged and equally self-conscious to complete an IPA project with Jonathan A Smith; we gradually built a trusting working alliance, where I was supported to make sense of my dilemmas. Through my regular check-ins I communicated my struggles and reflections and reconnected with many memories

of my past clients. In light of these young adults' accounts, if I would have Art Therapy clients in the future I would be more attentive to the connections they make between different parts of themselves, and delicately navigate the content and meaning of their art-making, listening for compassionate and understanding voices in their verbal and visual sharing.

This study has been a rich learning experience for me: as I approach the end of my clinical training, I have stronger confidence in both Art Therapy and Clinical Psychology. I have discovered not only new perspectives of the client's experience through the participant's accounts but also Art Therapy literature that I would like to return to and invite others to revisit. In brief, my passion for the creative therapies has been reinvigorated. In future

multidisciplinary teams, I will encourage other professionals to view creative therapies with even greater appreciation.

The process of using IPA to make sense of the participants' accounts had an interesting impact on my current clinical work. As a Trainee Clinical Psychologist, I have often focused my attention to the spoken content of my discussion with my clients. Lately, I have been reminded to notice the process, the tone and way therapeutic communication takes place in my work with young adults. This study has taught me to differentiate my mind from the mind of clients and to notice the nuances in the way people conceptualise their experiences. It has brought to my attention to once more double check how interventions, ideas and services are perceived by the people I work with. It has highlighted for me the necessity of moving from the comfortable position of being the expert, to acknowledge that therapy is happening with the client: The client's experience is the fundamental part of any therapeutic change. I realise that trainings often focus on the therapist's input and inquire less about how this input is experienced by the service users. It is paramount not to shy away from asking the clients how interventions are felt.

I feel privileged that Juni, Emily, Daniel, Niki and Cerys generously shared their experiences. They put themselves forward, sharing very personal information, because they appreciated how important it is to conduct research in this field. This demonstrates how crucial it is to communicate the need for research not only to trainings, therapists and researchers, but to service users themselves. Perhaps they might be more willing to share their learning with us than we sometimes fear.

5.8 Conclusion

Young adults engaging in Art Therapy can experience a developing self-understanding and compassion within a safe therapeutic bond. Through expressing their concerns and difficulties in the process of making art, clients can have the opportunity to reconsider and reconstruct their autobiographical narrative. Through reviewing their visual metaphors with their therapists, they learn how to make sense of their psychological lives.

Having described the rich processes that take place in Art Therapy through the lens of this study, one is left wondering what possibilities lie for the participants' future. By supporting our clients' introspection, by validating their feelings and naming their concerns, we can enable timely realisations. These new insights and actions can form foundations for a happier adulthood. Using Art Therapy can be a process that helps young people positively change their mental health and the emotional prospects of their life. To paraphrase the words of Bertolt Brecht; 'Art is not a mirror held up to reality but a hammer with which to shape it'. I would like to close this study with the message I have learned from my participants:

Art Therapy can be a mirror held up to a felt reality - this mirror is the hammer with which to shape it.

References

Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9*(3), 407-411.

Allen, J. G., & Fonagy, P. (2006). *The handbook of mentalization-based treatment*. Chichester: Wiley & Sons Ltd.

Androutsopoulou, A. (2013). The use of early recollections as a narrative aid in psychotherapy. *Counselling Psychology Quarterly*, *26*(3-4), 313-329.

Bandura, A. (1961). Psychotherapy as a learning process. *Psychological Bulletin, 58*(2), 143.

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). West Sussex: J. Wiley.

Berne, E. (1972). *What do you say after you say hello?* New York: Grove Press.

Biggerstaff, D., & Thompson, A. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, *5*(3), 214-224.

Boldt, R., & Paul, S. (2011). Building a creative-arts therapy group at a university counseling center. *Journal of College Student Psychotherapy, 25*(1), 39-52.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development,* New York: Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed), *Handbook of Research Methods in Health Social Sciences,* pp.843-860. London: Springer.

Brooks, J. (2015). Learning from the lifeworld: Introducing alternative approaches to phenomenology in psychology. *The Psychologist, 28*(8), 642-643.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: The use of grounded theory, discourse analysis and narrative analysis. *Journal of Family*

Therapy, *27*(3), 237-262.

Burnell, G. M., & Solomon, G. F. (1964). Early memories and ego function. *Archives of general psychiatry*, *11*(5), 556-567.

Burnham, J. (2013). Developments in Social GGRRAAACCEEESSS: Visible invisible, voiced-unvoiced. In I. Krause (Ed.) *Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives* (pp.139-160). London: Karnac.

Burr, V.(2003). *Social constructionism*. London: Routledge.

Broome, M. E., Maikler, V., Kelber, S., Bailey, P., & Lea, G. (2001). An intervention to increase coping and reduce health care utilization for school-age children and adolescents with sickle cell disease. *Journal of National Black Nurses' Association: JNBNA*, *12*(2), 6-14.

Carr, R., & Hass-Cohen, N. (2008). *Art Therapy and Clinical Neuroscience.* London: Jessica Kingsley.

Charmaz, K. (2011). Grounded theory methods in social justice research. In N.K. Denzin. & Y.S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 359–380). London: Sage.

Chu, V. (2010). Within the box: Cross-cultural Art Therapy with survivors of the Rwanda genocide. *Art Therapy*, *27*(1), 4-10.

Clarke, V. & Braun, V. (2014) Thematic analysis. In A. C. Michalos (Ed.), *Encyclopaedia of Quality of Life and Well-Being Research* (pp. 6626-6628). Netherlands: Springer.

Coles, A (2019a, February 4) Art psychotherapy can help people explore themselves through museum exhibits. *The Conversation.* Retrieved by https://theconversation.com/uk

Coles, A (2019b, February 24). Art psychotherapy: How museums are helping people explore their mental health. *The Independent.* Retrieved from https://www.independent.co.uk

Coles, A., & Harrison, F. (2018). Tapping into museums for art psychotherapy: An evaluation of a pilot group for young adults. *International Journal of Art Therapy*, *23*(3), 115-124.

Collie, K., Prins Hankinson, S., Norton, M., Dunlop, C., Mooney, M., Miller, G., & Giese-

Davis, J. (2017). Online Art Therapy groups for young adults with cancer. *Arts & Health, 9*(1), 1-13.

constructionism. *Journal of Family Therapy*, *13*(4), 395-409.

Coolican, H. (2004). *Research methods and statistics in psychology*. (4th ed.). London: Hodder & Stoughton.

Corem, S., Snir, S., & Regev, D. (2015). Patients' attachment to therapists in Art Therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy, 45*, 11-17.

Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2017). Reducing recurrent care proceedings: initial evidence from new interventions. *Journal of Social Welfare and Family Law, 39*(3), 332-349.

Dalal, F. (2018). *CBT: The Cognitive Behavioural Tsunami: Managerialism, Politics and the Corruptions of Science*. London: Routledge.

Department of Health. (2009). Research governance framework for health and social care.

Development and feasibility study. *International Journal of Art Therapy*, *18*(2), 54-66.

Edwards, D. (2014). *Art Therapy*. London: Sage.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal of clinical psychology*, *38*(3), 215-229.

Erikson, E. H. (1959). *Identity and the life cycle: Selected papers*. New York: International Universities Press.

Eysenck, H. J. (1953). *Uses and Abuses of Psychology*. London: Penguin Books.

Faulkner, A. (2012). Participation and service user involvement. In D. Harper, & A. R. Thompson, (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 39-54). London: Wiley.

Fonagy, P., & Bateman, A. (2011). The widening scope of mentalization: A discussion. *Psychology and Psychotherapy: Theory, Research and Practice, 84*, 98–110.

George, O., & Kasinathan, J. (2015). Mural Art Therapy for young offenders hospitalised with a mental illness. *Australasian Psychiatry, 23*(1), 49-53.

Gergen, K. (1991). *The saturated self : Dilemmas of identity in contemporary life.* New York: Basic Books.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American psychologist*, *40*(3), 266.

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. London: Routledge.

Gilroy, A. (2006). *Art Therapy, research and evidence-based practice*. London: Sage.

Gilroy, A., & Hanna, M. (1997). Conflict and culture in Art Therapy: An Australian perspective. In A. Hiscox, & A. Calisch (Eds.), *Tapestry of cultural issues in Art Therapy* (pp. 249-275). London: Jessica Kingsley.

Gussak, D. (2007). The effectiveness of art therapy in reducing depression in prison populations. *International Journal of Offender Therapy and Comparative Criminology*, *51*(4), 444-460.

Habermas, J. (1970). Towards a theory of communicative competence. *Inquiry*, *13*(1-4), 360-375.

Hackman, A. (2005). Compassionate imagery in the treatment of early memories in Axis I anxiety disorders. In P. Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy* (pp. 352–368). London: Routledge

Harpaz-Rotem, I., & Blatt, S.J. (2009). A Pathway to Therapeutic Change: Changes in Self-representation in the Treatment of Adolescents and Young Adults. *Psychiatry : Interpersonal and Biological Processes. 72*(1), 32-49.

Hefferon, K., & Gil-Rodriguez, E. (2011). Reflecting on the rise in popularity of interpretive phenomenological analysis. *The Psychologist, 24* (10), 756-759.

Hensel, D., Bradburn, T., Kelly, A., Manahan, I. , Merriman, H., Metzinger, F., Moore, H. (2012). Student Impressions of an Art Therapy Class. *Journal of Holistic Nursing. 30*(4), 264-269.

Hogan, S. (2001). *Healing arts: The history of Art Therapy*. London: Jessica Kingsley Publishers.

Hogan, S. (2009). The Art Therapy continuum: A useful tool for envisaging the diversity of practice in British Art Therapy. *International Journal of Art Therapy Inscape., 14*(1), 29-37.

Hogan, S. (2015). *Art Therapy Theories: a critical introduction*. London: Routledge.

Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy*. New York: Brunner-Routledge.

Isserow, J. (2008). Looking together: Joint attention in Art Therapy. *International Journal of Art Therapy, 13*(1), 34-42.

Killick, K. (2000). The art room as container in analytical art psychotherapy with patients in psychotic states. In A. Gilroy and G. McNeilly (Eds.), *The Changing Shape of Art Therapy* (pp. 99-105). London: Jessica Kingsley.

Kim, S. K. (2013). A randomized, controlled study of the effects of art therapy on older Korean-Americans' healthy aging. *The Arts in Psychotherapy*, *40*(1), 158-164.

Kramer, E. (2016). Sublimation and Art Therapy**.** In J.A. Rubin, (Ed.), *Approaches to Art Therapy : Theory and Technique* (3rd ed., pp. 142- 155). London: Routledge.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102-120.

