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HELEN BARRETT BSc Hons MSc

INVESTIGATION INTO ART THERAPY FOR ADULTS EXPERIENCING PSYCHOSIS

Section A: How do service users with a psychosis-related diagnosis experience arts therapies?
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Section B: Perceived processes of art therapy for adults experiencing psychosis: a reflexive thematic analysis
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Summary of MRP

Section A

This review aimed to explore how service users with psychosis diagnoses experience arts therapies. Online databases including PsycInfo, Medline, and Social Policy and Practice were searched, yielding thirteen papers. The findings suggest most service users had positive experiences of arts therapies and there were overlapping themes across the different therapies. These included connecting with others in a group and developing positive relationships, self-expression, experiencing improvements in well-being and changes in experience of self, feeling supported in their recovery, hope for the future, and barriers. Quality of the papers varied. Clinical implications and further research recommendations are outlined.

Section B

This study used reflexive thematic analysis to explore the processes of art therapy from the viewpoint of both service users and art therapists. Twelve participants, six service users and six art therapists, were interviewed. From the analysis, a thematic map was created with nine themes, including safe space, supportive art therapist, power of art making, expressing and containing anything through artwork, image starting dialogue, connect with each other, changing experience of artwork and self, supporting recovery and challenges. The findings are examined alongside existing theoretical perspectives and research. Limitations, further research recommendations, and clinical implications are discussed.

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Section A: Literature review paper

How do service users with a psychosis-related diagnosis experience arts therapies?

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Abstract

UK national guidelines recommend arts therapies to be considered as treatment for service users given a psychosis-related diagnosis. Although arts therapies are available to this group, little is known regarding how service users experience them. Through understanding what is helpful and not so helpful for service users, delivery of interventions can be informed. This review aimed to explore how service users with psychosis diagnoses experience arts therapies. Online databases including PsycInfo, Medline, and Social Policy and Practice were searched, yielding thirteen papers. The findings suggest most service users had positive experiences of arts therapies and there were overlapping themes across the different therapies. These included: self-expression; connecting with others in a group and developing positive relationships; experiencing improvements in well-being and changes in experience of self; feeling supported in their recovery and hope for the future. Barriers to positive change existed for some service-users. However, quality of the papers varied and there were numerous methodological issues. Clinical implications and further research recommendations are outlined.

Keywords: Arts therapies, psychosis, schizophrenia, service user perspective

Introduction

Understanding psychosis

The British Psychological Society (BPS) report describes psychosis as a state where someone interprets and perceives things differently to others around them, which can be a reaction to trauma (Cooke, 2017). These types of experiences may include hearing voices, experiencing unusual beliefs or difficulties with thinking and concentrating. The Diagnostic and Statistical Manual for Mental Disorders 5th edition (DSM-5) (American Psychiatric Association, 2013) (APA) considers these difficulties to be 'positive symptoms'. The DSM-5 describes 'negative symptoms' as social withdrawal, a lack of motivation, apathy and low energy (APA, 2013). The BPS report suggests these can often be a result of people feeling overwhelmed by their experiences or unwanted side effects of prescribed drugs (Cooke, 2017).

There is research to suggest that experiencing psychosis is linked to difficulties in social and occupational functioning and distress (Kelleher et al., 2015). Moreover, experiences, including holding unusual beliefs or hearing voices, are diversely understood across differing cultures, where some even appreciate and value them (Heriot-Maitland, Knight & Peters, 2012; Lawrence, Jones & Cooper, 2010).

Prevalence and incidence of psychosis

Regarding global prevalence, findings suggest 4.6 per 1000 people are diagnosed with psychotic disorders, with lifetime prevalence being significantly higher than 12-month prevalence (Moreno-Küstner, Martin & Pastor, 2018). Kirkbride and colleagues (2012) reported that diagnoses are greater in males than females before the age of 45 and higher in Black and Minority Ethnic (BAME) populations.

Psychosis theories

Several theoretical perspectives on psychosis exist. The ones outlined in this review have contributed to the theoretical underpinnings of common interventions for psychosis, including Cognitive Behavioural Therapy for psychosis (CBT-p), psychodynamic psychotherapy and less commonly arts therapies.

The cognitive model (Garety, Kuipers, Fowler, Freeman & Bebbington, 2001) has received much attention in recent years through the research and funding of CBT-p. It theorises that positive symptoms, such as delusions and hallucinations, occur when an individual appraises internal thoughts as externally caused and personally significant. These interpretations are hypothesised to be consequences of biopsychosocial vulnerabilities, biased reasoning processes, dysfunctional schemas, emotional distress, and adverse social environments. With its emphasis on individual psychological factors, Garety et al.'s (2001), this model advocates for examining and testing out ways of thinking with service-users who experience psychosis (Dunn et al., 2012).

Psychodynamic theory has also played a role in understanding psychosis. Martindale and Summers (2013) consider psychosis as a reaction to the intolerable parts of reality. They suggest people who experience psychosis have created a different 'reality' that exists outside the domain of 'common sense'. For some, their unmanageable experiences can lead to aspects of their reality being dispensed with or altered through psychological defences, resulting in experiences of psychosis. Martindale and Summers (2013) position this idea within the wider stress-vulnerability model, hypothesising contributing features to include traumatic experiences, biology and genetics, life stressors and early life attachments. They suggest that through the relationship with their therapist, service users can begin to explore their 'reality', make sense of themselves and their experiences within their life context.

A review of research evidence suggests individuals who gain a psychotic disorder diagnosis tend to have experienced trauma and abuse in their lives (Read, Fosse, Moskowitz & Perry, 2014). This is seen to be consistent with cognitive and psychodynamic theoretical understandings of psychosis.

Treatment of psychosis

NICE guidelines for the treatment of psychosis include antipsychotic medication, alongside psychological interventions including CBT-p and family interventions (NICE, 2014). Despite evidence in support of these interventions, alternative perspectives exist. Although antipsychotic medications are prescribed as front-line treatments for different people with psychosis (Royal College of Psychiatrists, 2019), effectiveness trials indicate far from progressive changes in people's symptoms. Research suggests approximately 30% of service users with psychosis show little to no response to antipsychotics (Miyamoto, Jarskog & Fleischhacker, 2014). Morant, Azam, Johnson and Moncrieff (2017) analysed service users' experiences of antipsychotics, which include some perceived beneficial effects on symptoms, but also side effects of lethargy and demotivation. Many felt their choices regarding medication were limited and felt powerless to influence decisions about it.

Moritz, Berna, Jaeger, Westermann and Nagel (2016) explored service users' perspectives on treatment interventions for psychosis. They found that people weighted more importance on the treatment of their affective problems over the treatment of their 'positive symptoms'. This highlights the need for therapeutic interventions being adapted to the needs of the individual instead of driven by diagnosis.

Arts therapies

'Arts therapies' is used as an umbrella term for therapies including music therapy, art

therapy, drama therapy and body, movement and dance therapy. It has been described as “one river, many currents” (Payne, 1993). Arts therapies are suggested to offer service users a way to express their needs, experiences and feelings that are hard to verbally communicate (Boehm, Cramer, Starosxynski & Ostermann, 2014). This alternative mode of expression is suggested as particularly important for service users who are dealing with internal conflict, spiritual and existential issues (Boehm et al., 2014). NICE guidelines for psychosis recommend clinicians to consider offering arts therapies for those with psychosis, especially to reduce negative symptoms (NICE, 2014). A recent update (NICE, 2017) retained this recommendation despite an on-going need for clearer research evidence.

Across the world, there is increasing recognition and interest in the utility of arts therapies. In the UK, the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW, 2017) has written an inquiry report providing a compelling body of evidence suggesting how engaging in the arts appears to mitigate the negative effects of social disadvantage and support those living with chronic mental and physical health conditions.

Despite a variety of theoretical and philosophical perspectives on arts therapies, Johnson (1998) offers a psychodynamic understanding of arts therapies using a combination of psychoanalytic theory, object relationships theory and developmental psychology. This model proposes the idea that when inner states are externalised into art form, conflicts are transformed and then re-integrated into service users’ experiences. Arts therapies are not manualised interventions and literature searches did not produce universally agreed practice guidelines for arts therapists.

However, the British Association of Art Therapists (BAAT) has recently created new guidelines on art therapy practice for people experiencing psychosis, including an evidence based programme theory comprising context, mechanisms and outcomes (Wright & Holttum, 2020). The authors took an integrative approach that attempted not to privilege any one

theoretical perspective but rather build on a range of practices that have been found to be effective. They reported ten principles including supporting recovery through art therapy, collaborating with service users and adapting and attuning art therapy. Wright and Holttum (2020) suggest that these principles can lead to positive outcomes including enhanced self-esteem, identity, achievement and social inclusion for service users. Possible negative outcomes include negative reactions to the art therapist, intervention, setting or group. This theory is yet to be tested out in further research and across other arts therapies.

Art therapy

Art therapy is considered to be a type of psychotherapy, which utilises art as its primary method of expression and communication (BAAT, 2019). The triangular relationship between the service user, therapist and the art form provides the service user a different way of expressing their needs, thoughts and feelings that are difficult to verbalise (British Association of Art Therapists, 2019). There are various theoretical approaches to art therapy. However, a survey showed that most art therapists consider themselves to be psychoanalytic (Elkins & Stovall, 2000), and those working with psychosis appear to work mainly within a psychodynamic framework (Patterson, Debate, Anju, Waller & Crawford, 2011).

Art therapists from psychoanalytic traditions have proposed that art making creates a symbolic and concrete interaction between the service user and therapist, which helps the service user explore and process their unconscious experiences (Hogan, 2015; Killick, 2017). Czamanski-Cohen and Weihs's (2016) 'bodymind model' drew on psychodynamic theory and recent advance in neuroscience to understand the unique therapeutic process of art therapy. They theorised four core therapeutic processes: the triangular relationship (between the art therapist, service user and artwork), embodied self-expression (whereby implicitly felt emotions are expressed in artwork), self-engagement and meta-cognitive processes including

mentalisation. Czamanski-Cohen and Weihs (2016) suggested the triangular relationship provided an available attachment figure (art therapist) and safe base for the service user to self-express and mentalise through art making.

Music therapy

The American Music Therapy Association (2019) defines music therapy as the evidenced-based use of music to help individuals accomplish their goals within a therapeutic relationship. Evidence suggests music therapy can help service users with psychosis improve their quality of life and address motivational, relational and emotional parts of themselves (Geretsegger et al., 2017).

The major theoretical perspectives music therapists use include psychodynamic, developmental, cognitive behavioural or humanistic (Gold, Solli, Krüger & Lie, 2009). Music therapy is suggested to have unique relationship building, emotionally expressive and motivating qualities that may help those who do no benefit from talking therapies (Rolvsjord, 2001; Solli, 2008). Research from the service user perspective has emphasised the joy service users can experience from music therapy and the importance of on-going musical interaction as a coping strategy, health-promoting resource and hope enhancer (Ansdell & Meehan, 2010).

Drama therapy and psychodrama

The British Association of Dramatherapists (2019) describes the therapeutic process of drama therapy as healing. This is achieved through the creation of safe environments where experiences and feelings can be explored. While drama therapy and psychodrama are similar, they differ in that drama therapists may work with fictional narratives that are closer

to theatre, while psychodrama may use personal experiences of the protagonist as narrative (Serlin, 2007).

Drama therapy has been influenced by Winnicott's (1971) notion of the overlap between therapy and play and Boal's (1993) idea of drama as social action. Some people with psychosis can find it hard to contain their emotions and thoughts and the structure of drama therapy may provide a containing space for those who find it hard to self-regulate (Bielańska, Cechnicki & Budzyna-Dawidowski, 1991). Aesthetic distancing (Jones, 1993) is a concept that allows service users to look at experiences that are close to theirs in a safe way through the separation of drama. Some service users might find it hard to verbalise their experiences, but the distance offered through the 'drama' and the story acting as a container, can provide normalisation (Schmid, 2002).

Body, movement and dance therapy

The American Dance Therapy Association (2019) defines dance/movement therapy as "the psychotherapeutic use of movement to promote emotional, cognitive, and physical integration of the individual". Similarly, body-oriented psychotherapy (BPT) makes use of non-verbal communication, concentrating on processes including embodied affectivity, body memory and bodily resonances (Fuchs & Koch, 2014).

Although there are differences between dance/movement therapy and BPT, there is also a lot of overlap theoretically and practically. In both therapies, the main channel for empathic interactions, self-perception, communication and emotional expression is through the body (Behrends, Müller, & Dziobek, 2012). Research suggests service users with psychosis can experience a disconnection from their bodies (Schoop, 2000). These therapies are suggested to offer an opportunity to experience mind-body-spirit wholeness (Serlin, 2007). Case study research from the therapist's perspective suggests that through the

supportive and safe therapeutic relationship, the service user was able to explore their difficulties (Fujino, 2016).

Rationale

Although there are multiple treatments recommended for people with psychosis, ambiguity exists surrounding how service users experience these interventions. The majority of literature until relatively recently has either been quantitative assessing effectiveness of arts therapies on symptom remission (Dunphy, Mullane, & Jacobsson, 2013) or qualitative from the therapists' viewpoint (Silverman, 2003).

Over the last decade, service user perspectives have been paid more attention, with their views being given increasing importance across medical research, practice and politics (Thornicroft & Tansella, 2005). This progression is closely associated with the increasing notion of personal mental health recovery (Slade, 2009). Through service users sharing their experiences, it has been suggested that mental health understanding, international mental health policy and delivery of mental health services have been transformed (Slade, Adams & O'Hagan, 2012).

Therefore, with arts therapists and researchers beginning to ask service users for their experiences of arts therapies, it seems timely to review this literature. This will contribute to an increased understanding of the process of change and what is helpful and not so helpful for service users with psychosis-related diagnoses. No such existing review was identified to date (at time of writing).

Aim

This review considers the following question:

- How do service-users with psychosis experience arts therapies?

The term "arts therapies" has been used broadly to capture the different therapies involved.

Methodology

Three online databases including PsycInfo, Medline, and Social Policy and Practice were searched to identify relevant papers. An initial review of the literature found that multiple terms were used for 'psychosis', 'arts therapies' and 'experience'. Akin to the BPS (2017), a broader definition of psychosis was used to include voice hearing, paranoia and delusions, instead of concentrating on specific psychiatric diagnoses that few papers provide. A comprehensive definition of arts therapies was employed (Karkou & Sanderson, 2006) comprising art therapy, music therapy, dance, body and movement therapy and drama therapy. Furthermore, different qualitative methodologies were used to capture necessary papers. Thus, literature search terms included:

- [psychosis OR psychotic disorder OR schizophrenia OR voice hearing OR paranoia OR delu*] AND
- [art* therap* OR art psychotherapy OR music therapy OR drama therapy OR dramatherapy OR psychodrama OR dance therapy OR movement therapy OR dance movement therapy OR body* psychotherapy OR body-oriented psychotherapy] AND
- [process* OR experience* OR qualitative OR interview* OR focus group* OR phenomenol* OR grounded theory OR narrative OR thematic OR hermeneutic]

Due to the nature of the review question and the number of papers, no date range was used. The exclusion criteria consisted of:

- Book chapters or book reviews

- Theoretical papers
- Unpublished papers
- Papers that were not from the service user perspective
- Papers with less than 50% of the sample having a psychotic disorder diagnosis
- Papers with children and young people (below 18 years old)
- Papers that were not written in English
- Papers that did not have a qualitative component

The literature search strategy and how the final review papers were obtained are displayed in Figure 1. Some duplicates were not removed by the automated database function. When reviewing abstracts and full texts, duplicates were manually removed. A summary of the review papers included has been provided in Table 1.

This review has systematically searched for, appraised and synthesised research in-line with the systematic review format of Grant and Booth (2009). This process has enabled identification of the known and unknown in the literature field and highlights clinical implications and further research recommendations. The quality of the final papers was appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018). Please refer to Appendix A for more details. The checklist's authors do not recommend scoring systems and neither do the Cochrane group of expert reviewers. However, in the following section, papers that were appraised more positively are discussed in greater detail than those reviewed more negatively.

Figure 1.

Literature search PRISMA diagram.

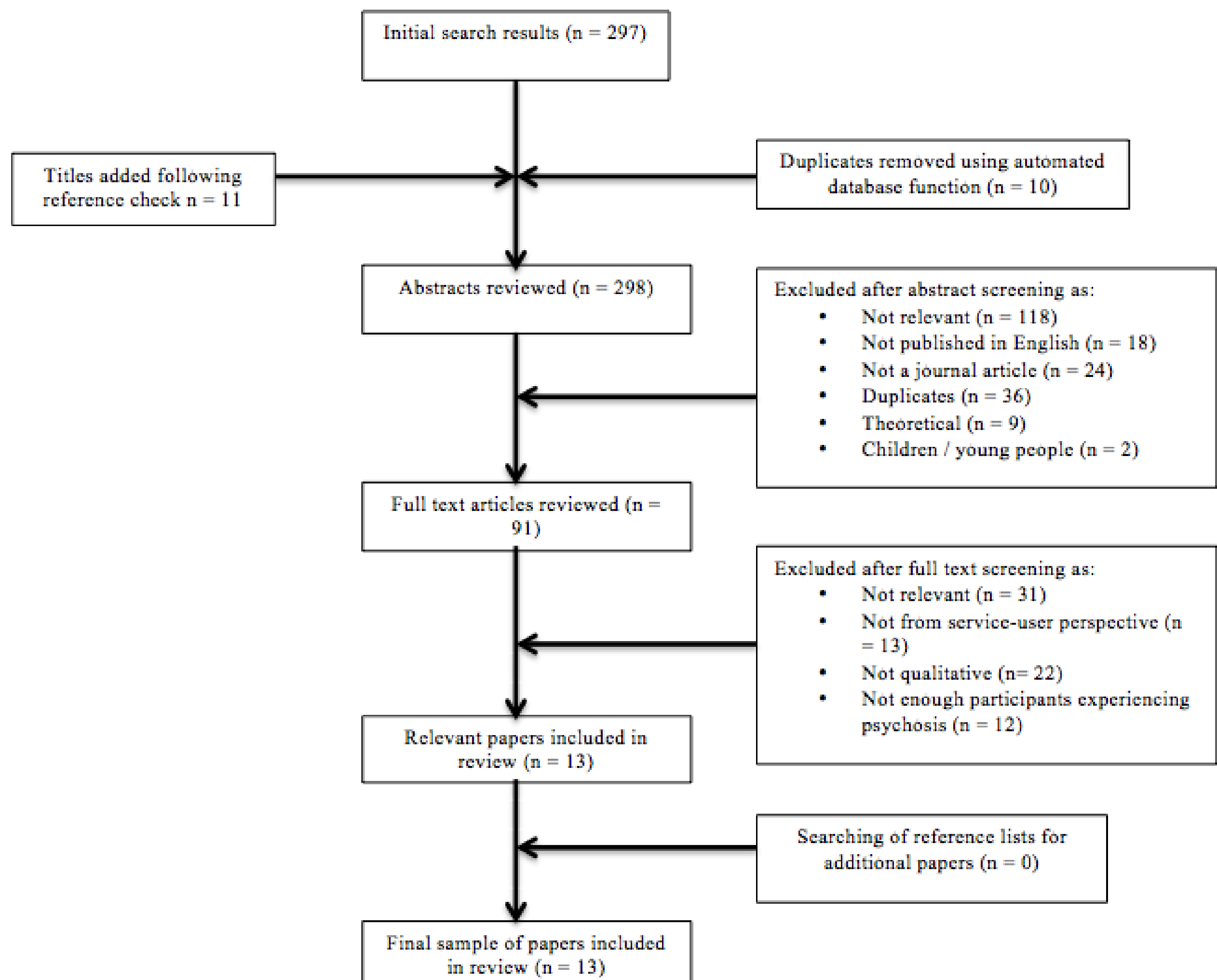

Table 1

Summary of papers

Study and country	Methodology	Sample	Setting	Intervention	Findings	Main strengths and weaknesses
Allan, Barford, Horwood, Stevens & Tanti (2015) **UK**	Mixed methods. Semi-structured interviews - thematic analysis	n = 40 (25 psychosis) aged between 22-65 Interviewed: 17 (7 males, 10 females) Focus group: 5 (1 male, 4 females)	Inpatient then continuing in community setting	Slow open art therapy group (ATIC) (2 hour weekly sessions over 12 months)	Positive experiences of being in a group and creating art, self-expression, improvements in well-being and desire to continue to make artwork and participate in further groups after ATIC	Independent focus group facilitator, independent coding, but no mention of researcher reflexivity
Brady, Moss & Kelly (2017) **Ireland**	Mixed methods. Survey with open ended questions – thematic content analysis. Participants needed to have attended at least one art therapy session.	n = 11 (58% psychosis) NS gender or age	Acute psychiatric setting	Art therapy – individual or group (NS length or intensity of art therapy)	Service users appreciated the art therapy's focus on their talents, achievements, opportunities for personal expression, emphasis on restoring enjoyment and hope, and being in a 'flow' state (absorbed in the art-making process)	Unclear thematic analysis, no critical examination of researcher's role, no quotes for specific themes
Colbert, Cooke, Camic & Springham (2013) **UK**	Qualitative. Narrative interviews – narrative analysis	n = 12 (7 psychosis: 5 males, 2 females) aged between late 20s to early 60s	Community setting	Group art gallery based intervention (4 weekly 2.5 hour sessions with the first being 75 mins)	Service users modified their dominant narratives of psychosis within their personal narratives. They experienced a community narrative through different staff–client relationships, represented by commonality, validation, genuineness and friendship. Promotion of wellbeing and recovery through bonding and achievement	Systematic with independent audit and respondent validation, but small sample with limited diversity and insufficient details of how the research was described to participants
Galbusera, Fellin &	Qualitative. Semi-structured interviews	n = 6 psychosis (4 males, 2 females)	Community setting	Group BPT (twenty 90 min	Pre-reflective experience can help service users recover a sense of being a body-mind	Systematic analysis, but small participant sample

