Comics in Clinical Practice: A Grounded Theory Exploration of how Sequential Art is Applied to Talking Therapy.

John Pollard

Middlesex University and Metanoia Institute

Doctor in Counselling Psychology and Psychotherapy

by Professional Studies

2021

Dedication

For my late friend John Light, who often said that I would never finish this thesis in a way that made it clear he always believed I would.

I'll miss you mate.

Acknowledgements

I would like to express my deep thanks to my supervisors Rosanne and Patricia for helping me through this process, and to my family, friends, and colleagues for their encouragement. Special thanks go to Teresa, Miriam and Annisa for your love and support.

Thank you to the participants of this study for sharing their reflections and experiences.

Table of Contents

1. Introduction 1
1.1 Introducing Sequential Art 1
1.2 A Brief History of Sequential Art 4
1.3 Background to My Interest 8
1.4 My Relationship with This Research Area 8
1.5 The Focus of This Project and Research Question 9
2. Literature Review 10
2.1 The Application of Imagery to Talking Therapy 10
2.2 SA in Neuropsychology 11
2.3 SA In Pedagogy 16
2.3.1 Graphic Medicine 18
2.4 Cognition and SA 21
2.4.1 Dual-Coding Theory 21
2.4.2 Visual Language and SA 22
2.5 Art Therapy 23
2.5.1 Narrative Art Therapy 26
2.5.2 Group-Based SA Application 28
2.5.3 SA Application for Child and Adolescent Clients 28
2.6 SA in Bibliotherapy 31
2.6.1 Parasocial Relationships 34
2.7 Military Application 36
2.8 Summary 37
3. Methodology 38
3.1 Overview 38
3.2 Methodological and Philosophical Approach 39
3.3 Reflexivity 44
3.3.1 Personal History 44
3.3.2. Applying SA To My Clinical Training and Personal Practice 45
3.3.3. Pilot Study 47
3.3.4 Research Journal 47
3.3.5 Developing My Research Question 48
3.4 Conducting the Literature Review 49
3.4.1. Generating interview questions 53
3.5 Data collection 55
3.5.1 Participant Inclusion Criteria 55

3.5.2 Recruitment 56
3.5.2 Theoretical Sampling 56
3.5.2 Participants 57
3.5.3 Data collection methods 59
3.5.3.1 Pre-interview questionnaire 59
3.5.3.2 Interviews 60
3.6 Data analysis 61
3.6.1 Transcribing 61
3.6.2 Initial coding 62
3.6.3 Focused coding 62
3.6.4 The Quality of the Research 63
3.6.4.1 Credibility 63
3.6.4.2 Transferability 63
3.6.4.3 Dependability 64
3.6.4.4 Confirmability 64
3.7 Ethical Considerations 65
4. Findings 66
4.1 Contexts of SA Application 67
4.1.1 Settings where SA was Applied 67
4.1.1.1 Forensic Settings 68
4.1.1.2 Older Adults Services 70
4.1.1.3 Veterans and Emergency Services Support 70
4.1.1.4 Higher Education 71
4.1.1.5 Severe Learning Disability/Cognitive Impairment 71
4.1.1.6 Working With Clients Across Age Ranges 72
4.1.2 Common presenting issues 72
4.1.2.1. Working with Trauma 72
4.1.2.2 Working with Chronic Shame 73
4.1.2.3 Difficulty Articulating Thoughts and Feelings 74
4.1.2.4 Struggling with Negative Self-Image 75
4.1.3 Professional Support and Supervision 76
4.1.3.1 Experiencing Self-Doubt 78
4.1.3.2 Struggling To Find Supervision 78
4.2 Assessing appropriateness of SA Application 80
4.2.1 Assessing client level of interest 80
4.2.2 Assessing Client Readiness 82

4.2.3 Assessing the Status of The Therapeutic Relationship 84
4.2.4 Assessing the Appropriateness of SA Content 84
4.2.5 Assessing the Relevance of Common Practical Challenges 86
4.3 Further Guiding Principles for The Application of SA To Talking Therapy 87
4.3.1 Being Open About SA-Based Practice 87
4.3.2 Collaborating with Clients on How SA Is Applied to Their Therapy 88
4.3.3 Applying SA In Line with The Therapist's Theoretical Framework 90
4.4 Applying SA-Based interventions 92
4.4.1 Using SA In Psychoeducation And Bibliotherapy 92
4.4.2 Using SA-Creation in Talking Therapy 95
4.5 Effects of applying SA 96
4.5.1 Supporting Communication Between Therapist and Client 96
4.5.2 Supporting Client engagement in Therapy 98
4.5.3 Supporting Empathy and Self-Compassion 100
4.5.4 Supporting the Process of Developing Insight 103
4.6 Integration of the Effects of SA-Based Interventions 104
5 Discussion 105
5.1 A Sequential Framework 105
5.1.2 Types of Intervention 106
5.1.3 Communication Tool 110
5.1.4 Engagement 113
5.1.5 Empathy 115
5.1.6 Insight 116
5.1.7 Collaboration 118
5.2 Implications for The Psychological Therapies 122
5.2.1 Developing Protocols Individually 123
5.2.2 Forming Communities 126
5.2.3 Modelling the Integration of SA As a Clinical Tool 126
5.3 My Insider/Outsider Position 129
5.4 Considering My Reflexivity 132
5.5 Strengths and Limitations 137
5.6 Future Research 139
5.7 Contribution to the Field 141
5.8 Proposed Outcomes 142
6 Conclusion 142
References: 144

Appendices

Appendix 1. A summary of the literature search. 158

Appendix 2. An example of sequential art used in academic presentations. 159

Appendix 3. Examples of SA produced as a presentation tool. 161

Appendix 4. Final questions for interview. 165

Appendix 5. An extract from research memos. 166

Appendix 6. Recruitment advertisements. 169

Appendix 7. Consent form. 171

Appendix 8. Introductory questionnaire. 172

Appendix 9. Extract from memos and photo records of categorizing data and developing categories. 1**Error! Bookmark not defined.**

Appendix 10. Extract of memos in transcript analysis. 181

Appendix 11. Member-checking document. 183

Appendix 12. Extract showing initial codes followed by the development of focused codes. 186

Appendix 13. Participant information sheet. 191

Appendix 14. Ethical approval letter. 194

Figures

Figure 1 Examples of Sequential Art. 3

Figure 2 Early Sequential Art 6

Figure 3 The Rorschach, Thematic Apperception and Picture Arrangement Tests 13

Figure 4 Blondie 19

Figure 5 Model of the application of SA to Talking Therapy. 69

Tables

Table 1. Details Of Participants 58

Abstract

The clinical practice of counselling psychology and psychotherapy requires therapists to engage in a continuous process of development and learning regarding the range of their knowledge of theory, skills, and clinical tools. This research project explores the application of sequential art (comics, comic books, graphic novels, manga, comic strips etc) as a clinical tool in the practice of talking therapy. To date, there is a clear sparsity of research regarding this practice and the potential validity of sequential art as a legitimate clinical tool in counselling psychology and psychotherapy. This study used social-constructivist grounded theory (GT) in order to explore how therapists used sequential art in their clinical practice. It focused on exploring what kinds of clinical interventions sequential art was used in, which client groups sequential art was used with, what presenting issues sequential art was applied to, and how therapists viewed the effectiveness of applying sequential art to their clinical practice. Ten therapists with experience of applying sequential art to their clinical practice were interviewed. The findings of this project are presented as a substantive foundational model of how sequential art can be applied to talking therapy as a clinical tool. The findings indicate that, for some clients, interventions based on the application of sequential art can be a useful tool for a range of presenting issues and can be applied to therapeutic work with clients across a very broad range of demographic groups. The clinical application of sequential art takes three broad forms; interventions based on the creation of sequential art, interventions based on the consumption of sequential art, and some combination of these two forms. The findings also indicate that, for some clients, the application of sequential art can support communication between therapist and client, collaborative working between therapist and client, client engagement in therapy, the development of empathy and self-compassion, and the client's development of insight.

1. Introduction

1.1 Introducing Sequential Art

This research study explored the application of Sequential Art (SA) to talking therapy in the contemporary clinical practice of psychotherapists and psychologists. SA is a medium that takes different forms across different cultures but is familiar to an enormous number of people around the world. Although SA is ubiquitous around the world, a working definition of SA is something that has been surprisingly difficult for scholars across a range of disciplines to arrive at. A number of different attempts to come to an all-encompassing definition of SA have been made, but this art form is difficult to capture in a neat and elegant description. For those who study SA, even the term ‘sequential art’ can sit uncomfortably for some. It is a descriptor for a medium that would be commonly encountered in a comic book, a graphic novel, a newspaper comic-strip, a webcomic and other similar things. I have chosen to use SA as my descriptor for this medium for this research project as, while it has its limitations, I consider it the most unambiguous description of the medium. Other mainstream choices such as ‘comics’, ‘comix’, ‘graphic novels’, ‘graphic narrative’, or ‘graphic art’ are also commonly used. While the term ‘graphic narrative’ captures a great deal of what is represented by this medium, there is still some slight ambiguity over whether this term refers to a visual medium or a vividly explicit story (as in ‘graphic violence’ for instance).

Probably the most used descriptor for SA used in the English-speaking world is ‘comic’ or ‘comic book’. In the early stages of this research project, I quickly realised the difficulty this descriptor could pose when talking about the project with colleagues. On one occasion I had been discussing applying comics to talking therapy for roughly ten minutes before the colleague I was speaking to exclaimed *“Oh! I thought you were talking about stand-up comedians!”*. In other examples colleagues expressed difficulty imagining SA as being anything other than amusing or funny, directly identifying the term ‘comic’ as the reason. Various terms such as ‘graphic novel’ or ‘graphic art’ have their own costs and benefits.

As if to illustrate the relatively fraught landscape of settling *“the definitional project”* (Meskin, 2007 pp 376) in relation to this art-form, Meskin (2007) argued, from a philosophical perspective, that the search for a conclusive definition of SA be put to rest. Cook (2005) similarly suggested, from the perspective of cognitive science, that a focus on defining SA constrained efforts to understand and appreciate it as an example of ‘visual language’, particularly given common associations with the word ‘comics’. It could be argued that the current status of a general definition of SA is evocative of the words of Justice Potter Stewart when discussing the threshold for what constitutes obscenity *“I know it when I see it”* (Jacobellis v. State of Ohio, 1964). With this being the case, I will not attempt a general definition of my own but will provide a working definition for the purposes of this research project. This borrows heavily from a commonly referenced definition of SA outlined by McCloud (1993) which states that SA is *“juxtaposed pictorial and other images in deliberate sequence, intended to convey information and/or to produce an aesthetic response in the viewer”* (McCloud, 1993, p 9). I extend this definition to include single images, as examples of single-image SA have been accepted as SA by readers and scholars for several decades (Cohn, 2005). Single-image SA is a common example of the medium, often found in newspapers and magazines. An example is provided in Figure 1. Thus, the working definition I apply to this project is as follows; *SA is juxtaposed pictorial and other images either organised in a deliberate sequence or designed to imply a deliberate sequence and made to convey information and/or produce an aesthetic response in the reader*. I have replaced McCloud’s use of ‘viewer’ with ‘reader’ to emphasise that the action of engaging with and comprehending SA can be understood as reading in a similar sense to how the engagement with and comprehension of prose can be understood as reading. An exploration of the cognitive processes involved in the act of reading SA is provided in chapter 2.

On the left is an example of single-panel SA. You might see this format in a newspaper or magazine.

Below are examples of SA using multiple panels. This is more consistent with an archetypal example of SA. You are likely to have seen this form of SA more often.

Western SA is read from left to right but this isn't universal.

For example, Japanese manga is read from right to left.

LEFT TO RIGHT

RIGHT TO LEFT

1.2 A Brief History of Sequential Art

Some background on the history of SA, particularly from the perspective of its cultural impact and position, is important for contextualising this research. In particular, the social-cultural position of SA is important for therapists to understand in the event they are interested in integrating this medium into their clinical practice. There are references to historical examples of visual language in a number of accounts of the history of SA, such as McCloud's (1993) references to Ancient Egyptian Hieroglyphics and The Bayeux Tapestry. While these examples of a form of visual language are important in understanding the general history of visual languages, these examples sit outside the working definition of SA applied here. The earliest known example of what we would likely think of as SA was published in 1656 by John Reynolds and an unknown artist as part of Reynolds' book of moralist fiction entitled '*The Triumphs of God's Revenge against the crying and execrable Sinne of Murther'* as shown in Figure 2. Another notable example of SA was published in 1826 under the title 'The Glasgow Looking Glass' which provided a satirisation of Glasgow society at the time (Gardham, 2005). Like the work of Reynolds, The Glasgow Looking Glass was squarely aimed at adult readers (Gardham, 2005).

SA became further popularised with the 1841 release of 'Punch', a satirical magazine focusing on politics and current events published on London's Fleet Street that ran until the early 1990's. Many people mistakenly place the origin of SA in the USA in the early 1930's around a century later, largely due to the huge success of SA in the USA during the '30s and '40s. In 1947 for example 180 million pieces of SA were sold and, while a large number of adults were consuming SA (38% of men between 18-30 and 28% of women the same age), SA was now overwhelmingly consumed and marketed towards young readers with 95% of boys and 91% of girls between the age of 6 and 11 in the USA habitually consuming SA (Van Lente, 2012). This seems a major contributing factor to the prevailing view in Western English-speaking countries that SA is a medium primarily for children, in contrast to its origins as something consumed overwhelmingly by adults. Attitudes along these lines were

likely reinforced by events in the following decade, often referred to by scholars of SA as the "comics scare" of the 1950's.

The "comics scare" constituted a strong political swing against SA spearheaded by psychiatrist Frederick Wertham (1954) and culminating in his book 'Seduction of the Innocent'. This book presented SA as a malignant form of media that directly caused criminal offending in children and young people. Wertham's view was that SA conveyed horror, crime, nudity, and various other adult themes to vulnerable children causing psychological harm and predisposing these children to criminal behaviour. This was taken very seriously at the time and the presence of 'moral critics' such as Wertham in the USA and later Mary Whitehouse in the UK (most prominent during the 70's and 80's) helped to maintain an atmosphere of undesirability around SA. The first UK comics laureate and veteran SA illustrator Dave Gibbons (Flood, 2014) discussed his own experience of this period in an anecdote that captures the intensity of the prevailing attitude towards SA as a toxic influence, recalling *"vivid memories of the prefects at my school going through my desk and confiscating comics and burning them"* (Flood, 2014, p 1). Arguably this attitude also cemented the association between SA and children as the main consumer of the medium, and the impression that adult themes and SA should be kept separate. This led directly to the establishment of the 'Comics Code Authority' (CCA) in 1954 as a de facto censor of the USA SA industry in lieu of government regulation, forcing publishers to create SA within strict boundaries that restricted or banned adult themes. The CCA eventually became defunct in 2011.

The contemporary view of comics as something only appropriate for children and as something adults ought to graduate away from towards 'books for grown-ups' has been widespread for decades.

Figure 2. Early Sequential Art

As a recent example of this, US talk-show host Bill Maher commented on SA following the death of Stan Lee (a major figure in mainstream USA comics) in late 2018, speaking directly about this long-standing view *"the assumption everyone had back then, both the adults and the kids, was that comics were for kids, and when you grew up you moved on to big-boy books without the pictures…I don't think it's a huge stretch to suggest that Donald Trump could only get elected in a country that thinks comic books are important."* (Maher, 2018) The apparent implication in this statement is that any adult consuming SA is performing a childish act that is indicative of some form of arrested adult development. Many adult consumers of SA experience feelings of shame associated with a pastime they otherwise enjoy, with the overarching feeling that SA represents something of a 'fringe' art form (Worden, 2006).

It is notable that while this view is widespread in Western English-speaking countries like the USA and UK, it is not common worldwide. Currently nearly every nation in the world has an SA industry, which varies in size and popularity across cultures. The largest SA industry is based in Japan with the USA industry coming in second. The Japanese SA industry, in contrast to the US and UK industries, has historically been seen as a medium that is

appropriate for all ages, but is categorised for different age groups based on the content of the individual manga, as SA is referred to in Japan.

Countries such as France and Italy provide additional examples of different ways of responding culturally and socially to SA in contrast to Western English-speaking countries such as the USA and UK. To return to the words of Dave Gibbons (Flood, 2014) *"In France, comics are called the ninth art, they stand alongside music and literature"*. An exploration of the cultural differences in SA appreciation around the world is not within the scope of this study, but it is worth noting the historical and contemporary context of how SA is responded to in Western English-speaking countries. Viewing SA as unsuitable for adults may not be to do with something fundamental about the medium itself. Instead, this attitude could be an echo of the widely held views of the recent past, which are more tied to the commercial decisions of a small number of publishers nearly a century ago than it would initially appear.

There are implications for therapists in relation to the history and socio-cultural position of SA. If we consider the public response to SA during the Comics Scare period, the implication present there is that SA has the potential to influence the thoughts and behaviour of readers. Certainly, that was what a great many people at that time appeared to believe. If this were the case, then SA would represent a medium with a great deal of potential for affecting change. In addition, the history of SA implies the versatility of the medium in terms of what it can be used to cover. Even the brief examples of SA provided here cover moral theology, social critique and satire, and entertainment. This seems to imply that the potential range of subjects SA could be applied to in the field of psychology and psychotherapy could be very broad. While these implications appear positive, an additional implication presented in this brief history of the medium is that there is a significant stigma associated with SA, particularly in the case of adult consumption of the medium, which may negatively impact on its potential clinical utility.

1.3 Background to My Interest

My interest in the application of SA to psychology and psychotherapy began in 2012 after coming across an article about a psychologist, Patrick O'Conner who applied SA to his work in talking therapy (O'Conner, 2013). During a discussion about this with my clinical supervisor later that week I was introduced to Couch Fiction (Perry and Graat, 2010), a piece of SA that explores talking therapy from the perspective of both the client and the therapist. Prior to this I had worked, over the course of several years, in a number of mental health roles and in a number of different settings, including older-adult mental healthcare, drug and alcohol rehabilitation treatment, mental health care for adults with severe learning impairments and primary mental-healthcare. In all these settings, finding useful and creative ways for making a meaningful connection with the people I worked with was one of the most important skills to develop. This was often challenging as resources or tools for supporting the process of making these connections were often sparse, particularly in settings that required practitioners to work within a relatively prescribed range of approaches to client needs. When reflecting on how SA could be applied to psychology and psychotherapy, I considered how SA could represent a tool for making connections with clients. I contacted O'Conner and Perry to briefly correspond with them about the work they had done with SA and began exploring research literature on the subject further. This correspondence, initial research, and my own personal history with SA which I discuss in detail in my methodology, laid the foundation for this research project.

1.4 My Relationship with This Research Area

A fundamental aspect of my role as a practitioner in psychology and psychotherapy is communicating with the people I work with, particularly in relation to their personal experiences and their intrapersonal lives. Several therapeutic models that are a strong influence on my integrative clinical practice involve interventions that are explicitly aimed at providing a framework for bringing a client's intrapersonal experience into the interpersonal dialogue of therapy, such as cognitive behavioural therapy (Beck, 1979, 2005) or narrative

therapy (Payne, 2006). Tools like this can support the relational exploration of what a client is struggling with by making self-disclosure and self-expression more straightforward. This can allow practitioners to focus on important specific areas of struggle (Beck, 2005) and can also allow for the deeper exploration of the client's 'organising principles' (DeYoung, 2015) that may inform repeating patterns the client is struggling with.

An important part of communicating with someone at depth is being able to meet that person where they are in their life and in that particular moment of meeting, in line with the concepts of 'I-Thou' interpersonal contact (Buber, 1958), 'two-person psychology' (Stark, 2000) and 'joint-exploration' (Benjamin, 2004). These concepts centre a collaborative relationship between the client and the therapist and allow for working together within a 'shared third' (Benjamin, 2004) in line with the practice of using an artefact such as a piece of artwork as a tool to support communication between the therapist and client (Naumberg, 1958).

1.5 The Focus of This Project and Research Question

My focus at the outset of this project was to develop a picture of how practitioners that applied SA to their work as therapists did so, what motivated this, and what the utility of SA as a clinical tool was. The research question at the centre of this study was *"How do therapists use SA in their clinical practice?"*, which was arrived at following pilot work discussed in chapter 3. An exploration of this subject potentially contributes to an understanding of how counselling psychologists and psychotherapists develop novel clinical tools and new ways of working to meet the presenting needs of their clients generally, and how this occurs in relation to the application of SA specifically. Drawing on the direct experience of therapists who have applied SA to their clinical practice to develop a model of how SA can be applied to talking therapy potentially provides a framework for other therapists interested in doing this in their own work.

I selected GT (Glaser and Strauss, 1967) as my methodology, partly for its suitability for working with unexplored subjects. GT also presents the opportunity to potentially develop a

set of guiding principles for understanding how SA can be used, in a way that is grounded in the lived experience of those who have developed experience of doing so (Glaser and Strauss, 1967; Charmaz, 2014).

2. Literature Review

This chapter explores research and theoretical literature pertinent to the subject of applying SA to talking therapy. To facilitate this exploration, an extensive literature search was conducted. The procedure of this search is described in Appendix 1.

2.1 The Application of Imagery to Talking Therapy

Psychology and psychotherapy have a long-standing relationship with images and imagery, particularly in relation to clinical practice. Carl Jung (1935) applied images to his work often and observed *"When you concentrate on a mental picture, it begins to stir...it moves and develops…Usually it will alter…these images are observed like scenes in the theatre. In other words, you dream with open eyes"*. In this evocative description, Jung (1935) says something about how we respond to mental images in a vivid and dynamic way. Jung (1935) suggests that perceiving an image can bring the unconscious into consciousness and shows that applying image and imagery in talking therapy dates back to the early days of psychoanalysis. Aaron Beck also referred to mental images as a route to understanding a client's intrapersonal experience and saw mental images as a direct influence on how we feel and behave (Beck, 1970). Beck suggested that images could help the therapist access more 'primitive' parts of the client's experience which were more difficult to access than what he considered the more 'rational' domains of a client's mental life (1970). Research supporting mental images has developed to the extent that, in some models of talking therapy, specific categories of mental image are associated with specific mental health issues. In cognitive behavioural approaches, anxiety disorders (such as social phobia, health anxiety and obsessive-compulsive disorder) have been associated with frightening recurrent images, often associated with upsetting memories (Hackman et al., 2000), and eating

disorders have been associated with distorted images of the client's own body, often seen from the perspective of another person (Somerville et al. 2007; Nigro and Neisser 1983). Imagery has also historically been used to support the development of a therapeutic relationship between therapist and client, a key example being Winnicott's application of the "Squiggle Game" (Winnicott, 1972). This exercise involved Winnicott drawing a wiggly line on a piece of paper in front of his client in a spontaneous direction, then asking the client to add to the line before facilitating a joint interpretation of the resulting shape, in the way we might project a meaningful shape onto a cloud formation (Evans, 2013). Originally developed for use in talking therapy with children, the exercise has since been adapted for use across all ages and across a range of clinical settings as a tool for making relational contact with clients in a space that sits between client and therapist (Stefana and Gamba, 2018). The squiggle game is also seen as useful in work with some clients as a projective assessment tool that supports the client in bringing their unconscious experience into conscious relational exchange (Stefana and Gamba, 2018).