Lyshak-Stelzer, F., Singer, P., Patricia, S. J., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy, 24*(4), 163-169.

Lilliengren, P., Falkenström, F., Sandell, R., Mothander, P., & Werbart, A. (2015). Secure attachment to therapist, alliance, and outcome in psychoanalytic psychotherapy with young adults. *Journal of counseling psychology*, *62*(1), 1.

Macran, S., & Shapiro, D. A. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, *71*(1), 13-25.

Madill, A., & Gough, B. (2008). Qualitative research and its place in psychological science. *Psychological Methods*, *13*(3), 254.

Main, M. (1991). Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple (incoherent) models of attachment: Findings and directions for future research. In J.S. Hinde, P. Marris, & C. M. Parkes, (Eds.). *Attachment across the life cycle* (pp. 127-160). London: Routledge.

Mallinckrodt, B., Porter, M., Kivlighan, D. (2005). Client attachment to therapist, depth of in-session exploration, and object relations in brief psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 42,* 85–100

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The lancet*, *358*(9280), 483-488.

Malvern, S. B. (1995). Inventing 'child art': Franz Cizek and modernism. *The British Journal of Aesthetics*, *35*(3), 262-273.

Mason, J. (2002). *Qualitative researching*. London: Sage.

Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London: Sage.

Merleau-Ponty, M. (1962). *Phenomenology of perception*. *Phenomenology of Perception* (C. Smith, Trans.). London: Routledge.

Mikulincer, M. and Shaver, P. (2007). *Attachment in adulthood: Structure, dynamics and change.* New York: Guilford Press.

Miller, A. (1986). *Pictures of a childhood : Sixty-six watercolors and an essay*. New York: Farrar, Straus & Giroux.

Miller, A. (2008). *The drama of the gifted child: The search for the true self*. London: Basic Books.

Moon, C. H. (2011). *Materials & Media in Art Therapy*. London: Routledge.

Mooney, T., & Dermot, M. (2002). *The phenomenology reader.* London: Routledge.

NHS England (2015). Future In mind: Promoting, protecting and improving our children and

young people's mental health and wellbeing. Available at: https://www.gov.uj/dh [Accessed 10 Nov. 2017]

NICE (2015). Psychosis and schizophrenia in adults: prevention and management [online] Available at: https://www.nice.org.uk/guidance/cg28 [Accessed 1 Oct. 2017].

Palmstierna, V., Werbart, A. (2013). Successful psychotherapies with young adults: an explorative study of the participants' view. *Psychoanalytic Psychotherapy, 27*(1), 21-40.

Parish, M. and Eagle, M. (2003). Attachment to the therapist. *Psychoanalytic Psychology, 20,* 271–286.

Parkinson, S., & Whiter, C. (2016). Exploring Art Therapy group practice in early intervention psychosis. *International Journal of Art Therapy*, *21*(3), 116-127.

Pénzes, I., van Hooren, S., Dokter, D., Smeijsters, H., & Hutschemaekers, G. (2016). Material interaction and art product in Art Therapy assessment in adult mental health. *Arts & Health*, *8*(3), 213-228.

Persons, R.(2009). Art Therapy With Serious Juvenile Offenders: A Phenomenological Analysis. *International Journal of Offender Therapy and Comparative Criminology. 53*(4), 433-453.

Peshkin, A. (1988). In search of subjectivity - one's own. *Educational researcher, 17*(7), 17-21.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7-14.

Prokofiev, F. (2014). Adapting the Art Therapy group for children. In S. Skaife, & V. Huet, (Eds.), *Art Psychotherapy Groups: Between pictures and words* (pp. 54-78). London: Routledge.

Quinodoz, J. M. (2013). *Reading Freud: A chronological exploration of Freud's writings*. London: Routledge.

Reder, P., & Fredman, G. (1996). The relationship to help: Interacting beliefs about the treatment process. *Clinical Child Psychology and Psychiatry, 1*(3), 457-467.

Riessman, C. (2008). *Narrative Methods for the Human Sciences*. London: Sage.

Robbins, A. (2016). Object relations in Art Therapy. In J.A. Rubin, (Ed.), *Approaches to Art Therapy : Theory and Technique* (3rd ed., pp. 142- 155). London: Routledge.

Schaverien, J., (1987). The scapegoat and the talisman. In T. Dalley, (Ed.), *Images of Art Therapy: new developments in theory and practice* (pp. 74- 109). London: Taylor and Francis.

Siddaway, A., Wood, A., & Hedges, L. (2019). How to do a systematic review: a best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual review of psychology*, *70*, 747-770.

Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. New York: Bantam.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*, 39-54.

Smith, J. A. (2015). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

Smith, J. A. (2018). "Yes It Is Phenomenological": A Reply to Max Van Manen's Critique of Interpretative Phenomenological Analysis. *Qualitative Health Research, 28*, 1955-1958.

Smith, J.A., Flowers, P., & Larkin, M. (2009*). Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, & K. Chamberlain (Eds.), *Qualitative Health Psychology: Theories and Methods* (pp. 218-240). London: Sage.

Smith, J. A., & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J. A. Smith

(Ed.), *Qualitative Psychology: A Practical Guide to Methods* (2nd ed., 53-80). London: Sage.

Speed, B. (1991). Reality exists OK? An argument against constructivism and social

Springham, N., & Brooker, J. (2013). Reflect interview using audio-image recording:

Springham, N., & Huet, V. (2018). Art as relational encounter: An ostensive communication theory of Art Therapy. *Art Therapy*, *35*(1), 4-10.

Springham, N., Findlay, D., Woods, A., & Harris, J. (2012). How can Art Therapy contribute to mentalization in borderline personality disorder? *International Journal of Art Therapy*, *17*(3), 115-129.

Steiner, C. M. (1974). *Scripts people live*. New York: Grove Press.

Strauss, A., & Corbin, J. M. (1997). *Grounded theory in Practice*. London: Sage.

Swift, J. (1990). Memory drawing and visualisation in the teaching of Robert Catterson- Smith and Marion Richardson. In D. Soucy, & M.A. Stankiewicz (Eds.), *Framing the past: Essays on art* education (pp. 138-152). Reston: National Art Education Association.

Taylor, S., Bogdan, R., & DeVault, M. (2015). *Introduction to Qualitative Research Methods: A Guidebook and Resource*. New Jersey: Willey.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80-96.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A., Walsh, S. (1997). Standards for research projects and theses involving qualitative methods: suggested guidelines for trainees and courses. *Clinical Psychology Forum, 108*, 3-7.

Uttley, L., Scope, A., Stevenson, M., Rawdin, A., Buck, E. T., Sutton, A., Stevens, J., Kalenthaler, E., Dent- Brown, K., & Wood, C. (2015). Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of Art Therapy among people with non-psychotic mental health disorders. *Health Technology Assessment,19* (18) ISSN 1366-5278.

Van Lith, T., Bullock, L., Horbal, I., & Lvov, A. (2017). A Brief Evaluation to Identify Level of Satisfaction of Art Therapy with Undergraduate Ukrainian Students. *International Journal for the Advancement of Counselling*, *39*(3), 282-294.

Van Manen, Max. (2017). But Is It Phenomenology? *Qualitative Health Research, 27*, 775-779.

Varela, F., & Thompson, E., & Rosch, E. (1993). *The embodied mind: Cognitive science and human experience*. Cambridge: MIT Press.

Waller, D. (2013). *Becoming a profession (psychology revivals): The history of Art Therapy in Britain 1940-82*. London: Routledge.

Waller, D. (2014). *Group interactive Art Therapy: Its use in training and treatment*. London: Routledge.

Willig, C., & Stainton-Rogers, W. (2008). *Qualitative Research in Psychology*. Maidenhead: Open University Press.

Winnicott, D. W. (1960). *The Maturational Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International UP.

Winnicott, D. W. (1971). *Playing and reality*. London: Tavistock Publications.

Wood, C. (1997). The history of Art Therapy and psychosis 1938–95. In K. Killick., & J. Schaverien, (Eds.). *Art, psychotherapy and psychosis* (pp. 144-176). London: Routledge.

Wood, C. (2000). The significance of studios. *International Journal of Art Therapy: Inscape, 5*(2): 40- 53.

Wood, C. (2013). *Navigating Art Therapy: A therapist's companion.* London: Routledge.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health, 15*(2), 215-228.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. *Qualitative Psychology: A Practical Guide to Research Methods*, *2*, 235-251.

Appendix A: Details of Systematic Literature Review Search

Figure A(1). Example of refined search terms & Results when inclusion criteria only Art Therapy for young adults with mental health:
'(Art Therapy OR Art psychotherapy)'; 'AND young adults OR emerging adults OR college students'; 'AND (mental health OR depression OR anxiety OR PTSD OR personality disorder)'. Additionally, terms to be ignored, for example: 'NOT learning disability'; 'NOT psychosis*