Fuchs (2019) **Germany**	- IPA	aged between 38-57		biweekly sessions)	unity. Empowering instead of instructing fosters confidence. Openness and authenticity from the therapist towards the other facilitates rapport building. Being accepted for who one is and being part of a group and can increase social inclusion. The experience of joyful moments might foster a sense of hope for the future	
Grocke & Bloch (2009) **Australia**	Mixed methods. Focus group interviews - phenomenological analysis	n = 17 (14 psychosis), 10 females, 7 males aged between 23-64	Community setting	Group music therapy (10 weekly sessions)	Positive quality of life changes were found post music therapy. Themes from the focus groups were: music therapy provided joy and pleasure, song writing facilitated creative self-expression, working as a team beneficial, a relaxing experience, felt sense of group belonging and achievement from making their song, participants pleasantly surprised at their creativity and frustration that there was not enough time.	Explicit findings provided, but unclear analysis process and insufficient data presented to support findings. Researcher did not examine their position
Hanevik, Hestad, Lien, Teglbjaerg & Danbolt (2013) **Norway**	Multiple single case study analysisng three sources of information – therapists' notes of the sessions, service users' art works and semi structured interviews	n = 5 psychosis, all female aged between 31-58	Psychiatric hospital setting	Group art therapy (2.5 hour weekly sessions for 9 months)	All participants stated that they experienced the art-therapy group to be helpful for their psychosis. Two participants shared how they were able to master their psychosis through a cognitive reinterpretation. Participants also described feeling more valued	Systematic with independent audit and respondent validation, but insufficient data to support findings and lack of reflexivity from author
Lynch, Holttum & Huet (2019) **UK**	Qualitative. Semi structured interviews – grounded theory	n = 8 psychosis (first episode) 3 female, 5 male aged between 24-52	Community setting	Art therapy – group and individual (NS length or intensity of intervention)	Participants reported that the unpressured atmosphere enabled them to connect with others, engage in and express themselves through art making, experience absorption, a sense of freedom, and reflect on their experiences and themselves differently. Art therapy was also spoken about as an on-going strategy that helped their recovery. Challenges in engaging were	Systematic analysis with negative examples and respondent validation, but small sample

					also identified	
Moe, Roesen & Raben (2000) **Denmark**	Mixed methods. Semi-structured interviews (NS analysis)	n = 9 psychosis, 7 males, 2 females aged 23-40	Psychiatric hospital setting	Modified Guided Imagery and Music (GIM) psychotherapy group (1.5 hour weekly session over 6 months)	GIM may be suitable for service users experiencing psychosis with careful selection of musical pieces. 8/9 service users were satisfied with the therapy and felt supported. They found the music part of the therapy helpful, both structurally and emotionally	Unclear analysis process, no justification for methodology used, lack of clarity on how the research was explained to participants and researcher has not critically examined their role
Patterson, Borschmann & Waller (2013) **UK**	Qualitative. Grounded theory study using a range of data sources – participants accounts (interviews and focus groups)	n = 23 psychosis, 7 females, 16 males aged between early 20s to over 60 years old (19 interviewed, 4 in focus group). All recruited from a major RCT[1]	Community setting	Group art therapy (90 minute weekly sessions for 12 months)	Participants can benefit from art therapy if they engage in it. Some participants reported changes in self-esteem, sense of agency and social confidence. Some said the experience was life changing	Saturation reached, systematic analysis, but unclear why some participants took part and others did not, unclear data analysis, lack of critical examination of researcher role and quality checks unclear
Silverman (2010) **USA**	Mixed methods. Likert scale questionnaires and individual interviews (NS analysis)	n = 15 psychosis, 8 females and 7 males aged 19-57	Inpatient setting	Group music therapy (45 minute session every day for 5 days)	Participants from the group music therapy were able to explain the purpose and general group objective of the session, were able to articulate what they had done in the intervention and supported the use of music therapy on the unit	Unclear analysis process, researcher has not critically examine their role, particularly being a clinician and a researcher
Solli (2015) **Norway**	Qualitative case study. Semi-structured interviews – IPA analysis	n = 1 psychosis, male, early 20s	Inpatient setting	Individual music therapy (60 minute weekly sessions, NS length of therapy) and weekly open music group therapy (NS length of therapy or duration of	Music therapy was helpful for (re)building identity, strengthening agency, developing positive relationships, and expanding social network	Systematic analysis, but not clear what interview questions were asked and how the interviews were recorded. No justification offered as to why IPA was used and whether data saturation was reached

				session)		
Solli & Rolvsjord (2015) **Norway**	Qualitative case study. Semi-structured interviews – IPA analysis	n = 9 psychosis, 4 females, 5 males aged 21-41	Inpatient setting	Individual music therapy (30-60 minute weekly session) and group music therapy (45 minute open ward session). Participants had 14-55 sessions	Music therapy helped participants experience contact, freedom, wellbeing, and symptom reduction. Based on the findings, agency and mental health recovery are proposed as constituting a better framework for music therapy in mental healthcare than a primary focus on functional improvement and symptom remission	Systematic analysis, but does not justify why IPA was used and small sample
Teglbjaerg (2011) **Denmark**	Qualitative. Written evaluations and interviews before and after therapy at 1 year follow up	n = 5 suffered psychosis for over 5 years compared to a group of 5 service users who did not	NS	Formative group art therapy (weekly 2 hour sessions for 12 months)	Participants' self-esteem, sense of connectedness with others and sense of self increased during art therapy	Triangulation and follow up at 1 year, but selection of participants unclear, researcher reflexivity missing and insufficient data presented to support findings

1 Crawford et al. (2012); RCT= Randomised controlled trial; ATIC = Art Therapy In the Community; NS = not stated; IPA = Interpretative Phenomenological Analysis; BPT = Body-oriented Psychotherapy; GIM = Guided Imagery and Music group

Literature review

Overview of studies

Thirteen papers fulfilled the inclusion criteria. Of the thirteen papers, one was from America, one from Australia, four were based in the UK and eight in other European countries. Considering design and methodology of the papers, seven were qualitative, six used mixed methods and one employed a qualitative multiple case study design. The papers explored different arts therapies, with seven involving art therapy, five exploring music therapy and one focusing on BPT therapy. One paper had only individual therapy, four had a mixture of individual and group therapy and nine had only group therapy. There was variability in the approach taken by the therapist and the frequency and duration of the sessions.

Although the CASP (2018) quality appraisal tool does not provide a scoring system, only three papers were considered to be strong in terms of quality, including Lynch et al. (2019), Solli et al. (2015) and Galbusera et al. (2019).

Art therapy

Seven studies specifically explored how service users with psychosis experienced art therapy - Lynch et al. (2019), Allan et al. (2015), Colbert et al. (2013), Hanevik et al. (2013), Patterson et al. (2013), Teglbjaerg (2011) and Brady et al. (2017). All studies reported how service users had positive experiences of art therapy, with one study stating sometimes it is 'not the right fit' (Lynch et al., 2019). The most positively appraised study was Lynch et al. (2019), with Allan et al. (2015), Colbert et al. (2013), Hanevik et al. (2013), Patterson et al., (2013) being close behind, and Teglbjaerg (2011) and Brady (2017) gaining more negative

appraisals. Each study will be critiqued as follows. Please refer to the table for the main strengths and weaknesses.

Lynch et al. (2019) explored the experience of art therapy with service users after their first psychotic disorder diagnosis. Eight service users were interviewed and two were interviewed again. Seven categories were derived from the data to create a preliminary grounded theory, including: expression and communication; pleasure and engagement in art-making; connecting with others; unpressured atmosphere; supporting recovery and continuation of art; changing emotional experience and experience of self; and not the right fit. Service users shared that the unpressured atmosphere in art therapy enabled them to connect with others, engage in art making and express themselves. It allowed them to experience a sense of freedom and absorption, reflecting on themselves and their experiences in a different way. However, two service users shared that it was not the right time for them to have art therapy, or not the right fit (nature of group, art therapist's level of direction and approach and timing). Some found it difficult to access art therapy due to location or timings. This study offers a systematic analysis with respondent validation into service users' experiences including negative examples. However, it is important to note the conclusions are based on a very small number of participants.

These findings were consistent with Allan et al.'s (2015) study of service users' experiences of a slow open art therapy group (ATIC), based on thematic analysis of interviews and a focus group. Similar to Lynch et al. (2019), participants also noted the importance of a safe space and relaxed atmosphere, which helped them interact with others, share experiences, learn new skills and self-express through art. This, it was reported, led to improvements in their well-being and desire to continue to make artwork and participate in further groups, contributing to their recovery. An independent focus group facilitator was

used, and the data were independently coded. However, there was no mention of researcher reflexivity, which is important when analysing qualitative data.

Colbert et al.'s (2013) qualitative study examined whether a gallery based art therapy group enabled service-users to alter their dominant narratives of psychosis. Colbert et al. (2013) interviewed twelve individuals (seven service users and five staff members) and completed a narrative analysis on the transcripts. They reported that service-users used art-related ideas to change their dominant negative narratives regarding their psychosis. Similar to Lynch et al. (2019) and Allan et al. (2015) connection appeared to be important, whereby a community narrative from a different relationship between staff and service users appeared in the group. Furthermore, the intervention was reported to promote recovery, wellbeing and social inclusion through engagement with art and its art gallery setting. Despite this study being systematic with independent audits and respondent validation, it has a small sample with limited diversity and insufficient details of how the research was described to participants.

Hanevik et al.'s (2013) multiple case study design explored an expressive group art therapy intervention. The group consisted of five service users, who all ended up taking part in the study. Clear descriptions of the methodology and intervention were provided in the paper. Similar to Colbert et al.'s (2013) results, all participants stated that they experienced support from the art-therapy group in mastering their psychosis. The participants also stated they felt more valued. Despite the study being systematic in its analysis with independent audit and respondent validation, insufficient data were presented to support findings. Additionally, the art therapist was a psychiatrist and throughout therapy they would engage in dialogue about symptoms and medication. This may have had an unconsidered impact, and the intervention delivered may have been different to art therapy generally.

Twenty-three of the participants from the large MATTISE Randomised Controlled Trial (RCT) were interviewed in Patterson et al.'s (2013) study. Despite findings from the MATISSE trial suggesting art therapy may not be effective for service-users with psychosis (Crawford et al., 2012), Patterson et al. (2013) reported that art therapy can be useful for service users who engage with it. Similar to Allan et al. (2015), participants who engaged described improvements in their wellbeing, including sense of agency, social confidence and self-esteem. The non-judgmental approach from others, friendly atmosphere and safe and artistic space were suggested to help these improvements. Systematic analysis was used with data saturation being reached. However, the paper did not discuss why some participants took part and others did not. It is unclear how the data were selected and presented and how the categories were derived from the data. The researchers also failed to critically examine their role and potential bias. However, this paper is useful in illuminating the importance of engagement in art therapy and the potential benefits that this might bring.

Improvements in service-users' self-esteem were also reported in Teglbjaerg's (2011) research. Five service users engaged in a one-year expressive art therapy group and provided feedback through interviews and written evaluations. Akin to Patterson et al. (2013) and Lynch et al. (2019), participants expressed increases in their connectedness with others, self-esteem and sense of self from engaging in art therapy. Strengths include triangulation of the data and follow up at 1 year. However, the researcher did not explain how participants were selected. Furthermore, it was clear how the themes were derived from the data, but insufficient data were presented to support the findings and the researcher's role was not critically examined.

Brady et al.'s (2017) study assessed the role of art therapy within a multidisciplinary mental health service through thematically analysing eleven open-ended question surveys from participants who had attended at least one art therapy session. They reported that service

users appreciated the art therapy's focus on their talents and emphasis on restoring enjoyment and hope. Similar to Lynch et al.'s (2019) categories, service users enjoyed the personal expression and being in a 'flow' state (absorbed in the art-making process). However, the paper does not state how the themes were derived from the data or provide quotes for specific themes. Furthermore, there was no critical examination of the researcher's role, potential bias and influence during analysis.

Music therapy

The music therapy search produced five studies analysing how service users experienced music therapy. These included Solli et al. (2015), Solli (2015), Grocke et al. (2009), Silverman (2010), Moe et al. (2000). All studies reported that service users had positive experiences of music therapy, and two studies reported how there can be timing issues (Grocke et al., 2009; Moe et al., 2000). The most positively appraised study was Solli et al. (2015), with Solli (2015), Grocke (2009) and Silverman (2010) following, and Moe (2000) gaining a more negative appraisal.

Solli et al.'s (2015) study explored how service users experienced music therapy in relation to their life situation and current mental health. Nine service users from an inpatient setting were interviewed after individual and group music therapy. Analysis derived four themes from the data including: contact, freedom, symptom relief and well-being. The authors suggest that music therapy needs to be more focused on agency and mental health recovery rather than functional improvement and symptom reduction. Although this study offers a systematic analysis of service users' experiences, the researchers do not justify why they used IPA to analyse the data. Furthermore, their sample is small. However, their study adds to the limited research in this area.

The paper by Solli (2015) looked at how music therapy might lead to social recovery for one service user who was admitted to a psychiatric intensive care unit. Music therapy was found to be helpful through (re)building identity, strengthening agency, expanding the service user's social network and developing positive relationships. By sharing his music through a CD, the Internet and concert live performance, a bridge was formed between the inpatient unit to other cultural and social arenas. This was described as an important part of his recovery process. Solli et al.'s (2015) themes regarding contact, well-being and the importance of recovery and agency, are echoed through this piece of research as well. The study offered a clear analysis description and explicit findings. However, it is not clear what interview questions were asked and how the interviews were recorded. Furthermore, the author does not justify the choice of IPA to analyse the data and whether data saturation was reached.

Grocke et al.'s (2009) study examined whether a ten-week music therapy group influenced service users' social anxiety and quality of life in the community. They used a mixed methods approach, including a semi-structured focus group interview with 17 service users (14 experiencing psychosis). Positive quality of life changes were reported post music therapy. Themes from the focus groups included: music therapy provided joy and pleasure, song writing facilitated creative self-expression, participants were pleasantly surprised at their creativity, it was a relaxing experience, working as a team was beneficial, they felt a sense of group belonging and achievement from making their song and frustration that there was not enough time. The themes of contact and well-being from Solli et al.'s (2015) research have also been found in this study. Although this study provides explicit findings, there was no description of the analysis process and insufficient data were presented to support findings. Furthermore, the researcher did not examine their role.

Participants supported the implementation of group music therapy in Silverman's (2010) mixed methods study looking at the perceptions of different music therapy interventions. Silverman (2010) completed individual interviews with fifteen service users in an inpatient setting. Participants generally had positive impressions of the sessions and all shared that they would attend another music therapy session, irrespective of the type of music therapy intervention they had experienced. Similar to the theme of improvements in well-being found in Solli et al.'s (2015) and Grocke's (2009) study, this study supports the implementation of group music therapy in an inpatient setting. However, the author does not mention how they analysed the data and did not justify the methodology. Furthermore, the analysis process had not been described in detail and the author had not critically examined their role, particularly with regard to the possible bias in being a clinician and a researcher.

Moe et al. (2000) examined the effect of Guided Music and Imagery (GIM) on service users' level of functioning and explored their thoughts on music therapy through a mixed methods approach. Nine people were interviewed in a psychiatric hospital setting. Similar to Solli et al., (2015), Grocke et al., (2009) and Silverman (2009) group music therapy was reported to be helpful and supportive for most service users. Similar to Grocke et al. (2009), the feeling of belonging to a group was highlighted as having great significance alongside having a positive relationship with the therapist. There was a wish for more time in the group, similar to Grocke et al. (2009). However, the authors have not discussed what analysis they completed on the interview data and have not justified the methodology used. Furthermore, there is a lack of clarity on how the research was explained to participants. It is not clear how the categories were derived from the data and the researcher has not critically examined their role and bias during selection of data.

Body, movement and dance therapy

One study explored how service users with psychosis experienced body, movement and dance therapy – Galbusera et al. (2019). This paper was one of the more positively appraised papers.

Galbusera et al.'s (2019) study investigated why and how group BPT is effective for people experiencing psychosis. The researchers interviewed six service users in a community setting. Six main themes emerged from the data, including: (1) Being a whole: body-mind connection, (2) Being agentic and being able, (3) Being unique and worthy: Being accepted for who one is, (4) Changing interactions: Engaging in authentic interpersonal contact, (5) Being part of a group: Feeling integrated and (6) Hope and investing in the future. BPT seemed to help service users recover a sense of their body-mind connection and being whole. Empowering, rather than instructing, was reported to nurture service users' ability to be more agentic and able. Openness and authenticity from the therapist towards the service user were felt to facilitate rapport building. Being accepted for who one is as unique and worthy was reported to help participants' recovery journey. Being a member of a group and engaging in authentic interpersonal relationships with others was reported to increase social inclusion. Joyful experiences in a group seemed to foster hope. Although this study offers a clear systematic analysis into service users' experiences, carried out with rigour, the sample was very small, which impacts the ability to draw firm conclusions.

Themes across the arts therapies

There are multiple common themes that captured service user experiences of arts therapies. These include self-expression, connecting with others in a group and developing positive relationships, improvements in well-being and changes in experience of self, supporting recovery and hope for the future as well as there being barriers for some service-users.

Experiences of self-expression were found in four studies. Lynch et al. (2019) reported that art therapy helped service users express themselves through art making. This theme was also found in Allan et al.'s (2015) and Brady et al.'s (2006) studies, where service users shared they felt they could express themselves both verbally and non-verbally. Similarly, in music therapy, Grocke and Bloch (2009) reported that song writing provided space for creative self-expression from service users.

Service users in nine studies shared the importance of connecting with others in a group and developing positive relationships. In art therapy, Allan et al. (2015), Colbert et al. (2013) and Lynch et al. (2019) described themes capturing the significance of being in a group, sharing experiences and connecting with staff and other service users. Teglbjaerg (2011) spoke of how the group set up a unique context for creativity and connectedness with others. Similarly, Solli et al. (2015) and Solli (2015) illustrated how group music therapy gave space for service users to develop positive relationships and expand their social network. Furthermore, the theme of belonging in the group was stressed to have great importance (Moe et al., 2000; Grocke et al., 2009). Within BPT, Galbusera et al. (2019) reported that being part of a group and engaging in authentic interpersonal contact increased social belonging.

Improvements in well-being and changes in experience of self were found in ten studies. Lynch et al. (2019) found participants reported that art therapy helped them reflect on their experiences and themselves differently. Similarly, other studies found arts therapies promoted well-being for service users (Colbert et al., 2013) by improving their self-care, confidence, motivation (Allan et al., 2015) and a sense of achievement (Brady et al., 2017; Grocke et al., 2009). Service users described feeling more valued after therapy (Havenik et al., 2013) and experienced increases in self-esteem (Teglbjaerg, 2011; Paterson, 2013). Service users shared they had experienced enjoyment, satisfaction and motivation from music

therapy (Solli et al., 2015) and they felt the sessions were designed to lift their "spirits" (Silverman, 2010). The positive impact therapy had on service users' identity and agency (Solli, 2015) and being accepted for who one is (Galbusera et al., 2019) emerged as important themes to service users' experience.

Service users shared that arts therapies supported their recovery and hope for the future across eight studies. Continuation of art making (Lynch et al., 2019), participating in further groups (Allan et al., 2015) and engagement with art (Colbert et al., date) were important stated elements of recovery. Art therapy provided a focus on talents and an emphasis on restoring hope and enjoyment (Brady et al., 2017). Similarly, in music therapy service users felt a sense of achievement when they produced a CD that could be shared with friends and family (Grocke et al., 2009). Service users also discussed the importance of music therapy expanding their social network (Solli, 2015) and fostering a sense of hope and freedom (Solli et al., 2015). These themes were also shared from BPT (Galbusera et al., 2019).

Whilst most service users provided positive accounts of arts therapies, three studies described some barriers service users experienced to positive change. Lynch et al. (2019) acknowledged that sometimes it is not the right 'fit' for service users. This was thought to be due to it not being the right time, the art therapist's approach, nature of the sessions and accessibility and availability of art therapy. One service user in Moe et al.'s (2000) study did not feel satisfied or supported in music therapy. There also appeared to be a wish for more time with the individual. Similarly, service users also felt frustrated that there was not enough time in the session in Grocke et al.'s (2009) study. It is also important to note that service users who felt positively about arts therapies may have been more likely to participate in research. Thus, it is important to take this into account when reviewing the literature.

General methodological issues

As shown in Table 1, studies in this review examine a variety of different arts therapies. Consequently, the arts therapies are heterogeneous and might have important differing orientations, effects and components. Whilst literature suggests most arts therapists work within a psychodynamic frame (Johnson, 1998), there might be difficulty in defining what arts based therapies are and operationalising how they work.

Adapting and tailoring therapies to the individual has been portrayed as an aspect of arts therapies (Teglbjaerg, 2011; Solli, 2015). However, whilst this is clinically appropriate, there can be difficulties in comparing studies when numerous definitions, theoretical approaches and structures are used for different arts therapies, which are not always clearly defined (Attard & Larkin, 2016). Despite this issue beginning to be addressed through Wright and Holttum's (2020) new evidence based BAAT guidelines, clear practice specifications for other art therapies are needed. This will enable appropriate fidelity checking in future research trials and testing through future research.

Taken together, the studies examined in this review use a variety of designs, methodologies and analyses. All the papers use relatively small samples, which leads to difficulty in drawing confident conclusions from the findings and implications of the studies. Although similar results were reported across a range of different contexts and countries, the review only included four UK based studies, which may impact the application of the findings to UK services.

Furthermore, despite this review focusing more on experience than effectiveness of arts therapies, it is important to note that only one study provided follow up interviews and written evaluations. Given that research highlights the importance of evaluating participants' perspectives across different time points (Graham & Donaldson, 1993), a limitation could be that only one study sought follow up data. This would have enabled further exploration of

participants' experiences to see whether their views had changed or new thoughts had arisen.

Whilst a few studies included in this review received positive appraisal, a large number of papers were lacking in a number of areas according to the CASP (2018) tool. For some, no information was provided on how the participants were selected or discussions around recruitment. Furthermore, many papers lacked a clear and in-depth description of the data analysis process and critical examination of the researcher role. Thus, the results from such papers need to be cautiously interpreted.

Discussion

Summary of findings

This review has examined and appraised thirteen studies exploring how service users diagnosed with psychotic disorders experience arts therapies. The quality of the studies varied, with majority of the papers lacking clarity, detail and justification for methodology and analysis.