2.2 SA in Neuropsychology

Images have been integral elements of several projective assessment tools such as the Rorschach Test (RT) (Rorschach, 1921), Thematic Apperception Test (TAT) (Murry, 1938), and the Picture Arrangement Test (PAT) (Rapaport et al., 1946). Visual examples of the content of these tests are provided in Figure 3. In general terms these tests are administered to assess how a person comprehending the image makes an interpretation of their meaning, using this interpretation to gain insight into the intrapersonal experience of the person being tested.

These projective tests are commonly applied to assessments of social cognition, which is of relevance to this study. The research literature on user responses to the RT and TAT in particular provide useful insight into how we respond to images at the neurological level. Using the RT, Giromini et al. (2010) examined the Mirror Neuron System (MNS), a network of neurons that fire when people observe the behaviour of others and are a commonly

presented explanation for the neural basis of ‘embodied simulation’ of the behaviour of others (Freedberg and Gallese, 2007). Research data suggest that the MNS is important for helping us to predict and understand the purpose, goal, or intent of another, as evidenced by studies using electroencephalography (EEG), functional Magnetic Resonance Imaging (fMRI), positron emission tomography (PET) and transcranial magnetic stimulation (TMS) (Fadiga et al., 1995; Iacoboni et al., 1999; Maeda et al., 2002; Parsons et al., 1995; Buccino et al., 2008; Cochin et al. 1998; Pineda et al., 2000). Also, other studies have shown that MNS activation is lower than average in those with social cognitive deficits as in people diagnosed as being on the autistic spectrum (Hadijkhani et al., 2006; Oberman et al., 2005) or people with a diagnosis of schizophrenia (Buccino and Amore, 2008; Dapretto et al., 2005; Oberman et al., 2005), and that the MNS plays a role in facial emotion processing (Enticott et al., 2008; Sato and Yoshikawa, 2007; Wicker et al., 2003) and empathising with others (Gazzola et al., 2006; Kaplan and Iacoboni, 2006).

Figure 3. The Rorschach, Thematic Apperception and Picture Arrangement Tests

This evidence suggests that the MNS plays a role in social cognition processing, supporting our ability to understand other people's emotional states, engage in the application of theory of mind, and imagine ourselves in the position another person occupies (Gallese, 2001, 2006; Gallese and Goldman, 1998; Pelphrey and Morris, 2006; Uddin et al., 2007). There are a number of other studies that reinforce the growing picture of the MNS being involved in social cognitive processing, particularly in relation to an embodied experience of empathising with others (Keysers et al., 2004; Singer at al., 2004; Banissy and Ward, 2007). Exploring whether the MNS would activate as a result of observing RT inkblots, Giromini et al.'s (2010) results indicated that mirroring can be activated by static, ambiguous stimuli even when the level of ambiguity is high (for example when observing colourless inkblots, as opposed to coloured ones or ones with illustrations overlaid upon them). Giromini et al.'s (2010) results strongly indicated activation of the MNS during the observation of ambiguous static images and also indicated that the MNS requires a goal, an agent and a context before it engages, in other words we require a sense of identification with an 'other' for activity in the MNS to take place, as RT images that did not appear to participants to be a representation of a person or people in some way did not show MNS activation. The results of this study provide some indication that the observation of an image that appears (even with high levels of ambiguity) to depict another person will cause us to engage empathically with it, at the very least at the neurological level. The implication relevant to this research is that any comic that depicts another person (and comics that do not are extremely rare) would elicit an empathic response at the neurological level.

The principle of having empathic responses to images is the basis upon which the RT has been applied to the assessment of specific mental health diagnoses. For example, a number of studies have found that respondents to the RT with a diagnosis of Borderline Personality Disorder (BPD) produced interpretations of the motivations of others as represented in the RT that were characterised by 'malevolent' and 'idiosyncratic' interpretations (Lerner and St. Peter, 1984; Bell et al., 1988; Burke et al., 1986; Westen et al., 1990). This association was

replicated in a study using the TAT (Westen et al., 1990) in which the authors of the study described the TAT as an excellent tool for assessing object relations and social cognition due to the implicitly social nature of the images used in the test. Research has also suggested that the complexity of the TAT illustrations correlates with the complexity of people in written descriptions of actual interpersonal events (Barends et al., 1990; Leigh et al., 1989). Depictions of interpersonal events are a common feature across SA. Again, in these examples of projective assessment tools we see that there is evidence to suggest that we engage relationally with images that depict people, even in contextually ambiguous situations.

Research data indicating that the TAT can be used to effectively discriminate between those with average levels of function in social cognition and those with impaired function, strongly suggests that responding to images emotionally and relationally is a typical response to images of other people. This perspective is supported further by research by Turk et al. (2010) focusing on agenesis of the corpus callosum (ACC), a birth defect that results in the underdevelopment of the corpus callosum. Using the TAT Turk et al. (2010) explored the possibility that, despite often having average range I.Q. scores, those diagnosed with ACC might experience deficits in social cognition. By examining the responses of participants with an ACC diagnosis to the TAT against those of a control group, Turk et al. (2010) determined that ACC participants exhibited fewer words denoting social, emotional, and cognitive processes in TAT narratives than average but used similar language to controls when discussing more individual scenarios.

Turk et al. (2010) found that ACC participants used more first-person narrative, used less ‘emotion words’, used emotional language inappropriately more often, tended to tell more simplistic narratives than those in the control group, and used fewer words to express the mental process of the characters depicted in the test such as ‘know’, ‘think’ or ‘because’. They related all of the above findings strongly to a diminished capacity for mentalisation,

arguing that the data they gathered using the TAT suggested difficulty in ACC participants to infer the histories or perspectives of others' and struggled to describe emotions without depending on describing things from their own perspective. Turk et al. (2010) finally concluded from their TAT results that a fully functioning corpus callosum makes an important contribution to mentalizing and understanding the social context of day-to-day life. Again, we see here that aside from being a useful tool in developing our understanding of how our own brains work, images of others tend to elicit the response in us of trying instinctively to see things from the point of view of the person in the illustration. Although the validity of these projective identification tests has been critiqued (Gacono and Smith, 2021; Calderon, and Kupferberg, 2021), the literature strongly supports the view that, while there is variation of this across people, an empathic or mentalized response to drawn images is typical at the neurological level. Since images of people are a fundamental aspect of the overwhelming majority of SA, particularly people depicted in interpersonal situations, it seems reasonable to surmise that we would respond in a similar way to SA.

2.3 SA In Pedagogy

The hypothesis that we respond empathically to SA is further supported by research literature from the field of education, which represented the majority of literature yielded in the literature search. In addition, the literature in this field suggests that SA is a useful tool for communicating complex information. Several studies have explored a growing number of examples of SA created as an educational tool in subjects including science (Tatalovic, 2009) history (Brugar et al., 2018) mathematics (Toh, et al., 2017) and workplace safety (Roter, et al., 2007). The research literature indicates some key advantages of applying SA as a pedagogical tool, and of particular interest is the application of SA as a vector for communication in healthcare which is explored in further detail below.

The first advantage the literature suggests relates to engagement. Studies that have explored the impact of delivering key subject-related information through SA to school and university age students, have shown that students engage more fully with this information

and with their subject in general, when accessing it through SA (Hosler and Boomer, 2011; Spiegel et al., 2013) Healthcare literature also suggests that SA allows readers to engage emotionally with greater ease than prose (Chisholm et al., 2017), and helps readers to engage with sensitive or emotive subjects in a way that is less likely to overwhelm the reader. Bhana et al. (2004) studied the application of SA as a tool for framing conversations about the transmission of HIV/AIDS and found that the depiction of a family in SA discussing this topic allowed readers to engage with the subject through these characters, allowing them some feeling of distance from the subject.

The research data has shown that a second advantage in applying SA as a pedagogical tool is that it can support reader comprehension both in traditional educational settings and in healthcare settings. Glenberg and Langston (1992) found that media with integrated image and text, a fundamental characteristic of SA, supported the reader's development of mental models relating to the meaning of a given subject. Glenberg and Langston (1992) suggest that this supports comprehension by making it easier to hold information in working memory. Houts et al, (2006) also found that documents with integrated image and text can, when compared to text alone, markedly increase the comprehension of health education information, to the extent that adherence to health instructions were improved over prose. Research data also suggests that the benefits to comprehension when applying SA to pedagogy are more noticeable in populations with apparently low literacy or educational levels (Maxwell et al., 2014; Houts et al., 2006; Delp and Jones, 1996). It should be noted however that methods for assessing literacy and education level are not consistent across studies and are not consistently considered from a cross-cultural perspective.

According to the literature, a third advantage of applying SA as a pedagogical tool concerns recall. Research data have indicated that applying SA as a pedagogical tool supports reader ability to recall information consumed through SA (Nagata, 1999; Mayer and Gallini, 1990; Delp and Jones, 1996). The apparent benefits to engagement, comprehension and recall

appear to be a contributing factor to a long history of applying SA to the subject of healthcare education.

2.3.1 Graphic Medicine

Recorded examples of applying SA to the subject of healthcare date back to the 1950's including sparse references to the combined work of former commissioner of 'Mental Hygiene' for New York State, Newton Bigelow and SA creator Chic Young in the form of Young's SA 'Blondie' (De Lappe, 2015) which embedded public health information relating to mental health issues (stress, depression, and domestic abuse in one instance) into a pre-existing popular SA series. An example of 'Blondie' as used by Bigelow, SA that is still produced today, is provided in Figure 4. A similar application of SA in the form of an analysis of a comic strip by the name of "Rex Morgan, M.D." featured in a morning newspaper in Minneapolis was found to have increased understanding of mental health issues in readers with no negative impact on readership (Rose, 1958). In the following decades examples of applying SA to healthcare were relatively rare, but have become increasingly frequent in recent years, particularly following the development of the Graphic Medicine community. Graphic Medicine was a term coined by Ian Williams, a general practitioner in medicine and author and SA creator, in 2007 to describe the intersection of SA and healthcare discourse (Green and Myers, 2010). Williams jointly founded the online Graphic Medicine site with MK Czerwiec, a medical nurse and SA creator, and the first Graphic Medicine international conference took place in London in 2010. This remains an annual multi-disciplinary forum for discussing and exploring the application of SA to the general subject of the betterment of human wellbeing. Not all the following extracts from the research literature are explicitly aligned with the Graphic Medicine community, but some are core members of this community. It is important to note the impact of the founding of such groups given their impact on the consideration of SA as a useful tool in healthcare and other fields.

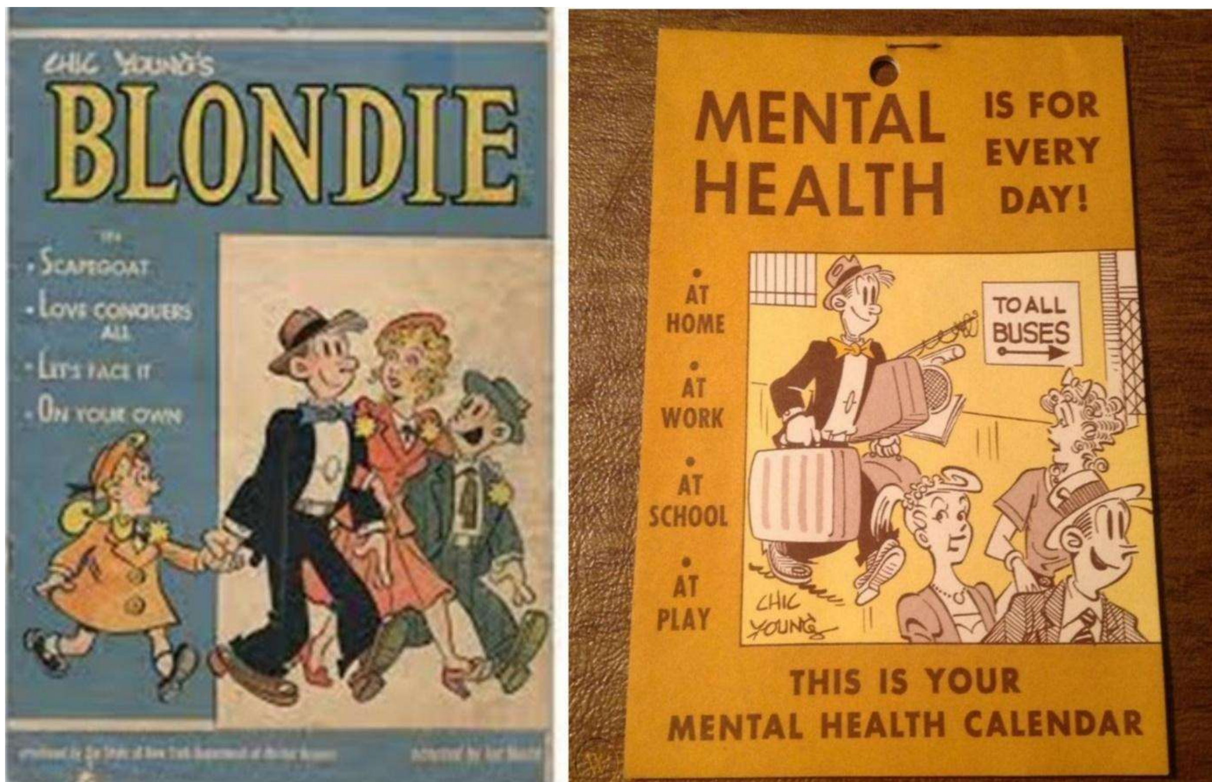


Figure 4. Blondie

Alongside the advantages of using SA as a pedagogical tool discussed above, research data suggests that SA can be useful in promoting health-positive behaviours. These include prevention of back pain (Kovacs et al., 2011), and increased food safety aimed at reducing infection rates (Dworkin et al., 2013). It should be noted that the literature search did not find any studies that explored the longer-term impact of SA interventions on learning and behaviour change.

In addition to potentially positive effects on promoting health-positive behaviours, the literature from the field of medicine also indicates that SA interventions can be useful in promoting engagement with medical treatment and rapport with healthcare workers in particular. Pincavage et al. (2015) found that the addition of SA to a “transition packet” which included a goodbye letter from an outgoing healthcare provider and a welcome letter from the incoming one was associated with improved follow-up meeting rates with the healthcare provider. Furuno and Sasajima (2015) also found SA to be a useful tool for improving a patient’s ability to provide informed consent to engage with treatment for intracerebral or

subarachnoid haemorrhage, with 93.8% of participants surveyed after the intervention stating they would prefer or strongly prefer the similar use of SA in other medical situations. It is important to note that in the previous three studies the SA used was not simply SA created for a specialist subject but was created for that specific research project (Dworkin et al, 2013; Pincavage et al., 2015; Furuno and Sasajima, 2015). This says something important about the adaptability of this medium to very specific needs.

Additionally, while the research data shows SA has useful potential applications to patient care in medicine the data also show that the same can be said for the training and development of healthcare professionals. Core member of the Graphic Medicine community Michael Green (2010, 2013, 2015) developed a course for fourth-year medical students that focused on the study of autobiographical SA that explored the creator's experience of illness, something that Green referred to as 'graphic pathologies' (2013). Green (2013, 2015) found that consuming this SA supported the students in reflecting on the experiences of people in receipt of medical care and those around them. Creating SA also helped the students to process their own experiences, bond relationally with fellow students and reflect at greater depth on the relational aspects of practising medicine.

Tsao and Yu (2016) found similar results following an educational intervention for medical students using two examples of SA relating to patient experience of diabetes. Literature on SA as applied to the field of medicine supports the literature from neuropsychology that suggests that people intuitively engage with SA on a relational or empathic level. From this literature we can surmise that the MNS may provide some explanation for this. For a deeper understanding of the impact of SA on engagement, comprehension and recall we turn to the field of cognitive psychology.

2.4 Cognition and SA

Explorations of what underpins this way of responding to SA in the literature often refer to cognitive models of processing information and meaning-making. The most cited cognitive model in attempts to explain why SA as a medium appears useful for supporting engagement, comprehension and recall is dual-coding or dual-processing theory (Cedri et al., 2015; Labrecque et al., 2016; Green and Myers, 2010; Green, 2013; Sim et al., 2014).

2.4.1 Dual-Coding Theory

Originally hypothesised in the 1970s (Paivio, 1975) the basic assumption of dual-coding theory (DCT) is that cognition in reading and writing is comprised of two separate systems for coding our experience, one specialised for language and the other for nonverbal objects and events (Sadoski and Paivio, 2013). In DCT, mental representations of images are 'analogue codes' that resemble the object they represent as analogous representations (Sadoski and Paivio, 2013). The two forms of code in DCT, verbal (language-based) and visual (nonverbal), organise information into retrievable knowledge (Sternberg et al., 2012) which are retained neurologically (Sadoski and Paivio, 2013). According to DCT, these two systems of coding can operate independently, in parallel, or through interconnection (Sadoski and Paivio, 2013). The common suggestion is that, since SA integrates verbal and visual information, it engages both coding systems simultaneously and thus information received via SA is encoded more substantially than information encoded into only one of the two systems. This is consistent with DCT in that Paivio (1975) proposed that a person that has stored both a verbal representation of, for instance, a chair as well as an image of a chair can remember this object by referring to either code and is therefore more likely to recall the required information if asked to do so.

As stated, a DCT explanation of how SA is experienced at the cognitive level has been historically popular regarding the subject of SA and is arguably a straightforward method for understanding why engagement, comprehension and recall appear stronger when consumed through SA versus prose. Within cognitive psychology, DCT is challenged as a

potentially misleading explanation for how we process information and construct meaning, given that studies using EEG have indicated that the brain responds in similar ways to distinct modalities (verbal versus visual for example) and therefore that conceptual memory is not divided up by the type, or modality, of information a person encounters as DCT suggests (Holcomb et al., 1999; Ganis et al., 1996). Proponents of DCT argue in return that their perspective is supported by neuroscientific data (Sadoski and Paivio, 2013) but the details of such debates are beyond the scope of this study. What is of interest is the fact that the literature suggests a particular cognitive response to SA.

2.4.2 Visual Language and SA

Exploration of the cognitive processes involved in reading SA that are distinct from DCT involve the conceptualisation of SA as a ‘multimodal’ art-form that requires readers to navigate a complex integrated relationship between processing linguistics and visual art (Cohn, 2016). Despite the prevailing view in wider Western society of SA as a simplistic medium, this research has suggested that reading SA may require a linguistic ‘fluency’ which describes an acquired proficiency developed through exposure to and practice with the medium (Cohn, 2013; Cohn, 2020a). As part of the development of Visual Language Theory (VLT), Cohn (2013, 2020b) has challenged both the idea of SA as simplistic, and the idea that it is “universal” in the sense that SA is equally comprehensible to everyone. Rather than having an innate ability to understand visual language, our facility with comprehending a medium like SA will depend on the extent to which we experience exposure and practice. A number of cross-cultural studies exploring various applications of SA have indicated (at the time of their writing) that in cultures seldom exposed to the common conventions of SA produced in Western cultures, these conventions were not immediately comprehensible. Examples of these conventions include the left-to-right reading structure of Western SA (as opposed to Japanese Manga, for example which is read right-to-left) (Fussell and Haaland 1978, Cook, 1980) and understanding that a sequence of images are telling a single story taking place at different points in time, rather than telling separate stories (Núñez et al.,

2012). A crucial convention in SA, the 'continuity constraint' which represents the understanding that sequential images depict the same characters across images rather than different ones, was commonly misconstrued in rural communities with low exposure to visual narratives (Cohn, 2020a). Some research has indicated that the ability to comprehend sequenced images as a narrative occurs between the ages of 5 and 7 (Wilson and Wilson, 1982) and increases as we develop into adulthood (Nakazawa and Nakazawa, 1993a, 1993b). SA comprehension appears significantly dependent on exposure to SA, however, as shown in research that found general SA comprehension to be higher in Japanese samples versus US counterparts where the former culture has a higher level of ubiquity of SA than the latter (Nakazawa & Shwalb, 2012). Thus, the research literature suggests that while we can start to comprehend SA at a young age, this comprehension is dependent on our exposure to the art-form.

The literature from the field of cognition illuminates the complexity of SA as a medium. Far from being simplistic, SA is in fact cognitively demanding, and appears to be processed and encoded into memory in a way that sets it apart from more mainstream media such as prose. That SA is cognitively demanding to consume seems counterintuitive, given the evidence that SA appears to benefit the comprehension of people with supposedly low literacy or educational attainment (Maxwell et al., 2014; Houts et al., 2006; Delp and Jones, 1996). The literature as explored up to this point has indicated that SA as a medium lends itself well to topics where encouraging empathy, engagement, comprehension, and recall are desirable. From this point, this review will explore to what extent capitalisation of this is in evidence in literature that discusses the application of SA to talking therapy.

2.5 Art Therapy

While applying images to talking therapy is a practice that can be observed across therapeutic models, the application of image to clinical work is most strongly associated with the practice of art therapy. Art therapy is an expansive discipline in and of itself and has existed as a therapeutic practice since the early 1930's and 40's in the UK and US

respectively (Junge, 2016). Despite the expansive nature of art therapy, the application of SA to clinical practice appears to be relatively rare. The literature search discovered only extremely sparse direct references to the application of SA in art therapy practice, and almost no research directly focusing on the application of SA to clinical therapy. While SA is an under-researched subject in the field of art therapy as well as in other therapeutic frameworks, elements of the theoretical principles and practical applications of art therapy are important for contextualising the practice of applying SA to clinical practice.

By its nature art therapy is interdisciplinary, mixing various art-forms with psychological theory. The roots of art therapy are firmly in the early days of psychoanalysis, particularly with respect to the work of Freud and Jung (Junge, 2016). Comparatively, Jung was more active in his application of art-creation to his clinical work, sometimes asking his clients to draw representations of their dreams. Freud's theory of sublimation, however, underpins one of the two main philosophical branches of art therapy.

These branches can be summarised briefly as art *in* psychotherapy and art *as* therapy. The former branch originated from the work of Magaret Naumberg (Naumberg, 1947*)*, considered by some as the 'mother of art therapy' (Junge, 2016) and the person responsible for developing 'art psychotherapy' which applies art-creation as a vector for communication between therapist and client, using the client's art as a form of 'symbolic speech' (Naumburg, 1955). This work involves using art-creation as a tool in psychotherapy (Ruben, 2016), albeit a tool that takes centre-stage in the therapy, for bringing the unconscious into consciousness and the intrapersonal into relational exchange between the therapist and client.

The latter branch originates from the work of Edith Kramer (1958), who's work centralised the theory of sublimation by working to channel a client's socially undesirable or unacceptable unconscious impulses into art-creation. The object of the therapy being to facilitate the client towards "complete" work (thus confirming successful sublimation) rather

than using art-creation as a vector for psychotherapeutic work. In this branch of art therapy, the process of creation is in itself the therapy the client receives rather than a tool that frames a verbal exchange between therapist and client.