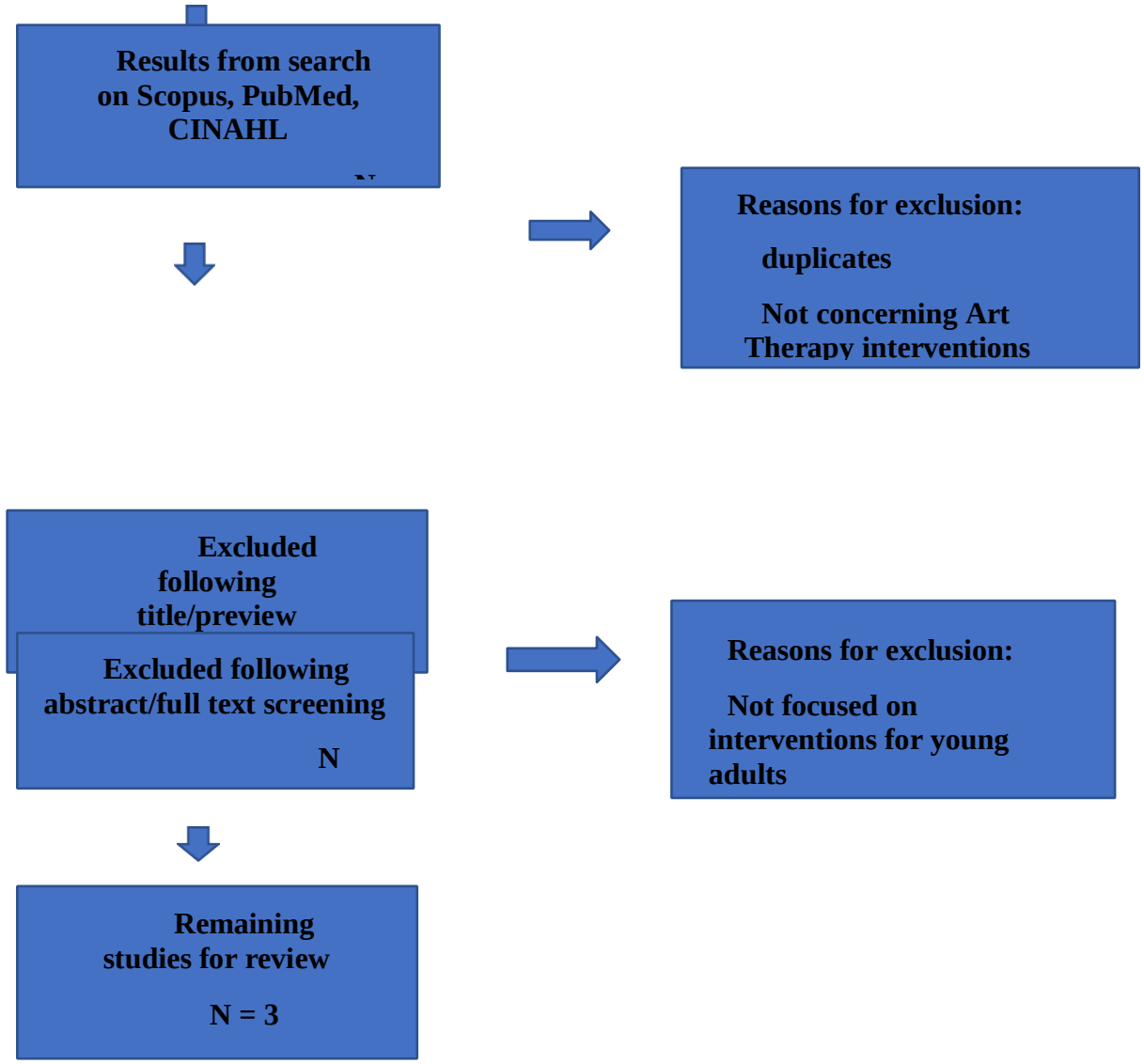
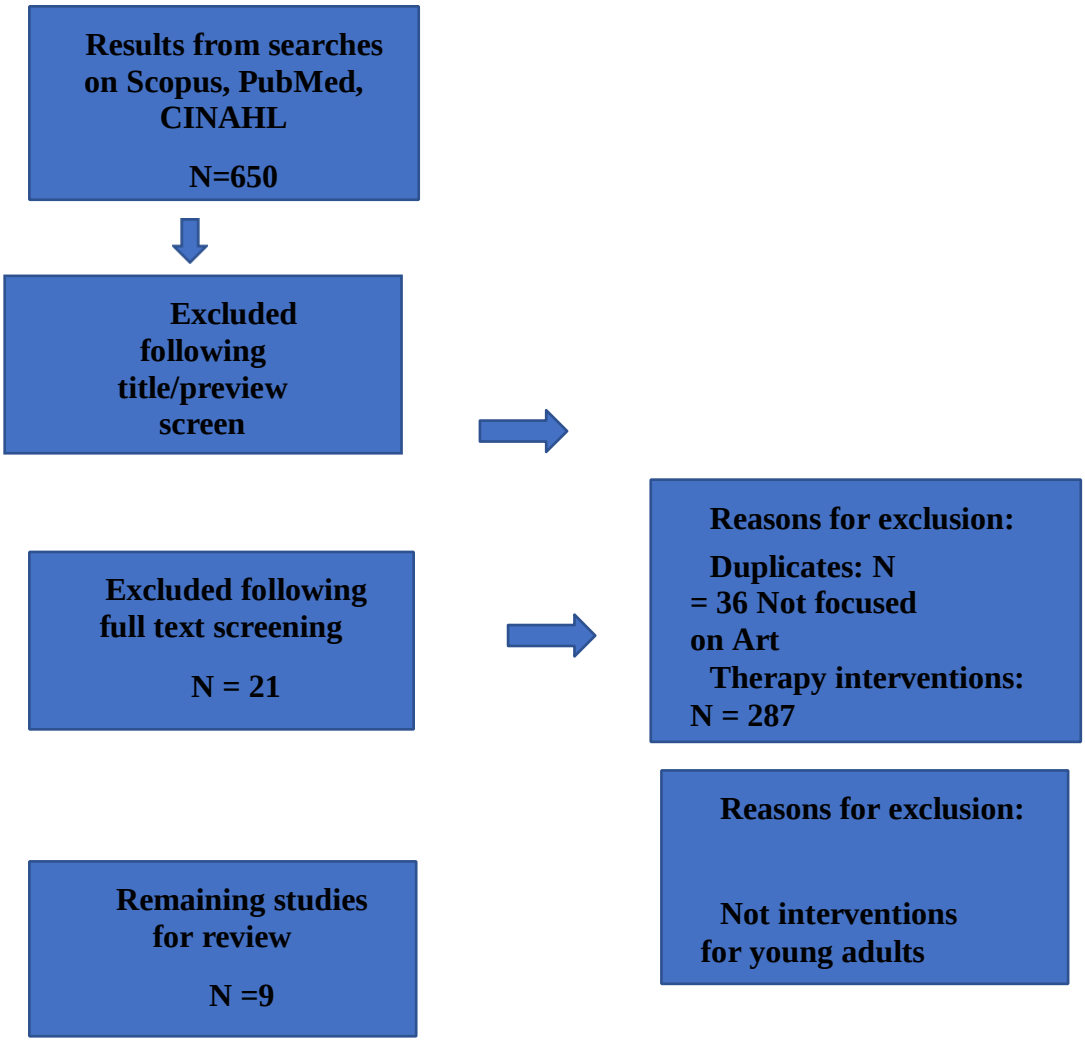


Figure A(2). Results when inclusion criteria broadened to all Art Therapy interventions for young adults.



Appendix B: Quality of the research utilised in the Systematic Literature Review

Table B (1) Evaluation of Recommended Guidelines for the Qualitative Research Papers of the Review

	Guideline						
Paper	**Owning one's perspective**	**Situating the sample**	**Grounding in examples**	**Providing credibility checks**	**Coherence**	**Accomplishing general vs specific research tasks**	**Resonating with reader**
Boldt, R.W., Paul, S. (2011)	The researchers provide their theoretical orientations, as well as their biases and hypotheses.	The contexts of the groups were discussed; demographics of the sample were not provided.	There are very limited number of quotes included to ground the clinical impressions in their accounts.	No credibility checks.	Differing aspects of the intervention were presented effectively and coherently. Organising the content into phases helped frame the narrative presentation of the results.	Considerations of facilitating Art Therapy groups were sought for exploration, and this was achieved. Ways in which art therapists prepare for and make sense of the groups were also identified, which met the specific aim of the study potentially aiding other art therapists planning to run Art Therapy groups in university settings.	The paper created a resonance in the reader, with the material presented in a way which gave an overall impression of the experience of the participants.
Collie, K., et al. (2017)	The researchers provide details of their theoretical standpoints and acknowledge potential bias.	There is context provided for the setup of the group and limited details about the participants.	A number of participants' quotes were utilised in order to confidently ground the results in their accounts.	No credibility checks.	This work captures the nuance of individual stories while also presenting an integration of the outcomes of the interviews.	Limitations of generalisation are discussed, however this work focused on a specific task, and offered a model to understand this.	The material is presented in a way which suggests an accurate representation of participants' accounts, and which expands the reader's understanding of this area.
Chu, V. (2010)	The researcher describes the context of her intervention, describes her theoretical orientation and hypotheses. She does not discuss her bias.	Historical context is provided, as well as detailed descriptions of participants' background..	A very limited number of participants' quotes were utilised in order to ground the results in their accounts. However, their artwork is illustrated in the article.	No credibility checks.	Individual stories are narrated in a coherent manner, organised in case studies with common themes highlighted and discussed.	The researchers specifically aimed to describe the use of Art Therapy for a group of traumatised young adults and achieved a contribution to the literature to this end.	The material is presented in a way which suggests a subjective overview of the clinical impressions of the art therapist delivering the interventions.

Paper	Owning one's perspective	Situating the sample	Grounding in examples	Providing credibility checks	Coherence	Accomplishing general vs specific research tasks	Resonating with reader
George & Kasinathan (2015)	The authors did not state their theoretical orientations and assumptions.	Demographic background for participants, including considerations on their ethnicity and psychiatric diagnoses.	There are no direct quotes to ground the discussion of results on participant's experiences.	No credibility checks.	Themes were presented effectively and coherently, following the life of the group project.	The authors aimed to discuss how a mural Art Therapy project developed within young offenders' unit. Overarching themes of the project were identified; therefore, this accomplished the specific research task.	The material is presented in a descriptive representation of the interventions and the themes that unfolded.
Hensel, et al. (2012)	The authors did not state their theoretical orientations or assumptions.	No demographics of the participants, which could have helped situating the young people.	The narrative consists of direct quotations by the participants. However, there is no analysis of their raw accounts. This makes it difficult to understand if the themes were shared among the participants.	No credibility checks.	Themes are illustrated and organised to provide an overall theme for participant direct accounts.	Specific examples of the overarching themes were provided. However, there were no efforts in organising the themes and discussing them in an analysis: the data provided is raw without any justification why specific segments were selected or to which participant these segments belong to.	The paper despite its limitations created a resonance in the reader, with the material presented in a way that helped the reader have a direct encounter with the raw accounts of participants' experiences.
Parkinson & Whiter (2016)	The authors do not state their theoretical backgrounds and biases.	No demographics of the participants, which could have helped situating the young people.	A number of participants' quotes were utilised in order to ground the results in their accounts.	No credibility checks.	The themes are organised in a coherent way for the reader.	The researchers aimed to explore how an Art Therapy group developed in early intervention for psychosis service and how it could meet the aims of NICE guidelines. It has met both aims.	The results and discussion are presented in a way which suggests an accurate representation of participants' accounts, and which expands the reader's understanding of this area.