Qualitative research often provides rich descriptions of experiences and processes. The studies reviewed in this report suggest that the majority of service users who participated in the studies had positive experiences of arts therapies. There are common themes across the papers that capture service user experiences of arts therapies, including self-expression, connecting with others in a group and developing positive relationships, experiencing improvements in well-being and changes in experience of self and feeling supported in their recovery and hope for the future. It is also important to note that some service users also experienced barriers to recovery or indeed to engagement.

The overlapping themes appeared to be more associated with psychodynamic theoretical understandings of psychosis (Martindale et al., 2013), rather than cognitive

(Garety et al., 2001). This was found particularly when service users expressed the importance of having a connection with their therapist and others in the group, having a space for them to express themselves and notice changes in the self. The service users did not mention examining and testing out different ways of thinking, which is considered to be one of the necessary 'active' ingredients of CBT-p (Dunn et al., 2012).

Support was found for Boehm et al.'s (2014) theoretical perspective through the theme of self-expression. Some service users shared that the arts helped them express their needs, experiences and feelings through non-verbal and verbal means. This theme is also consistent with Czamanski-Cohen and Weihs's (2016) embodied self-expression therapeutic process in art therapy. Similarly, in music therapy some service users shared that song writing helped their creative self-expression, which linked to previous literature outlining the unique emotionally expressive qualities of music therapy (Rolvsjord, 2001; Solli, 2008).

However, the findings did not offer support for Johnson's (1993) psychodynamic understanding of art therapies that suggested inner conflicts were externalised, transformed and re-integrated through art form. Similarly, the findings did not discuss service users being made aware of their unconscious experiences through art making (Hogan, 2015; Killick, 2017). Whilst it could be argued that these theoretical perspectives were not supported, neither does it disprove them. It may be that participants were not aware of these processes, therefore did not discuss them.

The theme of connecting with others in the group and developing positive relationships was consistent with previous research. In art therapy, Czmanski-Cohen and Weih's (2016) 'bodymind model' places importance on relationships, particularly the triangular relationship between the service user, art therapist and artwork. The findings in the current study suggest service users shared the importance of connecting with staff and how the group set up a unique context for creativity and connectedness with others. Similarly, in

music therapy and BPT, service users shared they had space to develop positive relationships with the therapist and with one another, which is in line with previous case study research from the therapists' perspectives (Fujino, 2016; Rolvsjord, 2001; Solli, 2008).

Experiencing improvements in well-being and changes in experience of self is supported by Wright and Holttum's (2020) programme theory, suggesting that expression in art therapy enhances service users' self-esteem, confidence, connection with others and sense of achievement. Similarly, in music therapy findings were consistent with previous research from other client groups proposing that music therapy was an enjoyable experience and helped service users cope with adversity (Ansdell & Meehan, 2010). The findings suggest that music therapy had a positive impact on service users' identity, and that BPT led to service users feeling more accepted for who they are. This is supported by previous literature suggesting that arts therapists promote mind-body-spirit wholeness by identifying and building on service users' innate resourcefulness, strengths and creativity (Serlin, 2007).

The theme of feeling supported in recovery and hope for the future was found across the arts therapies. In art therapy, continuation and engagement in art making, participating in further groups and restoring hope were found to be important themes. This is in line with Wright and Holttum's (2020) programme theory, which suggests the importance of supporting service users' recovery through art therapy. Regarding music therapy and BPT, service users discussed the importance of connecting with others, meeting new people, and joyful experiences fostering a sense of hope. This is supported by research from other client groups, highlighting the benefits of music therapy and on-going music making (Ansdell & Meehan, 2010).

Despite the majority of service users reporting positive experiences of arts therapies, some described experiencing barriers to change. Some service users shared that they were not satisfied with music therapy and wished for more time. Similarly, art therapy was sometimes

seen to be not the right ‘fit’, which included the time of the group, art therapist’s approach, nature of the sessions and setting. This theme is incorporated into Wright and Holttum’s (2020) programme theory of art therapy in relation to psychosis, which suggests service users could experience negative reactions to the therapist, intervention, setting or group. However, the exclusivity of this to art therapy as such is unknown and may warrant further research.

The quality of the papers varied according to the CASP (2018) tool, with some studies clearly providing an in-depth analysis into service user experiences, and others lacking in clarity of methodology and findings. Although these studies highlight a range of potential positive and beneficial experiences of arts therapies, only small samples were used, which may not represent the wider range of service users with psychosis accessing arts therapies. These studies offer evidence on how different service users with psychosis experienced arts therapies, rather than how likely it is that service users will experience beneficial effects, or how these experiences might compare to those of different treatments.

Limitations of this review

The current review examined qualitative research on how service users with psychosis experienced arts therapies. Papers that were purely descriptive or theoretical were excluded, which may have led to processes and mechanisms being neglected and overlooked. Furthermore, by only looking at service users viewed as experiencing psychosis, a large body of research was not investigated. A broader question may have offered a clearer understanding of the different processes of change for service users in distress.

Whilst there are theoretical and therapeutic frameworks that encapsulate the arts therapies (Johnson, 1998), it is also clear that arts therapies have diverse elements to them, with different histories, evidence bases and accessibility. Thus, it is important to view the arts therapies as distinct as well as overlapping, similar to the common themes that have been

found across the papers.

Another limitation involves the CASP (2018) tool used in this review. This tool does not take into account whether there is an adequate description of the sample, including participants' age, gender, ethnicity and socio-economic background.

Due to the limits of the current review, only the most pertinent and dominant themes could be described in-depth. It is important to note that despite seeking to provide a clear summary of the literature field, the narrative presented within this review is likely to be influenced by the author's subjectivity and bias. It was not practically possible to involve a second person in systematically examining the reviewed papers. However, the author's lead supervisor commented on the author's characterization of papers, several of which she had also studied in detail.

Clinical implications

The research suggests that service users with psychosis experience arts therapies in a range of ways, with many having positive experiences. In particular, services users shared they felt arts therapies helped them connect with others by developing positive relationships, with the arts activities helping to enable these interactions. Being in a group, sharing experiences and connecting with clinicians and other service users appeared to be powerful. The process of engagement in different art forms reportedly helped service users express themselves and experience improvements in their well-being and changes in their experience of self. Arts therapies may lead to service users developing a different narrative by being accepted for who they are. This may help them on their recovery journey and foster hope for their future.

Although the majority of service users provided positive accounts of arts therapies, some experienced barriers to positive change. These barriers included service users feeling

that there was not enough time during sessions and it not being the right 'fit'. Despite these findings being based on a small number of studies with small samples, it is important to note so that arts therapists and other professionals, including clinical psychologists, can be alert to some of these issues. Understanding the barriers can help professionals think about who would be appropriate to refer to arts therapies.

Clinical psychologists are intent on comprehending service user experiences and the different ways therapeutic interventions can help alleviate their distress. Understanding the processes of change within the therapy and the elements service users found helpful, is important for Clinical Psychologists to know to assist them in their therapeutic interactions. This review highlights to both arts therapists and Clinical Psychologists the importance of connection, engagement, self-expression, acceptance and service user narratives, with different arts appearing to facilitate these equally well. This helps Clinical Psychologists know how best to support service users with psychosis.

Research recommendations

Due to the lack of high quality research on how service users experience arts therapies, different further research recommendations can be made. One prominent theme that was found across the arts therapies included the importance of connection and developing a positive relationship between the service user and therapist. The samples in this review only included service users who experience psychosis. It would be helpful to also have arts therapists' perspectives alongside service users' in order to see which themes overlap. This will help develop the current understanding of the perceived processes of arts therapies for people experiencing psychosis.

The studies included in this review were appraised regarding their quality, and a number of limitations have been highlighted. Despite searching for journal articles on drama

therapy for people experiencing psychosis, there appeared to be a lack of published research. The majority of literature that was found came in book chapters or unpublished theses. A clear recommendation for further research includes the need for higher quality published qualitative studies to be conducted across arts therapies. This will enable more confident conclusions to be drawn from the findings.

Further research into the qualitative benefits of arts therapies would assist the field of clinical psychology. Acquiring a more comprehensive understanding of what interventions are helpful for service users experiencing psychosis, and in what ways, is important to clinical psychology. It may also increase our current understanding of theories regarding what helps in psychosis. Improving this knowledge base may lead to ways in which psychological interventions can be tailored and adapted to be most helpful for service users and ascertain 'active ingredients' that are therapeutic for people experiencing psychosis. Establishing which therapeutic components are helpful is becoming increasingly important given the need for interventions to be evidence-based and effective in increasing hope and reducing suffering for service users (The Kings Fund, 2019)

Given the lack of research on service user experiences across different arts therapies, the completion of further research studies is imperative for a more comprehensive and robust evidence base. More research into specific types of arts therapies may shed light on which therapeutic components participants find helpful and the perceived processes of the interventions.

Conclusion

The current review aimed to explore how service-users with psychosis diagnoses experience arts therapies. From the thirteen papers reviewed, overlapping themes emerged. These included self-expression, connecting with others in a group and developing positive

relationships, experiencing improvements in well-being and changes in experience of self, feeling supported in their recovery and hope for the future. Some service users also experienced barriers in their recovery. However, many of the papers lacked methodological rigour, leading to a number of further research recommendations. An important recommendation for both researchers and clinicians is to continue developing innovative methods of understanding, valuing and reviewing service user experiences of different arts therapies.

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Section B: Empirical paper

Perceived processes of art therapy for adults experiencing psychosis: a reflexive thematic analysis

Overall Word Count: 7774 (plus additional 641 words)

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"When I was a kid I used to love collecting flint stone. I used to find it everywhere […] And the reason I loved collecting it was because you can hit them together and you can see that little spark […] it must've travelled with me throughout my life, without me even realising it. Because that picture that I just showed you, basically, it represents that act." (John)[1]

[1]Artwork and quote from a service user participant

Abstract

Evidenced-based theory of art therapy for people experiencing psychosis is in its relative infancy. It has been mainly based on unsystematic research focusing on the perspectives of art therapists, and to a lesser extent, service users. This study used reflexive thematic analysis to explore the processes of art therapy from the viewpoint of both service users and art therapists. Twelve participants, six service users and six art therapists, were interviewed. From the analysis, a thematic map was created with nine themes, specifically safe space, supportive art therapist, power of art making, expressing and containing anything through artwork, image starting dialogue, connect with each other, changing experience of artwork and self, supporting recovery and challenges. Despite the study’s limitations, the findings contribute to the research area by offering overlapping themes from art therapists and service users. The results are examined alongside current theoretical perspectives and research. Clinical implications and future research recommendations are outlined.

Keywords: psychosis, schizophrenia, art therapy, art psychotherapy

Introduction

Psychosis

The British Psychological Society (BPS) advocates that there are diverse ways of understanding 'psychosis', which includes having unusual beliefs and interpreting things differently (Cooke, 2017). Whether holding a position influenced by the medical model, seeing it as a reaction to trauma or a different explanation, many people experience difficulties and pursue mental health support (Kelleher et al., 2015).

Art therapy for psychosis

Despite National Institute for Clinical Excellence guidance (NICE, 2014) recommending art therapy to be considered for people experiencing psychosis, evidence for its efficacy is uncertain. One large scale Randomised Controlled Trial (RCT) called MATISSE (Crawford et al., 2012) reported that art therapy showed no benefit over and above either usual care or a control group offering activities. However, Holttum and Huet (2014) doubted whether the RCT was founded upon a clear theory of change. Furthermore, the trial suffered from low participant engagement in both art therapy and control activities (Holttum & Huet, 2014; Kendall, 2012; Wood, 2013). Smaller research trials in the USA, Germany and UK, (Green, Wehling & Talsky, 1987; Montag et al., 2014; Richardson, Jones, Evans, Stevens & Rowe, 2007), have suggested art therapy to be beneficial compared to usual care. Reported benefits included improvements in global functioning and positive and negative symptom measures. The revised NICE guidelines (2014) continued to recommend offering arts therapies, and a subsequent update (NICE, 2017) also maintained the recommendation.

Theoretical perspectives on art therapy

Historically, psychodynamic theories have influenced art therapy, principally Jungian analytic theory (Hogan, 2015). This thinking suggests pictorial symbolism and art making emerges from the unconscious, whereby previously unaware aspects come to the surface. This process is thought to be fundamentally therapeutic and beneficial (Hogan, 2015).

Czamanski-Cohen and Weihs's (2016) 'bodymind model' of art therapy (not specifically for psychosis) drew from psychodynamic theory and recent studies in neuroscience to suggest unique processes in art therapy that may lead to reorganisation, growth and reintegration of the self. They theorised four core therapeutic processes: the triangular relationship (between the art therapist, service user and artwork), embodied self-expression (whereby implicit emotions are made explicit through art), self-engagement and meta-cognitive processes. The researchers suggested the triangular relationship provides an available attachment figure (art therapist) and safe base for the service user to explore and self-express through art making, citing Bowlby (1988). This relationship enables the externalisation of emotional and cognitive material into concrete form (artwork), which can be engaged with and reflected upon, providing the opportunity for perspective taking and meaning making. However, the authors note this is a work in progress and invite other researchers to test out the proposed mechanisms.

Similar to Czamanski-Cohen and Weihs's (2016) theorised metacognitive processes, Springham, Findlay, Woods and Harris (2012) proposed that art therapy may increase mentalisation through helping people think about their own and others' mental states. There is research indicating that people with psychosis may experience mentalising difficulties (Versmissena et al., 2008), thus this may be a pertinent theoretical viewpoint.

Regarding group psychotherapy generally, Yalom (2005) suggested 11 therapeutic factors that provide the catalyst for change, including universality and group cohesiveness. Similar factors were found in Gabel and Robb's (2017) thematic synthesis on group art

therapy across different client groups. These included symbolic expression, relational aesthetics, embodiment, pleasure and play, and ritual. Relational aesthetics represents the triangular relationship between the art therapist, group members and artworks in which the art serves as a medium for nonverbal and verbal feedback (Franklin, 2012; Moon, 2007). The art making appeared to be a uniting force (Dudley, 2012), and the art acted as the container for both the said and unsaid (Slayton, 2012). Pleasure and play activated kinesthetic and sensory experiences, which helped people regain self-confidence (Luzzatto, 2000). Ritual involved a sequence of actions, such as setting up the space and putting objects away, that offered psychological safety and promoted interpersonal emotional risk-taking (Moon, 2010). However, neither Gabel and Robb (2017) nor Czamanski-Cohen and Wiehs (2016) focused on specific client groups. Thus, these processes may be different for adults experiencing psychosis.

Lynch et al. (2019) created a preliminary model on the experience of art therapy for people following a first episode of psychosis. Seven categories were generated from the data including unpressured atmosphere, expression and communication, pleasure and engagement in art-making, changing emotional experience and experience of self, connecting with others, supporting recovery and continuation of art and barriers. The unpressured atmosphere seemed to play a key role in enabling the other processes to take place. Despite this literature building on the current research base for people experiencing psychosis, it needs it be expanded to other service users with psychosis and art therapists.

Other qualitative research exploring service users' perspectives reported that art therapy provides positive experiences for individuals with psychosis by connecting with others in a group and developing positive relationships, experiencing improvements in well-being and changes in experience of self and feeling supported in their recovery and hope for the future (Allan, Barford, Horwood, Stevens & Tanti, 2015; Colbert, Cooke, Camic &

Springham, 2013; Patterson, Borschmann & Waller, 2013; Teglbjaerg, 2011). However, many of these papers were unsystematic and lacked methodological rigour. Furthermore, few papers have analysed the perspectives of both art therapists and service users together.

Wright and Holttum (2020) have recently developed a programme theory on art therapy for people experiencing psychosis based on quantitative and qualitative research. However, a key cited paper involving interviews with art therapists has not been published at the time of writing. In relation to available qualitative research other than their own interviews with art therapists, Wright and Holttum (2020) were only able to draw on the limited extant research with service users, and their own unsystematic service user consultation.

Rationale

Although relevant theories relating to art therapy for people experiencing psychosis exist, there is a dearth of systematic research on the perceived processes and particular elements involved overall. Specifically, what are the perceived processes from the perspectives of both service users and art therapists?

Researching art therapy for adults experiencing psychosis is important to the field of clinical psychology. Understanding how best to support people's difficulties and the therapies that will help, and how they might help, is essential knowledge. Further research will develop current empirical and theoretical understanding of psychosis and how interventions work, including which elements seem to bring about positive change.

Aim

This study aimed to focus on the following research question:

- What are the perceived processes within art therapy from the perspectives of adult

service users experiencing psychosis and art therapists?

To understand the perceived processes, this study focused on exploring and creating a thematic map of service users' and art therapists' views of art therapy.

Methods

Design

This study used a qualitative design. Individual one-off interviews were analysed using Braun and Clark's (2019) reflexive thematic analysis, which focuses on researcher subjectivity, the recursive coding process and the importance of deep reflection whilst engaging with the data and generating themes. This method was chosen over other methods, as the aim of the research was to describe processes as perceived by participants and create a thematic map, rather than build a new theory, which might require a larger sample. It was also selected as an appropriate first stage for devising a future session questionnaire (Rose, Evans, Sweeney & Wykes, 2011), for which the findings will be used in a future project.

A social constructionist epistemological stance was adopted, whereby participants co-constructed and interpreted the data with the researcher. This approach is congruent with reflexive thematic analysis methodology as discussed by Braun and Clark (2019).

Participants

Twelve participants took part in the study: six service users and six art therapists. Participant information is shown in Table 1.

Table 1

Participant information

Pseudonym	Gender	Age ranges in years[a]	Ethnicity	Art therapist or service user	Time receiving art therapy (not continuously) / providing art therapy	Context of art therapy
John	Male	41-50	Mixed race	Service user	29 years	Group but has also had individual in the past in community setting
Harry	Male	41-50	White British	Service user	7 years	Group and individual in the community setting
Grace	Female	51-60	Black British	Service user	18 years	Individual and group art therapy in community setting
David	Male	51-60	White British	Service user	20+ years	Group in the community setting
Jade	Female	61-70	Mixed race	Service user	4 years	Group but has also had individual in the past in community setting
Pauline	Female	61-70	White British	Service user	1 year	Group in the community setting
Alec	Male	31-40	White European	Art therapist	8 years	Open ward groups in inpatient setting
Laura	Female	31-40	White British	Art therapist	7 years	Open ward groups and individual art therapy in inpatient community setting
Katie	Female	31-40	White British	Art therapist	17 years	Group and individual in community setting
Becky	Female	41-50	White British	Art therapist	12 years	Group and individual in community setting
Rachel	Female	51-60	White British	Art therapist	15 years	Group and individual in inpatient and community setting
Sarah	Female	51-60	White British	Art therapist	26 years	Open wards groups and individual art therapy in inpatient setting

[a]Age ranges have been used to protect the identity of the participants

Inclusion criteria for service users included being 18+ years, have a diagnosis of a psychotic disorder, have capacity to consent to taking part in the research and currently attending or previously attended (within the last month) art therapy in a community setting. Recruiting service users who had recently experienced an art therapy session was important for their ability to reflect on the processes of art therapy. It was decided for service users

from inpatient settings to not be recruited due to concerns regarding their vulnerability. Exclusion criteria involved any communication or cognitive difficulties or current significant risk issues that would affect the interview process. Inclusion criteria for art therapists involved currently working with or previously worked with (within the last month) a service user diagnosed with a psychotic disorder in both community and inpatient settings. Participants were reimbursed travel expenses up to £10 per person.

Initially, seven NHS trusts were applied to for participation. However, due to lack of available participants, only four NHS trusts ended up being recruited from. This appeared to be because of several reported factors including art therapists not currently working with service users who experienced psychosis, service users being in inpatient settings, under-resourcing of art therapy services and fewer people than expected attending art therapy.

Procedure

Art therapists from the Special Interest Group (SIG) within the British Association of Art Therapists (BAAT) were first approached via email through the BAAT administrator. The email asked whether they would be interested in taking part in research with attached information sheets for both art therapists (Appendix B) and service users (Appendix C). On the advice of the NHS research ethics committee, it was decided that it would be better to recruit service users from art therapists who were not research participants themselves as there might be conflict of interest. It was made clear in the email that if the art therapists were going to be interviewed, the service users they worked with would not be interviewed and vice-versa.

Art therapists used their professional and clinical judgment to assess whether service users were appropriate for interview by assessing their capacity to consent to the research and their mental state at that time. Service users meeting inclusion criteria were given the

participant information sheet by their art therapist, with the researcher's details if they wanted to ask any questions or discuss the study. A face-to-face interview was arranged through the art therapist. Verbal and written consent was sought face-to-face before the interview for both art therapist (Appendix D) and service user participants (Appendix E). The interviews were audio-recorded.

It is important to note that there may have been selection bias as service user participants were recruited through their art therapist. This may have had possible effects on the selection of service users, where those who might have more positive experiences might be more likely to be approached by their art therapist.

Interview

Semi-structured interview schedules were utilised to investigate participants' experiences and perspectives of art therapy (Appendix I). These interview schedules were developed in collaboration with the research team (including a researcher, art therapist and service user consultant). Neutral open-ended questions that tapped into the processes of art therapy were formulated (with suggested prompts). During the interviews, the researcher remained curious, flexible and attentive to allow participants to fully express their experiences without feeling constrained by the structure of the schedule. The duration of the interviews ranged from 35 minutes to 1 hour 14 minutes.

Data analysis

The data were analysed using a thematic approach informed by Braun and Clark (2019). The intention was to complete inductive and deductive thematic analysis on the data. However, when looking at the richness of the data, the researcher felt that the broadness of the deductive concepts did not fully capture the intricate perceived processes of art therapy.

Thus, it was decided for the analysis to be completely inductive and the constructed themes to be mapped onto previous literature, where applicable, in the discussion section.

In discussion with my supervisor, it was decided that it would be helpful to explore service user and art therapist perspectives together to enable exploration of similarities and differences in experiences. Thematic analysis processes are shown in Table 2. Throughout these processes, memos (Appendix K) were taken so that reflections were captured (Braun & Clark, 2019). These memos helped inform coding decisions and were an essential part of the analysis. It is critical to note that reflexive thematic analysis is not a linear process, but more iterative, with shifting between the different process stages (Braun & Clark, 2019).