Psychoanalytic theory remains influential in art therapy, as is arguably the case in many therapeutic frameworks, but contemporary art therapy is represented by the integration of art-creation to a number of other theoretical frameworks including gestalt, cognitive-behavioural, transpersonal, humanistic, and systemic approaches. It is widely agreed among art therapists that art therapy can be applied to or integrated with almost any therapeutic model (Junge, 2016, Rubin, 2016).

There is considerable ongoing debate relating to how art therapy should be defined both in terms of art therapy as a practice and in terms of art therapist as an identity (Talwar, 2016). For example, there has been detailed discussion within the field regarding whether art therapy is best described as a profession or an idea (Malchiodi, 2000). Currently, the project of defining art therapy continues to rest within the binary presented by the two branches discussed above. In practice art therapy holds several of the same core principles that overlap across therapeutic models. Examples of these common principles include; holding and maintaining an appropriately safe and private physical space conducive to conducting therapy, sometimes referred to as “a holding environment” (Winnicott, 1972) or a “good enough room” (Holliday, 2013), working within a therapeutic relationship (Clarkson, 2003; Norcross, 2010), client confidentiality (BACP, 2019), and a commitment to supporting a client towards the growth and change they hope to experience (Maroda, 2013).

In a very broad sense, what is particular to art therapy in comparison to other forms of therapy is how it centres art-creation and the products of this process. Across different art therapy frameworks there are differences in how the art a client makes will be regarded. For example, in archetypal art therapy artworks are regarded as unique artefacts and the archetypal art therapist aims to work with their clients to determine the unique “voice” of the

artwork from an imaginal perspective (Abbenante and Wix, 2016). A Gestalt art therapist will seek to discuss a client's art in terms of how it reflects the client's internal process (Ciornai, 2016). While these represent philosophical differences in how art is centred in art therapy, the key similarity is that working with art represents a process of making the intrapersonal external, and in the case of art *in* psychotherapy, from bringing this now externalised experience into relational exchange between the therapist and client.

Art therapists will tend to have a working knowledge of what are thought of as traditional media (drawing, painting, clay, collage) and the utility of these media for working with different clients (Malchiodi, 2011). In terms of the impact of individual media on individual clients, traditional materials are sometimes defined as 'fluid' or 'resistive' (Lusebrink, 1990; Hinz, 2006). Art materials that embody more structure or solidity such as collage, wood, pencil, or firm clay would be considered resistive and therefore more controllable, whereas materials that flow easily (such as watercolour paint or very malleable clay) are commonly seen as more fluid and less controllable by the client (Malchiodi, 2008). It is generally agreed among art therapists that fluid materials elicit more powerful emotional responses than resistive ones, thus resistive materials are often considered more helpful for working with particularly vulnerable client groups such as children who have experienced domestic violence or abuse (Malchiodi, 2008; 1997). A typical example of SA would lean strongly towards the resistive side of this continuum.

2.5.1 Narrative Art Therapy

As discussed, specific examples of literature that refer directly to the application of SA are rare but Gantt and Greenstone's (2016) work on narrative art therapy as a specific treatment for working with traumatised clients does so to a large extent. It should be noted that in their discussion of their work Gantt and Greenstone (2016) do not refer to it as an application of SA, opting instead to use the term 'graphic narrative' (Gantt and Tinnin, 2007). When referring to this work as an example of the application of SA to clinical practice, the working

definition of SA used in this project is being applied. As such the sequential application of individual images as seen in the work of Gantt and Greenstone (2016) is viewed as an application of SA. It should still be noted that this is not a view necessarily held by Gantt and Greenstone (2016).

The narrative art therapy framework (Gantt and Greenstone, 2016) uses a sequential description of an instinctive response to trauma referred to as the Instinctual Trauma Response (ITR) as its foundation (Gantt and Tinnin, 2014) and is informed by the principles of narrative therapy (White, 2007; White et al., 1990) and narrative exposure therapy (Schauer et al., 2011). Narrative art therapy focuses on the non-verbal experience of trauma (Gantt and Greenstone, 2016). This intervention concentrates on the overload of a person's capacity to consciously respond to a traumatic event, leading to dissociation during the event and the splitting of later recall of it between the verbal and nonverbal hemispheres of the brain (Gantt and Tinnin, 2013).

The process of narrative art therapy involves an initial period of psychoeducation on the impact of trauma through the lens of the ITR followed by facilitation of the client throughout the process of illustrating representations of the traumatic event. The client draws clear "before" and "after" illustrations that bookend the SA as a representation of a distinct event in time, with additional illustrations being added in between these points (Gantt and Greenstone, 2016). Gantt and Greenstone (2016) strongly recommend that these illustrations each include a depiction of a bodily sensation and that the therapist monitors the client carefully for any indication of dissociation during this intervention. If the client does appear to dissociate, the therapist works through a grounding exercise with the client. Through the process of illustration, the client draws each element of their SA on separate pages and in the final stages of the intervention the therapist facilitates the client in reviewing the sequence of their narrative. The practice of drawing on separate pages allows the client to edit the final order of their narrative. The therapist then brings the intervention to a definitive close. During the process the therapist also ensures that at no stage the client

leaves the creation of this narrative in the middle of their story (Gantt and Greenstone, 2016). In terms of outcomes, Gantt and Greenstone (2016) state that they have observed this intervention as a very effective tool for working with the impact of post-traumatic stress.

2.5.2 Group-Based SA Application

Staying with literature from within the domain of art therapy, Houpt et al. (2016) explored the impact group-based collaborative SA-creation could have on the wellbeing of older-adults living in care homes. Houpt et al. (2016) facilitated the group authorship of a zine with residents of a care home. This gave the group a collaborative opportunity to discuss their experience of living in a nursing home in a way that was congruent with their personal histories and relationships with one another. From an initial verbal group-process session the group had collaborated with their art therapist and one another to bring together a document that embodied this exchange, supporting in-group bonding and an individual sense of having one's voice heard and valued by others (Houpt et al. 2016). This ongoing intervention also had an impact on how group members were experienced by others, in that staff members of the care home disclosed that they saw group members in a new way after consuming the zine (Houpt et al. 2016). In this instance the application of SA to group-based therapy appears to have had a valuable impact on client's relational experiences and individual sense of identity.

2.5.3 SA Application for Child and Adolescent Clients

The literature search revealed two examples of applying SA as a therapeutic tool to the therapy of children and/or adolescents. Art therapist Jenny Drew (2016) discusses using SA as a clinical tool to support bringing the unconscious into consciousness for a client, to support the development of the therapeutic relationship, and engagement in the process of therapy. Drew's (2016) work with SA is informed by Transactional Analysis and Gestalt Therapy, in that she actively applies SA as a tool to work with beliefs that have become 'introjected' (Perls, et al., 1951) and integrated into 'life scripts' (Berne,1961). This work also

places a strong emphasis on positioning the client as the expert of their SA, the authority on its meaning and intention, and the lead analytical explorer of their SA. Drew (2016) describes using several exercises using basic mark-making to de-emphasise ideas of correctness or perfectionism and help diffuse self-consciousness about engaging with an SA-based intervention, by asking clients to draw with non-dominant hands, eyes closed or taking turns to draw segments of a shape with the therapist that they complete together. This process helps to support engagement with SA-based interventions, and with the therapy in general (Drew, 2016). These interventions could be viewed as a preparation for further SA-based interventions.

While Drew's (2016) application of SA emphasises flexibility and following the lead of the client, Greenwald (2014) emphasises structure and directing the client through a stage-based intervention. Greenwald (2014) applies SA as an explicit tool for structuring exposure-based treatment for working with trauma. As Greenwald (2014) states, the goal of exposure approaches to trauma is to help a client gradually face and process a traumatic memory to desensitise the client to it, alongside a reframing of the client's perspective on it. To facilitate this process, Greenwald (2014) suggests breaking down a traumatic memory. This procedure involves making a list of components of the memory prior to an exposure exercise, which usually involves the client describing the memory in detail including actions, thoughts, and feelings in the present tense to support emotional engagement with the memory. The "titration" of the memory by asking for a "list" of component events for the memory can provide a more easily containable step than going straight into a representation of the memory (Greenwald, 2014). This list also allows for the further breaking down of the memory into "portions" and represents one half of the preparation process and is essential to any graded-exposure approach. Greenwald (2014) also explains that it is critical to make sure that the narrative of a traumatic memory concludes in an ending where the client is safe both regarding a breakdown of a memory and an exposure exercise, at least to the extent the distressing part of the narrative of the memory is over. This reinforces to the client that

the danger associated with the memory is no longer present as part of the stuckness that comes with trauma comes from not yet being grounded in this fact (Greenwald, 2014).

Once preparatory interventions are complete, the application of SA as a tool for facilitating client exposure to a traumatic memory or memories involves the therapist facilitating the client in making a piece of SA about the traumatic memory. It should be noted that Greenwald does not specifically refer to SA in his book but describes making a “book” of pictures the client makes to represent the constituent parts of the memory, which may include a written caption or narrative. This neatly fits the working definition of SA used for this study.

Greenwald suggests that the potential benefits of facilitating this intervention include the following:

1. Prompting the client to remember and depict actions, thoughts and feelings to support the creation of their SA can also support fully engaging with that portion of the memory.
2. The creation of SA allows the client to externalise their memory in a way that allows them to engage with it with an element of distance.
3. The act of creation keeps the client engaged in the therapy.
4. The SA acts as a tool for expressing any distress that arises during the process for the client.
5. The creation of SA facilitates the process of staying with the portion of the memory for a significant amount of time.
6. As only portions of the traumatic memory are focused on for each page, there is less risk of the client becoming overwhelmed.

While Greenwald (2014) is unequivocal about the potential benefit of applying SA in this way, this application of SA has yet to be evaluated. Greenwald (2014) also emphasises the

importance of supervised practice when using any form of exposure technique, inclusive of using SA-creation as an exposure tool.

2.6 SA in Bibliotherapy

Up until this point this review has been weighted towards discussion of the visual aspect of SA. The application of SA in bibliotherapy emphasises its narrative aspect. Bibliotherapy is a practice that has aimed, through the act of reading, to provide information and a framework for solace and reflection since the early 20th century (Bryan, 1939). In more contemporary examples of this practice, bibliotherapy has been used with the explicit aim of improving social and emotional wellbeing (McNicol, 2018a). There are a number of applied theories associated with the practice of bibliotherapy. Rosenblatt's transactional theory of reading (Rosenblatt, 1994) is a useful framework for considering how bibliotherapy is represented in current literature.

Rosenblatt (1994) describes the act of reading as something that exists on a continuum between two 'stances', *efferent* and *aesthetic*. An efferent reading of a text focuses on what factual information can be drawn from it. A good example of interacting with a text from an efferent perspective would be the way that the majority of people might interact with an instruction manual. An aesthetic reading of a text would focus on responding to it from an emotional perspective and on the personal intrapsychic journey the reader takes through consuming the text. An example of a text that people typically respond to from an aesthetic perspective is the way someone would respond to a novel or a piece of poetry. While certain texts encourage the reader to engage with them in particular ways, readers can choose how they engage. A reader will be at a particular point on a continuum between efferent and aesthetic depending on their needs, expectations, and experience of a particular text.

Much of the research data has explored the impact of bibliotherapeutic literature that has invited readers to respond to it from an efferent perspective. Literature commonly referred to as self-help material would fall under this definition and is particularly widely used by NHS

England as part of the Improving Access to Psychological Therapies (IAPT) service. The IAPT service has been an integrated element of primary mental health care in England since 2008, providing mental health support for 537,000 service users annually (Clark, 2018) and is based around a 'stepped-care' model meaning a service user will be allocated to a 'step' on the basis of their specific needs and the severity of their presenting issues. Service users of the IAPT programme who present with 'mild to moderate' common mental health issues like depression are offered 'low-intensity' treatments. These largely consist of facilitated bibliotherapy or 'guided self-help' and make up 48% of IAPT treatment (Clark, 2018) thus the application of efferent bibliotherapy is widespread in the UK accounting for well over 250,000 service users based on 2018 figures annually. It should be noted that the exact proportion of 'low-intensity' interventions that involves bibliotherapy was not publicly available at the time of writing. The self-help material used is based on taking the reader through exercises taken directly from CBT such as structured journaling, logging of particular behaviours, and thought-challenging exercises for example. Based on clinical recovery thresholds that are measured by client self-report questionnaires, guided self-help has been a useful intervention for the treatment of issues like generalised anxiety disorder (61% recovery) and depression (49% recovery) according to recent NHS data (NHS Digital, 2016). Research data have indicated that self-help material of this sort is more effective when facilitated by a mental health professional (Farrand et al., 2008; Gellatly et al., 2007) and also indicates that bibliotherapy in general is more impactful when the recipient of the intervention engages with it voluntarily from a range of options rather than it being prescribed or mandatory (Fanner and Urquhart, 2008; Bergasma, 2008).

While this data strongly suggests good clinical utility concerning the application of efferent-focused bibliotherapy to the treatment of mental health issues, it says very little about what qualities in the bibliotherapy material provide this utility. The usefulness of objectivist measures of clinical impact such as clinical self-report questionnaires and the randomised controlled trial has been questioned when it comes to developing our understanding of

bibliotherapy and its impact (Dysart-Gale, 2008). In general, studies of bibliotherapy have ignored the aesthetic end of the spectrum, limiting their discussion of bibliographic materials to descriptions of length, therapeutic modality and publisher, and failing to capture the aesthetic aspect of bibliotherapy that has been present since its early days (Dysart-Gale, 2008). Exploration of the aesthetic aspects of bibliotherapy is often centred on theoretical understandings of how readers move through a potential process of change in response to reading. For example, reading from an aesthetic perspective is often considered in terms of a three-stage process (McNichol, 2018a; Shrodes, 1955; Morawski, 1997). The initial stage being 'identification' which is an empathic response to the characters or situation in a narrative. Next is 'catharsis' in which the reader experiences the feeling of sharing many of the thoughts and feelings of the characters in the narrative, which may have an association with events from their own lives. Finally, 'insight' describes the reader's realisation that they relate to a character's situation and use this experience to respond differently to issues of their own. The result of moving through these stages can be a deepening of the reader's understanding of their own struggles, motivations and behaviours which can catalyse a process of change through the reader's relationship with characters they have read about.

Hynes and Hynes-Berry (2012) developed this framework further by presenting a four-stage process of bibliotherapy. First is 'recognition' which describes the reader recognizing that they understand a depicted character or experience in the text. Second, 'examination' describes the reader analysing the text and questioning their personal response to it. Third, 'juxtaposition' describes the reader's comparison of their initial experience of the text with what was revealed during the 'examination' stage. The comparison of their original views, based on their general attitudes, beliefs, and values with their considered reflections on the text they are consuming can, according to Hynes and Hynes-Berry (2012), lead to four possible outcomes. The reader may find that their original position is affirmed by their reading or the text, they may modify their original position in response to it, they may find that they now see their original position as invalid, or experience uncertainty in their original

position in response to the text. The fourth and final stage is ‘self-application’ which describes the reader’s integration of their experience of the text into their sense of self. Hynes and Hynes-Berry (2012) propose that while these stages do not occur at a uniform rate, they do occur in this sequence.

While theoretical perspectives on the aesthetic impact of bibliotherapy are not limited to these frameworks, it is notable that they both centre around the empathic connection between a reader and a person (often fictional) that they are reading about and relating to. It is also worth noting that feeling ‘transported’ into a character’s story is an important aspect of non-didactic or aesthetic bibliotherapy, and that this is more strongly associated with readers seeing their own experience reflected in the experiences of the characters they are reading about (Green, 2006) in some cases to the extent that the character may offer templates for ‘possible selves’ (Markus and Nurius, 1986).

In a discussion of the strengths and weaknesses of applying SA to bibliotherapy, McNicol (2018a) argued that the advantage of applying SA as bibliographic material lay in a broader range of subjectivity open to the reader because of the presence of non-verbal information found in SA. McNicol argues that the reader is subjectively interpreting images as well as text, which can lead to a broader range of potential interpretations (McNicol, 2018b). In observing SA being used as bibliographic material, McNicol (2018b) stated that readers were often surprised by the complexity or depth of the material they encountered because of cultural expectations of SA as light-hearted or made for children. McNicol (2018b) also stated that a commonly held bias against SA in relation to it being unsuitable for adults represented one of the main barriers to applying it to bibliotherapy.

2.6.1 Parasocial Relationships

Relevant literature to the development of empathic relationships with characters in narratives can be found in relation to the subject of ‘parasocial relationship’. This term was originally

coined by Horton and Wohl in 1956 as part of a study of the psychological effects of television, a relatively new technology at the time. Horton and Wohl's (1956) main interest was in how viewers perceived television personalities, particularly when these personalities addressed their audience "directly" by looking and speaking into the camera while filming them.

Contemporary research has drawn a distinction between 'parasocial interaction' and 'parasocial relationship' (Dibble et al., 2016). The former being a singular event that is evoked when a viewer consumes media where a personality or character directly acknowledges the presence of their audience in their performance, simulating elements of typical face-to-face interpersonal interaction (Horton and Wohl, 1956; Horton and Strauss, 1957; Hartmann and Goldhoorn, 2011). The latter being a unidirectional relationship the consumer of the medium in question has with a character in that medium. The literature indicates that a parasocial relationship can be enduring and can bear a number of similarities to typical interpersonal relationships, existing outside immediate "contact" with the character (Dibble et al., 2016).

Like interpersonal relationships, parasocial relationships can be voluntarily entered into and can be voluntarily opted out of (Perse and Rubin, 1989), they can be a source of social support and companionship (Finn and Gorr, 1988; Perse and Rubin, 1989; Schiappa et al., 2007; Tsao, 1996) and the literature indicates that when a parasocial relationship is damaged or ended, the distress arising from this event is comparable to the effect of breakdown in interpersonal relationships (Cohen, 2004). The research also indicates that parasocial relationships grow stronger over time (Ballantine and Martin, 2005) and are strengthened by the self-disclosure of the object of the parasocial relationship as in the case of interpersonal relationships (Horton and Wohl, 1956; Meyrowitz, 1986; Perse and Rubin, 1989). Data strongly suggests that parasocial relationships can directly influence behaviour, to the extent that parasocial relationships are commonly leveraged as part of product

placement advertising (Russel et al., 2006), the development of brand loyalty (Jerslev, 2016) and public health campaigns (Brown and Basil, 2010).

One powerful example of parasocial relationship in SA-based bibliotherapy is represented by a small-scale study by Garbarino (1987). Garbarino (1987) explored the impact on fourth-grade school children (aged 9-10) of a special issue of a comic dealing with sexual abuse, produced in 1985 by Marvel Comics in collaboration with the National Committee for Prevention of Child Abuse in the US. The comic featured two stories, one involving the superhero Spiderman. In the story Spiderman discovers a boy who is being sexually molested by his teenage female babysitter. Spiderman discloses to the boy that he had been sexually abused by a young adult man when he was a child, and later goes on to support the boy in talking to his parents about what has happened to him. There were clear instances in the interviews with participants of young children disclosing past experiences of being sexually abused as a direct outcome of relating to the experience of Spider-Man/Peter Parker depicted in the SA. There was at least one report from a participant stating that, had they been shown this piece of SA earlier, they would also have disclosed their experience to care-givers sooner as reading the SA made them feel less afraid of doing so and more confident that disclosing their experience was the right thing to do (Garbarino, 1987). While parasocial relationship was not explicitly referred to in this study, the original aim of the SA was ostensibly to support readers in empathising with Spiderman as a result of their existing relationship with the character, therefore we can view this as an intervention where the reader’s parasocial relationship was at the centre of the intended impact of the SA.

2.7 Military Application

It is worth noting that there are examples of military applications of SA to the subject of the mental wellbeing of both veterans and serving personnel. In 2011 a division of the US military, the Defence Advanced Research Projects Agency (DARPA) funded a development programme coordinated by Shilling (2011). The programme was proposed on the premise

that creating SA about traumatic experiences would support the recovery of veterans in treatment for PTSD. This premise was developed because of anecdotal observations from therapists supporting veterans with PTSD, who had noticed that veterans who articulated their combat experiences by creating comic books appeared to move more quickly through their treatment (Axe, 2011).

After contacting Shilling directly in 2019 to seek information on the project, Shilling indicated to me that this project was not completed. However, it is an indication of some confidence from the US military in the clinical potential of SA-creation. In terms of SA-consumption, the US Naval Health Research Centre commissioned a 200-page piece of SA named 'The Docs' (Kraft et al., 2010; Hourani et al., 2017) that aimed to present a comprehensive view of the personal and psychological challenges of deployment for newly trained medical officers, including depictions of separating from family, the psychological impact of being in combat, and returning home. The purpose of the project was to provide some preparation in the reader for the mental health impact of these experiences. While The Docs was well received by the Navy and Marine Corps community, systematic evaluation of its effectiveness in preparing readers for psychological stress was not conducted (Hourani et al., 2017).

2.8 Summary

The existing literature on SA as it is applied to talking therapies tells us several things. First, the application of SA to talking therapy can be viewed as falling into two broad categories based on examples from the literature: interventions that involve creating SA and interventions that involve consuming SA. Second, in either type of intervention one of the main objects of an SA-based intervention is to bring the unconscious into consciousness. Third, another frequent object of an SA-based intervention is to use SA as a vector for communication between the client and their therapist. Fourth, SA-based interventions can be used to support clients in finding and using their voice in their therapy. Finally, both SA-

creation and SA-consumption can be applied to support clients in processing their experiences.

Taking the full range of this body of literature into account, we can consider what current evidence suggests about SA as a medium and what this evidence says about the application of SA to talking therapy. SA is represented in the literature as more complex than common cultural assumptions would lead us to believe. Both cognitively demanding to process, but fundamentally engaging to consume, SA is a flexible and adaptable medium. The literature shows that SA allows us to empathise with its subjects on an embodied level and that something about the way we engage with SA on an unconscious level supports our involvement, understanding and ability to learn from the subjects the medium is used to cover. When applied to talking therapy, these elements of how we respond to SA as readers can be capitalised on to support fundamental aspects of talking therapy such as communication, reflection, empathy, and the empowerment of the client. The literature tells us more about the experience of consuming SA than the process of creating it, particularly from the perspective of neurology and cognition, but information about client experiences of creating SA in the context of clinical therapy indicates SA-based interventions as clinically useful.

3. Methodology

3.1 Overview

In this section I will outline my philosophical and methodological approach to this research project. I discuss the GT methodology from a social constructivist perspective and my reasons for adopting this approach. I provide a detailed account of how I approached each element of the project from a practical point of view, and I explore how these elements were influenced by my philosophical position. Integral to my approach, I provide a clear account of my position as a reflexive researcher, demonstrating how my understanding of my own

personal experiences, history and subjectivity influenced my work on this project and informed its development (Glaser and Strauss, 1967).