Table B (2) Evaluation of recommended guidelines for the Quantitative or Mixed Methods Research Papers of the Review

Guidance							
Paper	Explicit scientific context and purpose	Appropriate methods	Respect for participants	Specification of methods	Appropriate discussion	Clarity of presentation	Contribution to knowledge
Corem et al. (2015)	This study states the intended aims and purposes of the research, having considered how it is situated in relation to relevant previous research.	The methods used are appropriate for the aims and research questions of this research (self-reporting for 51 participants).	The authors did not make mention of ethical considerations i.e. informed consent or confidentiality.	Methods of analysis, as well as the questions asked of participants, were specified in the paper.	There is a comprehensive discussion, which includes limitations of the study. Contributions of the data to previous knowledge. The results are utilised to make further suggestions for future research.	This is a well-presented paper, which utilises tables to illustrate data. Subheadings are used distinguish the main research questions and their results and to organise sections.	The paper contributes to the understanding of the relationship between the quality of the client's attachment to the art therapist and their engagement and impressions of the experience.
Coles & Harrison (2018)	The paper specifies where the study fits within relevant literature, while the aim of the paper is clearly outlined.	The procedures utilised are responsive to the particular questions of the study, for example, the use of PSYCHLOPS questionnaire to assess therapy outcomes, as well as the multiple sources of qualitative inquiry.	Ethical principles and practices are not discussed in this paper.	Procedures for data gathering are described, making duplication of the study in the future possible. The varied methods of analysis are highlighted.	There is a rich discussion, including limitations of the study as well as suggestions for future research. The results are utilised to make further suggestions for clinical practice.	This is a very well-presented paper, using a number of tables and images to elucidate the results section. Subheadings are also very helpful in organising the content for the reader.	This paper is very helpful in aiding understanding on this unexamined area of Art Therapy practice.
Van Lith, et al. (2017).	Aims and objectives of this work are clear. A background section helpfully informs the reader of the context within which this work is based.	The questionnaire method is appropriate for this large sample of 90 participants, The 3 case studies help provide further rich data.	Ethical principles and practices are not discussed in this paper.	A brief section outlines the methods used. Specific questions of the questionnaire used are included.	Discussion section brief, and weaknesses of the measure only alluded to. The data is tentatively discussed in terms of its potential contribution to clinical practice, and future research.	The article is well organised with subheadings signposting the reader to the various outcomes of the research, and their implications.	This research is a very helpful contribution to a subject area where little investigation has been carried out.

Table B(3) Summary & evaluation of studies in the Systematic Literature Review

Authors, year & Title	**Type & Aim**	**Participants**	**Methodology**	**Results and Conclusions**	**Strengths & Limitations**
Boldt & Paul (2011)	Qualitative case study Description of setting up and engaging young adults in Art Therapy group.	Ten groups in a university setting	Case study of service Clinical Impressions	Art Therapy group can help participants reflect on their interpersonal skills Members can focus on the art-making process to share insights on their experience rather than focus on artwork Participants felt less alone with their difficulties Participants felt more able to cope with their difficulties A marginalised group of students were able to feel at the centre of the community	Rich descriptions of themes Authors are situated, and their theoretical backgrounds and hypotheses discussed. Clear rational for the development of a group programme for students. Limitations: Evaluation of the groups is anecdotal. No research methodology is described. There is no description of how data is analysed or themes created.
Collie et al (2017).	Qualitative Exploring the engagement and outcomes of an online Art Therapy group.	Seven participants	Participatory design Qualitative thematic analysis	There are three types of experience described in the group (expression, comfort, sense of connectedness) and three types of therapist action in order to facilitate these experiences (group support, facilitation and dialogue about artwork made). Collective meaning making as well as the sense of connection are considered the main benefits of the intervention.	*Strengths:* The discussion includes very practical practice implications, that suggest that the study has already been made useful for the community. Challenges, such as the limitations of conducting sessions in a chat room were considered and reflected upon. *Limitations:* Small number of participants.
Coles & Harrison (2018)	Mixed methods Evaluation of a pilot project involving a museum-based Art Therapy group of young adults.	7 participants 18- 25 years old	PSYCHLOPS questionnaire Case studies, AIR interviews	Young adults reported that the museum setting helped them to reflect on feelings and experiences, encouraged independence, facilitated connections within the group, sparkled motivation and creativity and helped them to feel valued and connected with the community. Art psychotherapists are invited to consider tapping into the therapeutic benefits of museums.	*Strengths:* The qualitative data are triangulated, using multiple sources to increase credibility of findings. *Limitations:* Sample size is limited for the quantitative part. A thematic analysis of the interviews would have helped organise the findings more coherently.
Corem et al. (2015)	Quantitative To investigate the relationship between characteristics of the therapeutic relationship	51 participants 23-47 (majority under 30)	Quantitative-Pearsons correlation Correlation study	The more the participants experienced safer attachment toward the therapist, the more positive the experience with the art materials. No correlation between attachment to therapist and difficulties encountered during the creative process	*Strengths:* Adds to the small body of quantitative research exploring the therapeutic relationship within Art Therapy. Clearly indicates there is a relationship between attachment and engagement with art materials

	in an Art Therapy and participants attitudes to use of materials			Avoidant attachment negatively correlates with positive attitude to creative process.	*Limitations:* Correlational study does not indicate causal relationship and does not offer us an explanation of which variable influence the other. Simulation of Art Therapy conducted with students.
Chu, V. (2010)	Qualitative Case Study To investigate an Art Therapy intervention with young adult survivors of the Rwandan Genocide.	3 participants (18 to 25 years old) Limited education (most primary school) Emotional difficulties	Qualitative Case Study Semi structured Participant Observation/ expert opinion	The Art Therapy using making of boxes resonated with young adults and helped them express and process emotions and reconnect with parts of their identity. Participants connected with the box as metaphor for the self, and a medium for self-expression and connection with others.	*Strengths:* Transparent about the theoretical considerations that inform this study Reflective, including cultural considerations adopting a culturally sensitive approach. Situates the study and intervention to historical, political contexts Consultation with local community about the project. *Limitations:* When discussing a cross-cultural intervention, it would be useful to provide information about researcher's own culture, to demonstrate reflexivity. The descriptions could have been organised in themes. It would be useful to have more direct quotes from the clients, instead of primarily the voice and view of the therapist/ researcher.
George & Kasinathan (2015)	Qualitative Case Study To describe the development of an Art Therapy group project and the therapeutic outcomes of the process.	11 participants ages 15 to 20 years old. Young offenders with mental health diagnoses.	Case study of mural Art Therapy group	A cohort of inpatients engaged in a development of mural. Identified themes of a sense of achievement, teamwork, involvement, ownership and empowerment. There were 4 stages of group development: Planning Coming together choosing colours Confidence and attachment Preparing for ending Suggestion it might be useful for adolescent psychiatric units and youth detention centres.	*Strengths:* Rich descriptions of participants background (demographic, mental health, age and ethnicity. Context of interventions is described. Limitations of the study acknowledged. *Limitations:* Research methodology is unclear. All content is based on researcher's observation and expert opinion. No triangulation. No details of ethical approval being sought. It does not contain any quotes from the participants.
Hensel et al. (2012)	Qualitative To investigate the implementation of an	6 sophomore nursing students	Not reported Case study	This paper provides student's accounts of their Art Therapy experience. Their accounts are organised under the subheadings:	*Strengths:* Adds to the small body of studies on young people and Art Therapy.

	Art Therapy class as self- care during a nursing course.		Direct participant accounts provided, as well as their drawings.	The Calming Effect Self-Expression Emotional Release Value Clarification Increasing Self Awareness Peace of Mind It is observable that there are two themes emerging from the narratives provided: Reluctance to engage and Pressure to draw- which are not elaborated but acknowledged in discussion.	Provided thick descriptions of their experience, especially accompanied by the drawings of the participants. *Limitations:*Based on the raw accounts the reader has to do their own analysis of the data. Cannot situate participants as there are no demographics reported. Does not employ a qualitative methodology of analysis of the data.
Parkinson & Whiter (2016)	Qualitative To describe the process of engaging young adults experiencing first episode psychosis with group Art Therapy.	Three group participants identified, of which two in AIR interviews.	Qualitative, semi structured interviews (reflect interview/ AIRS).	Clients spoke about experiencing themselves differently, feeling able to take positive risks, feeling part of the community. They also reported expressing and reorganising their emotional experiences. The third theme was accepting and understanding feelings. Researchers recommend a collaborative approach, as well as setting up groups in a community location.	*Strengths:* Adds to the small body of research on young adults' engagement in Art Therapy groups. *Limitations:* Discussed lack of knowledge of theoretical frameworks ie. Mentalisation. Limited credibility/ generalisability as number of interviewed participants very small and no attempts for triangulation or credibility check reported. No research methodology in data analysis. Benefits reported are anecdotal.
Van Lith,et al. (2017)	Mixed methods The study aimed to explore how Art Therapy has been used with Ukrainian university students.	90 participants, 80 females and 10 males aged between 17 to 20 years, Ukrainian completed the questionnaire. 3 female case studies	Questionnaire: perceptions of Art Therapy Case studies	Art Therapy can be useful in supporting young university students in Ukraine to process and express identity issues. It has been indicated that students found Art Therapy helpful regarding personal and relationship issues, managing their emotions, self-esteem and becoming more open to new life experiences.	*Strengths:* The material is presented in a way that seems an accurate representation of the participants participation. It elucidates how Art Therapy was received in this socio-political context. *Limitations:* No credibility checks. Demographic data of the participants would have been useful in order to situate the sample.

Appendix C: IRAS Ethical Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Dr Pieter Nel
DClinPsy, Health and Human Sciences Institute
Room 1F414, Health Research Building
College Lane Campus, University of Hertfordshire
AL109AB

Email: hra.approval@nhs.net
Research-permissions@wales.nhs.uk

30 July 2018

Dear Dr Nel

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Experiences of Art Therapy in Early Adulthood: An Interpretive Phenomenological Analysis.**
IRAS project ID:	**246071**
Protocol number:	**N/A**
REC reference:	**18/YH/0284**
Sponsor	**University of Hertfordshire**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

How should I continue to work with participating NHS organisations in England and Wales?
You should now provide a copy of this letter to all participating NHS organisations in England and Wales, as well as any documentation that has been updated as a result of the assessment.

Following the arranging of capacity and capability, participating NHS organisations should **formally confirm** their capacity and capability to undertake the study. How this will be confirmed is detailed in the "*summary of assessment*" section towards the end of this letter.

You should provide, if you have not already done so, detailed instructions to each organisation as to how you will notify them that research activities may commence at site following their confirmation of capacity and capability (e.g. provision by you of a 'green light' email, formal notification following a site initiation visit, activities may commence immediately following confirmation by participating organisation, etc.).

It is important that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details of the research management function for each organisation can be accessed here.

IRAS project ID	246071

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within the devolved administrations of Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) has been sent to the coordinating centre of each participating nation. You should work with the relevant national coordinating functions to ensure any nation specific checks are complete, and with each site so that they are able to give management permission for the study to begin.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?
The document "*After Ethical Review– guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

I am a participating NHS organisation in England or Wales. What should I do once I receive this letter?
You should work with the applicant and sponsor to complete any outstanding arrangements so you are able to confirm capacity and capability in line with the information provided in this letter.

The sponsor contact for this application is as follows:

Name: Ms Ellie Hubbard
Tel: 01707286322
Email: research-sponsorship@herts.ac.uk

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **246071**. Please quote this on all correspondence.