The notion of 'theoretical sufficiency' was used over 'theoretical saturation' (Dey, 1999) because of the restricted nature of the study. This signifies the point at which the themes captured key experiences of the participants well enough, rather than the continual generation of new codes until there were no new codes

Quality assurance

Two different quality assurance frameworks were employed in this study (Mays & Pope, 2000; Yardley, 2000). The first provided a brief outline of good indicators (Mays & Pope, 2000), and the second provided a more comprehensive understanding of quality criteria that was required (Yardley, 2000). There was some overlap between the two frameworks, however they also offered different perspectives, so it felt useful to employ both.

After examination of these frameworks, and in discussion with my supervisor, it was decided that it would be helpful to keep a research diary (Appendix L) as a way of exploring and highlighting potential presumptions and biases from the beginning. It was noted, prior to interviewing participants, that the researcher felt a potential bias in wanting to advocate for art therapy. This was explored further in discussions with the supervisor alongside beliefs and

hopes for the research and the possible effects of these on the analysis. Thus, it was important for the researcher and the supervisor to pay attention to the different and more negative perceptions of art therapy.

To help ensure this, three different members of the research team (researcher, supervisor and service user consultant) independently coded one transcript and compared codes. A high degree of consistency was achieved across the focused codes. Furthermore, respondent validation questionnaires were sent to all participants including the initial themes and sub-themes (Appendix F). Eleven out of twelve questionnaires were returned and their feedback was incorporated into the results. Agreement with the themes and sub-themes were shared. Participants commented on areas that felt important for them, including the relationship with their art therapist and their positive experience of art therapy.

Ethical considerations

This project received favourable opinion from the NHS Research Ethics Committee (Appendix G) and was approved by the participating NHS trusts (Appendix H). The BPS's (2018) code of conduct and ethics was followed throughout.

Prior to interviewing participants, precautions were put into place to minimise risks such as evoking distressing experiences, particularly with service users. The researcher agreed with the participant before the interview that they could interrupt at any time to stop the interview or take a break. The researcher was responsive and sensitive to the needs of the participants by checking in to see how they were. If any of the participants became upset during the interview, it would have been stopped and local procedures would have been followed by the researcher. These included providing information about NHS and other support services. No participants became distressed during the interviews.

Participants were informed that confidentiality would be broken if concerns regarding

risk to themselves or others arose. This involved contacting their art therapist (if service user) or line manager (if art therapist) and discussing the next steps at the end of the interview to ensure that they had the support that they needed.

This study is in line with NHS values, particularly, 'commitment to quality of care' and 'working together for patients' (Department of Health, 2015) by seeking perspectives from both art therapists and service users.

Table 2

Processes of reflexive thematic analysis informed by Braun & Clark (2019)

Process		Description of process
1	Familiarising self with the data	Transcription of data and checking 'accuracy' of transcript. Repeated reading of the data. Searching for meanings, patterns and generating initial ideas.
2	Generating initial codes	Coding themes and patterns across the complete data set systematically. Different codes assigned to some of the same extracts. These codes were then revised, with some codes combined, rejected, or substituted.
3	Searching for themes	Sorting and collating the coded data into potential themes relevant to the research question. Thinking about the relationship between different types of themes (e.g. main themes and sub-themes). Initial thematic maps created.
4	Reviewing themes	Refining themes with regard to the coded data extracts and the overall data set, assessing for consistency. Thematic analysis map generated.
5	Naming and defining themes	Finding names that accurately reflect the data excerpts at code level and the collection of codes at theme level. Refining and defining the essence of each theme and considering whether it fits with and captures the overall picture.
6	Constructing the report	Producing the analysis report. Selecting representative and vivid extracts that capture the essence of the theme. Embedding extracts within an analytic narrative that relates back to the research question.
Across phases	Researcher reflexivity	Research reflexivity involves taking into consideration how the researcher's position, role and desires can shape the results of the analysis. Presumptions of what the experiences of art therapy might be for participants required bracketing. This brought awareness to the researcher's bias and enabled careful consideration when analysing the data. Memo writing, note taking in the research diary and discussions with the research team enabled further interpretation of the data.

Results

This study aimed to explore the perceived processes of art therapy for adults experiencing psychosis from the perspective of service users and art therapists. The inductive thematic analysis resulted in 9 main themes and 26 sub themes (see Table 2). The thematic map is presented in Figure 1. Every theme is examined together with verbatim interview quotes.

Table 3

Themes and sub themes

Main themes	Sub themes
Safe space	Containment Non-judgemental space
Supportive art therapist	Client-led Feeling understood and valued Build up the trust
Connect with each other	Realising they are not alone Togetherness through art making Chain reaction Discovering other perspectives
Power of art making	Feeling absorbed and engrossed Valuable activity Experimentation and exploration
Expressing and containing anything through artwork	Opportunity to express through artwork Artwork acting as a container
Image starting dialogue	Shared appreciation of art Exploration of feelings and relationships through artwork
Changing experience of artwork and self	Feeling free Positive shift in view of artwork and self
Supporting recovery	Planting the seed of art therapy On-going art activity Linking up with community
Challenges	Fragmented and chaotic group Impact of mental and physical health Social issues and trauma backgrounds Access and availability Not for everyone

Safe space

A key category from participants' accounts was the safe space of art therapy. This theme was represented by feeling contained and not judged, which enabled people to connect with each other.

Containment. Participants described the importance of having a containing art therapy session from beginning to end. This was described as being helpful in bringing the emotional arousal level down.

> "She [art therapist] handled it [group-member conflict] very well. She knew something was going on. But obviously she didn't want to make a big thing out of it, and neither did I" (Jade, 632-634)[2]*[3]

> "Sometimes they feel very lost and confused, so if we can provide that containment, if you like, and holding, grounding them back and somehow bringing the emotional arousal down, I think that that's a pretty good aim." (Alec, 512-516)

> "Helping people think about going out again, so it's not an abrupt ending and putting artwork away […] just sort of helps that containment, that feeling safe" (Becky, 555-558)

Non-judgmental space. Participants often highlighted the non-judgemental and accepting feel of art therapy and that whatever they brought to the session was okay.

[2] Participant pseudonym and interview lines
[3] *Quote from a service user

> "In art therapy, we are not focusing on the artistic skills. It's a non-judgemental space" (Alec, 224-225)

> "The person who runs the group is very warm, kind and non-judgemental, so she makes you feel very safe" (Pauline, 59-60)*

Supportive art therapist

Participants shared the importance of having a supportive art therapist. This included the art therapist being client led, which helped service users feel understood and valued and aided the building of trust.

Client-led. Several participants reported the importance of patience from the art therapist, not setting their own agenda and being client-led. This differed from other therapies.

> "Patience is […] the ability to wait for something without forcing it or pushing it, or making it happen before it's grown or before it's matured or before it's ready… I think patience, generally, is highly important" (John, 536-567)*

> "I think art therapy is the one therapy where, whatever somebody wants to bring, they can bring. I don't set the agenda, they do. And I think that it's the only therapy here where that's true, actually." (Sarah, 527-530)

> "I think it's very, very important to me that it's client-led" (Becky, 302-304)

Feeling understood and valued. Participants shared the importance of the art therapist understanding and valuing the service users' perspectives and encouraging them to be curious about themselves.

> "She's [art therapist] like a, Mother Teresa like a saint […] it looks like she knows we're orphans" (Grace, 508-510)*

> "I just think that time means you can get to know somebody really well and that's what people quite like, is feeling supported, feeling understood" (Katie, 826-828)

> "Most people, by the time they come into a place like this, haven't felt very valued in their life, […]. So, I think just also having that curiosity about people, and encouraging them to have the curiosity about themselves can be really powerful." (Sarah, 560-565)

Build up the trust. This sub-theme was evident in the data and how time, sensitivity and a listening ear were necessary for building trust. This theme was reported present in inpatient settings, whereby service users would familiarise themselves with open ward groups before joining. This theme is closely linked to safe space.

> "They [service users] are allowed to see what we're doing and they're allowed even to sit with us without creating art - that's absolutely fine - just to familiarise themselves a little bit with what we are doing." (Alec, 467-470)

> "I feel you know like he's [art therapist] listening more, so maybe you can trust him more or you can see he has got some intelligence, like a sensitive intelligence." (Grace, 419-422)*

> "I think with somebody like him [service user] it could take a long time to build up the trust required to feel safe enough to talk about, maybe, some of the difficult… other difficult things that he's experienced." (Becky, 312-315)

Connect with each other

The data suggested connecting with others was a key theme, particularly in group art therapy. This involved realising they are not alone, experiencing togetherness through art making, there being a chain reaction of sharing experiences and discovering other perspectives.

Realising they are not alone. Participants shared that being with other people who also experienced difficulties helped them realise that they were not alone.

> "The benefits are exponentially powerful because those moments when service users themselves connect with each other and realise that they're not alone. And you haven't had to do that. They've done that." (Katie, 281-284)

> "Being with other people who've been through similar experiences, it makes you feel like it's not so odd, what you've been going through." (Pauline, 62-64)*

Togetherness through art making. Participants spoke about how art making unified the group and brought togetherness.

> "I think that the artwork gives us time and space. It brings us together and it gives us the opportunity to spend time together." (Alec, 287-289)

> "I think also it [art making] unifies her with other people in the group because people can be a little bit startled when they first meet her because if they're not so florid, you know, their psychosis is a bit different. And then when they see her sort of creative identity and they see her focus on that, I think it… brings them together as well. Brings that connection." (Rachel, 636-642)

> "Because we're in company, everyone gets busy." (David, 13-14)*

Chain reaction. Chain reaction appeared to be an important theme, whereby sharing from certain individuals led to other people feeling more able to share.

> "I was asked first how my week had been, and it's the first time I've actually said, "I'm feeling depressed now." Then we talked about that, and somebody else was talking about their experience of depression and how they'd managed to get out of it." (Pauline, 96-100)*

> "That was when this deluge of all this relief from other service users came out. "Oh my God. So glad you mentioned that you're feeling so terrible because so am I." Yes, it was really interesting, the sort of chain reaction that it got." (Katie, 271-274)

Discovering other perspectives. Participants shared how the artwork enabled them to discover other perspectives, including seeing new things in the artwork and swapping and sharing suggestions.

> "I did a piece of collage, and lots of people saw different things in it." (Jade, 422-423)*

> "People are bringing different, very different ways of thinking about things." (Rachel, 1047-1049)

> "And we talked about all the different things [coping strategies] that they used and why they were helpful and they swapped and shared some good suggestions to each other" (Katie, 887-889)

Power of art making

All participants shared the power of art making. This theme included feeling absorbed, it being a valuable activity and providing opportunities for experimentation and exploration.

Feeling absorbed and engrossed. Participants shared that they felt engrossed and absorbed in the art making, which offered respite from their anxieties and peace.

> "I was too engrossed in focusing on what I was doing [in art making]." (John, 416-417)*

“He was so absorbed in the process that I don’t think he was even aware of what was happening around him” (Laura, 353-354)

“It’s lovely, because I lose myself from the whole world. I’m in another place, a peaceful place” (Jade, 534-535)*

Valuable activity. Participants reported how art making in itself was valuable activity, usually by helping calm them down.

“It [art making] actually calms me completely down” (Jade, 547-548)*

“So, the art making, in itself, I think is what he [service user] is seeing as valuable” (Becky, 414-415)

Experimentation and exploration. Participants shared that they liked using different mediums, styles to see what might happen.

“I brought in the bag of compost, and I picked up a few things outside where we go in [Place], twigs and that, and I just started doing it.” (Jade, 230-232)*

“Just to play with the materials to really explore the qualities of them to, kind of, yes, tear them or twist them or put them under water, stick them… just to really… and just do that for ten, fifteen minutes and see where that takes people.” (Becky, 118-121)

"It was only in the last few years that I've grabbed some more styles out of it and experimented." (David, 77-78)*

Expressing and containing anything through artwork

Another main theme from participants' accounts was expressing and containing anything through artwork, including thoughts, experiences, feelings, emotions, wishes and fears.

Opportunity to express through artwork. Participants shared that artwork helped them communicate and express how they were feeling and bring to the surface their unconscious processes.

"Communication felt like it happened through the art materials and the artwork. The verbal, it just wasn't there for him [service user] yet." (Laura, 468-470)

"I find, a lot of the time… a lot of the time the processes are very unconscious." (John, 529-530)*

"The artwork gave her the opportunity to express, if you like, the abstract nature sometimes of those feelings. They can be quite difficult to identify" (Alec, 319-322)

"I experience a lot of pain with my illness, and I guess it's quite a good relief really. Relief to let something out on the page." (Harry, 455-457)*

Artwork acting as a container. Participants shared how the artwork acted as a container for service users' feelings and projections. This enabled service users to notice and explore their distress without it directly hurting them.

> "You've got a massive container, if you like, which is art. Quite a lot of the transference and countertransference phenomena are taking place there." (Alec, 348-350)

> "You can see what goes on in other people's worlds, you know because sometimes people might be feeling down and it's apparent in their work how they're feeling" (John, 353-355)*

> "If it had just been a psychotherapy group, I don't think we would have got the same results because it is also then your transference and your projections and all of that projected into the image. So you've got some ability to notice them and look at them and think about them without them directly hurting you." (Katie, 526-531)

Image starting dialogue

This theme represented shared appreciation of artwork with the art therapists and others in the group, and exploration of feelings and relationships through the artwork.

Shared appreciation of art. Participants spoke of how jointly attending to the artwork and having a shared appreciation for it helped foster the therapeutic relationship and connect with others in the group.

> "At first I found it very strange that people would be interested, and even stranger when people liked my work. But now that I'm more used to working in group therapy it's quite complimentary when somebody says, "yeah you know, I like that," or they give you good feedback" (John, 348-352)*

> "To have the opportunity to focus on the artwork, together, though, jointly, I think, basically, this even enhances the therapeutic alliance, the therapeutic relationship. This is because of the art psychotherapy triangular relationship." (Alec, 301-305)

> "I think the art therapist was really impressed. She thought it [artwork] was brilliant." (Jade, 275-276)*

Exploration of feelings and relationships through artwork. Participants shared how the artwork enabled exploration of feelings and relationships, including difficult life experiences and family dynamics.

> "While I did the art we would talk, about how I was feeling and what was happening, and how I'm coping, etc., etc. Then at the end he would look at my picture and then we'd discuss it. Through the art he could actually see how I was feeling" (Jade, 354-358)*

> "He [service user] spoke about one of them being like a lace-like pattern, like you could hold it up and you could see through it. But at the same time, it seemed distorted. […] He said, "Oh, that's a bit like my life. Sometimes I can see clearly. Other times it can be quite distorted." (Laura, 345-352)

"So, we've been quite actively working with his tendency to be very self-critical and this kind of very negative critical inner dialogue he has, telling him that he has not achieved anything, lots of shame. A lot of that comes from some very difficult family dynamics, so we've been really exploring a lot of that through the art." (Sarah, 153-158)

Changing experience of artwork and self

This was a key theme regarding feeling free and experiencing a positive shift in view of artwork and self.

Feeling free. Participants shared how art therapy provided a sense of freedom, where they could move in and out of the session, not feel like they were being forced to do anything and could show different parts of themselves.

"I feel that she [service user] values the fact that I'm not forcing her to attend or I'm not restricting her. Obviously there are certain boundaries and ground rules, but she's able to move in and out of the session, which I think she likes." (Alec, 165-168)

"We've got all the materials, and we can do anything we want." (Jade, 329)*

"People just get to step out of it [illness] and show different parts of themselves, really. " (Rachel, 818-821)

Positive shift in view of artwork and self. Participants shared how through art therapy, service users were able to experience a shift in how they view their artwork and themselves including more confidence in their work and who they are.

> "He sat down and said, "It's okay, isn't it? I like it." And we just kind of acknowledged what a shift that had been, and how he wouldn't have been able to say that." (Sarah, 160-163)

> "It [art therapy] gave me the confidence to achieve goals that I wanted to achieve […] I'd just like to say thank you because I don't believe I would've done it otherwise" (John, 577-579)*

Supporting recovery

This was represented by the idea of planting the seed of art therapy by helping service users understand what art therapy is and how they can benefit from it, as well as on-going art activity and linking up with the community.

Planting the seed of art therapy. One participant shared the importance of planting the seed of art therapy in inpatient settings by helping them understand what it is and how they can benefit from it. Although this sub-theme was found from only one participant, it seemed consistent with linking up with the community.

> "I think it's important to have a picture of that recovery journey and to think how you can possibly help them to understand what art therapy does and how they can benefit from it and basically to plant, if you like, the seed for the flower later on to come up.

That's the difficulty here, that if you plant the seed throughout their stay here, possibly you won't be able to see any small flower coming out, but the seed is there and the seed is really important." (Alec, 679-686)

On-going art activity. Participants spoke of the importance of on-going art activity helping support their recovery outside of the art therapy sessions. This included continual art making at home and art becoming a leisure pursuit.

"It keeps me more focused on something else than the bad things that are going on in my head that's too much for me to cope with within the home environment." (Jade, 545-547)*

"They value it [art making] and there's a possibility that they may take it beyond the therapy into a leisure pursuit" (Katie, 839-840)

Linking up with community. Participants shared that linking up with the community helped support recovery. This involved being referred on after inpatient stays, doing art-gallery visits and linking up with other services.

"We were able to feed back that actually, after discharge he'd be really suitable for a community group, and actually he has joined a community group. There is something really positive about continuation of care that we can help feed into that to help somebody's recovery beyond the hospital as well." (Laura, 525-530)

> "A few times we went on trips, one to an art gallery and one to something else, a coffee and thingy. That was really good, and a few of us became quite good friends." (Jade, 363-365)*

> "I think in that setting and it is really important that you are kind of linked up with on-going arts and health type services as well and things that can continue." (Rachel, 1004-1006)

Challenges

Participants shared the challenges they experienced in providing / receiving art therapy. The challenges appeared to be a relatively small part of the data, but they appeared to fit more appropriately into one theme rather than being integrated into the other themes. The negatives were a relatively small These included the group sometimes being fragmented and chaotic, the impact of mental and physical health, social issues and trauma backgrounds, access and availability to services and art therapy not being right for everyone.

Fragmented and chaotic group. Participants shared how fragmented and chaotic the group could feel, particularly inpatient open ward groups.

> "I'd say that the group itself, the group dynamics, I guess, felt quite fragmented. There was never a time when everybody was seated making artwork." (Laura, 361-363)

> "I couldn't even focus. I can't remember what I did now or anything. I just wanted to get out of there. I can't even remember the piece of work I did or anything" (Jade, 649-651)*

> "Just to give you a sense of the ward and the art psychotherapy sessions delivered there, it can be quite a, as I said, chaotic, demanding and sporadic attendance." (Alec, 103-106)

Impact of mental and physical health. Individuals' mental and physical health appeared to impact their ability to attend and engage in art therapy. These included side effects of medication, experiencing hallucinations, feeling unsafe and physical illness.

> "This individual is on a lot of medication, really… is, kind of, struggling to get up with it, but finds it very hard to sleep because experiences a lot of visual hallucinations and has had some very frightening experiences in the past, which means he feels very unsafe and has to do a lot of checking." (Becky, 238-243)

> "You also know that person is not coming, not because they don't want to engage or they are ambivalent about treatment, but maybe they're locked in a cupboard at home, frightened of who's outside, or they couldn't get the bus because they're having a crisis or they didn't have any money or they slept right through their alarm." (Katie, 753-758)

> "The illness that I've got, my physical illness, stops me from really exploring the art side. So I didn't really get what I wanted from it." (Harry, 170-172)*

Social issues and trauma backgrounds. Participants shared that social issues and trauma backgrounds impacted service users' lives. These included racism, poverty, threats from the community, social isolation and abusive trauma backgrounds.

"I'm really English but I don't really get treated like English" (Grace, 15-16)*

"A lot of people have had poor education, grown up in care, lived in poverty, had a lot of disadvantage, a lot of stigma. A real lack of self-esteem and confidence, and people that really aren't confident about using art materials at all, and need some help and support with that." (Sarah, 456-460)

"I think isolation is a really big challenge." (Becky, 660)

"She comes from a very traumatic, abusive background" (Rachel, 269)

"So they got a lot of bullying from… just people in the community would shout stuff at them and be vile and so that then fed into them believing that […] people were talking about them behind their back because sometimes they were." (Katie, 590-594)

Access and availability. Participants shared it difficult for some to access art therapy due to the location of the service and the under resourcing of the department.

"The staircase, there were about four maybe five flights of stairs that I had to go up to get to the room, because it was right at the top of the building." (John, 554-556)*

> "Just getting to the group, it's a citywide group as well, so for some people they've got to get two buses to get here, so there's all the, sort of, anxiety of just being in a public space and waiting at a bus stop and, yes… and then the timing as well, whether they're going to be late or not" (Becky, 91-96)

> "I mean, our arts therapies- arts in health department, I feel is really under-resourced. So there's a limitation for what they can do. A lot of things closing down." (Rachel, 1082-1085)

Not for everyone. Participants' interviews illuminated the variety and variability of art therapy. If the timing of the intervention and non-directive approach of the art therapist did not fit, then it was likely services users would disengage from art therapy.

> "When I first came into hospital I was in a very strange place, mentally and I didn't really know what to expect. I wasn't interested in doing any art because I didn't understand what was wrong with me, and art was the last thing that I wanted to do" (John, 108-112)*

> "Sometimes the non-directive sort of model can feel quite difficult." (Sarah, 509-510)

> "Not everyone will like it." (Harry, 155-156)*

Thematic summary

The power of art making appeared to be the central theme to service users experience and was linked to many themes including connecting with one another, expressing and containing anything through their artwork and their image starting a dialogue. It was also associated with changing experience of artwork and self for some service users, which in turn seemed to support their recovery. Whilst most of the themes focus on positive perceived processes, it is important to acknowledge that some participants experienced challenges to engaging with art therapy. It is helpful to note that no discernable differences were found between the therapist and service user perspectives and all main themes mapped onto both art therapist and service user perspectives. There was only one subtheme from an art therapist's and not service user's perspective, which involved 'planting the seed of art therapy'.

Discussion

Summary of results

This research offers a thematic understanding of the perceived processes of art therapy from the perspectives of adult service users experiencing psychosis and art therapists. The results suggest possible art therapy processes that may be particularly helpful. For example, having a safe space, associated with a supportive art therapist, seemed key for therapeutic engagement and continued participation. The power of art making as an absorbing activity and a means for expressing and containing experiences, alongside connecting with one another, could be suggested as important processes of art therapy that support service user recovery.