3.2 Methodological and Philosophical Approach

My focus on social-constructivist GT is informed by my epistemological position as a researcher and clinical practitioner, which I also describe as social-constructivist. In line with how Berger and Luckmann (1967) present their perspective of social-constructivism, I consider the way that people develop and the way they come to view the world they occupy as being rooted in social networks, that reality can be described as socially constructed, and that our perception of the world around us is directly influenced by our contact with other people via implicit social agreements. This contrasts with a positivist perspective, which assumes a reality that exists independently of human beings and suggests that a researcher who occupies a truly objective position can uncover concrete and indisputable truths (Rehman and Alharthi, 2016). As a researcher, I consider embracing a subjective perspective on epistemological enquiry that seeks to explore how meaning is constructed as a more realistic approach to enquiry.

As a clinician my practice is also informed by a social-constructivist perspective. For example, I see my client's view of their own lives as fundamentally valid and consider clients as the expert of their own experience and thus the expert of their own unique truths from their perspective (Rogers, 1957). This view is suggestive of people experiencing individual and subjective realities. I also hold to the view that human beings engage in a process of relational meaning-making from the beginning of our lives and that damage or disruption to this process, particularly in relation to formative relationships, can contribute to serious issues for mental wellbeing (Stern, 1977, 1995, 1998; Beebe and Lachmann, 2013, 2015; DeYoung, 2015a, 2015b). This perspective is suggestive that the socially constructed framework that influences the way we live our lives is of fundamental importance to a complete understanding of wellbeing.

As a clinician, I consider it part of my responsibilities to develop methods of communication that support a client's ability to engage with their therapy from their own unique perspective, which is what led me to investigate this topic. I also consider occupying a socially constructed perspective as a vital part of being a competent clinician and that it requires an understanding of the impact of social context, particularly the roles that things like culture, ethnicity, sexuality, gender-identity, socio-economic position and religion all have in bringing particular contexts to our lives. From an epistemological perspective a methodology that allows me to fully occupy a social-constructivist position seemed appropriate, not only from a personal perspective but from the perspective of the topic of this research. As discussed, the social context in which SA as an art-form is regarded as an important element of exploring this subject. I knew social-constructivist perspectives on how my participants apply SA would be key for understanding how this took place as a social action in professional contexts.

Social-constructivist GT was also a very practical option for this project. Since I would be looking at the experience of using SA from the practitioner's perspective, I wanted to employ a research method that would involve taking an experiential approach to this work. Initially I explored a number of commonly used qualitative research methods before coming to the conclusion that social-constructivist GT was the most appropriate methodology to adopt for this project. I considered Discourse Analysis (DA) and dismissed it as an option primarily because of this approach's emphasis on the importance of language. DA is primarily concerned with the function and effect of language as a social practice that represents the realities of participants rather than simply their thoughts and feelings and uses the analysis of language to explore the internal realities of interviewees (Braun and Clarke, 2021). My main interest in this project was not the personal experiences of my participants per se, but in exploring the social action they performed by applying SA to their clinical practice. While the lived experience of my participants in relation to their work with SA was of interest, it was not my primary focus thus DA would not have been an appropriate approach on this basis alone. In addition to this, using DA would not have supported the development of a

substantive theory of how SA can be applied to talking therapy, which was one of the core aims of this project.

For similar reasons I decided that interpretive phenomenological analysis (IPA) would not be an appropriate methodological approach to this project. IPA is primarily concerned with detailed examination of personal lived experience, and how people understand and make sense of that experience (Eatough and Smith, 2008). Initially this seemed a good potential route towards developing an understanding of my participant's practice of applying SA to their work. Primarily, IPA aims to reduce the experiences of a sample of people of a particular phenomenon to its basic essence, and the meaning of this experience to the people who have had it (Smith et al., 2009). A GT study goes further than looking for a basic essence of a phenomenon to develop a theory of the process involved in the experience (Cresswell and Poth, 2016). While IPA might have been useful for determining common elements of the experience of applying SA to talking therapy, I was interested in how different practitioners had used SA in their work, what motivated them to do so, to continue to do so, and what their reflections were on the impact of this practice. Again, as my main aim was to develop a substantive theory relating to a social action rather than the essence of a phenomenon, IPA did not seem an appropriate choice.

In line with my awareness of my position as a member of the group I was researching, I considered Analytic Autoethnography (AA) as another possible methodological approach to this project. Fundamentally, autoethnography seeks to use the experience of the researcher to inform an understanding of social phenomena the researcher is involved in through exploring the researcher's experience of the phenomena alongside other group members. This research method emphasises analytic reflexivity and the narrative visibility of the researcher in the project itself, which complimented my epistemological position (Anderson, 2006). I began to doubt the viability of this approach on the basis of the extent to which the researcher has to place their own experience of a phenomenon at the heart of their project.

In AA the self-narrative of the researcher is part of the development of a theoretical understanding of the social processes being explored by the group being researched (Anderson, 2006). Through memo-writing I realised that part of my motivation for taking on this project was not limited to developing a substantive theory that could potentially guide therapists interested in applying SA to their own work. I was also interested in using this framework to help me to develop my own abilities with this practice. In a sense, I identified more with the hypothetical therapist discovering this framework for the first time than I did with the idea of being an in-group member. I ultimately realised that I struggled to own my membership of the group I was studying, somewhat in parallel to the participants I would go on to interview. This made a methodological approach that required me to centre my own experience so strongly in the research an uncomfortable fit. Ultimately, I felt AA might prove a more appropriate approach once research into the application of SA to talking therapy had developed further, and felt that GT was a more suitable first step.

Finally, I considered Reflexive Thematic Analysis (RTA) as a potential route into developing an insight into how the experiences of multiple therapists that have applied SA to their work could be used to develop a general framework for how this can be done. Thematic Analysis (TA) is often characterised as a descriptive method designed as identifying broad themes rather than an approach designed to develop substantive theories (Howitt, 2019). Braun and Clarke's (2021) presentation of RTA separates it from what they referred to as coding reliability approaches to TA, which take a positivist perspective to the subject of enquiry and perform comparatively superficial analysis of data. Coding reliability approaches to TA view researcher subjectivity as something to be controlled or mitigated, making them inappropriate for a study like this. RTA, by contrast, embraces subjectivity as part of the analytic process (Braun and Clarke, 2021). In this approach to TA, themes are developed from codes which are considered patterns of shared meaning that all relate to a core organising concept. As the themes that lead to the core organising concept are generated by the researcher, they are considered inseparable from the researcher and as such RTA

requires the researcher to be highly reflexive (Braun and Clarke, 2021). Braun and Clarke (2021) argue that there is little to separate RTA and GT in terms of process and outcome, and it may be the case that RTA could have been used to develop a sense of core organising principles common across the way that participants applied SA to their clinical work. This being the case, there are some important details that made GT the more suitable methodological approach for a project focusing on a relatively unexplored area of inquiry. The primary difference that separated these two approaches regarding this project was theoretical sampling alongside concurrent data collection, which is absent from the RTA model but provides GT with an element that facilitates a stronger sense of being led by the developing corpus of data towards a final substantive theory. Braun and Clarke (2021) also point out that GT is the more appropriate choice for a research project that is based on social action, when the sample of participants is relatively heterogeneous, and when there is not a requirement to meet a tight deadline, all of which were the case with this project.

Overall, the main reason for choosing GT over any other methodology was the aim to develop a substantive theory as an outcome of the project. While the other approaches explored above had their merits, this project represented an attempt to move into the relatively unexplored subject of applying SA to talking therapy, and to provide a substantive theory of how this could be done as a direct outcome of the research. As I was exploring an area in which there was little pre-existing research within my field, I was conscious of GT's history being rooted in the exploration of unexplored topics (Glaser & Strauss, 1967). I was also attracted to this methodology due to its history of having been developed as an approach to enquiry that emphasised being led by data (Glaser & Strauss, 1967), social context and interaction (Glaser, 1992), interpretation (Strauss & Corbin, 2007; Charmaz, 1990) and social-constructivism (Charmaz, 2014). Two other aspects of the methodology contributed to my decision to adopt social-constructivist GT. First, as I have already indicated, the fact that social-constructivist GT also acknowledges the researcher's subjectivity as a necessary and important element of the project was important to me

(Charmaz, 2014). Second, the cycle of constant comparison between each source of data at each stage of analysis before advancing to the next stage, which is characteristic of GT projects, provides a thoroughness of theory development that strongly appealed to me (Charmaz, 2014). All of this seemed to fit my research question and my approach to research in general very well, making social-constructivist GT the most appropriate choice for this project.

3.3 Reflexivity

From the perspective of a social constructivist psychological researcher, reflexivity is inherent in my approach. I recall that at the beginning of my career in studying psychology as an undergraduate I had a keen interest in rigorous objectivity, taking the view that a positivist perspective was the best way to defend psychology as a science. I was regularly frustrated by the difficulty in maintaining such a position since it seemed so hard to manage the subjectivity of the researcher even when conducting statistics-laden quantitative research. Influenced strongly by my developing practice as a clinician I came to the belief that as a human being I, like any other researcher, would simply not be able to "neutralise" my subjectivity and that it would always be part of any research I undertook as described above. Using a qualitative methodology like social-constructivist GT helps me to represent my reflexivity clearly and explicitly as an important part of the research itself rather than something that must be contained or neutralised. In centring my reflexivity as part of this research I have considered a number of areas in which my own psychological process has impacted this project.

3.3.1 Personal History

I started this research project as someone with a background in reading SA, and as someone with existing views on the art-form's potential impact in relation to human wellbeing. I considered SA a rich medium for supporting people in articulating complex and emotional experiences through the use of art and narrative. As someone with a diagnosis of

severe dyslexia I struggled, as many dyslexics do, to engage with written prose when I was a child. Written text was always difficult for me to connect with, and even as an adult I find that developing a sense of imagery and narrative relating to a piece of written text supports my reading comprehension. When I discovered SA at the age of about five or six, I had found something I could connect easily with. As my interest in reading SA grew, I gradually grew more confident in reading text and became more interested and involved in my work at school.

During the latter stages of conducting this research I was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Reflecting on this diagnosis in relation to my personal history with SA led me to realise how this medium also allowed me to develop my ability to focus my attention, a core challenge for anyone with ADHD. The integration of image and text held my attention as a child far more than anything written in prose and showed me that I could sustain my focus on something for long periods of time. Without this confidence I would never have considered pursuing my initial degree in psychology. Now, having completed a number of degrees and a doctoral research project, I am conscious that a lifelong interest in SA that began in early childhood has had a positive and meaningful impact on my life. It was important that I consciously held an awareness of the weight of my personal history with SA as I worked through my research, particularly the interview and analysis stages. I did this by reflecting on the uniqueness of the experiences my interviewees described to me about their work with SA and how this mirrored or differed from my own experiences with the medium, a practice I discuss in more detail below.

3.3.2. Applying SA To My Clinical Training and Personal Practice

At the outset of this research, I had never applied SA to clinical work of my own in any capacity. My initial introduction to this topic was limited to researching the work of others, both inside and outside the disciplines of psychotherapy and psychology. During discussions in reflective peer groups, in supervision sessions and in discussions with colleagues

interested in my research I found myself on several occasions faced with the same question *"is this something you're using in your own work?"*. I would reply that it was not, which would often be met with surprise. The question stayed with me and motivated me to explore using SA in my own practice both as a researcher and as a clinician. My integration of SA into my own work began with incorporating self-made SA into academic presentations to tutors and classmates. This was met with an overwhelmingly positive response in terms of engagement with the content and an understanding of the points I was making. Examples of this work are included in Appendix 2.

Following this, I brought SA into my clinical work in the form of using pre-existing SA to deliver psychoeducation where and when I felt it would be beneficial to my clients. I also discussed this practice in clinical supervision and would later go on to use SA as a way of framing reflective exercises with clients. During the completion of a viva examination as the final stage of my assessments prior to qualifying as an integrative psychotherapist, I applied SA as a central element of what I brought to the examination. Instead of using PowerPoint to conduct a required presentation of my practice and its theoretical underpinnings, I presented an eight-page piece of SA as an alternative presentation method which I had written and co-illustrated. This took place roughly halfway through conducting my interviews and initial analysis for this research. Finally, I spoke at three conferences discussing my research, in one instance using a piece of SA written and plotted by me and illustrated by a professional illustrator, to provide information about the current state of this research project. This took place after the completion of my interviews but during my analysis of data. Examples of these pieces of SA are included in Appendix 3.

During this research I have begun the process of integrating SA into my own professional life in parallel with exploring with my participants how they had done this in their work. As such, I needed to consider the subjective impact of doing so on myself as a researcher. Using a reflective research journal, I carefully considered the pre-transferential or transferential

process when preparing for and conducting my interviews. I used the same strategy regarding my interpretation of data during the analysis phase.

3.3.3. Pilot Study

To support me in approaching this project reflexively, I conducted an initial pilot study with a clinical supervisor I had been working with for roughly eighteen months. The main motivation for doing so came from a recognition that my subjective assumptions about how a practitioner might reflect on their professional use of SA would directly influence the questions I prepared for interviews, and by extension the interviews themselves.

During a clinical supervision session, I had discussed my application of a piece of pre-existing SA in therapeutic work with a client as a psychoeducation tool. Following this, my supervisor independently purchased a copy of the SA piece and applied it to their work with two of their own clients. On the basis that they now had some first-hand experience of applying SA to their work they agreed to two forty-five-minute interviews spaced twelve months apart. The space between interviews allowed my supervisor to reflect on using SA in their work both very soon after doing it for the first time and with the benefit of hindsight, and also allowed me to explore whether it was a practice they had continued with.

The outcome of this process was the initial list of interview questions that I would refer to during my research interviews. The final list of questions is included in full in Appendix 4.

3.3.4 Research Journal

Keeping a research journal has been an important part of maintaining a conscious reflexive position through this research project. Maintaining this practice alongside keeping reflective memos during the analysis phase is a recommended element of practice in a GT project (Charmaz, 2014; Glaser and Strauss, 1967). By incorporating these elements of practice, the process of collecting and analysing data became a more explicitly reflexive process. In practice I would interpret data from a transcript, reflect on this interpretation from a reflexive

perspective, and record any observations in my memos. This would take place at each stage of coding and would be supported by my research journal, in which I would record my reflections on the research from a position that was less closely embedded in my data.

Employing this process had several benefits, such as supporting my reflexive analysis in relation to my insider/outsider position (which I discuss in further detail below) as a researcher, and more widely on the impact I would have on the way my interviewees would respond to me based on the questions I asked and the way I asked them. Being able to reflect on these things from a reflexive position deepened my ability to analyse my data at the depth required of a constructivist GT project. I also found it useful to confer with a 'critical research friend' who had a background in qualitative research and knowledge of GT. Sections of my research journal, memos, and discussion with my critical research friend are included in Appendix 5.

3.3.5 Developing My Research Question

Developing my research question involved capturing several things. As discussed above, my main interest in exploring the topic of SA application in psychotherapy and psychology was to draw data directly from practitioners with first-hand experience of applying it. As well as yielding rich data that would be located firmly in the lived experience of those practitioners, this research question also pre-supposes a key question. This question is *"can SA be used in psychotherapy and psychology?"*. Given that my research focuses on the practice of people in this field who have done so, the answer is clearly yes. Therefore, the next important question is one that focuses on how this is done and what the experience of doing it can teach us. My assumption prior to conducting interviews (including my pilot study) was that interviews would be taken up mostly with participants discussing their clinical application of SA. Although this was my expectation, I was aware through researching potential interviewees that some practitioners were working with SA in a non-clinical capacity. While I included and interviewed participants who applied SA to their work primarily outside clinical

practice with the intention of exploring data reflecting this, the scope of this project did not allow for pursuing this exploration.

As discussed above, I also wished to develop a substantive theory of how SA can be applied to practice in psychology and psychotherapy. From a reflexive perspective, this was strongly influenced by an interest in learning how to apply SA to my own work, in particular at the very early stages of this project when I had yet to begin integrating SA into my practice clinically and non-clinically. In attempting to develop a title that would capture the focus of this research I opted to home in on the action of applying SA to clinical practice.

3.4 Conducting the Literature Review

The subject of when to conduct a literature review during the course of a GT project has been thoroughly discussed since the development of the approach (Glaser and Strauss, 1967). Originally, Glaser and Strauss (1967) advised against conducting a review of the substantive literature on a given topic at the early stages of a GT project, despite the fact that this is a common practice in most methodologies (Dunne, 2011). They recommended instead that the literature review be conducted much later in the timeline of the project, towards the end of the analysis of data, proposing that doing so would protect the researcher from becoming influenced by the existing prevailing wisdom on the topic being studied and support them in finding an analytic perspective that was truly their own (Glaser and Strauss, 1967).

As things stand today, it could be said that there are three perspectives on when to conduct a literature review in a GT project as far as the most influential voices are concerned. First, Glaser has consistently held to the view that the literature review should be conducted in the latter part of analysis and then integrated into the process of theory development, making it easier for the researcher to have confidence that their response to their data was not influenced by the interpretation of prior researchers in the area of enquiry (Glaser, 1998). Second, Strauss and Corbin (1998) felt that the benefits of an early literature review such as

supporting the researcher's engagement with the subject of the research and supporting knowing where to start with the process of theoretical sampling, outweighed the challenge of finding one's own perspective relative to pre-existing work. Finally, Charmaz (2014) occupied something of a middle-ground, agreeing that a late-stage literature review could make it easier for the researcher to feel confident that their interpretation of data were really based on their own ideas and analysis, while stating that pre-existing theories should not be excluded from the process of working through a GT project. Provided that pre-existing theories are critically evaluated by the researcher before the decision of whether or not to integrate them into the final substantive theory takes place, Charmaz viewed early literature reviews as appropriate to a GT project (Charmaz, 2014). This perspective is particularly influenced by Charmaz' social-constructivist stance, which holds that the researcher is not an empty vessel that makes a discovery of data or the final theory, but that the researcher is co-constructing meaning with their participants (Charmaz, 2014). This being the case, the researcher does not construct meaning in isolation and thus the ambition of being free of outside influence makes less intuitive sense than from the more positivist perspective of Glaser (1998).

For this project I conducted a systematic literature review (see Appendix 1) prior to starting the process of sampling and interviewing. I then conducted a second literature review once interviews were completed to integrate literature mentioned in the interviews by participants into the final review. Finally, I conducted a third literature review once the analysis of data was complete to support the process of contextualising this project within the wider corpus of research on this topic, before integrating this material into the overall review. I will present a brief examination of my decision making in relation to conducting my literature review in the way that I did.

As discussed, my application of the GT model adopts Charmaz' (2014) constructivist presentation of how to carry out a GT project. In line with her perspective, I entered into the

process of gathering and digesting the literature relating to my research question critically. An interesting element to this process was that, in relation to developing an impression of how SA could be applied to talking therapy, none of the literature I discovered from my initial systematic review spoke directly to this practice. Instead, the literature gathered as a result of this search spoke to how SA had been applied in allied disciplines like education or healthcare. Only the literature that I integrated into the wider review after interviews had been completed, and after which the bulk of the analysis had been conducted, consisted of therapists directly outlining a description of how therapists could apply SA to talking therapy.

In retrospect, although I took an approach to my literature search that was consistent with Charmaz' (2014) perspective, I had arguably worked through a process that was somewhat consistent with Glaser's (1998) views in that the literature I had reviewed did not represent working with existing models of SA application, in other words the "substantive" literature. In any case, it seems unlikely that key elements of the project like the development of interview questions, theoretical sampling, or analytical interpretations of data would have been repetitious of elements of my initial corpus of literature, since it did not speak to the application of SA to talking therapy in any direct sense. On the basis of the question of "how SA can be applied to talking therapy?", there was no presentation of a model for doing this in the initial corpus of literature, or any discussion of the process of working through this practice, thus there was no prevailing wisdom to be influenced by. Further to this, the process of applying constant comparison and memoing that I engaged in during the course of this project, which supported my reflexive practice generally, have also been cited as mitigating factors in the management of potential bias developed as a result of conducting early literature reviews (Dunne, 2010).

While I feel very confident that my approach to conducting my literature review managed the issue of potential researcher bias well, there is another proposed drawback to conducting an early literature review to consider. Glaser (1998) argued that conducting a review at an early

stage would mean that at that point, the researcher may not be aware of the most relevant literature in relation to their project. This being the case, the researcher may invest significant time and energy into a review that turns out to be wasteful and inefficient (Glaser, 1998). It could be argued that since I only became aware of the literature that spoke directly to the application of SA talking therapy well into the interview and analysis phase of the project, that my experience bears out Glaser's (1998) concerns. While my investment in my initial review could be viewed as an inefficient use of resources from a certain perspective, my experience was that this was an extremely valuable process. Conducting an expansive literature review helped to ground me in how the application of SA to the practice of talking therapy could be understood in the wider context of how image and narrative are experienced, and with how SA in particular has been applied to the general aim of improving human wellbeing. This is consistent with authors who suggest a potential benefit to early literature reviews in GT is how it can contextualise the project for the researcher in terms of its place in academic and clinical research (McCann and Clark, 2003a; Denzin, 2002).

Exploring an expansive corpus of literature directly informed my sense of the medium of SA being relatively unexplored in a general sense, not just in relation to talking therapy. As I discuss in more detail below, this awareness of SA as a medium that has perhaps been widely overlooked as a topic of research was important. It contributed to my interest in exploring with participants how they had developed their protocols for applying SA to their work without much in the way of pre-existing literature to serve as a guideline, and my interest in exploring their views on how SA seemed to generally be regarded. Alongside my pilot study, conducting an initial early literature review was an important support for considering how to develop my interview questions, not because of the gravity of a particular pre-existing theory, but because of the lack of one. On balance, my experience of doing an early initial review was that it was a helpful process that helped me to engage with my topic and locate my research question in the wider field of literature on this subject. My view is

also that this practice posed negligible risk to my reflexivity as a researcher for the reasons I have outlined above.

3.4.1. Generating interview questions

Although I conducted an expansive initial literature review at an early stage of the project, the initial review had a limited impact on the process of generating interview questions. Since there were no elements of that initial review that spoke directly to the processes of applying SA to talking therapy, there were no pre-existing protocols or practices to refer to when generating questions.

Instead, the generation of interview questions was primarily influenced by my pilot study. The pilot study allowed me to generate questions that spoke directly to the practice of applying SA to talking therapy and allowed me to do so by drawing on more than my own first-hand experience of this. Basing the generation of questions primarily on the experience of a therapist with their own first-hand experience of applying SA to their clinical practice both grounded question generation in social action and helped widen the range of questions I considered. Through the pilot study I was able to weigh the pros and cons of potential questions so that the final questions I generated were broad, expansive, and open-ended in their scope (Bluff, 2005; Foley et al, 2021). Since the aim of any GT project is to develop theory that is firmly led by data and not oriented towards confirming an existing hypothesis, it is important to generate open-ended interview questions that give participants space and freedom to lead the direction of the interview (Foley et al, 2021). As Charmaz (2014) suggested, interviews in grounded theory studies should focus on the exploration of the participant's perspective through providing a framework for a relatively one-sided discussion. Using the open-ended questions generated through conducting my pilot study allowed me to do this, using a framework described by Charmaz' (2014) as 'intensive interviewing'. Intensive interviewing bears all the hallmarks of what might otherwise be thought of as a

form of semi-structured interviewing apart from the fact that one of its core elements is the absence of any interview schedule.