IRAS project ID	246071

Yours sincerely

Joanna Strickland
Assessor

Email: hra.approval@nhs.net

Appendix D: UH Ethical Approval Notification

University of Hertfordshire UH

HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Katerina Alexandraki

CC Dr Pieter Nel

FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.

DATE 16/01/2019

Protocol number: **LMS/PGR/UH/03627**

Title of study: Experiences of Art Therapy in Early Adulthood.

Your application for ethics approval has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

This approval is valid:

From: 16/01/2019

To: 01/08/2019

Additional workers: Dr Pieter Nel

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete. You are also required to complete and submit an EC7 Protocol Monitoring Form if you are a member of staff. This form is available via the Ethics Approval StudyNet Site via the 'Application Forms' page http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?Openview&count=9999&restricttocategory=Application+Forms

Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval (if you are a student) and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

Appendix E: Consent Form

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')
FORM EC3
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS
CONSENT FORM

Please read the following statements before you agree to take part in this study.

1) **I confirm that I have read and understood the participant information sheet and I understand what my participation in this study involves.**

   Yes No

2) **I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I withdraw from the study, the data that I have submitted will also be withdrawn at my request.**

   Yes No

3) **I understand that the information that I will submit will be confidential and anonymous, used only for the purpose of this study**

   Yes No

4) **I agree that research data gathered for the study may be published and if this occurs precautions will be taken to protect my anonymity.**

   Yes No

5) **Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.**

   Yes No

6) **I agree to bring photographs of the artwork I have made during my Art Therapy sessions to the interview.**
   Yes No

7) **I agree to take part in the above study**

   Yes No

Appendix F: Consent Form for young people under 18

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC4
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS
FOR USE WHERE THE PROPOSED PARTICIPANTS ARE MINORS, OR ARE OTHERWISE UNABLE TO GIVE INFORMED CONSENT ON THEIR OWN BEHALF

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

……
of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

……
hereby freely give approval for *[please give name of participant here, in BLOCK CAPITALS]*

.....
to take part in the study entitled *[insert name of study here]*

Experiences of Art Therapy in Early Adulthood

(UH Protocol number)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of their involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed and asked to renew my consent for them to participate in it.

2 I have been assured that they may withdraw from the study, and that I may withdraw my permission for them to continue to be involved in the study, at any time without disadvantage to them or to myself or having to give a reason.

3 In giving my consent to participate in this study, I understand that audio recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

4 I have been given information about the risks of them suffering harm or adverse effects. I have been told about the aftercare and support that will be offered to them in the event of this happening, and I have been assured that all such aftercare or support would be provided at no cost to them, or to myself. In signing this consent form I accept that medical attention might be sought for them, should circumstances require this.

5 I have been told how information relating to them (data obtained in the course of the study, and data provided by me, or by them, about themselves) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

6 I understand that in the event that their participation in this study may reveal findings that could indicate that he/she might require medical advice, I will be informed and advised to consult they GP. If, during the study, evidence comes to light that they may have a pre-existing medical condition that may put others at risk, I

understand that the University will refer them to the appropriate authorities and that they will not be allowed to take any further part in the study.

7 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

8 I have been told that I may at some time in the future be contacted again in connection with this or another study.

9 I declare that I am an appropriate person to give consent on they behalf, and that I am aware of my responsibility for protecting they interests.

Signature of person giving consent
…….Date……
Relationship to participant

.....

Signature of (principal) investigator

.....Date……..

Name of (principal) investigator *[in BLOCK CAPITALS please]*

KATERINA ALEXANDRAKI

Appendix G: Debrief Sheet

Debrief Sheet

Thank you for giving your time to take part in this research project. I hope this research will help improve people's understanding of Art Therapy interventions.

The information that you have provided will be kept confidential and all data will be destroyed after the completion of the research. You can ask to have your contribution removed from the study without giving a reason up to 1 month after participation.

If participation in this research has caused you any distress, discomfort or upsetting feeling, you may wish to contact immediate sources of support such as your family, friends, GP or a therapist.

If you would like further support, please find below the details of some organisations that may be useful. These sources of support will be able to help you regarding any concerns or worries you have regarding your emotional and psychological wellbeing.

Your GP
Please consider contacting your GP if you are feeling low or anxious.

Psychological therapies
If you think that you may benefit from engaging in a talking therapy (such as cognitive behavioural therapy), then you may wish to consider self-referring to your local psychological therapies service, or asking your GP to refer you.

To find your nearest service, you can search on the NHS choices webpage:
https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008

NHS Choices
If you're worried about an urgent medical concern, call 111 and speak to a fully trained adviser.
Website: https://www.nhs.uk/pages/home.aspx Helpline: 0113 825 0000

Samaritans
This is a 24 hour a day, free and confidential helpline for anyone experiencing any emotional distress. Freephone: 08457 90 90 90 Website: www.samaritans.org

Childline
This is a 24 hour a day, free and confidential helpline for young people experiencing any emotional distress.
Freephone: 08001111 Website: www.childline.org.uk

If you have any further questions, or would be interested in being informed in the outcome of this study, then please contact the researcher, Katerina Alexandraki, by email on aa16aje@herts.ac.uk

If you have any complaints about the study, please contact Dr Pieter Nel by email (p.w.nel@herts.ac.uk).
Thank you again for your participation and support.

Appendix J: Risk Assessment Form

UNIVERSITY OF HERTFORDSHIRE, ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE') FORM
EC5 – STANDARD RISK ASSESSMENT FORM

Name of applicant: Katerina Alexandraki Date of assessment: 08.01.2019 Title of Study/Activity: Experiences of Art Therapy in Early Adulthood.

Activity Description					
IDENTIFY RISKS/HAZARDS	WHO COULD BE HARMED & HOW?		EVALUATE THE RISKS		ACTION NEEDED
Activities/tasks and associated hazards Describe the activities involved in the study and any associated risks/ hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the research team/members of the public. In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.)	Who is at risk? e.g. participants, investigators, other people at the location, the owner / manager / workers at the location etc.	How could they be harmed? What sort of accident could occur, e.g. trips, slips, falls, lifting equipment etc., handling chemical substances, use of invasive procedures and correct disposal of equipment etc. What type of injury is likely? Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators? What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate?	Are there any precautions currently in place to prevent the hazard or minimise adverse effects? Are there standard operating procedures or rules for the premises? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/	Are there any risks that are not controlled or not adequately controlled?	List the action that needs to be taken to reduce/manage the risks arising from your study for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support **must** be made available for participants and/or investigator(s) who require it where **invasive procedures** have been used in the study.
Participants will complete a series of questions that ask about experiences related to	Participants	The interview questions may cause some	Participants are informed via the participant information sheet about the nature of the study as well as potential	Not applicable	Participants are provided with sources of support in the participant information sheet, which they can utilise if needed.

their Art Therapy sessions and artwork. The questions in the interview may cause some discomfort or emotional distress.		discomfort or emotional distress.	risk factors associated with it. They themselves will take the appropriate decision to participate in the study or not and can end the interview at any time. As a trainee clinical psychologist, I will use my experience of noticing and responding to any signs of distress to help the participant self-monitor if needed. If I notice any distress from participants, I will pause the interview and give them time to recover. I will then consider with them if they wish to continue. Following each interview, I will fully debrief each participant and provide them with the necessary contact details should they require further support. Participants are provided with sources of support in the participant information sheet, which they can utilise if needed. Two experienced supervisors who are experienced in mental health will supervise the study on a regular basis. The information sheet will include limits to confidentiality if during the interview if I have concerns about risk to the participant or others.		
Lone working (within community locations e.g. community centres)	Investigator	Potential risk of harm to investigator due to lone working: verbal or physical aggression.	Supervisor will be informed of location of interviews should they occur in a private location.	n/a	A system will be put in place to manage the lone working of the researcher, in line with the school of life and medical sciences lone working guidance guidance: A system will be put in place to manage lone working. My supervisor Dr Pieter Nel will be

					given a schedule of when the interviews will take place. This schedule will contain the pseudonyms which will have been allocated to each participant. Names and contact details will be collected and stored on a password protected document on the researchers one drive, however each participant will be given a pseudonym, after the real names are given to Dr Pieter Nel to be kept by Dr on a password protected spreadsheet at UH. I will inform Dr Pieter Nel when every interview is finished. If he does not hear from me, he will inform the police. We will also agree on a code word for me to use on the telephone should I have any risk related concerns during any of my interviews. De-escalation techniques used and interview terminated, if required.

Signed by applicant:	Dated:
	08.01.2019

Appendix K:Participant Information Sheet

Participant Information Sheet

UH ethics protocol number: 03627

Title of study
Experiences of Art Therapy in Early Adulthood: An Interpretive Phenomenological Analysis

Introduction
You are being invited to take part in a study conducted by Katerina Alexandraki, a Trainee Clinical Psychologist at the University of Hertfordshire. This thesis is supervised by Dr Pieter Nel, who is the Director on the Doctorate in Clinical Psychology.
I am looking for young adults who are accessing Art Therapy in voluntary and private organisations to take part in an interview for my research which is part of my doctorate in clinical psychology.

What is the aim of the study?
The research aims to find out about the experiences of young adults accessing Art Therapy and how they make sense of it. Therefore, some questions will ask about how young adults engaged in Art Therapy in the beginning sessions and how in later sessions.

Why am I interested in this research?
When I was a young adult I accessed creative therapy and I later trained as an art therapist. As a person with lived experience of creative therapy and in my role as a Trainee Clinical Psychologist, I would like to support young adults to communicate to trainings and services how Art Therapy is experienced by them.
I would like to increase awareness and levels of action within my profession, other professionals, policy makers and the public about Art Therapy as an intervention for young adults.

What does taking part involve?
It is completely up to you whether you decide to take part in this study. If you do agree to take part, you will be asked to give your consent to complete an interview as well as some information about yourself (age range, education). If you are interested we will agree to a time and place for a face to face interview that will be no longer than 60 minutes. You will be invited to bring photographs artwork you have made in your initial Art Therapy sessions, as well as artwork made at a later stage. This is to aid our discussion, and the photographs will stay with you at all times and will not be published or shared.

Vouchers
Participants will receive a voucher to the value of £10 as recognition for the time involved in taking part in the interview. Travel costs will also be covered up to £5.

Can I take part in this study?
To take part, you need to be a young adult 16 to 30 who is accessing Art Therapy. You will need to not experience active psychotic symptoms at the time of the recruitment. Your participation in this study is entirely voluntary. You are free to withdraw at any time before the data is analysed, without giving a reason. Any data provided will not be used in the results if you do withdraw before the analysis takes place.