The current study suggests that service users related to their artwork, themselves and others differently through art therapy. Furthermore, art making enabled expression, containment and exploration of a range of experiences and feelings. These positive results are

aligned with previous qualitative research from service users' perspectives (Allan et al., 2015; Colbert et al., 2013; Lynch et al., 2019; Patterson et al., 2013; Teglbjaerg, 2011). However, the current findings also build upon former research by analysing art therapy processes from the perspectives of both art therapists and service users. More than previous research, the present study has highlighted the role and power of art making and art product in facilitating important therapeutic processes.

The findings offer some support for Jungian analytic theory (Hogan, 2015). This is different to the findings from Lynch et al.'s (2019) preliminary model. Participants in the present study shared how the artwork helped them communicate and express how they were feeling and bring to the surface their unconscious self. This was also in line with Czamanski-Cohen and Weihs's (2016) 'bodymind model' and Gabel and Robb's (2017) thematic synthesis (neither of which is specific to psychosis), which described how the triangular relationship (relational aesthetics) enabled the expression and containment of emotional material into concrete form (artwork). These experiences could then be engaged with and reflected upon. These themes were found in the data, whereby participants shared the importance of having a supportive art therapist who helped them express and contain anything through their artwork, including unconscious material. Their artwork also seemed to facilitate a dialogue, which helped participants connect with one another.

The current findings also support the idea that art therapy can enhance mentalisation (Springham et al., 2012). Similar to Czamanski-Cohen and Weihs's (2016) theorised meta-cognitive processes and Lynch et al.'s (2019) discovering alternative understandings, the findings propose that art making helped some service users discover new perspectives and acknowledge that different people think in different ways.

Support was found for several of Yalom's (2005) group therapeutic factors, including universality. This concept signifies the idea that people are not alone in their experiences and

difficulties. The sub theme in the current study of realising they are not alone appears to also resonate with Lynch et al.'s (2019) subcategory of commonality. Another therapeutic factor includes group cohesiveness (Yalom, 2005). This was found in Gabel and Robb's (2017) relational aesthetics theme, whereby art making could unify the group, and in Lynch et al.'s (2019) connect with others category. The sub theme of togetherness through art making in the current study appears to parallel these ideas, whereby art making helped people connect with one another.

Although the challenges participants shared were a relatively small part of the data, they appeared to fit more appropriately under one theme. This resembles some of the barriers participants shared in previous research on art therapy. Lynch et al. (2019) discusses that the 'impact of mental health' was a barrier to service users engaging in art therapy. This was also explored in the current research, alongside the difficulties with physical health. Furthermore, the largescale MATISSE trial (Crawford et al., 2012) on art therapy suffered from low engagement by service users, supporting the themes 'not for everyone' and 'access and availability' in the current study.

The findings suggest support for Gabel and Robb's (2017) theme of ritual, whereby a sequence of actions, such as putting objects away, helped service users feel safe, and promoted emotional risk taking and connecting with one another. Gabel and Robb's (2017) theme of pleasure and play was also found in the current study, where art making helped people become more confident in their work and who they are.

The results from the current study support the new guidelines and programme theory for art therapy in relation to psychosis (Wright & Holttum, 2020), particularly the themes around supporting recovery and the challenges service users can experience, including social issues and trauma backgrounds. One area that has been highlighted in the present study, which is less prominent in the programme theory, includes the power of art making, artwork

acting as a container for anything, and image starting a dialogue. Both service users and art therapists in the present study shared how art making was a valuable activity in itself and helped support service users in their personal recovery journey, including by taking art-making with them for home use.

A strength of this research includes its exploration of both service users' and art therapists' perspectives. Most of the research on this topic has concentrated on the perspectives of art therapists. Therefore, it was helpful to hear from the service user viewpoint as well and see how themes overlap. There were no marked differences in themes produced by service users and art therapists.

Limitations

Despite this study offering useful insights, there are several limitations that need to be examined. One is the relatively small sample size. Although determined sample sizes are not needed in research involving thematic analysis, more participants may have provided different perspectives that could have altered the thematic analysis.

Another important limitation involves the reliance on art therapists to recruit service user participants. Service users with more positive experiences might have been promoted to participate, which may have biased the sample. It was considered ethically important for service users to be recruited through their art therapists, in order for them to be approached by someone they knew and to enable art therapists to clinically judge whether it would be appropriate for them to take part in the research. However, different recruitment methods may have provided a less biased sample. This limitation is pertinent to much of the qualitative research in this area.

Furthermore, whilst this study recruited service users from the community setting, art therapists were recruited from both community and inpatient settings. Although it was

decided for service users from inpatient settings to not be recruited due to concerns regarding their vulnerability, the findings may have been different if service users from inpatient settings had also been recruited. They may have offered an alternative perspective to the art therapists working in that setting. This might mean that the study has less transferability to service users from inpatient settings. However, it is important to note that several service users recalled experiences from inpatient art therapy sessions as well as more recent community-based experiences. Furthermore, the participant group was diverse in other areas (e.g. ethnicity, race and geography).

Finally, although quality assurance measures were put in place, involving the use of memos, a research diary, respondent validation questionnaire and coding comparison, it is important to acknowledge the subjective nature of qualitative research and the challenge of representing themes as accurately as possible. This is of importance given the hopes from the researcher to illuminate positive processes in art therapy, which was explored further in supervision.

Clinical and theoretical implications

Despite the limitations discussed above, the results propose that for some adults experiencing psychosis, art therapy can be a valuable activity that helps their recovery. It also suggests that certain art therapy processes are important for service users, including the power of art making, expressing and containing anything through their artwork and their image starting a dialogue. Art therapy offers something that other therapies do not, and engages service users who might find verbal interventions more difficult. It provides a bridge from somatic and emotional experiences to verbally articulated content, which may be difficult for some people to do without the scaffolding of the artwork. Furthermore, it may help some people engage in therapy at a time they feel unable to engage verbally. Thus, it

appears appropriate that service users who struggle with verbalising their thoughts and feelings should be provided with the art therapy option. This might help them explore difficult mental content through their artwork with the help of a supportive art therapist. Clinical Psychologists could have art therapy in mind more often, particularly when service users are struggling with verbal therapy.

Future research

This research, alongside other qualitative studies, suggests some of the art therapy processes and experiences are not captured in outcome measures or questionnaires. It would be useful for further research to create a service user process questionnaire using the current data and test it out on service users having art therapy. This would enable researchers to investigate whether the perceived processes of art therapy match up with the service user session experience.

Another strand would be to examine whether service users feel more able to have other psychological interventions after having art therapy, or whether it impacts how service users engage with the rest of the multi-disciplinary team.

Furthermore, it would be helpful for further research to investigate the applicability, validity and representativeness of the current findings. Other observational methods, including videos of sessions, may help to gather insights into the comprehensive processes of art therapy and how these could lead to positive change for service users. This future research could focus on the suggested processes from the current study.

Conclusion

The current research investigated the perceived processes of art therapy from the

perspectives of art therapists and service users. It appeared that within the safe space of art therapy with a supportive art therapist, some service users were able to experience the power of art making and express and contain anything through their artwork. Their image helped to start a dialogue, which linked to connecting with one another and reflecting on their artwork and themselves differently. Whilst participants shared the importance of art therapy sessions, some also described the significance of doing art outside the session in supporting their recovery. It is important to note that challenges were identified in engaging in art therapy.

Notwithstanding limitations, this research has contributed to the field of art therapy and psychosis. It has focused on the perspectives of both art therapists and service users and has explored the potential change processes involved in art therapy. It particularly highlights the role of the art making and art product in facilitating therapeutic experiences and interactions. Although it is hard to provide clinical practice recommendations due to the size of the study, the findings are broadly consistent with previous qualitative research, and several noteworthy future research suggestions have been outlined. This research suggests that, for some service users, art therapy can be experienced as confidence building, unique, and valuable.

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Section C: Appendix of supporting material

APRIL 2020

SALOMONS INSTITUTE
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Appendix A: CASP Checklist

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Appendix B: Art therapist participant information sheet

Information about the research
Art Therapist

Title: Perceived processes in art therapy for adults experiencing psychosis
Hello. My name is Helen Barrett and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Part 1 tells you the purpose of this study and what will happen to you if you take part.
Part 2 gives you more detailed information about the conduct of the study.

Part 1 of the information sheet

What is the purpose of the study?

The purpose of the study is to find out about your experience of art therapy and service-users' experience of art therapy. This may help to improve our understanding on what happens in art therapy.

Why have I been invited?

I am interested in hearing your experiences of art therapy, and some of the processes you have witnessed during an art therapy session, and over multiple sessions. I am recruiting art therapists who have worked with people experiencing psychosis.

Do I have to take part?

Taking part in the research is entirely voluntary and it is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?

If you agree to take part, you will be asked to attend one interview, which will take about thirty minutes to one hour. I would also like to ask you for some information (e.g. age, ethnicity, how long you have been an art therapist and how many people you have worked with experiencing psychosis) to help with the study.

The interview will take place where you usually meet with your service-user. The interview will include questions about your experiences of carrying out art therapy and thinking about your most recent session and talking me through it, without naming the client. The interviews will be audio recorded and anonymously transcribed (typed up) in full by me (Helen Barrett, Chief Investigator). Any names of people or places will be disguised to preserve your anonymity. Once, transcribed, the audio recordings will be destroyed and the anonymised transcripts will be read and analysed thematically by myself and the research team (two supervisors and a service user). Direct anonymised quotes may be used in the publication of the study results.

Should an important area that we did not talk about be raised in my interviews with other people, I may contact you again to see if a second, shorter interview or telephone call would be possible. These will be the only times I will need to meet with you, and you can choose not to take part.

After the interview, an optional questionnaire will be sent out for you to fill in on whether the themes reflect your experience of art therapy.

What are the possible disadvantages and risks of taking part?
Some of the questions asked during the interview may touch on sensitive topics. If you feel uncomfortable with any of the questions, you do not have to answer them. If you want to stop the interview, you can do so at any time without giving any reason.

What are the possible benefits of taking part?
We cannot promise the study will help you but the information we get from this study will help us understand the processes of art therapy, which in turn may improve the treatment of people experiencing psychosis.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?
You are free to withdraw from this study without giving a reason by contacting me using the details at the top of this letter. If you decide to withdraw or have to withdraw for any other reason, I would like to use the anonymised data collected so far.

What if there is a problem?
If you have any concerns, please get in touch using the details below. You have the right to voice your concerns about any aspect of this research and your concerns will be handled with care and consideration. You should expect an acknowledgment and offer of a discussion about the handling of your concerns as soon as possible.

Complaints
*If you would like to make a complaint, you can contact me directly on h.e.barrett443@canterbury.ac.uk. If you remain unhappy and wish to complain formally, you can contact Dr Fergal Jones, Research Director, Clinical Psychology Programme, Canterbury Christ Church University – fergal.jones@canterbury.ac.uk*mailto: *tel: 01227 927114.*

Will information from or about me from taking part in the study be kept confidential?

All information which is collected from or about you during the course of the research will be kept strictly confidential. Only I will be able to link the information you have given to your name, in order to collect and organise all the data. All the information about you will be anonymised (you will not be identifiable in any of the study data). This ensures that good standards of security and confidentiality are in place. If any information in your interview could identify you or a client, the information will be disguised or not included in the transcript.

The audio recording of the interviews will be securely held on an encrypted memory stick and then deleted once fully typed up. Your personal details will be kept separately to your interview data. Your personal details will be destroyed as soon as the research is complete. The anonymised data collected will be held safely for 10 years as this is a requirement of the university.

The only time I would consider breaking confidentiality would be if you tell me something which leads me to believe that you or someone else is at risk of serious harm, though I would try to discuss this with you first.

What will happen to the results of the research study?
I aim to publish the results of the study in a relevant psychological journal. I will use anonymous quotes from the interviews in the write up of the study, and I will make sure that neither you nor any clients you may discuss can be identified by removing any potentially identifying information from the quotes. Towards the end of the study, I aim to provide each participant with an opportunity to have a look at my findings and make comments if they would like to, to help me complete the research. This data will be built upon by a further project in order to create a session questionnaire for clients to complete during art therapy.

Who is organising and funding the research?
Canterbury Christ Church University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Canterbury Christ Church University will only keep anonymised data from you for 10 years after the study has finished. Your contact details will be deleted at the end of the study. Any paper consent forms will be kept for one year and then shredded. Any online or electronic consents will be erased after one year.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the anonymised research data (interview transcript) that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible, and only keep your personal data (contact details) until the completion of the study.

Only I, as Chief Investigator, will use your name and contact details to contact you about the research study, and will make sure that relevant information about the study is recorded, and to oversee the quality of the study. I will be the only person in Canterbury Christ Church University who will have access to information that identifies you so that I can contact you to invite you to the interview and/or send you a follow up questionnaire or summary of the findings if you would like these. Other research team members who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

Canterbury Christ Church University abides by the current data protection guidelines. You can find out more about these at: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the London Harrow Research Ethics Committee. Please see the top of this letter for relevant study number.

Further information and contact details
If you would like to take part, or if you would like to speak to me and find out more about the study or have questions you would like answered, please email me on h.e.barrett443@canterbury.ac.uk, or contact the 24-hour answerphone and leave a message for me: 01227 927070 – please say the message is for Helen Barrett and I will get back to you as soon as possible.

Appendix C: Service user participant information sheet

Information about the research
Service-user

Title: What is art therapy like for people who have been given a diagnosis of psychosis or schizophrenia?
Hello. My name is Helen Barrett and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Part 1 tells you the purpose of this study and what will happen to you if you take part.
Part 2 gives you more detailed information about the conduct of the study.

Part 1 of the information sheet

What is the purpose of the study?
The purpose of the study is to find out about your experience of art therapy and art therapists' experience of providing art therapy. This may help to improve our understanding of what happens in art therapy and how it might help people.

Why have I been invited?
I am interested in hearing your experiences of art therapy, and what happens in art therapy.

I am recruiting people who are currently attending art therapy or have attended art therapy within the last month, and who are aged 18 years and older. I have asked art therapists to get in touch if they know somebody suitable for the research, which is why I have contacted you.

Do I have to take part?
Taking part in the research is entirely voluntary and it is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

What will happen to me if I take part?
If you agree to take part, I will invite you to attend one interview with me, which will take about one hour. I would also like to ask you for some information (e.g. age, ethnicity and length of time in therapy etc.) to help with the study.

The interview will take place during, or after completing a course of art therapy. The interview will take place where you usually meet with your therapist. I will ask you to bring some of your artwork that you have created to the interview. The interview will include questions about your experiences of art therapy and thinking about your most recent session and talking me through it and discussing your artwork. The interviews will be audio recorded and anonymously transcribed (typed up) in full by me (Helen Barrett, Chief Investigator). Any names of people or places will be disguised to preserve your anonymity. Once, transcribed, the audio recordings will be destroyed and the transcripts will be read and analysed

thematically by myself and the research team (two supervisors and a service user).Direct anonymised quotes may be used in the publication of the study results.

I would like to photograph your artwork if you bring some. These photographs will be saved anonymously and will be stored on a password protected computer. You can choose whether or not to consent to this. The artwork photographs may be in the publication of the study results and will be stored at Canterbury Christ Church University for 10 years after the study has finished.

Should an important area that we did not talk about be raised in my interviews with other people, I may contact you again to see if a second shorter interview or phone call would be possible. These will be the only times I will need to meet with you, and you can choose not to take part.

After the interview, an optional questionnaire will be sent out for you to fill in on whether the themes reflect your experience of art therapy.

Expenses and payments
Your travel expenses to the interview will be reimbursed. There are no other direct benefits; however, by helping you will contribute information, which could help people experiencing similar difficulties and who attend art therapy.

What are the possible disadvantages and risks of taking part?
Some of the questions asked during the interview may touch on sensitive topics. If you feel uncomfortable with any of the questions, you do not have to answer them. If you want to stop the interview, you can do so at any time without giving any reason. You can also have a break if you would like one.

What are the possible benefits of taking part?
We cannot promise the study will help you but the information we get from this study will help us understand the processes of art therapy, which in-turn may improve treatment for people experiencing psychosis.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?
You are free to withdraw from this study without giving a reason by contacting me using the details at the top of this letter. Withdrawal will not affect the treatment you receive from the

NHS. If you decide to withdraw or have to withdraw for any other reason, I would like to use the anonymised data collected so far.

What if there is a problem?

If you have any concerns, please get in touch using the details below. You have the right to voice your concerns about any aspect of this research and your concerns will be handled with consideration. You should expect an acknowledgment and offer of a discussion about the handling of your concerns as soon as possible.

Complaints

If you would like to make a complaint, you can contact me directly on h.e.barrett443@canterbury.ac.uk. If you remain unhappy and wish to complain formally, you can contact Dr Fergal Jones, Research Director, Clinical Psychology Doctorate Programme, Canterbury Christ Church University – fergal.jones@canterbury.ac.uk, tel: 01227 927114.

Will information from or about me from taking part in the study be kept confidential?

All information which is collected from or about you during the course of the research will be kept strictly confidential. Only I will be able to link the information you have given to your name, in order to collect and organise all the data. Your therapist will not see any of the information you provide. All the information about you will be anonymised (you will not be identifiable in any of the study data). This ensures that good standards of security and confidentiality are in place.

The audio recording of the interviews will be securely held on an encrypted memory stick and then deleted once fully typed up. Your personal details will be kept separately to your interview data. Your personal details will be destroyed as soon as the research is complete. The anonymised data collected will be held safely for 10 years as this is a requirement of the university.

The only time I would consider breaking confidentiality would be if you tell me something which leads me to believe that you or someone else at is risk of serious harm, though I would try to discuss this with you first.

What will happen to the results of the research study?

I aim to publish the results of the study in a relevant psychological journal. I will use anonymous quotes from the interviews in the write up of the study, and I will make sure that you are not identified by removing any personal information from the quotes. Towards the end of the study, I aim to provide each participant with an opportunity to have a look at my findings and make comments if they would like to, to help me complete the research. This research will be built upon by a future study in order to create a session questionnaire for service users to use during art therapy. Your views are important.

Who is organising and funding the research?

Canterbury Christ Church University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Canterbury Christ Church University will only keep anonymous information from you for 10 years after the study has finished. Your contact details will be deleted at the end of the study. Any paper consent forms will be kept for one year and then shredded. Any online or electronic consents will be erased after one year.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the anonymised research data (interview transcript) that we have already obtained. To safeguard your rights, we will use the minimum

personally-identifiable information possible, and only keep your personal data (contact details) until the completion of the study.

Only I, as Chief Investigator, will use your name and contact details to contact you about the research study, and will make sure that relevant information about the study is recorded, and to oversee the quality of the study. I will be the only person in Canterbury Christ Church University who will have access to information that identifies you so that I can contact you to invite you to the interview and/or send you a follow up questionnaire or summary of the findings if you would like these. Other research team members who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

Canterbury Christ Church University abides by the current data protection guidelines. You can find out more about these at: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the London Harrow Research Ethics Committee. Please see the top of this letter for relevant study number.

Further information and contact details
If you would like to take part, or to speak to me and find out more about the study or have questions you would like answered, please email me on h.e.barrett443@canterbury.ac.uk, or contact the 24-hour answerphone and leave a message for me: 01227 927070 – please say the message is for Helen Barrett and I will get back to you as soon as possible.

Appendix D: Art therapist participant consent form

Centre Number:
Study Number:
Participant Identification Number for this study:

CONSENT FORM

Title of Project: Perceived processes of art therapy for adults experiencing psychosis
Name of Researcher: Helen Barrett

Please initial box

1. I confirm that I have read and understand the information sheet dated.................... (version............) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, [without my legal rights being affected]. ☐

3. I understand that data collected during the study may be looked at by my supervisors [Dr Sue Holttum and Tim Wright] and a service-user research team member [Harry Kitchen]. I give permission for these individuals to have access to my data. ☐

4. I agree to my interview being audio-recorded and for direct anonymous quotes from my interview to be used in published reports of the study findings. ☐

5. I agree for my anonymous data to be used in further research studies. ☐

6. I agree to take part in the above study. ☐

Name of Participant____________________ Date________________

Signature ___________________

Name of Person taking consent ______________ Date_____________

Signature ____________________

Appendix E: Service user participant consent form

Centre Number:
Study Number:
Participant Identification Number for this study:

CONSENT FORM

Title of Project: Perceived processes of art therapy for adults experiencing psychosis
Name of Researcher: Helen Barrett

Please initial box

1. I confirm that I have read and understand the information sheet dated................... (version...........) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, [without my medical care or legal rights being affected]. ☐

3. I understand that data collected during the study may be looked at by my supervisors [Dr Sue Holttum and Tim Wright] and a service-user research team member [Harry Kitchen]. I give permission for these individuals to have access to my data. ☐

4. I agree to my artwork being photographed and saved anonymously on a password-protected computer. ☐

5. I agree to my interview being audio-recorded and for direct anonymous quotes from my interview to be used in published reports of the study findings. ☐

6. I agree for my anonymous data to be used in further research studies. ☐

7. I agree to take part in the above study. ☐

Name of Participant____________________ Date_________________

Signature ___________________

Name of Person taking consent ______________ Date_____________

Signature ____________________

Appendix F: Respondent validation questionnaire

Questionnaire

Do the themes, as I have described them, fit your experience of art therapy / delivering art therapy?

Yes	Partly	No
☐	☐	☐

Are there any particular ways in which your experience has not been shown in the themes? If so could you briefly say what is missing or what you wish to be taken into account?

Is there anything else you would like to say?

Thank you for taking part in the research project looking at the perceived processes of art therapy for adults experiencing psychosis.

Appendix G: Ethics approval letter

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Appendix H: Trust R&D / Capacity and Capability approval

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Appendix I: Interview schedules

Interview schedule – art therapist (for interview 1)

General

Thank you for agreeing to take part in the study.

Do you have any questions about the study? Is there anything you are not sure of or want further information on?

If you are happy to participant, can I ask you to sign this consent form please?
- Any questions before switch on recorder?