The option of using a fully unstructured interview framework was something I considered seriously at first, but ultimately decided against using. While fully unstructured interviews work well in studies that are strongly led by data, as GT studies aim to be, they are most appropriate for studies on subjects where there is little prior knowledge of the focus of study (Foley & Timonen, 2015). Initially I thought that the application of SA to talking therapy met this description, considering how unexplored it seemed in the research literature. On reflection I realised that while the specific application of SA to talking therapy was a relatively unexplored subject, the practice of talking therapy generally was not. Common practices and core considerations relating to how talking therapy is conducted (confidentiality, the therapeutic relationship etc) were well known going into the interviews. Given this fact, an intensive interview framework where a short list of questions was established prior to interviews, but where questions were asked as and when the participant discussed things relevant to them instead of using a predetermined schedule of questions, seemed the most appropriate option (Conlon et al, 2015; Foley et al, 2021).

In terms of how the interview questions may have influenced the creation of categories for the project, the categories developed from the interview data bore little direct relationship to the interview questions themselves. On this basis it appears that the interview questions themselves had marginal influence on the development of categories, particularly in the case of the final categories generated at the end of the project. The final categories represented a significant departure from the subjects that the interview questions focused on. This highlights how much participants were able to lead their interviews into areas that they, rather than I, felt were important or relevant to their experience of applying SA to their clinical work. The fact that the analysis of data generated categories that were unexpected to me also indicates how much the findings of this study were a result of a co-construction of

knowledge between myself as the researcher and my participants, as opposed to being influenced by knowledge held prior to interviews through the early literature review or other from other sources of prior knowledge.

3.5 Data collection

3.5.1 Participant Inclusion Criteria

In terms of my inclusion criteria for participants the criteria were as follows:

1 - Must be a qualified psychologist or psychotherapist with at least two years post-qualified experience.

2 - Must self-identify as someone that has used SA in their work as a psychologist or psychotherapist.

3 - Must be willing to take part in at least one interview of between 40-60 minutes regarding their work with SA.

I excluded any respondents who did not meet these criteria. These inclusion criteria were set primarily to focus this research on the subjects of psychology and psychotherapy in applied practice and to avoid casting the net of the research itself beyond an achievable scope. In one instance a participant whose primary qualification was in clinical social work was included in this research on the basis that they had been practising as a trained psychotherapist for over two decades and identified as a psychotherapist. As art therapists are accredited by UKCP as psychotherapists I included art therapy within the field of professional psychotherapy, thus art therapists who responded to my call for participants were included in the study provided they had accrued at least two years of post-qualification experience.

3.5.2 Recruitment

I used several methods for recruiting participants. During the process of designing the study, I had collected a shortlist of individuals who appeared to meet the inclusion criteria as I researched the topic. I would generally discover potential interviewees through and using Google using the search terms “comics+psychologist”, “comics+psychotherapist”, “comics+therapy”, “comics+mental health” and eliminated any results that did not reference a psychologist or psychotherapist applying SA to their professional work in some capacity. Participants were contacted via private email addresses. I also posted an advertisement online to the ‘Art Therapy Forum’ and to the ‘Graphic Medicine’ Facebook page and website, an example of which can be found in Appendix 6.

3.5.2 Theoretical Sampling

In line with both the original and social-constructivist models of grounded theory I approached potential interviewees using a ‘theoretical sampling’ framework (Glaser and Strauss, 1967; Charmaz, 2014). Applying theoretical sampling to this project involved approaching potential participants based on where questions remained in terms of what my existing dataset was able to speak to. For example, I pursued finding an interviewee that used SA to produce self-help material once it became clear that this was a practice some practitioners of psychology or psychotherapy engaged in from the data from a prior interview. Through sampling in this way, the project was led by the emerging data rather than sampling in such a way as to try to develop a data set representative of a group identified prior to the beginning of the interviewing phase. The intention behind following the emerging data is that it helps to reach a richer understanding of the topic at hand by exploring what your emerging data suggests you should explore until lines of enquiry meet ‘saturation’ rather than limiting recruitment to boundaries of exploration that are defined before the research has started (Glaser and Strauss, 1967; Charmaz, 2014).

3.5.2 Participants

The recruitment process involved discussion with twenty-one potential participants, fourteen of whom were contacted directly and seven of whom had responded to advertising. Of the fourteen people contacted directly, nine people declined to participate, did not respond to an initial invitation, or were confirmed not to have met the inclusion criteria following an initial discussion. Of the seven people who responded to advertising, two were not invited to take part in the study as they did not meet the inclusion criteria. In total, 12 respondents to various calls for participation took part in interviews but since two respondents did not return their consent forms their data was not integrated into the data set and thus was not analysed (this is discussed in further detail below), therefore I analysed the data for a total of 10 participants. Table 1. outlines the demographic information collected for each participant. The names of participants have been changed to protect confidentiality and were selected at random using an online name-generator.

Participants had on average fourteen years of clinical experience, and predominantly worked in private practice. They varied in terms of their clinical approaches to talking therapy and predominantly applied SA-based interventions to one-to-one therapy, as well as group-based therapeutic work and the application of SA to public engagement. The types of SA applied included comic books, comic strips, graphic novels, and single-panel cartoons. All clinically practising participants were accredited or licenced therapists.

Table 1. Details Of Participants

Name	Training	Years in practice	Current professional setting(s)	Clinical Approach(es)	Primary area of SA application	Primary form of SA applied
Sarah	Neuroscience, Clinical Psychology	6	Private practice, University	Acceptance and commitment therapy, Narrative therapy, Cognitive Behavioural Therapy.	One-to-one therapy, group therapy, public engagement.	Comic books.
Chloe	Forensic Psychology, Humanistic Counselling	10	Self-employed consultant, No longer in clinical practice.	Humanistic.	Public engagement.	Comic books, comics strips, graphic novels, cartoons.
Sophia	Clinical Psychology	7	University	Cognitive Behavioural Therapy, Trauma-Informed Therapy, Acceptance and Commitment Therapy	One-to-one therapy, Public Engagement	Comic books, comics strips, graphic novels, cartoons.
Frank	Psychotherapy	8	Private Practice, University.	Family Systems Therapy, Cognitive Behavioural Therapy, Psychodynamic Therapy, Narrative Therapy, Acceptance and Commitment Therapy	One-to-one therapy, Public Engagement.	Graphic Novels.
Lucy	Psychotherapy	27	Private Practice	Psychodynamic, Cognitive Behavioural, Dialectical Behaviour Therapy, Narrative therapy, Emotionally Focused Therapy	One-to-one therapy.	Graphic Novels, Cartoons.

Allison	Clinical Child Psychology	5	Private Practice	Psychodynamic	One-to-one therapy.	Graphic Novels, Cartoons.
Olivia	Art Therapy	11	Older Adults Service, University.	Feminist Therapy, Psychodynamic Therapy, Positive Psychology.	One-to-one therapy, group therapy, public engagement.	Comic books, comics strips, graphic novels, cartoons, exhibitions.
Sam	Psychotherapy	10	No longer in clinical practice.	Existential, Buddhist, Pluralistic	Public Engagement	Comics strips, graphic novels, cartoons.
Emma	Art Therapy	19	Private Practice	Feminist Therapy, Jungian Therapy, Mindfulness-Based Therapy	One-to-one.	Graphic Novels.
Mary	Art Therapy	40	Probation, General Mental health.	CBT, Gestalt, TA, eclectic	One-to-one therapy, group therapy.	Comic strips, cartoons.

3.5.3 Data collection methods

I used intensive semi-structured interviews to collect my data for this study, which were audio recorded with the interviewees consent. Prior to agreeing the date and time of an interview with an interviewee, I sent them a detailed participant information sheet and a consent form (Appendix 7) and would confirm they met the inclusion criteria during this process.

3.5.3.1 Pre-interview questionnaire

Prior to all interviews I asked participants to complete a brief questionnaire consisting of demographic information about their training background, number of years post-qualification etc (Appendix 8). This allowed me to ensure that important demographic information was collected while also protecting the limited time available for the interviews themselves for more open-ended questions that explored the experience of the interviewees in more depth.

3.5.3.2 Interviews

In line with Charmaz' (2014) recommendations for conducting semi-structured interviews, while I did have all key questions prepared to refer to in advance of the interview, I did not use an interview schedule and referred to each question as relevant to the current direction of each interviewee's responses. As a result, depending on the direction of each interview each question could be asked at different times across interviews. This allowed the interview to flow naturally and the interviewee to have much more control over the trajectory of the interview than they would in a more rigid interview system. This in turn supports the process of eliciting a rich data set that allows the interviewee to take an authoritative position about their experience and provide testimony that I, as the interviewer, might not have been expecting.

This flexibility is what allows for the development of a final theory to be "grounded" in the lived experience of interviewees and what allows for emerging data leading to the application of theoretical sampling (Glaser and Strauss, 1967; Charmaz, 2014). Interviews themselves lasted between 45 and 70 minutes with most lasting one hour. All but one interview took place over video-messaging which was largely due to the geographical distance of many of the participants. Roughly two thirds of participants were based in the USA, while all but one of the participants based in the UK stipulated, they were unable to attend face-to-face interviews due to scheduling issues or ill-health. The remaining interview was face-to-face. Some authors have recommended reflection on the impact of using remote video-interviews as part of the data-collection process (Krouwel et al., 2019; Deakin and Wakefield, 2014; Rowley, 2012; Lo Iacono et al., 2016). While research has shown that in-person interviews are marginally superior to video calls in terms of how often participants speak, the difference was modest (Krouwel et al., 2019). Potential issues in relation to developing rapport with participants and being able to note and analyse non-verbal cues have also been found to have negligible negative impact on data collection (Deakin and Wakefield, 2014; Lo Iacono et al., 2016).

One of the main benefits of using video calls as a data collection tool is that it allows for interviewing participants from around the world without experiencing significant financial and logistical difficulties as a result (Deakin and Wakefield, 2014; Lo Iacono et al., 2016). Because applying SA to talking therapy is an apparently niche practice, using video calls in this way helped to mitigate concerns regarding sampling participants that met the inclusion criteria by extending the reach of the search for participants. It should be noted that three of the ten participants asked to make their interviews audio-only, as their personal preference. While this removed the opportunity to analyse most non-verbal cues, research indicated that audio-calls only represent an inappropriate data-collection method when misunderstandings are likely to occur due to language barriers or when the socio-cultural context of the topic being researched is complex and prone to misinterpretation (Krouwel et al., 2019). These concerns were noted but did not appear to be an impediment to this research as the data derived from these three interviews were comparable in their depth and richness to the remaining interviews. The fact that most participants were based in the USA is discussed further in chapter 5.

3.6 Data analysis

3.6.1 Transcribing

I conducted my own transcription for roughly two-thirds of my interviews as encouraged by Charmaz (2014) in an effort to fully immerse myself in the data. I found this useful initially, but gradually found that recording memos during transcription to support subsequent coding was too infrequent to justify the time-consuming nature of the task. I outsourced the remaining transcription to a confidential transcription service, following this up with detailed checks of each transcript against the original interview recordings. I did not find that using a transcription service diminished my ability to develop codes during my analysis.

3.6.2 Initial coding

I conducted all coding manually rather than use coding software using line-by-line coding as this allowed me to feel closer to the data (Glaser and Strauss, 1967; Charmaz, 2014). I developed my initial codes by focusing on noting actions taking place in social context by using gerunds (a verb functioning as a noun, usually ending in '-ing' such as 'finding' or 'observing') which is typical of GT coding (Glaser and Strauss, 1967; Charmaz, 2014). Keeping memos during this process helped me to track my reflexive experience through this work and supported the transition to the following stage, focused coding. For example, I reflected on the differences between interviewees in terms of what was discussed, as well as reflecting on the differences between interviewee experiences and my own.

3.6.3 Focused coding

I developed my focused codes by analysing my line-by-line codes through constant comparison to identify similarities and differences between these codes, moving me closer to more analytic, less data-focused codes (Glaser and Strauss, 1967; Charmaz, 2014). Through this process I developed categories that reflected groupings of codes. Category development was supported by the process of constant comparison and as these categories developed, they too entered the process of constant comparison until the data had gone through a process of internal integration and refinement (Glaser and Strauss, 1967; Charmaz, 2014). The constant comparative method was an iterative process throughout the analysis. It involved returning to the transcripts for comparison within transcripts and across transcripts, as well as across codes and categories. Codes and categories that related strongly to one-another or were simply a re-occurrence of the same grouping of codes were merged (an example of this process is provided in Appendix 9). I continued to keep memos throughout the analytical process to help me track my reflections and observations about codes, and how I supported my analysis with an audit trail of my reflexive process. Memos also helped to frame my decision-making about what defined a category and what made

different categories distinct from one another, representing a fundamental element of the analytic process. An example of how memos were written is provided in Appendix 10.

3.6.4 The Quality of the Research

I referred to Lincoln and Guba's (1986) 'criteria of trustworthiness' when organising the design of this study as an alternative to the traditional positivist criteria of research quality, internal and external validity, reliability and objectivity. I reflect on how I met each of Lincoln and Guba's (1986) criteria as they respectively compare to positivist criteria below. I have also considered Charmaz and Thornberg's (2020) discussion of quality in GT.

3.6.4.1 Credibility

Credibility in a research project refers to the confidence that can be placed in a study's findings and demands that I have investigated the nature of my subject fully and provided a plausible interpretation of the data. The practice of constant comparison within the methodology of GT allowed me to continuously check and test my interpretation and analysis of data against other data and against the record of my personal reflexive process to support the credibility of this research (Charmaz and Thornberg, 2020).

Lincoln and Guba (1986) recommend prolonged engagement with the area of study to support credibility. This is demonstrated in the duration of the interview phase of this project, which took place over nine months. In addition, I visited and spoke at the Graphic Medicine conference in 2019 partly to embed myself more thoroughly in the subject of this research, contributing to the depth and duration of my engagement with it.

3.6.4.2 Transferability

In terms of how generalizable my findings can be across different contexts or participants, this project uses what Geertz (1973) termed 'thick description'; in other words, description that is rich in detail and interpretive analysis which supports the transferability of my findings (Lincoln and Guba,1986). In addition to this, "purposeful sampling" (Bitsch, 2005, p 85) in the

form of the theoretical sampling process, further supports the transferability of this project as it represents a heterogeneous sample of practitioners applying SA in different ways across different settings. Interviewing multiple participants throughout the research also allowed me to triangulate my data which supports its clarity. I recorded my research as transparently and systematically as possible through keeping detailed records in my research journal. This will make further enquiries into this topic following my project more straightforward, thus further supporting the transferability of my data (Charmaz and Thornberg, 2020).

3.6.4.3 Dependability

The thorough description of my methodological process supports the internal consistency of this research and its replicability under similar conditions to those outlined in this section. I have supported the replicability of this study by keeping memos, internally auditing data against data, and maintaining a research journal through the course of the research (Charmaz and Thornberg, 2020). I also supported the dependability of my analysis by conducting member-checking, a process whereby participants are given information about the outcome of the research with an invitation to provide feedback. This process ensures that participants are satisfied that they have been accurately represented in the research. This took the form of a written summary of the research findings that was emailed to each participant (Appendix 11). The decision to deliver the research outcome in this way was largely due to the practical impossibility of speaking to participants as a group owing to their geographical distance from one another. Four participants responded to the member-checking document, all of whom stated their sense that the findings of the research resonated with their experience of applying SA to their clinical work and their thinking surrounding this practice.

3.6.4.4 Confirmability

Lincoln and Guba (1986) considered confirmability to refer to the extent to which the researcher’s data and interpretation of data is grounded in the area of study rather than

concocted by the researcher. Through a reflexive presentation of my aims, values, and relationship to the area of study I have illustrated the distinction between what I have brought to this research and the data itself. My transparent description of each stage of the research process supports the data as being independent enough from my personal interpretations to be usable by other researchers (Charmaz and Thornberg, 2020). I also provide an audit trail within the appendices that tracks my analytic process from interview transcript to initial coding, focused coding, and final categories (Appendix 12).

3.7 Ethical Considerations

When considering how to conduct this study ethically I referred to the British Psychological Society's (Oates et al., 2021) Code of Human Research Ethics. The main ethical considerations were not limited to my interviewees but also to the clients the participants discussed with me. On this basis, the confidentiality of both participants and their clients were maintained. No participant or client is identified in this research by name, and any reference to detailed experiences in relation to working with specific clients are adapted to protect the identity of the client in question. Issues of confidentiality, consent, and the ability to withdraw from the study covered by the participant information sheet and consent form (Appendix 13) were discussed at the outset of interviews. I was clear with participants about the aims of the research and have maintained contact with them beyond the data collection and analysis phase of the project, updating them with information about the status of the research.

In terms of contacting participants, where possible I used private email addresses so that communication was not public. On receiving permission to contact the participant privately, I moved the conversation towards private emailing.

It should be noted that because the practice of applying SA to professional work in psychotherapy and psychology is relatively rare, there is an increased risk of participants being identified. To manage this, any references to specific works or publications by

participants were omitted and some exclusion of detailed descriptions of working environments and practices were also excluded.

In addition to the ten participants included in the analysis of data, there were two interviewees who verbally consented to be interviewed but did not return their signed consent form. On ethical grounds the difficult decision not to include their data was taken as the interviewees had not provided evidence of informed consent to participate in the study by returning their signed form. This study was granted ethical approval by the Metanoia Institute's research ethics committee (see Appendix 14).

4. Findings

In this chapter I present a substantive GT of how SA can be applied to talking therapy. Six final categories emerged from the data to form this foundational framework: 1) The contexts for the application of SA to talking therapy, 2) The assessment of how appropriate an SA-based intervention is for a given client, 3) The additional core principles for applying SA to talking therapy, 4) The application of an SA-Based intervention, 5) The effects of applying SA to talking therapy, and 6) The integration of these effects into the client's ongoing therapy. This research shows that the medium of SA can be applied to a broad range of clinical settings, client groups, and presenting clinical issues and that it can be adapted for compatibility with a range of therapeutic models. As illustrated in Figure 5, the process of applying an SA-based intervention to a client's therapy can be understood as a sequential process of consideration, application, and integration.

In the initial stage of this model, an integrated process of assessment and consideration takes place. In the first stage the therapist enters a process of reflection that involves the consideration of the contexts they are providing the client's therapy in, the detailed assessment of the appropriateness of the SA-based intervention they are considering, and the consideration of three additional guiding principles informing the application of SA to talking therapy. At this stage, all these considerations are reflected on as an integrated and

interactive whole. As one of the key guiding principles pertains to collaborating with clients on the application of SA to their work, this stage of SA application also involves the direct involvement of the client in the decision-making process regarding whether or not to apply the proposed SA-based intervention to their work. Once both therapist and client are in clear agreement about the process, motivation, and rationale for applying an SA-based intervention to the client's therapy, they move to the second stage.

The second stage of SA application involves the process of applying and working through the SA-Based intervention, while the third stage involves exploring and reflecting on the effect of the intervention. Finally, the fourth stage of SA application involves integrating the effect of the intervention into the client’s overarching therapy. At this stage the consideration of any further application to this particular client’s therapy brings the therapist back to the initial stage again.

4.1 Contexts of SA Application

Participants experienced their practice as taking place within particular contexts depending on their working environment, what capacity they operated in within that environment, what presenting issues they commonly applied SA-based interventions to in these settings, and what professional support was offered to them.

4.1.1 Settings where SA was Applied

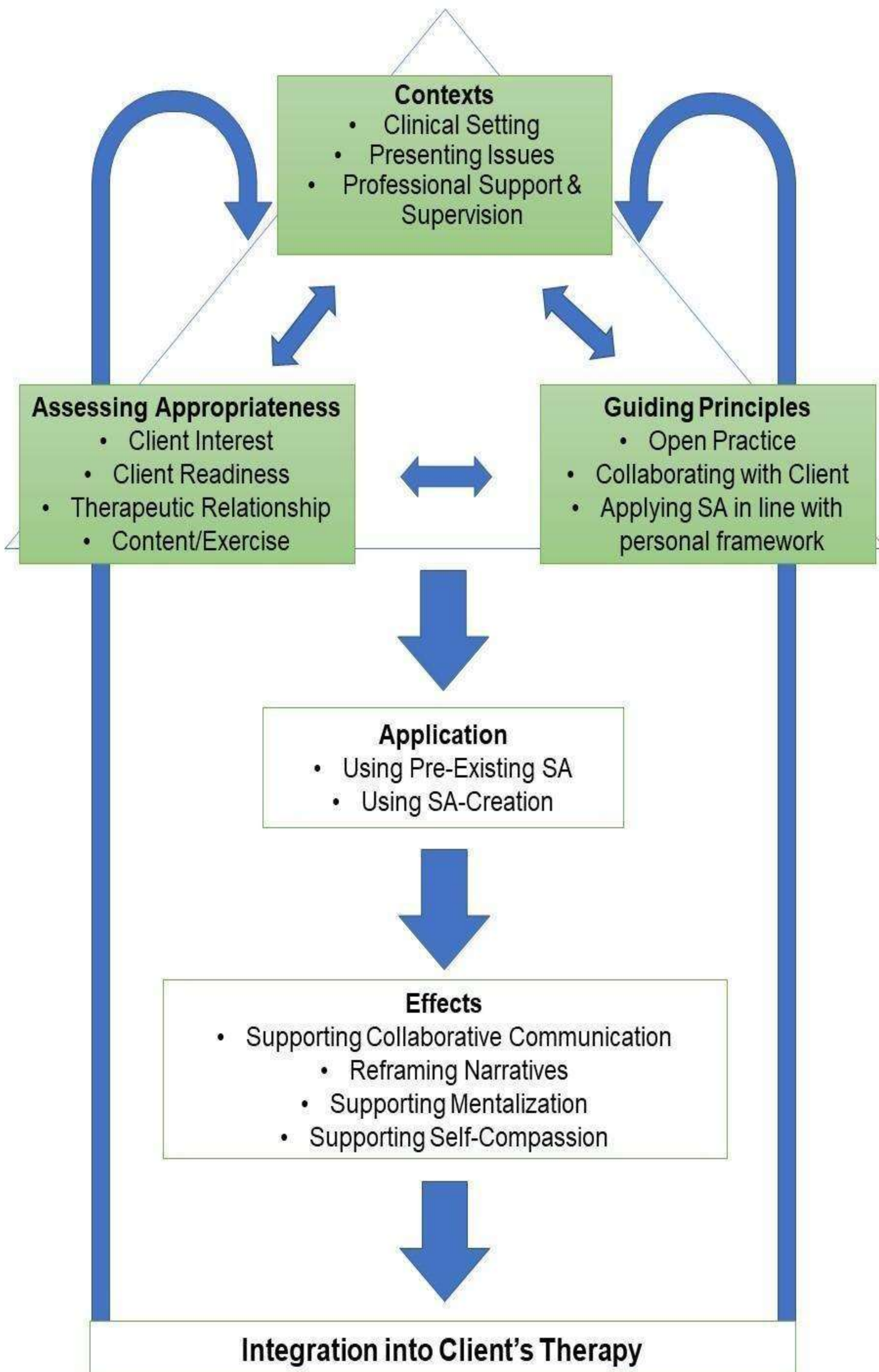
Participants reported applying SA to clinical work across a range of settings that represented specialist clinical services or services that catered to specific demographic groups. There were a number of examples given that would sit outside of what could be considered “general mental health” (settings that participants discussed when speaking about non-specialised private practice for example).