What are the benefits of taking part?
By taking part, you will be helping to build up a body of research which addresses the experiences of young adults of Art Therapy.
We cannot promise that there will be any benefits for you. However, the research project will allow you to have time and space to reflect on your experience. Potentially this research may help those who provide Art Therapy interventions, their supervisors and other creative therapists to make sense of and understand the experiences of Art Therapy for young adults.

What are the possible disadvantages of taking part?
It is fully acknowledged that telling your story has potential to raise various different emotions. However, if any of the questions are found to be particularly upsetting you do not have to answer them.

If you are concerned about this, we recommend speaking with your GP or other health professional. Other sources of support can be found at:
Anxiety UK (www.anxietyuk.org.uk) phone 08444 775 774 (Mon-Fri, 09:30am – 5:30pm)

Mind info line: 0300 123 3393

If you have any concern about any aspect of this study you should ask to speak to the researcher who will do her best to answer your questions. If you remain unhappy and wish to complain formally you can do so by contacting the project's Research Supervisor, Dr Pieter Nel.

Confidentiality
All information you provide in this study is completely anonymous and confidential and will be used only for research purposes. The only limit to confidentiality would be in the case that any information is given which indicates that you or someone else is at risk of harm – in this case I would need to inform the appropriate agency but would aim to inform you first. The interview will be recorded and transcribed, without any identifying information attached so responses cannot be attributed to any person. There may be some short anonymised quotes used in publications. Your data will be stored in accordance with the Data Protection Act 1998, and only research team will have access to the data. The data will be stored on a password- protected computer.

Who has reviewed this study?
This study has been reviewed by:
The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority
The UH protocol number is 03627.

What will happen to the results of this study?
The data collected during the study will be used as a part of a Doctoral Clinical Psychology project at the University of Hertfordshire. Research findings will be submitted as part of doctoral thesis. In addition, I will write up an article for publication in a journal, again no participant will be identifiable. The research may be presented at conferences and written up for mainstream media. Ethical approval for this study has been obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority and the UH ethics protocol number is:

Taking part in this study
If you wish to take part in this study please contact me on aa16aje@herts.ac.uk.

Further information
If you would like further information about the study, please contact me by email (aa16aje@herts.ac.uk).

Further support
If participation in this research has caused you any distress, discomfort or upsetting feeling, you may wish to contact immediate sources of support such as your family, friends, GP or a therapist.
If you would like further support, please find below the details of some organisations that may be useful. These sources of support will be able to help you regarding any concerns or worries you have regarding your emotional and psychological wellbeing.

Your GP
Please consider contacting your GP if you are feeling low or anxious.

Psychological therapies
If you think that you may benefit from engaging in a talking therapy (such as cognitive behavioural therapy), then you may wish to consider self-referring to your local psychological therapies service, or asking your GP to refer you.
To find your nearest service, you can search on the NHS choices webpage:
https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008

NHS Choices
If you're worried about an urgent medical concern, call 111 and speak to a fully trained adviser.
Website: https://www.nhs.uk/pages/home.aspx Helpline: 0113 825 0000

Samaritans
This is a 24 hour a day, free and confidential helpline for anyone experiencing any emotional distress.
Freephone: 08457 90 90 90 Website: www.samaritans.org

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:
Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts AL10
9AB

Thank you very much for reading this information and giving consideration to take part in this study.

Appendix L: Interview Schedule

Introduction

Could you describe what happens in an Art Therapy session in your own words?

Prompt: practical, emotional, mental?

What do you do when you are having Art Therapy?

Engagement with Art Materials/ making artwork

How did you use the art materials during your first sessions?

What was it like to make images in the presence of the art therapist?

Prompt: feelings, thoughts?

Has the way you use the art materials changed over the course of therapy?

Reflections on art/ image making

What was it like to view your artwork together with your therapist?

Prompt: feelings, thoughts?

How did you talk about your artwork with your therapist at the beginning? More recently?

How did your art therapist help you make sense of your artwork at the beginning?

Prompt: verbally, non-verbally?

How do you make sense of it now?

Therapeutic relationship

What was it like initially to relate to your art therapist?

Prompt: emotionally, mentally?

What are your thoughts and feelings about the relationship you have with your art therapist now?

How do you feel your relationship with your therapist has changed over time?

Significant moments

Looking back at your Art Therapy sessions, what were the moments that stood out for you?

Were there points where you felt differently about the process?

Were there points when you realised something new about yourself and the way you relate to your art therapist?

Appendix M: Example of analytical process from transcript to final themes and quotes

M (1) Interview extract

Emerging Themes	**Original Transcript**	**Exploratory comments**
Communicating fear and chaos through colour Drawing barriers to illustrate boundaries through drawing disclosing her wanting to conceal emotional pain	J: So I started colouring some parts of it, just expressing some of the chaos that was happening inside my mind at the time – so I chose red and purple to show this kind of state of fear and anxiety, a sense of you know that dread and edginess... and it gradually, it gradually came to my mind you know I wanted to make a lot of how do you call them... like barriers? Like these lines that are like barriers, just to show – so I was thinking as I was making that there are some parts... I guess some parts of my life that I really don't want to talk about here... K: Ok, so you were choosing some colours and making some shapes to show how you were feeling… is it ok if I ask you to say a bit more about what you were thinking while making these (barriers)?	Expressing some of the chaos Choosing colours to demonstrate emotions Dread and edginess Idea for line emerges representing barriers Barriers Making lines to demonstrate parts of life wanting to be kept private Starts making art and the process changes responding to new emerging thoughts Image and art-making process change as thoughts emerge Not wanting to open up to areas of life (not trusting yet?) her sense of boundaries Acknowledging painful parts of self Hard feelings/ painful stuff Dilemma how much to share with therapist/ wanting to represent self as a whole

Ambivalence; wanting to hide vs wanting to reveal felt landscape Metaphors for depression become live while art-making Colours representing positive inner talk Shapes representing mental barriers Trying to organise the chaos of anxiety and depression into metaphors	J: Yes, I mean there are some parts of myself, some very hard feelings that are painful stuff that I didn't want to talk about. But I wanted to share with (therapist)how I feel as a whole person, like if you would open my chest and you would look inside my emotions, if you could take a photograph of my feelings, would they look like that? that sort of thing. Probably, yes, something quite messy, so you could see like there is colour…see that colour mixed with black... err… this sort of lava of my like depression, this overwhelming thick dark feeling that takes over on days when I can't do much, when I can't like get out of bed or just feel so I don't know, I don't want to bother anyone and want to stay at home. There is also the other side ... like green like there is the lighter side of lighter green... cause I know what everyone says that I have a lot of good things going for me... but there is a barrier there and I don't seem to access this when that you know black powerful… it's like a black river that comes over me. And then you can see it's like interrupted by all the anxiety stuff... I mean ... I	Inviting other to visually imagine felt landscape/ metaphors of opening the chest, of photography of feelings Messy feelings represented by the mix of materials: oil pastels merging colours. Lava representing depression (use of adjectives: *overwhelming, thick, dark)* Describing when depression "takes over" (a sense of helplessness, lava/ takes over?) Manifestations of depression: staying in bed – not wanting to bother others Lighter side Expressing another view of appreciating things in her life Barriers to optimism River/ lava/ black for depression (comes over: helplessness or sense of surrender?) *Rich metaphors: level of familiarity with depression?* Anxiety interrupts? Points at photo: Description of tunnel of anxiety and lava of anxiety / red

Struggling to decide what to share Self-critical / conscious of the richness of the drawing Wanting to be like everyone else Aware of her presence	know it doesn't make sense but... it's like in one corner there's … there's a tunnel of anxiety and make of hot and red lava of anxiety... and there is kind of tunnel thing. Sorry I am talking to you about the art materials and how I made it. It's not necessarily how I started making it… and started thinking about some of the concepts that I'm telling you know... it wasn't necessarily very... I was making shapes and then thinking ... ok... maybe we can talk about it... with these ideas... and then there is this weird pattern black thing, it is like weird things I keep from myself. I think the drawing it so chaotic, so many things are happening… but... so while I was making it I thought I'd put some colour but then I thought my god… what is she going to think of me... and do other people make art like that? These kind of thoughts…Yes K: So, I wanted to ask you about how was it to make the artwork in the presence of your art therapist and how was it, how were you feeling?	Lava of anxiety Initial thoughts, ideas emerging Creating shapes and internal thoughts about possible themes to talk in therapy and what not to talk about/ keep for herself. Weird things I keep from myself Finding the image chaotic, many things happening (Muchness?) When considering decisions i.e. colour, trying to "sass out" what the therapist will think of her artwork Comparing self with others as clients Is she worried the drawing revealed too much? The chaos in her mind? Wondering about the expectations of therapist Noticing the proximity of therapist Assessing what sort of person therapist is "an ok person". Proximity was ok because she was an ok person? Does this suggest therapist was quite close?

Assessing distance out of fear trying to mindread therapist Dismissing meaning of image Frightened something catastrophic will be revealed	J: When I started making... when I started making the artwork, she stood next to me and she stood in a good distance. it's not like she was too close or anything ... and she is very warm. A very ok person... I don't know I didn't mind her being there so much... but I thought "Does she expect me to do something" and does she expecting me to do something that... I don't know does she think I'm going to make something very profound? Cause I was like there is nothing profound here, [laughter] what I did was a mess of colours and some thoughts, concepts I had in my mind. I thought I hope she is not going to think that I'm too much, or she is not going to think that I was losing it. K: When you say you think she isn't going to think that you were losing it, what do you mean? J: I thought she might think that there is something very serious going on with me, something so bad that no one else had realised until now, and she'd say she can't work with me,	CONTRADICTION: *I didn't mind her so much*/ but goes on about assessing all the possible expectations Assessing whether there were expectations Worried about therapist's expectations on meaningfulness of artwork? *Nothing profound*: putting down her work *laughter:* self-deprecation? Mess: mix of colours and thoughts (TO ME IT SEEMED ORGANISED) Fearing being overwhelming / denying meaning MUCH- muchness Fears of therapist not wanting to engage **What is her position towards external expectations?** Worried therapist might find something serious/ bad Discovering new/ level of distress Fear of being rejected? No access to services? (fear of being too Much/ muchness?) (What happens when she is too much?) Her difficulties are a serious thing – a thing that matters to her

	she won't take me on, things like that. I mean there are serious things going on for me... but not in that way, if you know what I mean.	
Wanting to be in control of mood	K: What do you mean?	
Strong belief she is overwhelming "too much"	J: You know... this thing. I don't want to lose any sense of... like I can't control... well... no, I can control my mood now ... some days don't go really the way I'd want them to go you know... I mean I don't see my friends or I don't want to go to my university or even for… like to get a pack of crisps from the shop downstairs from my halls kind of thing… and it feels like it's too much for my friends and my family to handle... and I thought it's going to be too much for her too? To handle	*Contradiction... I can't/ I can – perhaps not sure or confident in her ability to control mood* not seeing friends not wanting to go out too much for others to handle
Surprised by therapist appearing calm and interested	K: And what do you think she thought about that? Was it too much? I mean…how did she respond to your art-making? How was it for you to notice her response?	fearful of therapist leaving.