Is it ok to take some demographic information?
- What's your gender?
- How old are you?
- How would you define your ethnicity?
- How long have you been an art therapist?
- What sort of art therapy do you use when working with people experiencing psychosis?
    - Prompts: Individual or group?
    - [If group] What type of group – open, closed, and what format or structure?

Session
- Now, I'd like you to think about the most recent session you had and talk me through it.
- What happened in the session, in relation to a specific service user? Please use a false name if it would help to use a name.
    - What was your impression of the person when they came in?
      Prompts:
    - Tell me more about that.
    - What did you do?/ How did you come to be doing that? / What was that like for you? / How did the person respond or what did he/she do? / What happened next?
    - What would you say was going on in terms of the way you and the person were relating to each other?
    - Was there anything else that you think was relevant to what happened within that session, either in relation to other people or the service user or your input?

- How did you feel about the session?
      Prompts:
    - Tell me more about that. /How did you come to feel that? / What was that like for you?

- [If not already covered] What was your aim in that session?
  Would you do anything differently looking back?

- What do you think are some of the challenges in working with people who have diagnoses of psychosis or schizophrenia?
- How would you describe service users' experience of art therapy sessions – judging from your observations and any feedback they give you?
- What would you hope would be their experience?
- Is there anything else you would like to say before we finish?

Ending
Thank you very much for sharing your experiences with me today.

Recorder off

[Opportunity for any questions before finish. Provide information on how to contact if any questions or concerns after the interview. Information about commenting on the findings with them at a later date if interested.]

Interview schedule – art therapist (further questions for interview 2)

- How long have you worked in mental health services?
- How does your supervision inform your practice?
- How did the session start?
- How did the session evolve?
- How did the session end?
- What was going on for others in the group? (If a group session)
- How did you find the ending of the session?

Interview schedule – art therapist (further questions for interviews 3, 4, 5 and 6)

- Can you tell me about the transference and countertransference you felt was going on?
- How were you feeling? What was that communicating?
- What do you enjoy when working with people experiencing psychosis?

Interview schedule – service user (interviews 1 and 2)

General
Thank you for agreeing to take part in the study.
Do you have any questions about the study? Is there anything that you are not sure of or want further information on?

If you are happy to participant, can I ask you to sign this consent form please?
- Any questions before switch on recorder?

Is it okay to take some demographic information?

- What's your gender?
- How old are you?
- How would you define your ethnicity?
- Are you aware of having a diagnosis? Are you happy to share that with me?
- When would you say you first became unwell?
- How long have you been attending art therapy?
- What sort of art therapy is it?
    - Prompts: individual or group?
- Do you remember how you came to be offered art therapy? What did you think – did it sound like something that could be helpful or not back then?
- Do you remember what the first session was like?

Session

- Now, I'd like you to think about the most recent session you had and talk me through it.
- What do you remember about when you first walked into the session?

  Prompts:
    - Tell me more about that.
    - What happened next? [e.g. What did you do? What did the art therapist do? What were other group members doing?]
    - What was that like for you?
    - What happened next? Were you able to use some art materials?
    - What was that like?
    - What happened towards the end of the session? [Did the art therapist ask you to talk about your artwork (if artwork done)?]
    - What was that like for you?

- How did you feel about the session at the end of it?

  Prompts:
    - Tell me more about that. /How did you come to feel that? / What was that like for you?

- How did you experience the art therapist?
    - What did the art therapist do? [if not covered]/ What did they say? / How did you feel?

- Can you talk me through some of your artwork? (If they have brought artwork from their sessions)
    - How do you feel about your work? / What does the work mean to you? / Is there anything else you would like to say about it?

- What are the things that you like and dislike about being in an art therapy session?

- Is there anything you would like to say to art therapists generally to tell them what is helpful or not so helpful sometimes, about art therapy sessions?
- Is there anything else you would like to tell me about your experience of art therapy?

Ending

Thank you very much for sharing your experiences with me today.
Recorder off
[Opportunity for any questions before finish. Provide information on who to contact if any questions or concerns after the interview. Information about commenting on the findings with them at a later date if interested.]

Interview schedule – service user (further questions for interview 3, 4, 5, and 6)

- What did you hope to gain from art therapy?
- How did the session start?
- How did the session evolve?
- What was going on for others in the group? (If a group session)
- How did the session end?
- How did you find the ending of the session?

Appendix J: Sample transcript with focused coding – service user interview

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Appendix K: Example memos

20th September 2019

Conducted first two interviews with service-users. Initial thoughts:

- Art therapy has been transformative to their lives- helped with their past trauma and build confidence
- Engrossed in the work and not realising the art therapist is there
- Being creative is a part of who they are and how they express themselves – "the spark" of creation
- Unconscious process of art making and then reflecting on it afterwards
- At the end of group art therapy, they have a time as a group to feedback to one another and hear from others in the group – sharing and relating.
- Group art therapy helped the service user learn and become more understanding of others.
- Relationship to art therapist is important – including the importance listening and patience from the art therapist to build up their trust and feel understood
- Timing of intervention – not feeling ready for art therapy when the service user came into hospital
- Level of engagement with the art therapist varied – what determines why somebody would want greater or lesser engagement with the art therapist?
- I am wondering about the differences between the processes of one-to-one vs. group art therapy?
- I am wondering about how the sessions begin and end?
- What did they hope to gain from art therapy?

24th September 2019

I conducted my third interview with an art therapist who worked in inpatient and community settings. This was very different to the interviews that I had with service users, in terms of perspective and hearing about the processes they experienced. They spoke about an open group session on an inpatient ward with an individual experiencing psychosis. I found this interview to be extremely rich in content and process. Initial thoughts:

- Importance of holding and containing the group
- Safe environment where service users weren't judged
- Being client-led - allowing group members to decide how they want to use the materials and create what they want
- Allowing service users to observe the group and how they might use the space
- Service users either being engrossed and not wanting input from the art therapist or others in the group or desiring interaction with the art therapist.
- What the group dynamics were in the session and how the service users impact one another – challenges (fragmented)
- Communication happening through the art - importance of non-verbal communication
- Service user reflecting on life through artwork
- Feedback to community services that somebody might be suitable for a community group
- The importance of how the session begins and ends for each individual and how the type of art therapy it is (i.e. type of group or individual therapy) will impact the

beginning and ending of the session. Is it a closed group, open group, studio group? How does it begin and end for different service users? Does end in a different way?
- Feelings the art therapist experienced – how did they feel at the beginning, middle and end? How did the session evolve?
- Using materials the art therapist had created (e.g. taking a drawing the art therapist had done and drawing over it / adding to it)
- Extra questions to add in:
    - How long have you worked in mental health services?
    - How does your supervision inform your practice?
    - How did the session start?
    - How did the session evolve?
    - What was going on for others in the group? (If a group session)
    - How did the session end?
    - How did you find the ending of the session?

3rd October 2019
Completed my fourth interview (third interview with a service user) who was having art therapy in a community group.
- Feeling like the art therapist was aware of her needs and handled a group member conflict situation very well – feeling safe and contained
- Unconscious processes – not sure what she is doing and then reflecting on it afterwards
- Power of art making – going to a peaceful space "into my own world"
- Different perspectives – other people seeing different things in the artwork and for her to see different things in the artwork
- Art making calms her down
- Playing and exploring with different materials – trying out new things
- Feeling free – being able to do what they want
- Feeling proud of what she has made – other people liking it and asking whether they can buy her artwork – her giving her artwork away as presents
- Doing art outside of therapy at home helps keep service user focused
- Going on trips and making friends
- Sometimes finding it difficult to focus, particularly when there was group member conflict
- Wanting more art therapy sessions
- Relationship with art therapist being important – knowing how she is feeling through her work
- Relationships in the group being important – is this a safe space? Can I create and share my work in a way that I feel secure?

23rd October 2019
Met with an art therapist for my fifth interview (second interview with an art therapist) who works in an inpatient forensic setting and holds group and individual sessions for individuals experiencing psychosis. They spoke about an individual session with somebody they have been working with for a long time. Initial thoughts:
- Choice and freedom to whether they attend to art therapy. It is not mandatory, which is different to other therapies.
- Process of closing down the session thoughtfully when service user has been sharing emotional and personal experiences

- Art therapist being client-led
- Art therapist helping service user feel valued and curious about themselves
- Service user feeling listened to for the first time
- Importance of the triangular relationship to think about countertransference and transference. What are they communicating through the transference and artwork?
- Exploring difficult family dynamics through art
- Growing in confidence and artistic ability
- Unpredictable and chaotic groups – challenging
- Service users have grown up in poverty with a lot of disadvantage. They lack self-esteem and confidence – challenge
- Non-directive model can be difficult for some service users– challenge
- Art therapy is not for everyone – challenge
- Extra questions to add in:
    - Can you tell me about the transference and countertransference you felt was going on?
    - How were you feeling? What was that communicating?
    - What do you enjoy when working with people experiencing psychosis?

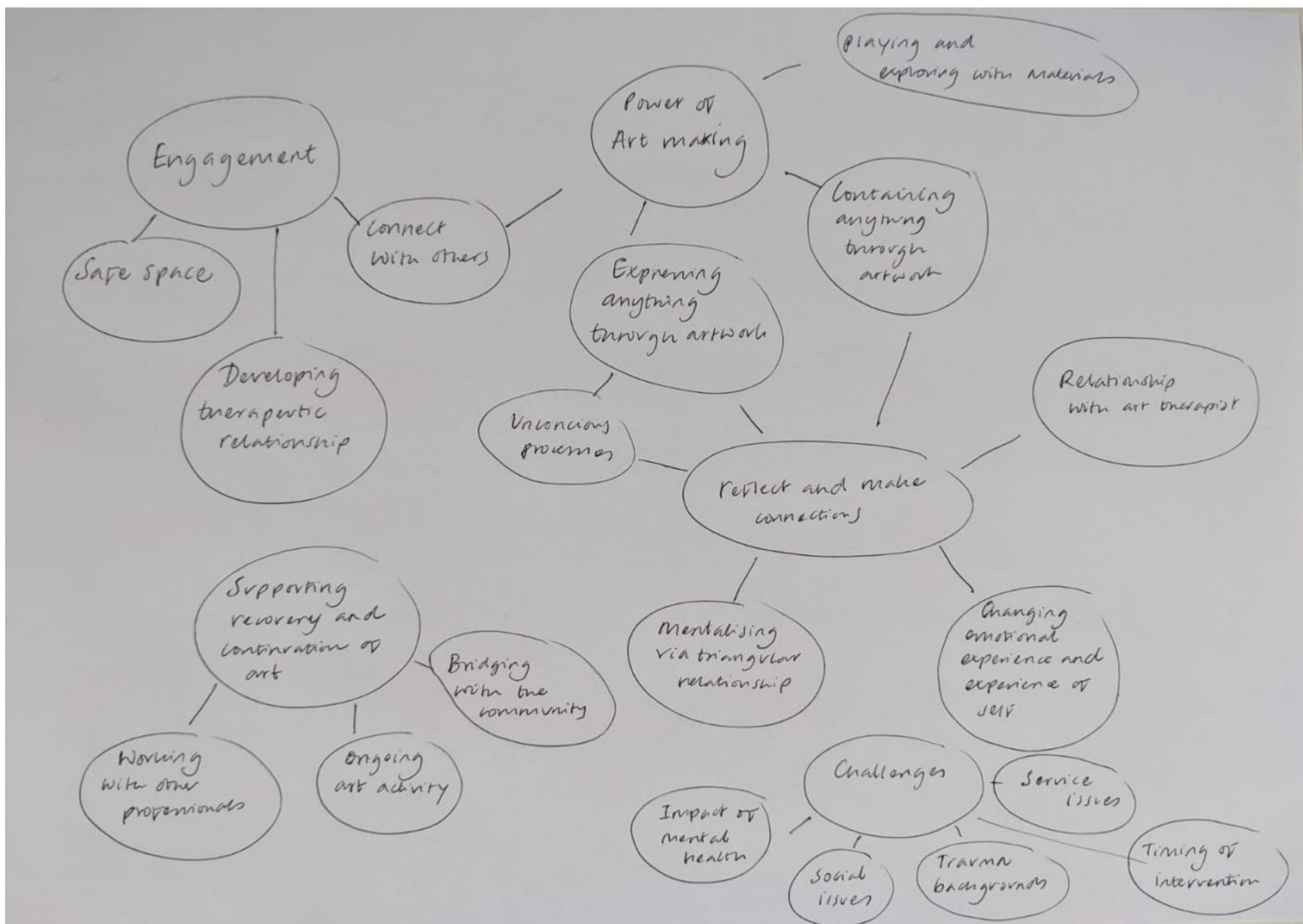
30th October 2019
Met with an art therapist for my sixth interview (third interview with an art therapist) who works in an inpatient setting and does open ward group sessions with individuals who experience psychosis. Initial thoughts:

- Contain the group as a group as a whole, whilst also being attuned to the needs of each person
- Importance of holding and grounding to bring the emotional arousal down – calming effect
- Not judgemental space – not focusing on artistic skill
- Importance of being patient
- Adapting to the needs of the service user – client-led
- Others service users on the ward witness the process and can familiarise themselves to the group – building up the trust.
- Artwork brings everyone together – gives time and space
- Artwork gave service users the opportunity to express difficult feelings – communication through art. Non-verbal communication being essential in being part of the art therapy group. How does that evolve throughout the group?
- Witness relief and joy from service users when they're initially interacting with art materials. It somehow makes sense, as they can find it so hard to communicate verbally, the art materials allows them to communicate in a way that makes sense them. It is a safe space to project their feelings out.
- Art acting as a container for transference and countertransference
    - Transference through the art making: fragmentation of the mind and little rational thinking through the abstract art.
    - Countertransference: finding it difficult to understand, but wanting to understand. Come away feeling inadequate and not good enough, misunderstood?
- Art = concrete representation of service users' experiences
- Importance of joint focus on artwork between the art therapist and service user – enhances therapeutic alliance – triangular relationship

- Sense of freedom – service users can move in and out of the sessions
- Planting the seed of art therapy in an inpatient setting – the flower coming out later on in the recovery journey, but the seed is really important
- Chaos of the open ward group. People coming and going. How can you attune to the group and attune to individuals?
- Aims:
  - Containment of intense emotions
  - They have a positive experience making art and using the art materials
  - Motivate people to attend the group
  - Engage with the art materials
  - Reflect on their work and other people's work

31st October 2019
Thinking about the below themes:

- Engagement – safe space, developing therapeutic relationship, connect with others
- Power of art making – expressing anything through artwork, containing anything through artwork, playing and exploring with materials
- Reflecting and making connections – unconscious processes, mentalising via triangular relationships, changing emotional experience and experience of self through the help of the relationship with art therapist
- Supporting recovery and continuation of art – working with other professionals, on-going art activity and bridging with the community
- Challenges – impact of mental health, social issues, trauma backgrounds, timing of intervention, service issues



1st November 2019

Met an art therapist for my seventh interview (fourth with an art therapist) who works in the community and in inpatient settings (open groups) and individual sessions.

- Boundaries and containment of art space
- Service user was slowly able to open up a bit more over the weeks – build up the trust
- Art making unified service user with group
- Service users bring very different ways of thinking about things
- Service user lost himself in his artwork and all the detail
- Importance of transference and countertransference, particularly within the triangular relationship. Feeling overwhelmed with the amount of work the client brought in from outside the session and non-stop talking.
- Focusing on the art helped service user calm down
- Service user able to show different parts of themselves in art therapy
- Importance of being linked up with other services and professionals in the community
- Service user finding it difficult to focus - challenge
- Chaotic group work and sessions can be chaotic. Importance of being centred as an art therapist.
- Importance of art therapist being aware of trauma backgrounds service users are from – challenge
- Under-resourced arts therapies department – challenge

14th November 2019
Today I completed five interviews (two interviews with art therapists and three interviews with service users). The art therapists work both individually and facilitate groups in a community mental health setting. All of the service users attend the same art therapy group in the community. The art therapists have not and do not work with the service users.

Memos from my eighth interview (fifth with an art therapist) who described a session with an individual and spoke of group sessions in the community.

- Service users feeling listened to, safe, not judged and accepted
- Importance of being client-led
- Hope that service users feel valued as a person and be seen
- Takes time to build up the trust required for service user to feel safe enough to talk about difficult things
- Being able to form relationships with service users who have been through similar experiences
- Service users have interesting ways of seeing the world
- Absorbed in art making
- Art making in itself is seen as valuable
- Play and explore with different materials
- Support art making = support communication and therapeutic relationship
- Service users able to discover their identity not defined by mental health difficulties
- Importance of thinking about the ending and putting artwork away – helping containment and feeling safe
- Impact of mental health - service user on a lot of medication and has a lot of hallucinations and frightening experiences – challenge
- Service users being isolation – challenge
- Traumatic experiences – art therapist wants to help service user feel safe by responding and listening to him. Using art to make it less intense (triangular relationship) - challenge
- Difficult access to services – challenge

Memos from the ninth interview, which depict an art therapist's experience/ process of an art therapy group session

- Importance of service users feeling supported and feeling understood
- Service users connecting with one another and realising they are not alone
- Service users choosing to make artwork together – cohesive group
- Art therapists holding the group whilst service users made artwork
- One service user being open led to others opening up – chain reaction and sense of relief that they were all experiencing difficulties
- Service users inspiring art therapists
- Service users swapped and shared coping strategies that were helpful for them
- Art therapist hoping that service users see the value in art making and do it outside of the therapy session
- Importance of artwork acting as a container for transference and projections, so service users can notice and look at them without them directly hurting them – triangular relationship
- Explore difficulties through the artwork
- Service users' mental health can impact whether they attend the session - challenge

- Service users being bullied by people in the community – challenge
- Service users may have experienced a lot of trauma, which impacts their ability to engage in the group – challenge
- Long waiting lists – challenge

Memos from my tenth interview (fourth with service user) who described their experience of their community art therapy group

- Art therapist contains the group and filters out bad behaviour
- Art therapy seen as a sheltered social environment that can be used as a base camp – safe environment
- Importance of having a social group to check into
- Service user hearing other peoples' problems puts own problems into perspective
- Supportive art therapist – experienced as welcoming, sincere, caring and considerate
- Everyone gets busy (art making) in company – feed off each other's energy. Able to get more done in the group than at home and doesn't want to interact with others when making art
- Service user feels he can clear out the "debris" in his mind
- Service user experimented and grabbed more styles – learning new techniques
- Art therapist encourages service users to talk about what they have done
- Service user feeling inspired by others
- Service user reflected that their images look different at different times
- Service user comparing their work to others' in the group – competition - self-critical thoughts
- Freedom of choice over art materials and to talk

Eleventh interview (fifth with service user) memos describing their experience of their community art therapy group

- Check-in at the beginning – connect with one another – talk about illness
- Service user feels that they are treated more like a human being in art therapy
- Group engrossed in art making – aids concentration
- Exploring through art – using different materials and techniques
- Service user likes that art therapy is a bit anarchic
- Freedom associated with art therapy
- Relief to let something out onto the page – opportunity to express through artwork
- Art therapy gets him somewhere he likes being
- Feeling proud of artwork
- Impact of physical illness on art therapy - challenge
- Not everyone will like it – challenge
- Isolation – challenge
- Access to services difficult – leaves sessions early because he has a long journey home – challenge

Twelfth interview (sixth with service user) memos sharing their experience of their community art therapy group

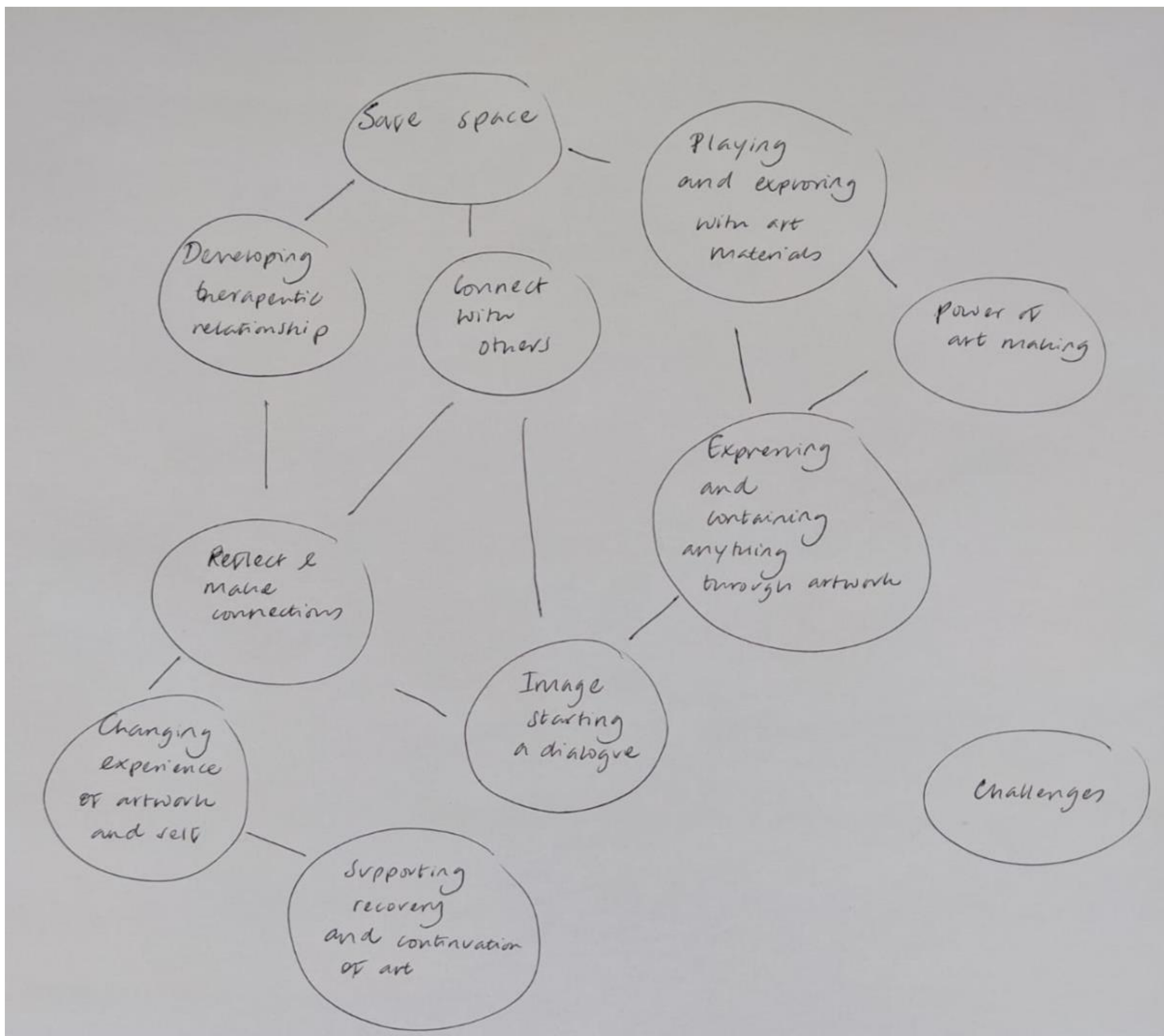
- Service user feeling not judged and accepted – group feels safe
- Importance of being with other people who've been through similar experiences
- Sharing experiences with others - commonality