4.1.1.1 Forensic Settings

Participants reported using SA in clinical interventions in either correctional facilities or in probation services. Mary discussed how she would use SA-based interventions to support therapeutic approaches to understanding and reflecting on offending behaviours:

"[I say] we're gonna start by looking at what actually happened...so that we have a better idea of what's going on. If you're okay with that...you could draw a comic strip...of what happened.' And then they can go from there...I would actually do it with most people, if they were willing, so that would probably be about 75, 80%."

The intended outcome of the intervention above was to add depth and detail to an initial assessment with particular emphasis on the specific offence or offences that may have led to a client being involved with the criminal justice system. The SA-based intervention prompted the client to provide a clear and visualised sequence of events around their offence, which arguably created less ambiguity or uncertainty than an account that relies exclusively on a verbal description.


Contexts
Clinical Setting
Presenting Issues
Professional Support & Supervision
Assessing Appropriateness
Client Interest
Client Readiness
Therapeutic Relationship
Content/Exercise
Guiding Principles
Open Practice
Collaborating with Client
Applying SA in line with personal framework
Application
Using Pre-Existing SA
Using SA-Creation
Effects
Supporting Collaborative Communication
Reframing Narratives
Supporting Mentalization
Supporting Self-Compassion
Integration into Client's Therapy

4.1.1.2 Older Adults Services

Olivia discussed how SA-based interventions can be usefully applied to working with older adult populations, particularly clients suffering with the effects of dementia and Alzheimer's disease. In particular, participants discussed applying SA to reminiscence work:

> *"for older adults, because we know that reminiscing...[is clinically useful] [SA] is such a beautiful way to do that...[In] the later stages of dementia...if [clients] have three [panels] that they're...telling a story with…[SA] allows for...fluidity between those stages"*

Olivia explains that the nature of SA as a medium is very useful for this work because of the flexibility and accessibility of the art-form, particularly in relation to how SA does not necessarily require a chronological approach to putting a narrative together to the same extent as prose. Non-linear chronology in SA may be easier to comprehend than some other media due to the visual element of SA. The intention behind this intervention, as described by Olivia, is to support the client's engagement in reminiscence work by giving them control over how they construct the narrative of recalling a past event in their life in a way that doesn't push them to remember events in a strict sequence of events.

4.1.1.3 Veterans and Emergency Services Support

Sophia discusses applying SA to clinical interventions when working in a hospital setting specialising in the treatment of veterans:

> *"I was working with soldiers...who had served in Iraq and Afghanistan...I...[introduced] the idea of superheroes as a parallel...to soldiers...or first responders...police officers...the type of ...occupation that...have...additional hazards...which would lead to higher likelihood of developing PTSD, or other post-traumatic stress disorders, anxiety, depression, suicidality."*

Working with this clinical population often meant working with trauma. Participants who discussed applying SA-based interventions to clinical work with this specific client group

often described using an SA-derived character as a framing device in both psychoeducational approaches to talking therapy and/or the focus of interventions centring on parasocial relationship between the character and the client. Through empathising with, and finding compassion for, a character who had experienced trauma, Sophia's client found a route into finding compassion for themselves.

4.1.1.4 Higher Education

SA interventions were applied to university settings both in terms of one-to-one counselling and to group or campus-wide psychoeducational interventions supporting mental health and general wellbeing as described by Sophia:

"on campus…[I use SA] in training around topics like, student wellbeing, resilience, suicide prevention, holistic health and...health promotion skills."

SA-based interventions in this setting were often applied with the intention of helping to develop a client's ability to self-support both from an individual and interpersonal perspective. Indirectly these interventions were also applied to the wider campus-community with similar intentions.

4.1.1.5 Severe Learning Disability/Cognitive Impairment

Some participants discussed applying SA interventions in clinical work with clients living with chronic and severe learning impairments. Mary provides an example of using an SA-based intervention to collaboratively slow the process of exploring a past event to help mitigate the impact of a client's difficulties with description:

"[my client] could just about write his name. [during an SA-based intervention] ...I said, 'I can't actually...work out what happens between this frame and this frame...in one frame...people are busy talking. In the next frame, there's somebody lying on the ground. How did they get there?...let's start again and you tell me from there, and you tell me what's happened. You draw and I'll take down the conversation"

In this example, an SA-based intervention is used to support the therapist and client in coming together to find a method of communication that works for both parties. By using an SA-intervention, Mary was able to develop important clarification around pivotal events in a client's life while simultaneously engaging the client's interest in continuing to engage with their therapy.

4.1.1.6 Working With Clients Across Age Ranges

In contrast to a frequent expectation that SA represents a useful tool primarily, or even exclusively, for working with children, several participants reported applying SA-based clinical interventions to work with clients across a full age-range. Olivia noted differences she has observed in working across the age spectrum:

"I think younger people...want to be involved in a complex narrative, a complex story...older adults want to just distil [a narrative] down to its essential nature."

Other participants also made an association between age and engagement with SA-based interventions, i.e., younger clients appearing to engage more quickly with the suggestion of SA-based interventions than older clients. No participants suggested that SA-based interventions would be inappropriate for any client simply on the basis of their age.

4.1.2 Common presenting issues

Participants discussed applying SA-based interventions to a wide range of clinical work. Some presenting issues were brought up regularly across participants, suggesting SA-based interventions may have a particular utility when clinically applied to the issues below.

4.1.2.1. Working with Trauma

Applying SA-based interventions to the therapy of clients struggling with the effects of trauma was commonly reported across participants. When considering what clinical

presentations she applied SA-based interventions to, Lucy was unequivocal about her application of the medium to trauma-work:

" I work with trauma a lot...I think, it's helping a lot with...trauma work."

Participants described interventions that used SA as bibliotherapy, psychoeducation or explorations of parasocial relationships but most often discussed applying interventions that involved facilitating the client in making their own SA about traumatic experiences from their past. Emma discussed interventions of this nature when working with trauma:

"When I have a client who has self-regulated enough...and states that they'd really like to...'Get over it' and move on, I say, 'Well, I have a really effective tool I'd like to use with you.'...once we're done with this project...you will have really done the work on this trauma and you'll feel differently...you [facilitate the creation of] a comic book, ending on when...the client feels like there was mastery [over their narrative of the subject]"

Interventions focusing on working through trauma tended to focus on supporting the client through a process of re-narrativizing traumatic events in their past through self-created SA on the events in question. Emma was emphatic about their views on the effectiveness of this tool when she applied it to her clinical work:

"It is one of the most healing, most fantastic tools I have...I can say, without a doubt, to my clients, 'This will be helpful to you. This will change your experience of your trauma. You will no longer be burdened by it. In three months, you'll notice an extreme difference in how you think about this"

4.1.2.2 Working with Chronic Shame

Several participants reported using SA-based interventions in work with clients struggling with chronic shame and self-rejection. Often these interventions would focus on supporting clients in developing self-compassion, using re-narrativizing, and parasocial relationships in

bibliotherapy-based interventions as the most common examples of how SA-based interventions took shape. Sarah discusses using parasocial relationships to encourage clients to view themselves from alternative perspectives relative to their typical self-evaluation. The intention informing this process was that helping the client to reflect on their compassion for a character with similar experiences to them could act as a reference point for questioning why they did not afford themselves the same compassion. Sarah framed this process by encouraging the client to reflect on their "origin story" relative to the origin of a character from SA material that they strongly and positively associated with:

"[I] was working ... with active-duty Marines and...we were working through PTSD and a lot of [clients] really struggled in terms of shaming themselves for having developed a mental health disorder, so I showed one of them...a comic book about Batgirl who was going through post-traumatic stress disorder...[We worked with shame by focusing on] self-compassion…[and]...changing our own narrative...looking at our own strengths and reframing...our experiences and struggles as an origin story...much like one that any...fictional character [has]".

Emma also noted the positive impact that SA-based interventions have had on supporting clients in developing self-compassion:

"I hear the same thing pretty consistently, which was, 'Wow, by spending all this time on [my] story and by going really deep and into all this detail I'm seeing it in a new way and I'm able to forgive myself for how events happened."

In both examples the intention of the original intervention is to use SA as a tool to support the client in externalising their self-narrative before going on to analyse and re-examine it.

4.1.2.3 Difficulty Articulating Thoughts and Feelings

It is not uncommon for clients to find it difficult to express certain experiences or emotions during talking therapy. Participants discussed applying SA-based interventions to support

some clients struggling to express themselves. Mary expressed that facilitating the creation of SA could be useful for working with clients who struggle to understand intense emotions they experience:

“Where I used the sequential art was when people brought [anger] problems”

Interventions using pre-existing SA could also be useful for working in this area, as observing the experiences of characters depicted in SA that were similar to the client’s, could support them in speaking about their own experiences.

4.1.2.4 Struggling with Negative Self-Image

Participants described using SA to support clients struggling with low self-esteem and persistently negative views of themselves. SA-based interventions were used to support clients in challenging self-critical narratives, either through creating SA that depicted alternatives to these narratives or through consuming SA that supported reframing these narratives from an initial position of developing empathy for a character in SA and then working to self-direct this empathy. Lucy provided an example of using pre-existing SA to help a client reflect on their experience of low self-esteem by exploring how someone else had articulated their own experience of similar issues using a metaphorical relationship with an anthropomorphised dog that represented their depression:

“We looked at the picture and she's like…’this is how I feel...my self-esteem is so bad', and it was...such a nice [visual] metaphor so we've gone back to that a lot.”

This application of SA allowed Lucy to support her client in returning to re-examine her self-narrative through the course of her therapy, using the development of empathy for someone else’s experience to support the development of empathy for oneself.

4.1.3 Professional Support and Supervision

An important aspect of the context participants applied SA in was the amount of professional support they received in doing this work. The research data showed that participants consistently developed their clinical practice with SA with little or no meaningful support. In terms of general collegiate feedback, a small number of participants described being unambiguously encouraged by colleagues. They found that this inspired them to explore their application of SA to their clinical practice further, as in the case of Allison who discussed a response, she received from colleagues following a presentation of her work using SA at a conference:

"They encouraged me to talk about this particular case, because it was so different…And I got a really, really good response...they felt that my work with her was very, very strong...and that it was unique...they found it very impressive"

While several participants reported similar examples of positive feedback, most reported a common caveat to this. While colleagues were often supportive of a participant's application of SA, they would also express a dismissal of the possibility of using the medium themselves, usually out of apparent concern for their own standing. This is illustrated by Chloe:

"a lot of my fellow...peers love what I'm doing and are too intimidated to do it themselves"

Participants that encountered this in otherwise encouraging colleagues reported finding it disappointing, often because it compounded a feeling of using SA in relative isolation from their colleagues. Alongside this, the majority of participants discussed experiencing actively dismissive or degrading responses from colleagues in relation to the work they were doing with SA. When participants discussed their experience of receiving responses of this sort, they explained that they saw colleagues as overtly "traditional" or "establishment" as being

more likely to be negatively predisposed towards work involving SA. This is well presented in an example from Mary:

“colleagues...thought I was doing something...that was… [of] no consequence at all…[it was] dismissed...as not being...proper art therapy...and not significant...generally speaking, it's...regarded as...popular entertainment...that has...low relevance in any serious work or discussion.”

As a result of responses like these, participants described taking care over which colleagues they would discuss their application of SA with, as in Olivia’s case:

“There are definitely some people that I would...be hesitant to bring up this work with...the people that consider themselves ‘serious adults’...there is...an unfortunate bias against...this kind of work...I really think it's about people not looking within themselves [regarding] feeling professionally threatened...I think it's a misunderstanding”

Similar responses were experienced in academic spaces, as described by Sam:

“Particularly more senior academics...distancing from it…’This is silly, I don't want to engage with it. It's pointless’...you're...seen as a bit lesser or a bit childish for using [SA].”

Participants often expressed being faced with this sort of response persistently and often experienced significant frustration about what some of them experienced as an exhausting ongoing struggle, as illustrated by Frank:

“How long do we have to defend the medium?”

The data indicated that participants did experience some support from their colleagues about their work with SA and that they experienced this as meaningful and motivating. The data also indicates that while this was the case, often participants would continue to feel as though they were doing SA-based work in isolation. The impact of positive feedback from colleagues was significantly mitigated for most participants by negative feedback and a

sense of SA-based work not being an acceptable practice in the profession. The form of feedback that most motivated participants to continue to develop their practice with SA was positive feedback and experiences from working with clients as Mary stated:

“The very first person I started with; it was so amazingly useful that I adopted it as a technique for any subsequent clients who would play ball with me.”

4.1.3.1 Experiencing Self-Doubt

Participants discussed challenges they experienced as practitioners who applied SA to their work in terms of experiencing self-doubt. Generally, this was characterised by uncertainty in participants about whether their application of SA was appropriate, useful, or ethical. Several participants reported feeling periods of intense self-consciousness about the impact SA-based interventions might have on their therapeutic relationship with a client, whether they were applying SA to their work with an adequate amount of self-reflection or if engaging in SA-based interventions might unwittingly lead them to cause harm to their client. Some participants even expressed experiencing anxiety prior to discussing this practice in supervision in anticipation of being reprimanded or chastised for applying SA to their work. Participants without training in art therapy also expressed doubt as to whether it was appropriate for them to apply an art form such as SA without an art-therapy qualification. Most, if not all, of these doubts arose from an absence of any guidance or guidelines to refer to in learning how to apply SA to clinical practice, as expressed by Lucy:

“Sometimes I think, 'oh is this ethical?', like 'cos it's not, no-one's ever done a study…you know?”

4.1.3.2 Struggling To Find Supervision

A key challenge faced by all participants was the difficulty in securing supervision that allowed them to fully explore and process their application of SA as a clinical tool. No participants discussed anything other than a supportive experience with supervisors when

bringing explorations of SA-based work to supervision sessions. Supervisors often responded to the SA-based practice of participants with explicit encouragement and praise. The issue expressed by participants was a general unwillingness to engage fully with reflecting on this practice. This would be characterised by supervisors explaining to participants that because they did not have personal experience of applying SA to their own work, they did not feel able to provide the participant with detailed guidance on the subject. This represented something of a parallel process between participants and their supervisors where both parties experienced doubt, uncertainty, and some implicit awareness of a prevailing bias against this sort of work. The impact of this was that participants would often be positioned as conducting their work with SA in isolation even in the event they were bringing this work to supervision as discussed by Chloe:

"This should be part of my supervision but there is no one out there that can supervise me... in [using SA]...I do take my practice to a supervisor but that supervisor [doesn't have experience with] the stuff that I'm bringing"

Participants expressed that what could be seen as a blind spot in their relationships with supervisors meant that they often struggled with important decisions alone, which impacted both their clinical work and their working relationships with their supervisors. Across all these issues, there were numerous factors that contributed to participants feeling isolated in this element of their practice and pushed into a position where they are making decisions on how to conduct this practice with very little support. For some this sense of professional isolation or feeling somewhat like an outsider in their profession could be very problematic. Several participants expressed that this led them to hold back from engaging in SA-based practice as much as they wanted to. Some even expressed that they had at times experienced anxiety relating to the possibility that publicly using SA as a professional tool might have a negative impact on their status as a professional as in the case of Frank:

"I don't know if [using SA] will undercut my standing"

4.2 Assessing appropriateness of SA Application

One of the main principles for applying SA to talking therapy in a considerate and ethical fashion was careful and detailed assessment of how appropriate SA-based interventions might be for a particular client. All participants described maintaining an ongoing assessment of SA-based interventions they applied to a client's therapy. These assessments tracked the appropriateness of SA as a therapeutic tool from practical, ethical and clinical perspectives for each individual client. Participants described how this became a consistent practice in their application of SA across all clients they used the medium with. The considerations taken during these ongoing assessments would depend on the type of intervention being used but the central considerations taken in these assessments are discussed below. The substantive framework strongly indicates that for some clients SA will simply not be appropriate. Consistently, participants would only apply SA as a clinical tool to the therapy of clients that they assessed it as potentially helpful and appropriate for, and only in the event that the client in question was willing and interested to engage with this way of working. This means that the frequency of applying SA to clinical practice was dependent on how often a therapist encountered clients who met the criteria for doing so, as expressed by Emma:

"I don't know, maybe it's like 10% or 20% of my work right now but that could change. It could be zero for a long time and then it could be more some other time."

4.2.1 Assessing client level of interest

Participants discussed making an assessment of the suitability of applying SA to a client's therapy as an integrated part of their general assessment of a client's needs and presenting issues. As an example, Sophia emphasised the importance of assessing a client's level of interest in SA as part of their general enquiries of a client's interests:

"I don't make the assumption that everybody enjoys [SA]...a lot of times I'll just ask. I think it's important…[to] just know your client and know what interests them."

When considering whether SA might be potentially useful in work with an individual client, participants described exploring the client's interest in the medium as the most important thing to assess. Some participants described being explicit in this enquiry, such as Sophia in the example above. Other participants described making subtle or tentative assessments before raising the subject of SA incrementally. Often these tentative assessments would begin at the level of assessing a client's likelihood of being interested in working with imagery in general. Lucy described being reluctant to open up the possibility of working with SA with clients who were very non-visual in their internal lives:

"Sometimes the people who...don't think in imagery...are not as open to [working with SA] so I just don't [use it]. Sometimes I take a risk and show them"

In a similar sense Frank described making an initial assessment of a client's interest in art generally before considering the client's potential interest in SA specifically:

"I think that I'm probably more apt to use [SA] with people who have described themselves as arty or being interested in [creativity]"

Following assessment at this stage, further tentative exploration was often discussed. Sarah described the often-incremental process of establishing a client's potential interest in working with SA-based interventions in their therapy:

"I usually would throw it in kind of slowly...I would compare a client's experiences to that of a particular superhero for example and see how they would react...if they seemed open then I would expand a little bit more and then possibly show them maybe a page from a comic book...test out the waters and it seemed if it was helpful then I would engage them more."

The extent to which a client is interested in imagery, art or SA in particular, would give significant weight to whether or not an SA-based intervention might be applied by the therapist. While an initial assessment of a client's potential interest in engaging with SA was

consistent across interviews, participants described a process of getting a feel for a client and their interests rather than working through a checklist. Participants often discussed their decision to introduce these interventions based on their intuitive sense of whether a client would engage well with this approach, as in the case of Lucy:

“I'm kind of intuitive. So, if it feels like it's appropriate then I'll pull it out, or if somebody says something that makes me think of...a graphic novel that I've read that could be helpful...I would show them”

Participants consistently stated that they would closely observe how a client responded to initial discussions of the application of SA to their work. If for any reason a client responded in a way that suggested they did not wish to engage with this way of working or would be uncomfortable with doing so, participants would not pursue the avenue further as stated by Frank:

“If they didn't seem interested I didn't press it. I would let it go fairly quickly”

Fundamentally, this substantive framework suggests that application of SA to a client’s therapy should not take place if the client is not interested in engaging with the medium. As Sophia discussed, exploring, and confirming a client’s interests in general before then exploring their interest in SA is an important part of this stage of assessment:

“I think it's important whether working with adults or children, just [to] know your client and know what interests them…[before applying SA-based interventions] I would first find out what... inspires them, what would create...curiosity and motivation in therapy.”

4.2.2 Assessing Client Readiness

When offering the option of working with the process of making SA as part of a client’s therapy, participants often explained that this way of working sometimes required particularly careful assessment of a client's ability to self-regulate. Often this was because SA-creation interventions were applied to supporting clients working through historical trauma, but this

was also discussed as a useful general practice. Emma discussed SA-making as part of a step-by-step programme of supporting clients with working through trauma, and that using these sorts of interventions would only take place once their client had developed their self-regulation skills.

"When I have a client who has self-regulated enough to be able to access coping skills while they're talking about the trauma…I say, 'Well, I have a really effective tool I'd like to use with you.'"

Participants described the assessment of a client's readiness to engage with these interventions as an ongoing process, in much the same way as with other SA-based interventions. In addition to this, a number of participants described SA-making interventions as a particularly useful tool for the ongoing assessment of a client's progress through their therapy. Client-made SA allowed for observation of changes in a client's artistic and narrative choices as described by several participants including Allison who discussed how useful it could be to work with client-made autobiographical SA during longer-running therapy. This allowed for tracking and assessing a client's progress and growth through their therapy by analysing and reflecting on the SA they made:

"After she...started really making progress, she started to add backgrounds and started to locate [illustrations of characters in them]...that was a really big step for her…the fact that her characters started to open up to the world...that was how I could tell that she was making progress"

This illustrates that while it is important to carefully assess the readiness of a client to engage with and/or benefit from an SA-based intervention before presenting this to the client as an option, SA-based interventions can be used as a tool in the assessment of the client's ongoing progress through their therapy.

4.2.3 Assessing the Status of The Therapeutic Relationship

Whether an intervention involved using pre-existing SA, client-created SA or therapist-created SA, continuous assessment of a client's response to these interventions was a common practice across all interviewees. One of the main elements of these assessments involved making a judgement on the stability and depth of the therapeutic relationship between the therapist and client. Participants often described assessing the state of their therapeutic relationship with their client at the earliest stage of considering SA-based interventions, as in the case of Allison:

"I would never start out with a client thinking that this is the way I'm gonna work with them...I feel like there's a certain amount of trust they need to have in you before you start"

Interviewees typically considered to what extent their therapeutic relationship with their client had the capacity to hold any ruptures that might arise as a result of an application of SA that might turn out to be misjudged or unwelcome. Lucy gave an example of how applying an SA-based intervention to clinical work with a client before establishing stability in the therapeutic relationship could lead to a relational rupture:

"One bi-polar [client] got upset about the sexual content…[in autobiographical SA about bipolar disorder]...when he's manic, that's not how he is...it didn't resonate, he couldn't think about it as just a representation [of someone else's experience with bipolar disorder]...that might have been an example of introducing it too quickly. I didn't have...a strong relationship with him"

4.2.4 Assessing the Appropriateness of SA Content

An important element of the assessment process incorporates the assessment of SA materials themselves. In the case of any intervention involving pre-existing SA, participants ensured that they had fully read the SA in question, understood its content, and made an

assessment of its relevance and appropriateness for an individual client. As Sarah discussed, some examples of SA might be appropriate for one client but not for another:

"it's possible that some of the images might be triggering for some people...to present a particular [piece of SA] in treatment it...should be vetted... first [I] would...consider the effect that it might have on the client…I always have to consider the client's origin, the clients background"

Several participants discussed presenting the option of working with pre-existing clients to support an assessment of what would be comfortable and engaging for them. As Frank explained, exploring a client's immediate response represented an important part of this process:

"I let them hold the book, right? And I say, you know, 'Take a couple of minutes to read this.' and of course I'm watching them while they're reading it".