Fearing she is too much for therapist Wanting to be accepted Wanting to be a good client; Expressing landscape of depression and anxiety	J: She stayed very... like she was very calm... she sat very still, kept her eyes on the paper in front of me. I was worried she might get bored. I definitely had that feeling and... [pause]... I thought ok, if she is not appalled or not doing anything terrible or not leaving the room... so as long as she was not escaping the room with me in it, or not leaving or ending our session, it was ok for me... which was ok. I mean I'm not the sort of person who...I really, I do want to meet other people's expectations of me and I really didn't want to take too much time in the beginning, I didn't want to use too many art materials, or use too much of her paper. I just wanted her to be like... yes, I want to work with her... I think I have been feeling like people might not want to work with me or something. K: You want to talk to me through the process of talking about this image? J: So, we started talking about it and why I chose some... if you look inside my feelings... it's like a	therapist still/ focused gaze on art-making "kept her eyes on the paper" Fear therapist will get bored. (pause: I wonder if she was censoring or shaping what she wanted to say) Is she expecting she is overwhelming mental image of therapist "escaping"/ leaving her Noticing the therapist stayed- reassuring Wanting to meet expectations not too much time Not wanting to use too MUCH Map of feelings landscape lava of depression tunnel of anxiety (in the interview she has pointed at them and can now refer to them, as if we have common language?) Things I keep from others and myself

Warning therapist on what to expect? Expected therapist to freak out Soothed by therapist's not discouraged to work with her Feeling they can cope Tension at the start felt in body Trusting the process	map of my feelings... it's like… sigh it's kind of of a landscape, this is what I told her. Like you have on one side this kind of lava of depression... like self-loathing... and a tunnel of anxiety... and it's like... the things I keep from others and myself…all these loaded things, these restrictions that I put on myself, and all these loaded things... just to... I don't know if this was kind of warning of this is how I'm feeling now, like really really messy. It seems she took time to untangle this... she took time for us to talk about each area, and it felt like she was present, and she cared about the whole thing and she wasn't freaking out. [Sighs]It felt like... it's ok... we can work with that... like it's ok... it's not too mad... it's ok... K: What did that feel like? J: Well…somehow like you know, when I was making it, there was tension in my mind, I felt pressure in my head, in my chest and as I was sharing it with her and she was saying its ok and naming the feelings, and we were doing that	Loaded . A warning of (what to expect from the content of future therapy?) Messy / need to untangle She took time to talk about this/ spend time in each area to untangle Therapist was present – she cared about the whole/ she did not freak out (emphasis) Feeling like the feelings are manageable? Accepted by therapist/ normalised (i.e not too mad). Is there disbelief that therapist is not phased? Tension felt in body Pressure in head and chest Reassured about this is going to work… Felt good about therapist providing time/ space *How it feels/ how I feel/ if it feels ok*: repetition, important she was asked if it was working for her/ importance of asking her how she felt about it?

Feeling accommodated by therapist's giving her choice and control	together, I felt kind of... it's ok like this is going to work ... like let's see. I really liked how she said that we'll give it time like 3 4 sessions, and we'll see how it feels and how I feel and if it feels ok then we can continue. That was that at that stage.	Appreciating therapist giving her the choice – time to see "how it feels"
	K: Ok, so you shared about how you were thinking and how you were feeling about this artwork- some initial expectations and your fear, what was reassuring for you…So, do you want to tell me... is this a good time to move to the next one, to talk about your other artwork, form the 7th session- is it the 7th session, right?	Sharing artwork in sessions/ building momentum? Getting used to sharing feelings, mood.
	J: Yes, this is from the 7th session, how was it...	In between sessions visual diary
Warming up to engagement; feeling motivated by engaging in art outside sessions and by weekly sessions	what did you say? K: How was it to make it? J: That was my 7th session, so by that time, I shared more artwork in the meantime and shared how I've been feeling, showing what kind of mood I was in. It helped a lot in between sessions just like a project to get me out of bed, I made	(getting back to artworked? Or was it the in between?) *Let's do this*: time of commitment/ engagement to work (buy in- is it when AT was finally sold to her?)

Feeling disappointed by not yet progressing level of sophistication of artworks Feeling she is still not meeting therapist's expectations Tolerating sharing more sensitive emotive discussions on family hardship Painful to share her childhood was hard	some a colouring in small sketchbook thing to keep me going, which was ok it worked. So, by the 7th session, I guess I was a bit more ok, let's do this. But of course, I'm still not making elaborate things, or not using other materials It 'm like look, I'm still using coloured pens... not any weird material and I don't know maybe (therapist)has these ideas that I should be doing something different by now... although I... although she hasn't said anything like that but anyway… eh.. so... well... so It's kind of harder to share. So in that ...in that session... we were talking about who is critical, where did my very critical kind of stance to myself comes from… so I wanted to share what feels very very heavy for me, in my chest, in everything I do in the morning when I wake up when I'm like feeling these heavy heavy expectations of my family... I didn't have very good growing up... like growing up in my childhood it was quite hard… K: So you started talking to (therapist)about something much more sensitive, following your	Still not making elaborate things Still using (still... still. Her expectations that by now... she would have used different? i.e. weird material?) Ideas about (therapist)having these expectations Still self critical of her art-making In 7th session Discussion on who is critical Where does self criticism comes from? *Very very* heavy in chest Talking about *heavy heavy* family expectations Heaviness in chest *Not so articulate* tone changed to softer/ *hesitant/ sensitive self-disclosure* (I felt very tentative)

	chat about critical things? Is it ok if you tell me more about that?	Talked with therapist about parents' expectations
Not wanting to portray father in negative light vs wanting to share her experience of his aggression	J: Yeah, we have started talking about with J, about the expectations of my dad, and my mum as well... and my dad he wasn't the most patient person in the world, not that... he wouldn't be violent physically, he wouldn't hit us but he would get very angry and very shouty and attack when things did not go his way ... and for me, I mean my mum would do the same thing but in a different way that my dad.. so, if I did things, she wouldn't like she would make me feel very very guilty about what I've done. I mean I haven't done something terrible ever, but like when my grades at school were not that great or when I want to go out more than they wanted, or when I said I had different political beliefs or when I said wanted to move to the UK there was this heavy heavy punishment mode of not talking. My dad really dropping his face, not talking to me for ages. This, so there is this very heavy feeling about my family.	Description of her fear of her father? Her father's aggression when expectations were not met? Her mum perceived the same with different control: through guilt He wouldn't hit us but.. Father's agression I haven't done something terrible ever: she defends herself (more self-compassionate voice) Academic expectations Political differences Decision to move abroad *Heavy- heavy* punishment: not talking Phenomenology of parents' punishment: face drop, not talking Very heavy feeling for family (what feeling? Guilt?) Talking to therapist helped realise the weight of parents' expectations (did it help her see it from a distance: so acknowledge how it is for her?)
Defending herself when facing internalised parents' pressure		

Table M(2) Initial clustering of repeated and pertinent themes (repetitions removed, moving towards clustering):

Initial trepidation Fear of being too much Editing her choice of words Feeling disappointed by not yet progressing level of sophistication of artworks Feeling she is still not meeting therapist's expectations Worried about therapist's expectations Feeling overwhelmed at introduction to art materials **Assessing how to trust for the therapist** Trying to mindread therapist Assessing the therapist Warning therapist on what to expect Assessing therapist's responses to her distress Choosing materials to reduce the risk of disclosure Dismissing meaning of image **Art-making as emotional mapping** Mapping emotional landscape of depression and anxiety Being able to visually articulate the perceived inescapability of her anxiety Trying to give form to depressive feelings at the start for therapist to engage **Developing trusting relationship with the therapist** Surprised by therapist appearing calm and interested Accepting of therapist's conceptualisation of her family Feeling accommodated by therapist's giving her choice and control	**Making sense of emotions through art-making** Through drawing disclosing her wanting to conceal emotional pain Meaning seeps through despite initial intention to hide Metaphors for depression become live while art making Pressurising expectations become live in artwork Vividness of pressurising expectations Mirroring through lines cumulative overwhelm of external and internal pressures Art making leads to making links between experiences and mood/ mentalising Re experiencing the relentlessness of expectations at facing them with therapist Getting angry at realising lack of autonomy **Feeling overwhelmed and overwhelming** Emotionally loaded beginning Initial fear she is too much for service Strong belief she is overwhelming Frightened something catastrophic will be revealed about her **Developing psychological perspective through drawing** Getting perspective of pressures while drawing Drawing expectations out helps get perspective and question Pressure alleviates with mapping it out Cautiously considering her responsibility over time for change Trying to organise the chaos of anxiety and depression into metaphors **Ability to express range of emotions** Destroying artwork as a hope of destroying expectations symbolised Offloading, alleviating emotional burden pebble by pebble

Tolerating sharing more sensitive emotive discussions on family pressure Feeling helped by therapist's conceptualisation of problems Bonding humour Feeling understood and mentalised by therapist Feeling allowed by therapist's permission not to edit herself	Feeling liberated considering she can control and manipulate physicality of her artworks Using session as emotional release **Learning from Art Therapy** Developing coping metaphors; tunnel metaphor helping her conceptualise and cope with anxiety Growing optimism Finding novelty in integrating into landscape the totality of her feelings

Table M(2) Table of Superordinate themes and subthemes

Theme	Page	Quote
1.The process of engagement		
Initial trepidation	1	hard to make anything too bad in such small surface
Choosing materials to reduce the risk of disclosure	16	she had been listening
Assessing therapist's responses to her distress	9	I just wanted her to be like... 'yes, I want to work with her...'
Wanting to be accepted by therapist		
Expanding the repertoire of using the materials	22	might tear them up and shift them around,burning them (…)
Finding pleasure in immersing in art-making	22	makes me feel really good
2. Developing a therapeutic relationship		
The challenge of trusting the therapist		
Anxious about opening up	5	imagine (…) saying hi I need some help
Attributing choice of colour to communicate fear, anxiety	5	to show this kind of state
Dismissing meaningfulness of image	7	there is nothing profound here
Initial disbelief at therapist's suggestions of future change	17	I wasn't so hopeful