- Supportive art therapist – encouraging and good at helping people not so confident in art making
- Absorbed in art making
- Exploring and playing around with colours
- Wanting to develop art skills
- Exploring feelings through artwork
- Shared appreciation of artwork – others in the group thinking the drawings were amusing and good
- Feeling better at the end of the session

January 2020

Thinking about which themes are connected and which ones are not. Going back and forth between the data, focused codes, themes and subthemes. Drawing it out seems to help. Including:

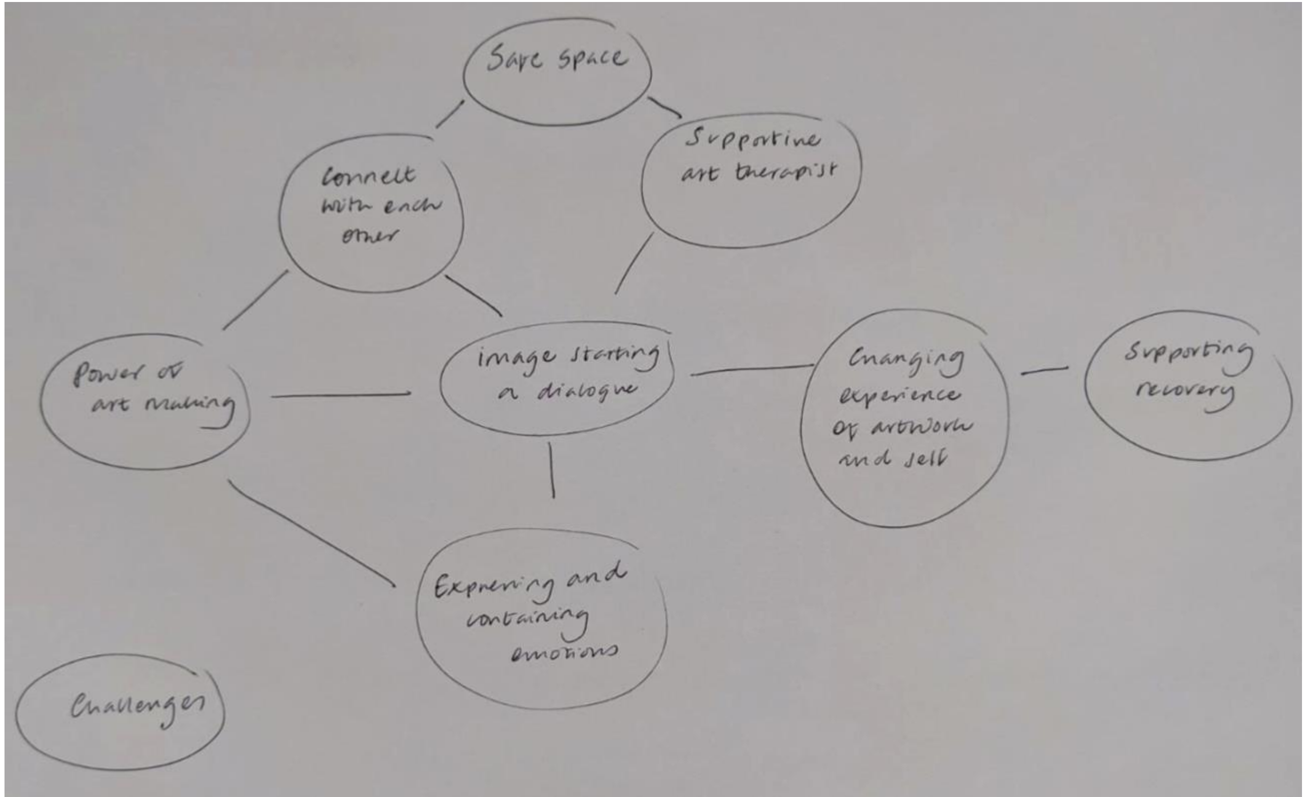
- Safe space
- Developing therapeutic relationship
- Connect with others
- Playing and exploring with art materials
- Power of art making
- Expressing and containing anything through artwork
- Image starting a dialogue
- Reflect and make connections
- Changing experience of artwork and self
- Supporting recovery and continuation of art
- Challenges



February 2020

Continuing to refine the themes by going back to the codes and data to make sense of which ones are connected. Including:

- Safe space
- Supportive art therapist
- Connect with each other
- Power of art making
- Expressing and containing emotions/ anything through artwork
- Image starting a dialogue
- Changing experience of artwork and self
- Supporting recovery
- Challenges



Safe space
Connect with each other
Supportive art therapist
Power of art making
Image starting a dialogue
Changing experience of artwork and self
Supporting recovery
Expressing and containing emotions
Challenges

Appendix L: Abridged research diary

1st December 2017
It was the Salomons research fair today, which was exciting as well as nerve wracking thinking about what we want to do for our MRP. I spoke to Anne Cooke and Sue Holttum about my interest in doing research on psychosis and art therapy. Sue shared that she had a project that might be of interest to me, looking at creating a session questionnaire for art therapists to use when working with people experiencing psychosis. I plan to meet with her again to discuss it further and do some reading.

8th December 2017
Met with Sue to discuss the project further and the scope for what the project would look like. Sue shared that we would be looking at interviewing 7 service users with a diagnosis of schizophrenia or another psychotic disorder and 7 art therapists on their experiences of art therapy. I would then code and analyse the data to generate items for a session questionnaire. Different art therapists would then pilot this questionnaire in their sessions with service users who experience psychosis. Preliminary data analyses would be completed on the piloted questionnaires.

12th December 2017
Made a definite commitment to the project.

December 2017/ January 2018
I did some reading in the area and was interested in how it might help art therapists when working with people experiencing psychosis.

22nd February 2018
Spoke with Sue about my concerns regarding time pressures and the scale of the project. We decided that due to the richness of the data, difficulty recruiting service users with psychosis who are receiving art therapy, and the fact that there is little research looking at the process of change within art therapy, the first round of data collection will be completed by me and the next MRP will generate items to pilot the questionnaire. This made the project more manageable within the time scale.

23rd February 2018
Emailed research supervisor selection form to Sue. I have been developing and discussing ideas for my research project with her and trying to find another supervisor who is an art therapist. Sue suggested Tim Wright as a second supervisor and reflected that it might be helpful for me to attend the art therapists' Special Interest Group (SIG) on 20th April 2018 to share my ideas for my MRP and see what they say.

6th March 2018
Tim Wright agreed to be my second supervisor and agreed that it would be helpful to attend the SIG meeting with the other art therapists.

20th April 2018
Attended the British Association for Art Therapists (BAAT) psychosis Special Interest Group (SIG). This was really interesting. I discussed the purpose of the study with the group and how I would be looking to interview 14 participants. They shared that they felt that there

should be enough participants to be able to recruit 6/7 service users who experience psychosis and 6/7 art therapists.

The art therapists shared the difficulty with articulating the processes of art therapy. These include detailing and describing the elements of what happens during a session. There were also possible tensions between art therapy and other interventions. For example, the psychosis document published by the BPS failed to mention art therapy as a possible intervention. We spoke about the impact of the MATISSE trial had on art therapy and the importance of careful research.

From the literature and discussions with art therapists, I'm curious whether art therapists focus less on outcomes and more on the process? I'm also left wondering about the role the triangular relationship has between the art therapist, artwork and service user? I wonder about unconscious processes and how the service user and art therapist become more aware of what is going on through the artwork and reflection?

May 2018
I've been reading up on art therapy processes from previous research and books.

Art therapy:
- Sense of freedom – having freedom to choose art martials and take control
- Exploring and being playful
- Symbolic language – communicating and expressing
- Artwork acting a container for different projections
- Triangular relationship - artwork as a space between art therapist and service user
- Art making - jointly attending and working together on artwork
- Experience of being listened to, attuned to, having needs met
- Artwork being looked after by art therapist - being held in mind
- Safe base – attachment theory - place to reflect on relationships
- Collective art making brings connection

These processes made me reflect on several questions – what aims / expectations do art therapists hold for art therapy? Is there a desired outcome? If so, what is it? Is this different to psychology interventions / talking therapies? If so, how?

1st June 2018
Submitted my MRP proposal form.

21st June 2018
Today I had my MRP proposal review. I think the meeting went well and the panel agreed to approve the project following the relevant changes made to the proposal, including consideration of the word 'change' and whether I am actually exploring the process of art therapy rather than a 'change' process.

5th July 2018
I received approval for my MRP proposal.

August 2018 – February 2019
I have been struggling to recruit art therapists in different NHS Trusts to agree for me to put their names on my NHS ethics form. I have been able to recruit 7 art therapists from different

Trusts, to put on the form, which Sue and Tim feel should be enough for recruiting participants.

25th February 2019
NHS ethics IRAS application submitted.

12th March 2019
NHS ethics committee review was today. I wanted to attend and was planning on, but there had been an accident on the road, which meant that there was too much traffic for me to attend on time. The ethics committee panel agreed to have a conference call with me and discuss my research project and ask me questions. It went well and was over very quickly.

It went well and I received provisional favourable opinion. It was decided by the panel that if we recruited an art therapist as a research participant, we would not be able to then recruit the service users that the art therapist worked with, as there might be a conflict of interest. This means that it might be harder to recruit all of the participants. I needed to alter a few documents so that it reflect this and a few other minor changes.

26th April 2019
Sent my response to the committee with amended documentation. Will wait to hear back.

July 2019
Telephoned Health Research Authority (HRA), but no answer. I also emailed my Approvals Manager, but no reply.

August 2019
I received a reply from a different Approvals Manager who is covering for my current one as he is on annual leave. She shared that she would find out where my approval is at and speak to the Chair of the HRA.

19th August 2019
Received REC Favourable Opinion and HRA approval. The new Approvals Manager shared that I had received approval in from the Chair on 26th June 2019 but my previous REC manager had not told me. She apologised on his behalf. I feel extremely angry at the prospect of not being told this important information and being delayed in starting my data collection. I am considering making a formal complaint once I have finished my MRP. I don’t feel I have enough time right now.

August 2019
Before starting the interview process, I think it would be beneficial to reflect and think about some of my own thoughts, views and preconceptions on art therapy and psychosis.

This project captured my attention for several reasons, including my own enjoyment of art (I completed an art foundation course when I was 18 years old) and my interest in working with people experiencing psychosis. When I was 18 years old, I wanted to be an artist and make a career out of creating, drawing, painting and making sculptures. Through the art foundation, I became more drawn towards psychology, and the use of art as a therapeutic tool. I chose to study Psychology for my undergraduate, whilst continuing with drawing and art making in my spare time. It appears, now I have reached the doctorate, I have gone full circle. I am now back looking at the importance of art therapy, particularly when working with people who

experience psychosis. I personally find it therapeutic to create, draw, paint and make sculptures and like to provide the option for service users to use art materials in therapy to help them express themselves. I have worked in services where there hasn't been the provision of art therapy, and where I have thought it would be beneficial. I think there needs to be a range of different therapeutic options available to people to meet their needs.

However, I am mindful that evidenced-based practice might say something different. As aforementioned in my diary, it can be to difficult capturing the processes and outcomes of art therapy, which might be different to other forms of therapy. It is important to note and reflect upon the idea that I may hold potential biases towards advocating for positive art therapeutic processes and experiences. From noticing this, I need to attend to, and give time and space to participants' negative, challenging and more difficult art therapy processes.

Furthermore, I have been reflecting upon my discussions with art therapists. I feel some pressure for my study to highlight positive experiences of art therapy. This is pertinent considering the MATISSE trial, which stated insignificant results for the effectiveness of art therapy. Despite the MATISSE trial being widely criticised for its lack of robustness, it still has had an impact on the art therapy evidence base. The fact that I am relying on art therapists to complete the initial stages of recruitment, makes me consider on the importance of careful communication, particularly with regard to results if they don't match up to their expectations.

August – October 2019
Applying for R&D approval for lots of different NHS Trusts, which has been time consuming and difficult. The R&D approvals process has changed over the past few months, so it seems that different R&D departments want different things.

20th September 2019
Completed my first two interviews today with service-users. I found the experience to be extremely profound and moving with regard to how much they felt art therapy has transformed their lives. Both of them offered different perspectives and I was glad they wanted to talk about their experiences. I was curious about the unconscious process of art making and how they were then able to reflect on the meaning afterwards. I was also interested in how they can become engrossed that art making and forget their surroundings. It seemed to offer both of the service-users an important space to feel valued through the art therapist listening, being attuned and validating the service users' feelings and perspectives.

24th September 2019
Conducted my third interview today with an art therapist. It was fascinating to hear the other perspective from the therapist position about the processes they perceive and the importance of non-verbal communication. It was an extremely rich interview, with so much to think about and reflect on. Particular things that struck me included the importance of the art therapist holding and containing the group to provide a safe space, being client-led, service users being engrossed in the art making and communication happening through the artwork. I was intrigued by the group dynamics in the session and how the session started, evolved and ended. I have added in some extra interview questions to capture these processes.

3rd October 2019
Completed my fourth interview with a service user. I found this interview be very powerful. The processes that I was really curious about involved the power of art making (going into

her own world when art making), discovering different perspectives during discussions with others in the group, doing art outside of therapy and feeling safe and contained. It also felt important to stay attuned to the difficult experiences she had in art therapy including group member conflict. After the interview, I felt like I wanted to do my own art making afterwards and reconnect with my own creative processes.

23rd October 2019
Met with an art therapist for my fifth interview today who works in a forensic setting. This setting was different to the other interviews I had conducted in other settings and found hearing her perspective of working in a very different service intriguing. The art therapist shared the importance of choice and freedom of art therapy, which is difficult to other therapies in this setting. She also shared the importance of listening and helping the service user feel valued. By exploring difficult family dynamics through the artwork (triangular relationship), the service user grew in confidence and artistic ability. Challenges were also discussed; including the struggles service users experience in their life (poverty and disadvantage) and how art therapy is not for everyone. Extra questions were added in involved transference and countertransference, how the art therapist was feeling and what they enjoyed when working with people experiencing psychosis.

30th October 2019
I really enjoyed my sixth interview with an art therapist who works in an inpatient setting and does open ward group sessions with individuals who experience psychosis. This interview illuminated processes that had been touched upon before, but had not been fleshed out. My understanding of the processes of art therapy was deepened after this interview. A few of the processes that were confirmed and stuck out to me in this interview involved the importance of containing the group as a whole, whilst being attuned to the needs of each person. This was a tension the art therapist shared throughout the group. Other important processes included being patient, offering choice and freedom for service users to move in and out of the sessions, non-verbal communication through artwork, artwork acting as a container for transference and countertransference, joint focus (triangular relationship), and planning the seed of art therapy. I also made sure I spent time listening to the challenges included how the groups can be chaotic.

31st October 2019
After yesterday's interview I thought it would be helpful to start putting my thoughts down – thinking about the common overarching themes that have come up so far through the interviews. See memos for diagram. Holding this lightly in mind, it will be helpful going forward in the rest of my interviews.

1st November 2019
Met an art therapist for my seventh interview who works in both community and inpatient settings. This was a long interview and provided very rich descriptions. The art therapist spoke of the importance of boundaries and containment of the art space. Other processes that were shared included the art making unifying the group, service user being more able to show parts of themselves in art therapy, the importance of being linked up with other professionals in the community. Challenges involved: service user finding it difficult to focus, chaotic group, trauma backgrounds and the under-resourcing of the arts therapies department.

14th November 2019

I have finished my interviews! Today I interviewed two art therapists and three service users. I feel really proud of getting this far and I'm looking forward to coding these interviews. There were a lot of commonalities among the interviews. These included service users feeling listened to and not judged, being absorbed in art making, playing and exploring with different materials, communication happening through the art work – art work acting as a container and helping service users express themselves. Challenges involved service users experiencing trauma backgrounds, social issues, access and availability to services. If I had more time, I would like to continue this research project and hear from more art therapists and service users; to continue to build on the understanding of the perceived processes of art therapy.

December 2019
Finally finished my first draft of my Part A! I found this part of the project to be very time-consuming and difficult. I'm glad I finally found a suitable research question and was something I was interested in. I'm hoping my supervisor will think it is "good enough" and won't need too many corrections.

Over this time period, I have also been transcribing and generating initial codes for the interviews. I have thinking about my own role in the research, and researcher bias. I have been making sure that I staying attuned to all experience (both negative and positive). My supervisor and the service user consultant as part of the team have agreed to separately code one of the interviews, to see whether we have agreement on the codes. This will be very helpful to see.

January 2020
My supervisor sent back her initial codes for one of the interviews. This was really helpful to see. It seemed there was a lot of overlap with our coding, and has given me confidence in my coding ability. I have started to collate the coded data into potential themes. This feels like quite a daunting task! I want to make sure I do justice to the participants' perspectives. I don't want to fall into the trap of believing there is a 'correct' way of analysing the data, but rather acknowledging my role in constructing and generating the codes and themes.

February 2020
I have been going between the data, codes and themes. It is taking a long time to refine the themes with regard to the coded data and overall data set and checking for consistency. I have been refining my initial thematic maps and thinking about defining and naming the themes. I want to capture the essence of each theme using that accurately reflect the data. Drawing it out seems to be helping and seeing how each theme fits together.

19th March 2020
First draft of Part B finished! Wow, I can't quite believe it. I have sent it to my supervisor to read over and will discuss with her.

Late March – Early April 2020
Spoken to both of my supervisors about my Part B and taken on board their feedback, particularly regarding the results and discussion sections and made necessary changes. Feeling anxious, whilst also feeling really proud of the work.

Appendix M: Table of themes, sub themes, focused codes and quote examples

Themes	Sub themes	Focused codes	Quote examples
Safe space	Containment	Attuned to the needs of each person	She [art therapist] handled it [group-member conflict] very well. She knew something was going on. But obviously she didn't want to make a big thing out of it, and neither did I (Jade) I'm trying to work within the group and obviously trying to contain the group as a whole, but at the same time to be attuned to the needs of each person because they're coming with different difficulties and issues. (Alec)
		Holding and grounding	Sometimes they feel very lost and confused, so if we can provide that containment, if you like, and holding, grounding them back and somehow bringing the emotional arousal down, I think that that's a pretty good aim (Alec) So there is an awful lot you have to do, and an awful lot you have to hold and contain in a group on a ward like that, and be flexible to the constant movements of the group. Very, very different to a closed group (Laura)
		Not abrupt ending	Helping people think about going out again, so it's not an abrupt ending and putting artwork away […] just sort of helps that containment, that feeling safe (Becky) it feels very important if somebody has been sharing, which often they do, things that are emotional, distressing, very personal, that there is some sort of process of closing that down before they go back onto the ward again. (Sarah) he was more accepting of the ending and we'd kind of contained it (Rachel)
	Non-judgmental space	Not focusing on artistic skill	In art therapy, we are not focusing on the artistic skills. It's a non-judgemental space (Alec)
		Not judged and	The person who runs the group is very warm, kind and non-judgemental, so she makes

		accepted	you feel very safe (Pauline) I think they feel listened to…they feel comfortable, encouraged, hopefully safe as well, you know? That there is a safe space, I think. And that they don't feel too judged, really, you know? That they feel accepted. (Becky) Well, I hope that they would find it a positive, safe environment where they weren't judged, or they were accepted. (Laura)
Supportive art therapist	Client-led	Importance of patience	Patience is […] the ability to wait for something without forcing it or pushing it, or making it happen before it's grown or before it's matured or before it's ready… I think patience, generally, is highly important (John) Sometimes, especially with people suffering from schizophrenia, you need to be quite patient. (Alec)
		Service users do what they want	I think art therapy is the one therapy where, whatever somebody wants to bring, they can bring. I don't set the agenda, they do. And I think that it's the only therapy here where that's true, actually (Sarah) I allow the individual or group members to decide how they want to use those materials, and they can create anything that they like within the time that they've got with me (Laura)
		Importance of being client-led	I think it's very, very important to me that it's client-led (Becky) instead of her following my instructions, I'm trying to adapt to her needs and I'm following her pace, (Alec) And I tend to let him take a lead with that. I've found that, if I ask him lots of questions and he experiences me as intrusive, then he tends to kind of back off. So, I very much let him set the pace, whilst gently encouraging him. (Sarah)