Regarding SA-making as a clinical intervention, participants that discussed this as part of their clinical practice also discussed having had experience of making SA themselves (in fact a number of participants who *did not* use SA-making interventions also discussed experience of making their own SA). This could be thought of as representing a vetting of the *process* of an intervention rather than its *content*, from the point of view of the therapist taking time and care to experientially learn about what making SA is like. In either case, participants engaged with SA themselves prior to encouraging their clients to consider engaging with it. Examples of participants engaging in SA-consumption or SA-making were occasionally to support the process of clinically applying the medium in their work. More commonly, participants engaged in SA-consumption or SA-making as a form of self-care or information dissemination as in the cases of Emma and Allison respectively:

"I had a good time doing it...I'm kind of on my third book."

"I made a comic about what [the experience of a medical test] was like for me, and...turned it into...psycho-education for other people."

Both using SA as a medium for engaging in self-care and for disseminating information to the general public are explored further in the discussion.

4.2.5 Assessing the Relevance of Common Practical Challenges

Participants discussed a number of practical considerations that they considered unique to the application of the SA medium to their work. Some of these practical challenges could be more or less salient when working across clients. For example, participants sometimes found themselves working with clients that were not literate in the process of reading SA. Perhaps owing to the cultural ubiquity of SA, this was relatively unusual. Generally, participants would explore a client's familiarity with the medium as part of the assessment process involved in considering SA-based interventions. In the event that a client was unfamiliar with how to read SA, the participant would provide an introduction to this process as in the case of Lucy:

"Sometimes I'll go through the book... and...show them"

In a similar fashion, many clients engaging with SA-based interventions that involve them making their own SA require therapists to take time to explicitly take them through some of the basic mechanics of how SA is both read and constructed. Part of this involves working with a client's nervousness or shame in relation to what they view as their own inadequacy in being able to draw or construct a narrative. In relatively unusual instances of participants producing SA during sessions to share with clients, participants reported the need to be mindful of how they expressed themselves artistically. In both areas there was potential for rupture to occur in the therapeutic relationship as shown in this example from Allison where she made SA during a session with a client:

"She did not want to see that I could draw too. She wanted to be the only one who could draw"

Finally, while participants were unequivocal that a background with SA was not a requirement for therapists seeking to integrate SA into their practice, the data did indicate that this was complementary to this practice. Participants who demonstrated a working knowledge of pre-existing SA literature, experience of making SA themselves or both, often appeared more adaptable and flexible in their practice. Developing the background, skills and resources such as a personal SA library can represent a significant investment of time, energy and funds. When working in private practice, maintaining an accessible library of this sort might be comparatively easy, but for therapists working in other settings, making time to develop this knowledge and these resources may be less straightforward. On this basis, therapists considering applying SA to their client's work must consider any practical or skill-based limitations they are working within.

4.3 Further Guiding Principles for The Application of SA To Talking Therapy

This category provides an illustration of the main guiding principles alongside the assessment process and consideration of context for applying SA to psychological therapy. These principles represent a distillation of the guiding principles developed and discussed individually by participants. The principles focus on applying SA as a tool for meeting a client's individual needs more effectively, involving clients as active participants in their journey through therapy, and working in ways that prioritise and support the therapeutic relationship.

4.3.1 Being Open About SA-Based Practice

Several participants discussed the importance of making their practice of applying SA to their work clear to clients, often in an implicit sense but also explicitly. Some practitioners were publicly explicit about their use of SA in their clinical work to the extent that clients would generally be aware of this prior to engaging in therapy with them. Often this would take the form of discussing this element of their practice on professional websites or in other promotional material and in some cases would be represented by involvement in radio or

television broadcasting. Others would make their use of SA more implicitly clear by having examples of SA or small SA libraries available in their practice rooms, as in the case of Allison:

"I have [an SA library] in my office, and sometimes they'll see [pieces of SA] and they'll pick them up and start reading them in the office… And sometimes...we'll talk about what it's about, or what they're reading, or what they like about it. Sometimes they wanna take [SA] home and bring it back. So, it's ...another way to open up conversation"

Frank discussed using decoration to indicate his interest in SA-based work:

"I had a ...comic character...Doc Samson. He's basically...The Hulk's therapist so I have...a little mini bust of him on my desk.

Sarah explained that being open about SA-based practice gave clients the opportunity to express interest in SA generally or working with SA-based interventions specifically, but also gave them the opportunity to explicitly opt-out of this practice should they choose to:

"People coming in because they know [I work with SA-based interventions] might say right away "hey by the way I don't want to be exposed to anything like that I just want the traditional therapy"

A benefit of being open about this practice is that clients have more control over their decision to engage with SA-based interventions. Foreknowledge of this as an option gives them the opportunity to consider whether this is a practice they wish to engage with.

4.3.2 Collaborating with Clients on How SA Is Applied to Their Therapy

Working collaboratively with clients through SA-based interventions also emerged as a consistent principle among participants in their discussions of applying SA to their clinical work.

Participants discussed using direct collaboration to support SA-based interventions but also discussed using SA-based interventions to support collaboration in the wider therapeutic relationship they developed with their clients.

Participants discussed several different approaches to using SA-based interventions in clinical practice. Consistently, any active consideration involving bringing SA into a client's therapy would begin with a collaborative initial discussion of SA as a potentially useful therapeutic tool. This was followed by a process of the therapist seeking feedback from the client once work with an SA-based intervention had begun. Lucy discussed taking care to ensure that clients felt able to give explicit feedback on how she felt SA-based interventions should be applied to their therapy by regularly checking in with them about how they were experiencing it:

"I'm always saying, 'Does that resonate with you? Is that you?'...I make sure, I check in and get feedback"

In this sense the initial area of collaboration in Lucy's example was in developing a joint relational understanding of the client's initial response to some pre-existing SA. Other accounts also emphasised the importance of using a collaborative focus to the initial stages of working with SA-based interventions. Sarah discussed the process of working through a collaborative exploration of a client's interest in SA by centring the client as the expert of their relationship with the medium:

"Clients [are experts of their experiences and interests] and all we have to be is open-minded and curious...I might ask my client to bring in their favourite [piece of SA] or one that they feel they relate to and walk me through it...[this] can be highly collaborative where both the therapist and the client are working together as partners"

This process allows the client to take ownership of how their relationship to SA as a medium is understood in their therapy and provides them with an opportunity to explain to their

therapist why they might have a particular relationship with specific pieces of SA. While this approach appears generally supportive of developing a collaborative therapeutic relationship, it seems particularly supportive of bibliotherapy-based interventions like those mentioned above. When working with interventions that focus on SA-creation, participants discussed collaborating from the perspective of a facilitator of the client's creative process. As shown in the examples provided above, this would position different therapists in different ways. While Lucy would support clients in making SA with meditative exercises, Mary might actively co-create a piece of SA with some of her clients by writing "the conversation" or dialogue while the client did the illustrations. Sophia discussed how SA-based interventions that focus on making SA can act as a framework for supporting clients in taking up ownership of their own therapy:

"The open ended, creative option of [creating] a story together, where [the client is] the writer and artist of the story and I'm just here to [figuratively] staple the pages together. I think...that's very empowering [for the client]"

Using SA-based interventions involved collaboration between therapist and client as a necessary part of the intervention itself. While some interventions might invite more active creative collaboration on the part of the therapist than others, no participants discussed occupying a directive position when using one.

4.3.3 Applying SA In Line with The Therapist's Theoretical Framework

The data from participant interviews indicated no correlation between the theoretical models participants had been trained in and their application of SA to talking therapy. As shown in Table 1, there was a diverse range of trained theoretical backgrounds, indicating at the very least that a background in a particular therapeutic modality was not a requirement for applying SA to talking therapy. The related guiding principle that emerged from the data indicated that it was not adherence to any particular therapeutic model that was important, but that therapists considered and applied SA to their work in a way that was consistent with

the models of therapy they applied to their practice generally. When asked directly about which theoretical models of talking therapy influenced their application of SA to professional practice, the majority of participants echoed Emma's statement:

"When I started using [SA] I wasn't thinking, 'Oh, I'm going to use this theory, and it says use comic strips, or it says use comic strips in this way,' I was just thinking, 'Let me see what we can...achieve this way. This might be useful.'"

Therapists were not consciously applying SA to their work with a specific theoretical model in mind as Sophia stated:

"As far as...psychodynamic theory, more traditional theory...I wasn't intentionally using these strategies in that way."

Instead, therapists discussed being informed in their practice as a whole by various theoretical models and that since their practice was informed by these models, so was their application of SA-based interventions. Therapists cited a range of theoretical influences which included Psychodynamic, Feminist, Jungian, Mindfulness-based, Sensory-motor, and Cognitive-Behavioural (inclusive of third-wave Cognitive-Behavioural models such as Acceptance and Commitment Therapy) theoretical models of therapy. In all cases, therapists described applying SA to their work in a way that was fully congruent with their training and professional background such as in the case of Allison:

"My training is psychodynamic, so...I come at everything from that perspective. And I feel like working with [SA in relation to] transference is...really strong. But I don't feel...[working with SA is] connected to any [specific] theory."

SA-based interventions were applied to particular aims that the therapist had in relation to supporting a client's therapy and these aims were informed by the individual therapist's theoretical influences. For example, Lucy discussed applying SA to support their interest in helping their client to connect with their somatic experience of emotional distress:

“Sensory motor psychotherapy ideas, that Bessel van der Kolk kind of stuff [using SA to support] getting people out of their [heads and]...into their bodies”

Applying SA-based interventions did not require therapists to adopt or adhere to any particular theoretical model but did appear to require them to adapt their application of the medium to their personal way of working. Participants considered their application of SA to represent a tool they could apply to complement their usual way of working as discussed by Allison:

“I would say...it's...another trick up my sleeve that I could pull out, if necessary, but it's not like I would go into every case saying, 'Can't wait to do those comics with this [client]… Because [for some clients], it's just not gonna be appropriate.”.

4.4 Applying SA-Based interventions

This research shows that the application of SA to talking therapy takes three potential forms, the use of SA as a medium in bibliotherapy as the basis of the intervention, the use of SA-creation as the basis of the intervention, or some combination of these two forms.

4.4.1 Using SA In Psychoeducation And Bibliotherapy

Psychoeducational material can often be very useful as a tool for helping clients understand their often-confusing experiences. Several participants discussed examples of using SA as psychoeducational material to frame discussions about complex and emotive topics. Lucy provided an example of using a piece of pre-existing SA to discuss bi-polar disorder with a client to explore whether the representation of it in the SA matched their experience:

“We look at [a representation of a manic phase and I ask] ‘Is that how you are?’ And then they'll say, 'oh no’...[we] clarify what bipolar is.”

Olivia described how using SA as psychoeducational material could support people in understanding the experiences of their loved ones. She described supporting family

members who were struggling to accept that Olivia's client had received a diagnosis of dementia.

"[They would say] 'I see the symptoms my mum has. I cannot admit that they are symptoms of dementia aloud' [but with SA about] dementia...they can talk about and connect to that story because it's one step removed from their own"

Taken at face-value, it may appear that psychoeducational material in SA form performs much the same function as psychoeducational material in prose. Participants who used SA in this way often discussed what set SA apart from prose as psychoeducational material. Several participants mentioned the non-verbal aspect of the medium and others mentioned the speed at which SA can be read as very useful (taking roughly five to ten minutes to read a twenty-five-page piece of SA for instance). The most commonly referred to feature of SA that participants felt set it apart from prose was the way the medium invited clients to engage with it. For example, Frank discussed referring to pre-existing auto-biographical SA about the experience of living with Bi-polar disorder:

"Sitting [with a client with a copy of the] DSM-5 and reading [it to] them...lacks...context. [The SA Frank *used] lays out the criteria in the book as well [as]...several pages of vignettes of [the author] in a manic phase."*

The use of a protagonist is a common feature in SA due largely to its visual nature. This invites readers to engage on a relational level with the material. In the words of Emma:

"it's so personal and accessible and someone can pick it up and be like, 'Yes, I feel this way too.'"

Some participants also observed that there was something more general about the medium that supported client engagement. While they did not speculate on reasons, participants like Lucy described their experience of observing how clients often appeared to respond to SA:

"[SA] relaxes people in a way...it's just a nicer way of...doing psychoeducation."

Several participants discussed using pre-existing SA as bibliotherapy material, which focused less on delivering information and more on using SA as a framework for reflection and mentalization. Participants described bibliotherapy-based interventions that used full texts or individual pages or even single panels from SA works, and often referred to exploring parasocial relationships. The parasocial relationships ranged from characters that clients had a long-standing history with to protagonists of SA that the client had encountered for the first time during their therapy. Sarah discussed the profound impact that parasocial relationships could have for some clients:

"For people who didn't have parents who provided a lot of compassionate support for them ...fictional characters can then be those kinds of surrogate systems of support and wisdom, and I think that's where...reparative relationship can take place"

Sarah described drawing parallels between a client's experiences and a character from SA:

"what I typically look for is a story that's somewhat similar to my clients, so for example an origin story that's somewhat like my client's, whether it's a loss or sexual assaults or bullying or feeling lonely...finding that emotional experience in another character...tends to be quite a reparative and healing experience and from there we can look at how...this character [was] able to overcome these struggles and what might the client then take away"

Participants observed that using parasocial relationships as a framing device for exploring a client's history appeared to make this exploration feel more manageable and less distressing for some clients than speaking about these things directly. They also discussed how, in their experience, working with parasocial relationships in this way works well as a framework for developing self-compassion by using their compassion for a character who had experienced

similar struggles to explore directing the same level of understanding towards themselves, as Sophia said:

"When [a client] can relate so closely [to a particular character], that then allows [them] to talk about serious, or difficult subjects, or topics [the character has gone through] that are very hard to approach...because it's not about you"

4.4.2 Using SA-Creation in Talking Therapy

Participants discussed making SA-based interventions involving the process of creating novel SA which overwhelmingly involved supporting a client in making SA of their own. In rare examples, practitioners were actively involved in collaborating with clients to make SA, rather than maintaining a more common facilitator position. Some of these interventions involved more direct guidance than others. While Sarah took a very hands-off approach to this facilitation, Lucy applied aspects of mindfulness-based meditation and drawing exercises to facilitate the client in making their SA:

"[I] do a guided meditation, [for] one or two minutes...I say, 'Here's some...basic circles, basic shapes, squares, rectangles...[use these] to draw a little person...draw whatever you [notice you are feeling] in your body...'What would [your character] say if they had a voice?' [this establishes] their core issue [and] there's something about that that gets at your unconscious."

Often participants would talk about clients that would initially struggle with this way of working through their issues because they felt self-conscious about their ability to draw. Lucy chose to use this facilitation method to support clients engaging with the exercises without engaging with their self-critic, as she found that this often interfered with client engagement with SA-based interventions.

Olivia shared a reflection on why this sort of intervention presented such an engaging opportunity for some clients, particularly in relation to more conventional interventions that prompted clients to create something on a page:

"I think there's a sense of it being a familiar shape, a familiar form, that's a little more accessible as opposed to when I give someone a blank sheet of drawing paper, um, and ask them to draw me a picture of their day...There's a language that's involved in that that feels a little less 'capital A art'… and, therefore, a little more accessible to people."

Mary also spoke about the importance of SA-based interventions like this in forensic settings in particular:

"[it gives] some groundwork...about the [client's offending behaviour] that I would never have got in any other way."

Interventions involving the facilitation of client-created SA allow the client to take direct ownership over the process of constructing and/or reconstructing their narratives regarding the events of their lives, their interpretation of these experiences and even their sense of self, using a medium that allows for the integration of verbal and non-verbal communication. The forms that these interventions take are often directly influenced by the creative decisions of clients as much as by the guidance of the therapist, which accounts for the range of examples of SA-creation interventions throughout this chapter.

4.5 Effects of applying SA

The research data indicate that there were a number of consistent effects that resulted from the application of SA as a clinical tool in talking therapy.

4.5.1 Supporting Communication Between Therapist and Client

The research data shows that one of the most impactful effects of applying SA to talking therapy is how it can support communication between therapist and client. SA-based

interventions help to support communication between both parties by making the range of possibilities for communication wider. SA-based interventions characteristically involve a visual element, and this element was capitalised on by all participants in one form or another as a tool for supporting non-verbal communication and by some for exploring pre-verbal experiences. Using SA-based interventions in this way can be very resonant for clients as Sarah discussed:

"[SA] can depict emotion in a really powerful way because [of] facial expression...it's almost as if we were making eye contact with that person, as if that person is right there and we can feel their pain and we can see what they're going through."

Lucy shared their observation that clients noticeably respond to SA in a way that they saw as particular to that medium when compared with her experience of client's responses to prose material:

"It's more visceral when they look at [SA]...you can just see it somatically...it's resonating with...how they feel."

The integration of text and image in SA allowed for an element of expression that is generally absent in mainstream talking therapy. This integration frames images in a coherent narrative while giving a flexibility of communication in that narrative that would be absent without this visual element. Olivia provides an example of how their work with older adults sometimes occupies spaces where the client's experience can defy verbal exchange, and that in these spaces SA-based interventions can be an invaluable tool:

"[SA] pulls [an experience] into the visual...I don't have to name it...I can read...sequential images that...help me...understand what it's like for...someone with dementia to wander out in the neighbourhood and get lost...what that might feel like to the person."

This example of client-created SA emphasises how effectively the non-verbal element of SA can be employed to communicate in a way that allows for a direct relational connection between the therapist and their client. Key examples of how application of SA to talking therapy can support communication include the following; the therapist can observe how the client responds to SA they consume, and bring this response into dialogue with the client, the client can use pre-existing SA or SA that they create themselves to communicate things to their therapist that they would be unable to express verbally, the therapist can discuss the client's creative choices during the process of making SA, and finally the therapist can use pre-existing SA to disseminate information and explore complex topics with the client.

4.5.2 Supporting Client engagement in Therapy

For several reasons, SA can be a successful tool for engaging a client in the process of their therapy where they might otherwise find this difficult. Participants often cited client interest in the medium of SA as an important element of assessing the appropriateness of SA as a clinical tool. In many of the examples given in this chapter, and to paraphrase Sophia, therapists are selecting SA as a tool to support their client's engagement with therapy because it is a medium, they are interested in engaging with. In general, applying SA to talking therapy can enable clients interested in SA to engage in therapy in a way that feels appealing and in line with what stimulates them. Allison provided a detailed account of how she used SA she had created herself during a session to non-verbally communicate with a client she was struggling to engage with. By representing her experience of the client to them on a post-it note, a client who had up until that point shown little to no interest in engaging in therapy began to open up to Alison:

"I was working with a girl who [was]...kind of obsessed with drawing. And she would come into every session with an iPad...creating her own characters and [SA]...So I'm like... 'What am I going to do?'...there was this barrier between us. I took a little post-it note… and I drew on it a picture of her sitting in front of me with her iPad in front of her...and I made

a...speech bubble that said ... 'How are you?' ...And her response [in the SA was], 'Go away.' And she looked at it and she...started laughing...I completely connected with her by doing that."

In this example of using SA to connect with a client, Allison provides an unplanned, adaptive application of SA that supported connection in their therapeutic relationship with their client and laid groundwork for further work with the medium. Choosing to communicate with her client using a medium that clearly interested her opened up an avenue of exchange. Alison's client was struggling to engage with the more typical verbal routes of communication in the therapy because of the impact of a range of complex needs:

"[my client was in chronic pain], in addition to dealing with...anxiety...ADHD...a difficult family…[the client was too overwhelmed] to be able to...interact normally with the world."

For this client, Allison's decision to make relational contact with her in a way that did not require her to "interact normally" opened up a non-verbal exchange that met the client's *need* for relational contact in a way that did not demand that she communicate in ways she did not feel ready for.

"It really helped her, I think, to see what was happening in the room between us, and to see how our relationship was, to see how I perceived her...it helped her...get an outside perspective on herself, which I don't think she really had before that."

In a more general sense, bringing SA into a client's therapy can open up a space for engagement that might defy a client's expectations. Sophia discussed how facilitating her clients in making SA could indirectly support a client's engagement in their therapy, particularly if they had felt wary or uncertain about what being in therapy might involve:

"A lot of people...may not know what therapy looks like… and they have their preconceived notions...So, to have the very kind of open-ended, creative option of, let's just

create a story together...I think that's very empowering...I would say it creates understanding and relief on the part of clients."

Sophia described introducing an SA-based intervention that emphasised collaboration in the therapeutic relationship and provided clients with a framework for feeling a sense of control in what happened in their therapy. She found this was helpful in working with clients who had not been in therapy before and were experiencing anxiety arising from it being unknown. The sense of collaboration and control that clients could experience as a result of this intervention helped them to find their footing in the therapeutic relationship more easily.

4.5.3 Supporting Empathy and Self-Compassion

Several participants discussed applying SA-based interventions to support clients struggling with relational and/or behavioural issues that appeared to stem from difficulty with mentalizing the experiences of others. Sophia discussed using SA-based interventions to help clients develop mentalization skills:

> *"[I] Pull out [SA] and ask...clients to describe [and label]...expression of emotion [in the SA]... How characters react to each other [based on their behaviour]"*

This approach allowed Sophia's clients to name and identify emotions, expressions of emotion and the consequences of these expressions using the visual/verbal content of the SA used as a framework. Participants who discussed using interventions of this sort experienced it as being supportive of helping clients to develop mentalisation skills. As explored above, the process of consuming SA detailing the experience of another person can be very supportive of empathising with that person's experience, particularly in relation to the non-verbal elements of narrative in SA. Several participants discussed using this process to open up the subject of how a client might acknowledge their capacity to empathise with a person experiencing difficulty (usually difficulty similar to their own) and consider how they might extend this to themselves. Frank provided an example of using an

SA-based bibliotherapeutic intervention to support this approach when working with a client with a very entrenched negative self-narrative:

"If [the SA] hadn't been introduced, I don't know if she would have gotten there because she had a very comfortable well-worn narrative about...victimisation...'I'm at the mercy of terrible people and I'm a terrible person too'."

In this example Frank uses the process of jointly exploring autobiographical SA to share a narrative with a client about someone else's experience of an issue their client was also struggling with. This opened up a discussion around how the client's self-narrative compared with the one they were reading and led to reconsideration of this self-narrative. From there the client was more able to treat their beliefs around their situation with more flexibility which in turn allowed them to reframe the self-narrative that had been contributing to their problems.