Feeling understood and validated through reviewing artwork together		
Sharing direction taking; leading vs being navigated to difficult areas	21	these bikes (…) that have two seats, but one wheel
Taking the risk of sharing more sensitive emotive discussions on family	11	kind of harder to share
Surprised by therapist appearing calm and interested	8	she was not escaping the room
Feeling accepted and understood through therapist's conceptualisations	23	she gets where I'm coming from
3.Making sense of presenting difficulties through art-making		
Mapping visually felt landscape of depression and anxiety	9	a map of my feelings
Trying to organise the chaos of anxiety and depression into metaphors	6	Black river interrupted by all the anxiety stuff
Art-making leads to mentalising, making links between experiences and mood	1	what impacts on me
Colours representing inner talk	6	The other side (…) the lighter side
Pinning it down: an initial sense of getting control over representing emotional struggles	18	it's this thing, I pinned it down
Meaning seeps through despite initial intention to hide	14	supposed to be like colourful (…)but
Metaphors for depression become live while art-making	6	this sort of lava of my like depression
Finding imagery captures the trajectory of her anxiety	21	This tunnel of my anxiety(…) how it can escalate...
Drawing the lines symbolises manifestation of parental stricture	7	these dark green lines like my father's expectations
Lines as prison bars; Re-experiencing the relentlessness of expectations at facing them with therapist	13	it's like BAM BAM BAM BAM

4. Feeling the Impact of Art Therapy		
Feeling enabled to express full range of emotions		this sort of lava of my like depression 6
Offloading, alleviating emotional burden	17	pebble by pebble
Developing psychological insight through getting perspective		
Art-making leads to mentalising, making links between experiences and mood	1	what impacts on me
Getting perspective of pressures while drawing	12	these lines, these ideas like I have to be no
Getting angry at realising lack of autonomy	14	space for my own fucking expectations
Art Therapy as a learning experience		
Developing coping metaphors	19	makes it a bit more bearable
Becoming assertive after therapist models compassion	15	just like give me a break
Therapeutic alliance fosters optimism	22	it's not going to be always so hard
Getting momentum of self-compassion through looking together at the artwork	20	not even a little space like for me left to have my own expectations
	19	

Appendix N: Cross-referencing of emerging themes across transcripts

	Emily	Niki	Cerys	Daniel	Juni	Total
The process of engagement						
Initial trepidation	I didn't know what to draw (p. 2)		I was a bit shaky (p. 9)		hard to make anything too bad in such small surface (p. 5)	**3**
Expanding the repertoire of engaging	a different type of paper (p.12)		allowing yourself (p. 11,12)		might tear them up and shift them around (p. 20)	**3**
Finding pleasure in immersing in art-making	the feeling of the clay is mine (p. 15)	coming back to the room! It's very disappointing (p. 15)	the joy of making (p. 12)	very playful, really. It felt good (p. 9)	makes me feel really good (p. 22)	**5**
Developing a therapeutic relationship						
Surveillance	She paid attention to all the details (p. 4)	you are aware of them watching (p. 9)	it made me more unsure (p. 3)	a little strange (p. 5)		**4**
The challenge of trusting the therapist		I have to unveil myself to this person (p. 2)	unsure where her priorities would lie (p 16)		imagine (…) saying hi I need some help (p. 4)	**3**
Developing trust through validation	she could understand more than what I was saying (p. 11)		with interest in my wellbeing (p.9)	have those feelings validated (p. 4)	she gets where I'm coming from (p. 23)	**4**

Making sense of presenting difficulties through art-making						
The process of art-making communicates current presenting difficulties	I drew myself very small (p. 4)	represents how clear I feel inside (p. 11)	so, it's a bit like intrusive thoughts (p. 13)	I definitely wanted to be cared for (p. 7)	it's like BAM BAM BAM BAM (p. 7)	**5**
Reconnecting with childhood through art-making						
Memories of childhood emerge during art-making	I just think of my primary school (p. 7_		a large part of my childhood (p. 8)	When you're a kid… you have craft (p. 6)		**3**
Making sense of painful childhood feelings			more about my like feelings as a child (p. 5)	things were very sad, and I'd worry... (p. 9)	like my father's expectations (p.12)	**3**
Growing compassion for child self	I feel very sorry for this little girl here, sitting. (p. 7)		sadness that I had to grow up faster (p. 19)	I started feeling closer to the younger version of me (p. 7)		**3**
Impact of Art Therapy						
Feeling enabled to express full range of emotions	many words in one picture (p. 6)	ugly things and horrible things, beautiful things (p. 9)	to retell them kind of without missing chunks (p.4)	I wanted to get it all out. (p. 4,6)	this sort of lava of my like depression (p. 6)	**5**
Art Therapy as a learning experience	slowly accepting the mess (p. 16)	apply that in life (p. 8)	trying to separate family life from my individual life (p. 11)		Developed coping metaphors […]makes it a bit more bearable (p.19)	**4**

Appendix O: Extracts from Reflective Diary

17.11.18

I feel particularly discouraged by the lack of willingness of the Art Therapy team to participate or discuss the possibility in this research, especially when I had the assurance of Dominik that there were clients ready to be recruited. That was back in July, and we are approaching December. I need to convince my supervision team to expand my recruitment outside the NHS- although Jonathan is not keen to go out of the NHS. The frustration does not help with my anxiety levels. The prospect of having a surgery soon, makes me very anxious whether this project is feasible at all. At the same time, it is weird having to write my reflections in English so that I can account for them in the future.

02.03.19

Interview with Cerys.

It is fascinating to hear her speak in such psychological language, although she is just 18 years old. She is the most articulate, eloquent participant and I wonder if this mirrors her family position of being the parent and carer for them all. Hearing her story left me feeling very touched, very hopeful that she is finding a way of being cared by her therapist and readjusting her role in the family. The parallels between her autistic brother, and the frustrations with my brother sounded familiar, but I need to remember to take distance and observe what people say as if I was an alien in a strange land. When she said that therapist was the person to validate her, it really struck a cord with me. It sounds that the process of her experiencing that level of empathy is a helpful experience.

YOUNG ADULTS IN ART THERAPY: AN IPA ANALYSIS

30.03.19

I am trying to get in to the coding process. I keep noticing how as I code the transcripts my thoughts are often taken towards missing working as an art therapist, as I process the richness of the participants accounts. I feel sad I have not helped my current clients make meaningful connections to their childhood yet and I feel a lot of admiration for the work of these therapists- it seems that the participants have really benefited already from their sessions! This comes in contrast with the common frustrations of working in NHS settings, where sometimes engaging young people can be so hard. What comes out strong it these people's accounts is that they are willing to continue- but I need to be mindful not to idealise their accounts.

15.04.19

Coding is hard. I was feeling really bad about reducing the participant accounts down to just codes and fragmenting their rich narrative – but then Jonathan said that it is ok. I discussed this with Pieter as well and they both pointed out that it is important I communicate clear messages to my audience, instead of wanting to share all the emerging themes.

I am more confident with some codes than others. I'm worried that my codes and clustered themes are not telling clearly the story as I understand it. It is also interesting to see new things emerging, themes that were unexpected- such as the childhood memories. I need to remember that it is a process and it does feel like it is coming together.

01.05.19

Having supervision with Jonathan feels quite intimidating, especially sharing all the tables with my themes and him looking at all the stages of my analysis. Although I worry he might think I made it up, as it looks very subjective, he has been quite happy with my progress. We

seem to agree in our interpretation of the data, which is surprisingly reassuring. He has encouraged me to take time in my analysis of every interview. Although this has made me very anxious for time, he is reassuring that the results will be rewarding and then the Discussion will be straight forward. It is also interesting that he says that the Results are the most important part of the thesis- I felt that the Discussion was the space where everything comes together and my scientific thought is communicated.

05.05.19

Writing up the results

Reading Jonathan's papers, I realise how condensed with meaning the words in the description of the findings are. His words are poignant and capture in very few words a description of psychological experience. As a non native speaker, I worry that I have significantly less tools in my vocabulary tool box to reach a level that would be considered great. The metaphor that springs to mind is as if I am asked to build a cathedral, maybe of a gothic rhythm and I have bricks, square and plain, and limited time. I hope that everyone considers the amount of mental effort it takes to educate myself in another language and learn to articulate meanings and concepts despite the challenge of this attempt. It is a point hard to raise in the context of Brexit, as I fear there will be somewhere people who would claim that I should go back to Greece if I wanted a doctorate. I do remind myself that the DclinPsy course at Herts appreciates the diversity of trainees.

Appendix P: Evaluation of Present Study based on Guidelines for Qualitative Research

(Elliot et al., 1999)

Criteria (Elliot, Fischer & Rennie, 1999)	**Evidence for meeting criteria**
Owning one's perspective	I have provided both personal and epistemological positions, to own my perspectives, from the outset of the main document. This provides the reader with an opportunity to perceive my values and perspectives, and the role these may play in the inevitable double hermeneutic of understanding the meaning of participants' accounts. A presentation of reflections throughout this document was a further attempt to offer my personal perspective upon the research process. These reflections also provide some insight into important processes I carried out, such as bracketing, and my attempts to maintain stringency in the analytical process.
Situating the sample	Demographic information about the sample has been provided; their age, gender and ethnicity.
Grounding in examples	Examples of quotes from the interviews were provided throughout the Results chapter, therefore grounding the sub-themes in the text they emerged from.
Providing credibility checks	Jonathan Smith conducted credibility checks on every interview, to ensure I was grounding the emerging themes in the text, rather than, for example, being led by my own biases and assumptions. (Smith et al., 2009). I also discussed with my supervisors, my initial reactions to interviews, such as that of Emily's transcript, in order to bracket off my own thoughts and beliefs about the content before beginning the analysis.
Coherence	I have provided an integration of ideas across the interviews in the Results chapter, in order to arrive at super-ordinate themes, however I have endeavoured to retain the nuances of each transcript, being conscious of the importance of presenting both difference and divergence (Smith et al., 2009).
Accomplishing general vs specific research tasks	I have utilised an appropriate sample size for a doctoral thesis employing IPA as a methodology, however IPA is idiographic and seeks to allow a researcher a deep insight into the experiences of a small number of participants (Pietkiewicz & Smith, 2014), rather than attempting to reach more general claims and conclusions for a wider population (Smith & Osborn, 2003). As a result, the Discussion chapter discussed the relevance of the Results section to young adults accessing Art Therapy but also the limitations of the generalisability of the information gathered. This

	was held in mind when clinical implications and recommendations were drawn up. I completed specific research tasks, namely the particular research question which emerged as a result of the Systematic Review; this was the focus of the interview schedule, and this is an areas of interest that was covered in the Results chapter.
Resonating with reader	I have attempted to accurately represent the accounts of the participants in the Results chapter. I have endeavoured to embed particularly emotive and resonating quotes in the narrative presentation of the outcomes within this chapter.

YOUNG ADULTS IN ART THERAPY: AN IPA ANALYSIS

YOUNG ADULTS IN ART THERAPY: AN IPA ANALYSIS