	Feeling understood and valued	Feeling understood	She's [art therapist] like a, Mother Teresa like a saint […] it looks like she knows we're orphans (Grace) I just think that time means you can get to know somebody really well and that's what people quite like, is feeling supported, feeling understood (Katie)
		Feeling valued	Most people, by the time they come into a place like this, haven't felt very valued in their life, […]. So, I think just also having that curiosity about people, and encouraging them to have the curiosity about themselves can be really powerful (Sarah) I kind of hope they can take in that they are valued as a person, I suppose, ultimately that, I suppose, that we all witness each other, don't we? We all, kind of, we all… that you're seen, I suppose that they're seen, ultimately. I think that's really important, to be seen. (Becky)
	Build up the trust	Service users familiarise themselves	They [service users] are allowed to see what we're doing and they're allowed even to sit with us without creating art - that's absolutely fine - just to familiarise themselves a little bit with what we are doing (Alec) I think some of the time it's about introducing people, allowing them to watch, to see what might be, not expected of them, because that suggests that there are defined rules for art therapy, but to observe what others are doing and how they might use the space. (Laura)
		Art therapist listening	I feel you know like he's [art therapist] listening more, so maybe you can trust him more or you can see he has got some intelligence, like a sensitive intelligence (Grace) And it can be the first time for people that they've ever, ever been able to talk about stuff, as well, and have felt really listened to. (Sarah)
		Takes a long time	I think with somebody like him [service user] it could take a long time to build up the

		to build up the trust	trust required to feel safe enough to talk about, maybe, some of the difficult… other difficult things that he's experienced (Becky) I feel that slowly, slowly over a few weeks that he is able to talk a little bit more, a bit more open with me. He's got better eye contact with me. (Rachel)
Connect with each other	Realising they are not alone	Similar experiences	Being with other people who've been through similar experiences, it makes you feel like it's not so odd, what you've been going through (Pauline) The benefits are exponentially powerful because those moments when service users themselves connect with each other and realise that they're not alone. And you haven't had to do that. They've done that (Katie) I think, being able to form relationships with other people who have been through not the same, but an experience that resonates with them. (Becky)
	Togetherness through art making	Opportunity to spend time and make art together	I think that the artwork gives us time and space. It brings us together and it gives us the opportunity to spend time together (Alec) At the end of the group, the end of the sessions, the group chose to make group image, which I didn't- I don't often make people do that directly. I don't tell them to do it. But they chose to make something together, a really big image, which they all worked on together (Katie)
		Unifies / brings cohesion to the group	I think also it [art making] unifies her with other people in the group because people can be a little bit startled when they first meet her because if they're not so florid, you know, their psychosis is a bit different. And then when they see her sort of creative identity and they see her focus on that, I think it… brings them together as well. Brings that connection (Rachel) It definitely felt like something cohesive about being together in that situation. That experience was very good. (Katie)

		Everyone gets busy	Because we're in company, everyone gets busy (David) So neither of us were making artwork but all the service users were and they were all with each other, but not chatting (Katie)
	Chain reaction	Sharing experiences	I was asked first how my week had been, and it's the first time I've actually said, "I'm feeling depressed now." Then we talked about that, and somebody else was talking about their experience of depression and how they'd managed to get out of it (Pauline) I guess, that's the importance of um group therapy, because it is empathetic… it gives you… you learn about how other people, how other people cope, and how they cope with their illnesses. (John) Him being quite open meant that other group members felt they were able to be in a way I don't think they would have been had he not been. If he'd been very, very closed and not willing to share anything, I don't think anybody else would have been (Katie)
		Relief that others feel the same	That was when this deluge of all this relief from other service users came out. "Oh my God. So glad you mentioned that you're feeling so terrible because so am I." Yes, it was really interesting, the sort of chain reaction that it got (Katie)
	Discovering other perspectives	Seeing different things in artwork	I did a piece of collage, and lots of people saw different things in it (Jade) Sometimes I'll see totally different to what the person had done, and they the same with me, you know? (Jade)
		Different ways of thinking	People are bringing different, very different ways of thinking about things (Rachel) People I work with often have a really interesting way of seeing the world and very creative. (Becky)

			I would say I have met some amazing creative people who have thought about the world and their illness in a really different way that has been really inspiring, really interesting. (Katie)
		Talking about different things	And we talked about all the different things [coping strategies] that they used and why they were helpful and they swapped and shared some good suggestions to each other (Katie) That's all helpful because it gives you the space to express yourself and, as well, you can hear what other people think about what you've done as well (John)
Power of art making	Feeling absorbed and engrossed	Focused and engrossed in art making	Initially he was very, very involved in his image. Then he went onto writing text, and he was really, really focused. He was like almost scribbling the words down. He couldn't get them down quick enough. (Laura) I was too engrossed in focusing on what I was doing [in art making] (John)
		Absorbed in art making	He was so absorbed in the process that I don't think he was even aware of what was happening around him (Laura) he became quite absorbed in what he was doing (Becky)
		Lose self in artwork	It's lovely, because I lose myself from the whole world. I'm in another place, a peaceful place (Jade) I think that he just kind of gets lost in this or loses himself in all of this detail and technical expertise and expectation. (Rachel)
	Valuable activity	Art making calms	It [art making] actually calms me completely down (Jade) I think if you can summarise the main aim, is to contain their emotional arousal, their overwhelming feelings, just to calm them down. (Alec)

			And so when I can focus her on the art and the making stuff that really calms her down, actually, and really brings her into the space. Into the here and now. And then I actually get to a point with her where she can just sit and just be engaged in the art making and very quiet. (Rachel)
		Art making valuable	So, the art making, in itself, I think is what he [service user] is seeing as valuable (Becky) Well, I would want them to hopefully feel like the art had been really valuable, ideally enough to remind them to do it at other times, as well as just the hour and a half they spend with you. (Katie)
	Experimentation and exploration	Play and explore with the materials	Just to play with the materials to really explore the qualities of them to, kind of, yes, tear them or twist them or put them under water, stick them… just to really… and just do that for ten, fifteen minutes and see where that takes people (Becky) I brought in the bag of compost, and I picked up a few things outside where we go in [Place], twigs and that, and I just started doing it (Jade)
		Experimented / try something new	It was only in the last few years that I've grabbed some more styles out of it and experimented (David) In fact I did pottery with [Name] as well, something I've never done in my life. I've still got the vase today. It turned out really, really well. (Jade)
Expressing and containing anything through artwork	Opportunity to express through artwork	Communication through artwork	Communication felt like it happened through the art materials and the artwork. The verbal, it just wasn't there for him [service user] yet (Laura) The artwork gave her the opportunity to express, if you like, the abstract nature sometimes of those feelings. They can be quite difficult to identify (Alec)

			I think that the art materials and the art making is providing, if you like, a tunnel of communication, bridging those two worlds, if you like, which is really interesting. (Alec) So, yes, so the image, for me, is a key element of the communication, and supporting the image-making is also supporting the communication and the development of the therapeutic relationship. (Becky)
		Unconscious processes in expressing self	I find, a lot of the time… a lot of the time the processes are very unconscious (John) It was totally unconscious when I did that. Um it wasn't…I didn't do that on purpose. It's only afterwards… it was a totally different conversation and it wasn't even related to art… He told me that he also collected flint stones, and he brought back that memory of me collecting flint stones when I was a child. (John) This actually started out as something else. Then, I can't even remember what I was trying to do, but then I looked at it again after I had finished it, and I concentrated on it and I thought, "You know what? I've just been to an amazing firework display. That just looks like that firework display to me." But I didn't actually set out for it to be. (Jade)
		Relief to let something out	I experience a lot of pain with my illness, and I guess it's quite a good relief really. Relief to let something out on the page (Harry) I think that it's amazing the way they interact initially with the art materials. You can clearly witness, often, that sense of relief and joy when they are using the oil pastels or the paints or the colouring pencils. (Alec)
	Artwork acting as a container	Massive container for transference countertransference	You've got a massive container, if you like, which is art. Quite a lot of the transference and countertransference phenomena are taking place there (Alec) If it had just been a psychotherapy group, I don't think we would have got the same

			results because it is also then your transference and your projections and all of that projected into the image. So you've got some ability to notice them and look at them and think about them without them directly hurting you (Katie)
		See other people's worlds	You can see what goes on in other people's worlds, you know because sometimes people might be feeling down and it's apparent in their work how they're feeling (John) The art world is like a concrete representation, if you like, of the patients' thoughts, experiences, feelings, emotions, wishes, fears, anything. It stays. (Alec)
Image starting a dialogue	Shared appreciation of art	Others liking artwork	At first I found it very strange that people would be interested, and even stranger when people liked my work. But now that I'm more used to working in group therapy it's quite complimentary when somebody says, "yeah you know, I like that," or they give you good feedback (John) I think the art therapist was really impressed. She thought it [artwork] was brilliant (Jade) He likes my art (Grace)
		Jointly focus on artwork	To have the opportunity to focus on the artwork, together, though, jointly, I think, basically, this even enhances the therapeutic alliance, the therapeutic relationship. This is because of the art psychotherapy triangular relationship (Alec) If you would like to think of a mother and a child, an infant, when the mother is introducing the world to her child. Quite often, you can see mum and child, they were focusing on a mountain or on a tree or the sun or the birds in the sky. They jointly attend an event, an object. It's pretty much the same thing. I think art provides that. (Alec)
	Exploration of	Talk about feelings	While I did the art we would talk, about how I was feeling and what was happening,

	feelings and relationships through artwork	and life through artwork	and how I’m coping, etc., etc. Then at the end he would look at my picture and then we’d discuss it. Through the art he could actually see how I was feeling (Jade) He [service user] spoke about one of them being like a lace-like pattern, like you could hold it up and you could see through it. But at the same time, it seemed distorted. […] He said, “Oh, that’s a bit like my life. Sometimes I can see clearly. Other times it can be quite distorted (Laura)
		Explore difficult family dynamics through art	So, we’ve been quite actively working with his tendency to be very self-critical and this kind of very negative critical inner dialogue he has, telling him that he has not achieved anything, lots of shame. A lot of that comes from some very difficult family dynamics, so we’ve been really exploring a lot of that through the art (Sarah) So, he drew the outline of the dancers. And it all leads to a theme that has come out of doing this painting, about his relationships. So, we’ve spent a lot of time working- His artwork previously had been about some family relationships and some difficult dynamics with his parents (Sarah) I felt very, very sorry for his situation as he’d lost his family through difficulties just managing his illness (Katie)
Changing experience of artwork and self	Feeling free	Sense of freedom	I feel that she [service user] values the fact that I'm not forcing her to attend or I'm not restricting her. Obviously there are certain boundaries and ground rules, but she's able to move in and out of the session, which I think she likes (Alec) We’ve got all the materials, and we can do anything we want (Jade) because art has been used in this way, but a long history of people who are individuals, who have gone out of their way to do it in a sort of free way. I suppose it’s the freedom that is always associated with it. (Harry)
		Show different	People just get to step out of it [illness] and show different parts of themselves, really

		parts of themselves	(Rachel) I think in making art, there’s a sense of discovering something about himself, feeling like he’s got, sort of, an identity that’s not defined by his mental health difficulties. (Becky)
	Positive shift in view of artwork and self	Confidence	It [art therapy] gave me the confidence to achieve goals that I wanted to achieve […] I’d just like to say thank you because I don’t believe I would’ve done it otherwise (John) a really big part of the sessions is for him to learn… Or to have confidence in what he can do, actually. And that’s- I think we've really made some progress with that. (Sarah) it boosts your confidence, it boosts your self-esteem and it gives you something worthwhile. (John)
		Positive shift in view of artwork	He sat down and said, “It’s okay, isn't it? I like it.” And we just kind of acknowledged what a shift that had been, and how he wouldn’t have been able to say that (Sarah) I think it’s a boost for me because, for one thing, it proves to me that I can still do work…I still have that power to create images that people can enjoy (John) Yes, so I saw this picture and I thought, “Yes, I could recreate that.” I did it even better than the original one. (Jade)
Supporting recovery	Planting the seed of art therapy	Picture of recovery journey	I think it's important to have a picture of that recovery journey and to think how you can possibly help them to understand what art therapy does and how they can benefit from it and basically to plant, if you like, the seed for the flower later on to come up. That's the difficulty here, that if you plant the seed throughout their stay here, possibly you won't be able to see any small flower coming out, but the seed is there and the seed is really important (Alec)

	On-going art activity	Doing art outside of therapy	It keeps me more focused on something else than the bad things that are going on in my head that's too much for me to cope with within the home environment (Jade) Maybe I will explore that side of myself more in future and get to know myself better through art making. And maybe I'm going to do that beyond the end of this therapy happening. (Katie)
		Leisure pursuit	They value it [art making] and there's a possibility that they may take it beyond the therapy into a leisure pursuit (Katie)
	Linking up with community	Continuation of care in the community	We were able to feed back that actually, after discharge he'd be really suitable for a community group, and actually he has joined a community group. There is something really positive about continuation of care that we can help feed into that to help somebody's recovery beyond the hospital as well. (Laura) I think in that setting and it is really important that you are kind of linked up with on-going arts and health type services as well and things that can continue. (Rachel)
		Trips and exhibitions	A few times we went on trips, one to an art gallery and one to something else, a coffee and thingy. That was really good, and a few of us became quite good friends. (Jade) I was also involved with a studio in the community, where we made our own work and we had exhibitions, and we even managed to sell some of our work as well (John)
Challenges	Fragmented and chaotic group	Fragmented	I'd say that the group itself, the group dynamics, I guess, felt quite fragmented. There was never a time when everybody was seated making artwork. (Laura) I felt like the session initially began quite fragmented, and I was more, I was moving quite a lot. I generally tend to find that in groups, that there seems to be this period of movement as people gather materials, find their seats, just kind of find out or observe the group. (Laura)

		Finding it difficult to focus	I couldn’t even focus. I can’t remember what I did now or anything. I just wanted to get out of there. I can’t even remember the piece of work I did or anything (Jade) He kind of gets very side-tracked all the time. It feels a bit like he's kind of- it's very difficult for him to focus his brain. (Rachel)
		Chaotic	Just to give you a sense of the ward and the art psychotherapy sessions delivered there, it can be quite a, as I said, chaotic, demanding and sporadic attendance. (Alec) And the groups can be- Yes, very unpredictable, chaotic, as well. (Sarah) You know, she started off very chaotic and making lots and lots, producing lots and lots of work. (Rachel)
	Impact of mental and physical health	Impact of mental health	This individual is on a lot of medication, really… is, kind of, struggling to get up with it, but finds it very hard to sleep because experiences a lot of visual hallucinations and has had some very frightening experiences in the past, which means he feels very unsafe and has to do a lot of checking. (Becky) You also know that person is not coming, not because they don't want to engage or they are ambivalent about treatment, but maybe they're locked in a cupboard at home, frightened of who's outside, or they couldn’t get the bus because they're having a crisis or they didn't have any money or they slept right through their alarm. (Katie)
		Impact of physical health	The illness that I’ve got, my physical illness, stops me from really exploring the art side. So I didn’t really get what I wanted from it. (Harry) I haven’t been doing a lot of work recently, over the last few years, because I’ve had quite a lot on, with my physical health (John)
	Social issues and trauma backgrounds	Social issues	I’m really English but I don’t really get treated like English (Grace) A lot of people have had poor education, grown up in care, lived in poverty, had a lot

			of disadvantage, a lot of stigma. A real lack of self-esteem and confidence, and people that really aren't confident about using art materials at all, and need some help and support with that. (Sarah) I think isolation is a really big challenge. (Becky) So they got a lot of bullying from… just people in the community would shout stuff at them and be vile and so that then fed into them believing that […] people were talking about them behind their back because sometimes they were. (Katie)
		Trauma backgrounds	She comes from a very traumatic, abusive background (Rachel) I think I am sensitive to him feeling the intensity of the one-to-one and he's somebody who has had some really traumatic experiences in the past and, I suppose, I'm just really keen that it does feel safe and that I am responding and listening, listening to him and what would help make it less intense and easier for him to engage. (Becky) But for some people, it's really not appropriate to see them in a group if they're extremely anxious, very paranoid, or maybe they've experienced a lot of trauma and they want to talk about that. (Katie)
	Access and availability	Access to services	The staircase, there were about four maybe five flights of stairs that I had to go up to get to the room, because it was right at the top of the building. (John) Just getting to the group, it's a citywide group as well, so for some people they've got to get two buses to get here, so there's all the, sort of, anxiety of just being in a public space and waiting at a bus stop and, yes… and then the timing as well, whether they're going to be late or not (Becky)
		Availability of art therapy	I mean, our arts therapies- arts in health department, I feel is really under-resourced. So there's a limitation for what they can do. A lot of things closing down. (Rachel)

			It was all very long waiting lists. (Katie) It's a pity there are not more [art therapy sessions] (Jade) working in acute and community services that have huge pressures on them, and it's much shorter, briefer interventions. (Sarah)
	Not for everyone	Timing of intervention	When I first came into hospital I was in a very strange place, mentally and I didn't really know what to expect. I wasn't interested in doing any art because I didn't understand what was wrong with me, and art was the last thing that I wanted to do (John)
		Level of direction and model	Sometimes the non-directive sort of model can feel quite difficult. (Sarah) Sometimes I think that can be a bit scary, as well. If people aren't used to thinking about themselves, being curious about themselves, I think that can be quite- You know, that can be quite intense. (Sarah)
		Not everyone will like it	Not everyone will like it. (Harry) And sometimes people come for a few sessions and decide it's not for them. (Sarah)

Appendix N: NRES end of study form

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Appendix O: Summary report for participants, ethics and R&Ds

Perceived processes in art therapy for adults experiencing psychosis

Background

National UK guidelines recommend arts therapies to be considered for people experiencing psychosis. Despite a long history existing of people being offered art therapy, evidenced-based theory of art therapy for people experiencing psychosis is in its relative infancy. It has mainly been based on unsystematic research focusing on the perspectives of art therapists, and to a lesser extent, service users.

Aim

This study used reflexive thematic analysis to explore the processes of art therapy from the viewpoint of both service users and art therapists. Regarding this research question, this study aimed to create a thematic map of service users' and art therapists' views of art therapy.

Method

Twelve participants, six service users and six art therapists, were interviewed. Interviews were audio-recorded and transcribed. The data were analysed using reflexive thematic analysis, whereby the transcripts were coded and themes and sub-themes were generated from the data.

Findings

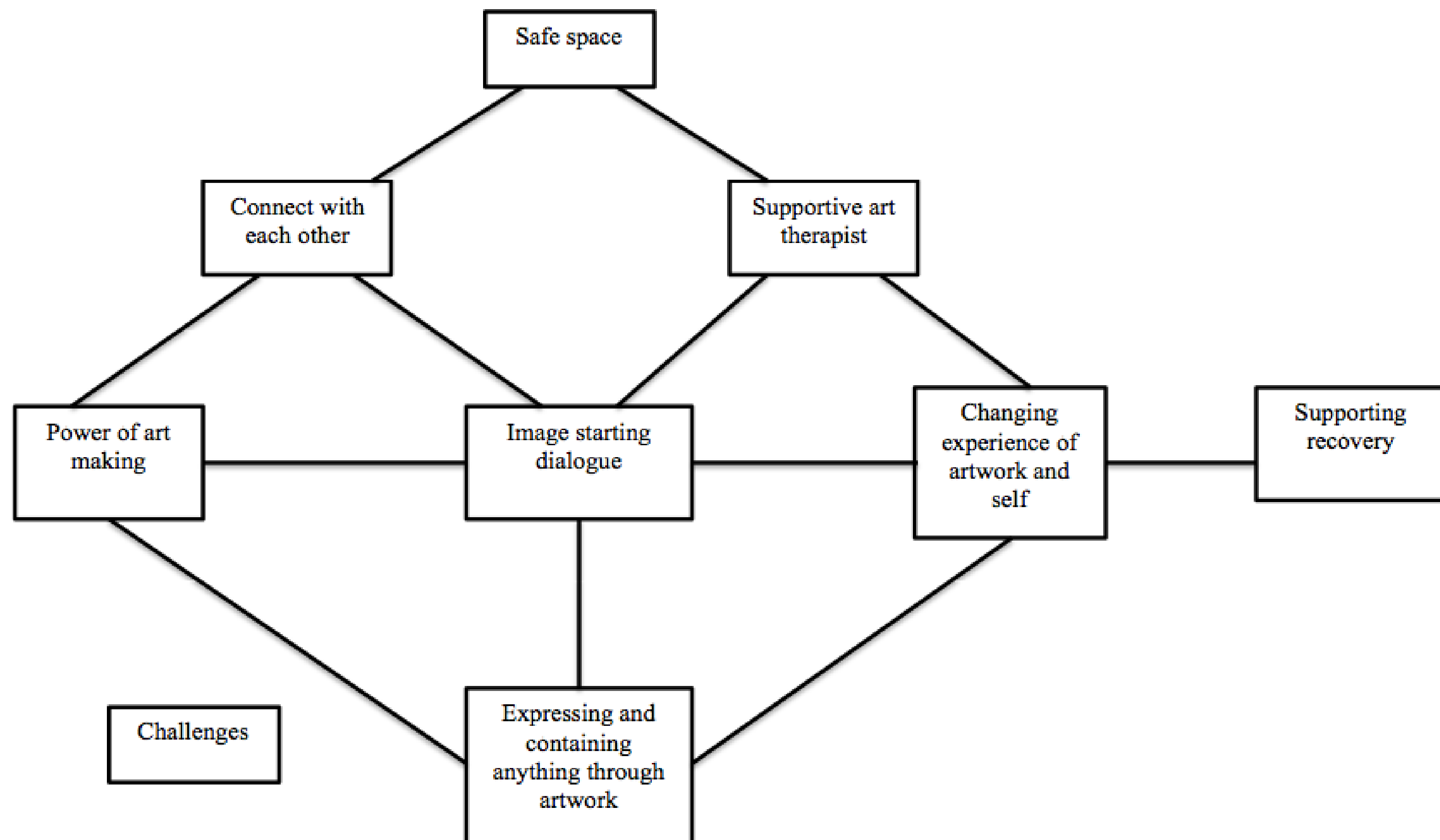
A thematic map was created with nine themes, specifically safe space, supportive art therapist, power of art making, expressing and containing anything through artwork, image starting dialogue, connect with each other, changing experience of artwork and self, supporting recovery and challenges. Please see figure below.

Participants reported the importance of having a safe space, which was facilitated by a supportive art therapist. This helped service users connect each with other. The power of art making was linked to service users connecting with one another, expressing and containing anything through their artwork, including unconscious processes, and their image starting a dialogue. This was associated with changing experience of artwork and self for some service users, which in turn seemed to support their recovery. Whilst most of the themes focus on experiences and processes for positive change, it is important to note that some challenges were experienced to engaging with art therapy.

Implications and Recommendations

Despite the small scale of this research, the findings contribute to the research area by offering overlapping themes from art therapists and service users. The results are broadly consistent with other qualitative research and suggest that for some service users, art therapy offers a way for them to express themselves and explore their difficulties. Therefore, it appears appropriate for art therapy to continue to be offered by mental health services.

This research, alongside other studies, suggests some of the art therapy processes and experiences are not captured in outcome measures or questionnaires. It would be helpful for further research to develop a service user process questionnaire using the current data and test it on service users having art therapy. This would enable researchers to investigate whether the perceived processes of art therapy match up with service user session experience.



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