"It allowed us in therapy to talk about the stories she tells...she didn't have that awareness prior to introducing [SA]"

Interventions that used SA to reframe narrative could be used as a standalone intervention as well as a follow-up intervention and could involve SA-creation or using pre-existing SA. Sarah provided an example of how using the template of a superhero to frame a client's SA-creation could support a client's growth through therapy. This young client was experiencing issues with depression and was struggling with relational difficulties:

"A...number of...clients [make SA] where they are their own version of a superhero who then progresses to follow their own committed actions. [One client] created a unique character for himself and [made SA] where he would protect some of his school-friends from being bullied. [He did this] in real life a few weeks later...I would say...the superhero that he created...then became a part of his persona that he took with him to school...from there he got the courage to...help out a target that he saw was being bullied".

In an intervention that involved facilitating clients in making SA, Olivia discussed applying this intervention to a group:

"I worked with...sexually violent predators and...for them, their words, their stories, had been weaponized against them… granted, they'd done some horrible things...but ...many of them were abuse survivors themselves…for them...it was a reclaiming...as opposed to...someone else using my words, my life, my experiences against me… I think that was...really powerful"

In a very different setting, with different people, and with a different technique, Olivia provided another good example of how SA as a medium could be used to support a process of reframing narrative to support psychological healing in their clients. This process of reframing could then open the door to significant re-evaluation. As Mary described, when working with clients who are experiencing an embedded sense of powerlessness or lack of personal agency, SA can be a very useful tool for unpacking specific moments in a client's life to support the process of challenging and re-evaluating this narrative. Mary explained how she introduced these sorts of interventions to clients as a way of working with 'stuckness':

"I would just sort of say, 'Let's...do a comic strip of how this actually arose' that would be very revealing...if you can see what the steps are then you've got a chance of having some control, when you slow it all down, you can see that there are different stages...you can begin to see...triggers"

This application of SA allows clients to re-evaluate self-narratives that centre them as powerless. In this sense, the intervention encourages the client to develop self-compassion by exploring how they have been affected by events in their lives, how external forces have influenced these events and how their responses to these forces and events are understandable. The intervention, with the support of their therapist, allows the client to occupy a position slightly removed from the events in question so that they are able to take a

more external view of themselves. These interventions give clients an opportunity to develop mentalization and contextualisation skills that support their ability to understand the behaviour and feelings of others, and to contextualise their own behaviour and feelings with greater clarity.

4.5.4 Supporting the Process of Developing Insight

Participants described several interventions that employed SA in an effort to support the client in developing personal insights to aid the client in experiencing change and growth through therapy. Most, if not all, of the interventions discussed in this chapter could be said to make a contribution of this sort. In the example below, Mary illustrates how an SA-based intervention can be used to support a client in bringing the unconscious into conscious relational dialogue. The client in this caveat had a history of violence towards women, and Mary was trying to help him develop insight into his feelings and beliefs around women, using his positive feelings towards his mother as a reference point:

"[I asked him] draw some pictures of all the girls [he'd] ever known...I said, 'Okay, so do all these little pictures and then put, put your mum at one end of the desk...out of these, who's the most horrible?...just to get over the idea that, you know, there's a continuum of people."

This intervention allowed Mary to open up a complex subject for the client in a way he was able to easily understand and engage with. This could have a profound impact on the trajectory and effectiveness of a client's therapy. In this instance, the intervention acted as a framework for supporting the client in becoming more conscious of what beliefs motivated his behaviour towards women. In doing so, the extent to which the client actually had more nuanced views about the women in his life became apparent to him. The development of this insight then opened the door to a re-evaluation of these beliefs which could then support work aimed at preventing future violence towards women.

4.6 Integration of the Effects of SA-Based Interventions

The final stage of the proposed substantive framework is the integration of the outcome of any applied SA-based intervention into the wider work of the client's therapy. In principle this involves a consideration by the therapist of how an intervention moves the client forward towards the change and growth they are working towards, and a discussion of some sort between the therapist and client regarding this. The form that this takes will differ depending on the therapist, their way of working, the client, and the intervention itself. The research data offers some illustrative examples of how this integration of the effects of SA-based interventions can occur. Olivia explained how facilitating an SA-making intervention with a client provided an insight into a client's thoughts and experiences in a way that allowed for some very important risk management:

"I did have one scary experience at the state hospital with a piece of [SA] where one of the [forensic clients on a secure ward] had developed some feelings for me and represented that in a three panel piece of [SA] about how he and I would meet at a coffee shop, and go on a date...[the client had received] the highest score on the psychopathy scale that [the assessor] had ever professionally encountered…[Using an SA-creation intervention] put [this] on paper where we could deal with it… As opposed to him having these thoughts quietly and, potentially, putting me at risk...[I could] say…'Let me tell you what it would be like if you did get released and I did see you at a coffee shop'. I think back on that moment a lot and think...what if we weren't working [with SA]?"

This testimony encapsulates the usefulness of SA-based interventions for allowing clients to step out of the standard of verbal communication and into a method of visual/verbal communication to reveal a great deal about themselves. It also encapsulates the potential for SA-based interventions to act as an assessment tool that can probe the experiences of the client in a way that the client themselves can maintain control of, as they are the person deciding on the composition of their narrative. Finally, it represents an opportunity to integrate the insights developed as an effect of this intervention into potential wider work with

a client on a range of subjects, such as professional boundaries as in Olivia's case. In all of the examples given above, the outcome of each intervention was considered between therapist and client in the context of the client's journey through their therapy in much the same way as more conventional interventions might be.

5 Discussion

This chapter will address the original research question of *"How do therapists use SA in their clinical practice?"* by referring to the proposed substantive framework of applying SA to talking therapy developed from this project's research data. This will involve consideration of the apparent clinical utility of SA from the perspective of the therapist, and other implications from the data regarding the impact of using this medium in talking therapy. This chapter will also discuss the wider question of how clinicians in the professions of counselling psychology and psychotherapy integrate new tools into their practice. Finally, I will consider the strengths and limitations of this project and opportunities this project presents for further research, as well as the contribution of the project to the field of counselling psychology.

5.1 A Sequential Framework

This research project has explored the practice of applying SA to talking therapy from the perspective of ten psychologists and psychotherapists who have first-hand experience of this practice. The social constructivist grounded theory approach taken to this project has presented a practical outline of the main overlapping experiences of these participants. As such, the main product of this research is its proposed substantive framework for considering the application of SA to talking therapy. The way that SA is used by therapists can be described as taking place over four stages. The initial consideration stage integrates context, assessment, and the other supporting guiding principles, including the collaborative involvement of the client, for considering the application of SA. The application stage involves collaborating with the client through the process of executing the SA-based intervention, while the evaluation stage involves a joint assessment and analysis of the

impact and effect of the intervention. Finally, the integration stage brings the outcome of this joint analysis into the wider project of the client's therapy and how it informs the ongoing trajectory of the therapy. As discussed in the previous chapter, any consideration of further SA application then brings the therapist back to the beginning of the process outlined in the framework. The sequential nature of this process is important as it emphasises the frequency of checks that occur through the process of applying SA to talking therapy. All stages involve some element of evaluation where the appropriateness of the intervention and the collaborative involvement of the client is explored and considered. This sequential process is reminiscent not only of the process of Narrative Art Therapy outlined by Gantt and Greenstone (2016), but by other therapeutic models such as CBT, ACT and Narrative Therapy which employ stage-based processes that build on iterative pieces of work that the therapist facilitates the client through (Evans-Jones, 2017; Gordon et al., 2017; Payne, 2006).

5.1.2 Types of Intervention

The findings from this research indicate that therapists are likely to use SA in their clinical work in three possible ways, involving: SA creation, SA consumption, and in a combination of SA creation and consumption. Each of these approaches is discussed below in relation to relevant literature.

In terms of SA-creation, the interventions discussed appeared to tend less towards 'art as therapy' as described by Kramer (1958) and more towards 'art in psychotherapy' as described by Naumberg (1947). This does not mean that applications of SA-creation from a Kramerian perspective do not exist, or even that participants in this study have not facilitated clients through work of this sort using SA. It simply means that in the research data for this project there was no apparent reference to work of this sort. The research data indicated that SA-creation was used in a way that is consistent with the way that art is widely used as a tool to facilitate the existing processes involved in psychotherapy, across different therapeutic models (Rubin, 2016; Junge, 2016). Examples of interventions using SA-creation

are also consistent with ‘resistive’ art media (Lusebrink, 1990; Hinz, 2006) which is to be expected given the extent to which SA incorporates the boundaries of framed panels as a fundamental aspect of the classic form of the medium. This resistive quality may provide partial explanation for the presence in the data of a relatively common application of SA-creation to work involving trauma recovery, as the literature shows resistive media is considered more helpful for working with this presenting issue (Malchiodi, 1997; 2008; 2013). There are several examples in the research data indicating the use of SA as a form of “symbolic speech” (Naumberg, 1955) that can be used to facilitate the process of exploration in talking therapy, as seen in some of Mary’s work where a client’s use of SA is used to symbolise the events and implicit motivations behind offending behaviour.

Several of the current research participants' interventions using SA-creation are consistent with elements of the research literature on applying SA-creation to talking therapy. For example, Emma’s application of a process that facilitates a client creating an SA narrative of a traumatic event in their past is consistent with a number of elements of Gantt and Greenstone’s (2016) framework of narrative art therapy, including the occasional application of single-panel SA to incrementally form an overarching narrative. While these consistencies are present, Emma’s work is not a direct application of Gantt and Greenstone’s (2016) framework in the sense that she did not refer to explicitly directing her clients to begin this intervention with “bookended” illustrations of the narrative in question and did not report directly encouraging clients to depict bodily sensations. Emma’s work is also consistent with Greenwald’s (2014) framework since she refers to applying SA-creation directly to exploration and exposure to traumatic memories using SA-creation. Lucy’s use of mindfulness-based exercises and emphasis on using simple shapes is reminiscent of Drew’s (2016) use of exercises designed to support initial engagement in the process of making SA in therapy and reducing the impact of perfectionism. In terms of the application of SA-creation interventions applied to groups, there was only one reference to group-based work in the research data, which came from Olivia. Olivia’s application of group-based SA-

creation interventions bears some similarity to Houpt et al. (2016) in terms of the therapist facilitating a group that developed their own individual narratives using SA.

In terms of SA-consumption, the distribution of interventions that could be considered efferent or aesthetic (Rosenblatt, 1994) is more evenly distributed, although the application of SA from an aesthetic perspective appears more frequent among the participants in the current research. In examples of SA-application that could fit an efferent definition, Frank and Lucy's application of SA to a discussion of common experiences that people diagnosed with bi-polar disorder have, represent the closest examples. In these examples, Frank and Lucy use a piece of SA to provide information about bi-polar disorder to clients but do so in a facilitated way that focuses on monitoring how the client responded to the information depicted. It is worth noting that there are no examples in the data of participants conducting bibliotherapy that did not occur within a therapy session. The research literature suggests that this in-session facilitation is likely to be more effective than unfacilitated bibliotherapeutic interventions (Farrand et al., 2008; Gellatly et al., 2007) and that the voluntary nature of engaging with bibliotherapy using SA, common across the practice of all participants, is also likely to improve the impact of the intervention (Fanner and Urquhart, 2008; Bergsma, 2008). The facilitated nature of these interventions, and the attention to the response of the client, as reported by the therapists in the present study appear to create a space for discussing and exploring emotional responses to the material used and thus do not neatly fit the definition of an example of bibliotherapy delivered from an efferent stance. These examples could therefore be said to be towards the efferent end of the continuum of bibliotherapeutic interventions rather than an example of interventions delivered from a classically efferent stance. Interventions that are more strictly efferent are not represented in the research data, and it is not clear whether such interventions are used in practice. Further investigation of this is needed. Examples of interventions applying SA from an aesthetic stance are far more common in the data. Sarah's work with veterans dealing with the effects of PTSD serves as a good example of a bibliotherapeutic application of SA that fits prominent frameworks of

bibliotherapy. In this example, clients experienced ‘identification’, ‘recognition’, ‘examination’, and juxtaposition (McNicol, 2018a; Shrodes, 1955; Morawski, 1997; Hynes and Hynes-Berry, 2012) in relation to the character Batgirl. This occurs through a facilitated exploration of Batgirl’s experience of trauma in which the client empathises with and understands this experience, reflects on their personal response to the narrative presented in the SA, and identifies a similarity in the experience of Batgirl with an experience of their own. Clients working through this intervention also appear to have experienced ‘catharsis’ as a result of their reflection on having a shared experience with Batgirl which can then lead to ‘insight’ allowing them to use Batgirl’s experience as a framework for understanding their own (Shrodes, 1955; Morawski, 1997). Finally, this intervention invites clients to integrate their learning from the experience of empathising with Batgirl into their own lives through ‘self-application’ (Hynes and Hynes-Berry, 2012), potentially responding to their narrative of their own life from a more self-compassionate perspective which can act as a framework for change.

A key element of the process of bibliotherapy is a client’s empathic response to a particular character. The research data indicate that some clients have experienced a sense of support and companionship in relation to characters they empathise with, which is consistent with the literature on parasocial relationships (Finn and Gorr, 1988; Perse and Rubin, 1989; Schiappa et al., 2007; Tsao, 1996). In terms of characters that clients might have a prior parasocial relationship with, such as a superhero like Batgirl, the research literature suggests that these relationships may be particularly powerful in facilitating change (Ballantine and Martin, 2005). The literature indicates that this is especially the case where a client is exposed to a moment of vulnerability and openness on the part of the character, as in the example using Batgirl (Garbarino, 1987; Brown and Basil, 2010). The research data suggest that at the very least SA represents an entirely viable medium in the practice of bibliotherapy and may in fact be particularly useful in enhancing key elements of bibliotherapeutic practice. This refers primarily to the capacity of SA as a medium to support

readers in engaging with characters depicted in SA empathically, which is discussed in further detail below. Regarding combinations of creation and consumption-based interventions using SA, there are no direct references in the data to using interventions that integrate both, nor are there direct references to using creation and consumption-based interventions separately for individual clients. What is present in the data is individual participants referring to their application of both creation-based and consumption-based SA interventions across clients. From this data, while it is not possible to discuss how an integration of creation and consumption-based interventions is conducted, or how each intervention might be applied to different stages of therapy for an individual client, we can at least confirm that individual therapists can apply both types of SA-based intervention to their clinical practice. On this basis, the possibility of applying both types of SA-based intervention to the therapy of an individual client appears highly feasible. Overall, in terms of how therapists use SA in their clinical practice, the research data supports the literature in showing that SA-application in talking therapy falls under one of the three types of SA-application above. In unpacking the substantive framework further, we can explore what therapists primarily use these applications of SA to achieve. In other words, by looking at what this tool is applied to, we can more easily determine what it is useful for.

5.1.3 Communication Tool

Findings from the present study indicate that one of the primary utilities of SA as a tool in clinical practice is that it can support communication between the therapist and their client. Allison's work is a particularly striking example of SA being used as a communication tool where traditional approaches to communication did not seem to be useful. In terms of "symbolic speech" (Naumberg, 1955), Alison's intervention is a clear indication of how marks made with a pen on a small piece of paper can convey a complex message to a relationally isolated and wary client. In the SA Alison made, she expressed far more than just the written dialogue she had included. Alison's SA seemed to express a message along the lines of "Hello, I'm here and I'm interested in talking to you, but I can tell that you don't want to talk to

me, and this is how you're communicating that " in a single improvised panel of SA. Allison's choice to communicate with her client through a medium her client was clearly interested in also communicates a willingness on the part of Allison to meet her client where she is comfortable being met. This use of SA as a communication tool facilitates a moment of meeting that is consistent with the 'I-Thou' concept of relational connection put forward by Buber (1958). The I-Thou moment of meeting is characterised by an implicit moment of contact that allows both parties to communicate with a sense of directness and presence in that particular moment, where the other's uniqueness and separateness is acknowledged alongside what both parties have in common, something Buber referred to as 'confirmation' (Buber, 1958; Orange, 2010). This position sits in opposition to the 'I-It' relational stance in which one party sees and treats the other as an object. In the context of talking therapy this difference can be seen as the therapist doing therapy with a client in a co-created process, as opposed to the therapist doing therapy to a client from the position of a knowing expert "giving" therapy to the client (Orange, 2010). Buber's concept of 'confirmation' speaks to a non-judgemental moment of being in contact with another person in a way that accepts them as they are and holds a sense of their potential in mind.

Other examples of SA being used to facilitate communication at this level appear throughout the research data. Taken at face-value, the utility of SA to communicate could simply be seen as a vector for information. In Sophia's example of using superheroes to support a discussion of PTSD to emergency and military workers struggling with this issue, we can see that at one level SA is being used to communicate complex information in a way that is consistent with how SA has been applied in the medical field (Furuno and Sasajima, 2015). There is, however, more than one level of communication occurring in Sophia's work. Like Allison, Sophia is implicitly communicating by selecting a medium the client relates to or is interested in, that she wishes to connect with them where they are. Rather than simply delivering information, working through an intervention that leverages a client's parasocial relationship with a superhero communicates to the client through the very process of the

intervention, that their therapist considers their interests valid, worthy of exploration, and that the therapist is willing to be a co-creator of the process of the client's therapy. Alongside the notion of I-Thou meeting, this is also consistent with the concept of the 'shared third' discussed by Benjamin (2004) which describes a relational "space" between two parties in which the client feels they are in contact with the therapist without feeling defined by the therapist. Again, this speaks to a space that holds an energetic sense of potential in the relationship that allows for change and mobility (Benjamin, 2004). While at one level SA can be used to communicate information to a client, the data suggest that an SA-based intervention may also be a useful tool for communicating the availability of a 'shared third' where the therapist and client can meet to enter into a co-created and intersubjective process that aims to support growth and change for the client.

When considering creation-based interventions that use SA, again we could consider these interventions as information delivery-systems when taken at face-value, only in this instance the client is using SA to deliver the information to the therapist rather than the other way around. If our analysis of communication stops here, then again, we miss the important relational elements at play. In Mary's examples of her work, SA is used to help clients to articulate their experiences which further clarifies Mary's understanding of the antecedents of offending behaviour. This had the effect of providing Mary with more information to support a formulation of her client's presenting needs, but the introduction of SA-based interventions also communicated to the client that Mary was willing to enter into a co-created process with them, and that this co-created process would inform the direction and the quality of their therapy.

Clearly a major aspect of what SA can bring to talking therapy in terms of being a communication tool is its integration of image and text, or visual and verbal language. Non-verbal communication exists in talking therapy, in the form of things like facial expressions, body posture and so on, but the combination of verbal and non-verbal information in an

artefact that is external to both the therapist and the client is important according to the research data. As Olivia described, the external representation of characters in SA can support readers of SA in moving into a relational dialogue with their therapist owing to the very fact that it is external. In this sense, the client may feel sufficiently removed from a distressing topic to explore it with their therapist without feeling overwhelmed, which is consistent with the literature from the field of healthcare (Chisholm et al., 2017; Bhana et al., 2004). In a similar sense, the research data suggests that alongside the careful monitoring and support of their therapists, the process of creating SA can support the client in feeling in control of the narrative they are exploring. Both types of SA-based intervention use SA in a way that involves bringing it into a 'shared third' between the therapist and client, where it can be explored as part of a co-created process. In this sense, the research data strongly indicates that SA is not only useful for communicating at an informational level but can be used as a communication tool to support working at relational depth in talking therapy. Due to the flexibility found in the medium, the findings suggest that SA may also provide therapists with a range of creative approaches to communicating with clients depending on the client's presenting needs.

5.1.4 Engagement

The research data suggests that SA is a useful tool for helping *some* clients to engage in therapy. For people with an active or latent interest in SA, this medium appears to be an excellent tool for engaging people in the process of their own therapy. For clients who are disinterested in SA or actively dislike it, it appears to bring no advantage for engagement and in the latter case may make client engagement more difficult.

The active engagement of clients with SA is consistent with the research literature from other fields that indicates that using SA as a pedagogical tool supports engagement with a presented subject, particularly in the event that the recipient of the SA in question has an existing interest or relationship with SA or find more mainstream pedagogical tools difficult to engage with (Hosler and Boomer, 2011; Spiegel et al., 2013). In terms of the latter point, a

number of studies have found that, when used as a pedagogical tool, SA can be of particular support to readers that these studies have categorised as having low literacy or education level (Maxwell et al., 2014; Houts et al., 2006; Delp and Jones, 1996). This seems a sensitive and potentially controversial area of research that may invite assumptions on the part of therapists on what constitutes an appropriate motivation for proposing an SA-based approach to a client. Specifically, a therapist may feel inclined to view an SA-based approach as a useful way of working with a client they see as having “low” general comprehension, educational attainment, or as presenting with a developmental disorder such as dyslexia for example. The research data indicates that proposing an SA-based intervention on this basis alone would be inadvisable as, in the case of Lucy’s experience, making an assumption about what the client will engage with can cause serious ruptures in the therapeutic relationship. Also, given that the research literature clearly indicates that reading SA requires the engagement of a cognitively demanding process (Cohn, 2013; 2020a; 2020b; Nakazawa and Nakazawa, 1993a, 1993b), any assumption of SA being a useful tool for avoiding complexity, however implicit or unconscious, would be misguided.

The proposed substantive model indicates the importance of the client’s interest in engaging with SA as more important than any assumption on the part of the therapist regarding what might be engaging for them. The model indicates that discussing an SA-based intervention as an available choice that a client can voluntarily take from more than one option is more conducive to a client’s therapy than applying SA directively. This is consistent with literature that suggests that bibliotherapy is more effective when clients are presented with it as an option to choose from (Fanner and Urquhart, 2008; Bergsma, 2008) and the general principle in art therapy that different art media are made available to clients to choose from on the basis of what they feel drawn to (Malchiodi, 2011). Rather than indicating that SA represents a useful tool for working with clients that present as “impaired” in their ability to engage with mainstream talking therapy, the research data indicate that a significant part of what makes SA-based interventions engaging for some clients is that it represents an

alternative to mainstream options. As indicated by Sophia and Olivia, working with SA can help clients to engage with something that sits outside of what their expectations of being in therapy might be, while also engaging with something familiar. In terms of this familiarity, the data indicates that the ubiquity of SA can be part of what makes it an engaging medium. For some clients who may feel ambivalent about therapy as a process or as an endeavour, working with SA can present a way of working that they feel they can engage with more comfortably than what might be considered more typical approaches to talking therapy.

In terms of why clients appear, as in Lucy's experience, to engage with SA in a way that is noticeable and embodied in some way, the research data for this project offers no conclusive insights. While the research literature speaks to how SA may be engaged with at the neurological and cognitive levels, the research data does not speak directly to this. What it does speak to is the extent to which, for some clients, it appears that SA can be used effectively by a therapist to make the process of engaging with therapy and with a therapeutic relationship a more comfortable and secure process for their client. However, further research studies exploring the experience of using SA in therapy from the clients' perspective in order to understand this further are needed.

5.1.5 Empathy

The research data suggest that SA is a useful tool for helping people engage with and develop empathy, both for others and for themselves. There are a number of useful examples of how participants applied SA-based interventions to support their client in developing their ability to identify with the feelings and experiences of others. Sophia's example of using illustrations of people in SA to support her client's ability to interpret relational interaction and emotional states is one example of this, representing an explicit attempt to understand how other people are feeling and how this influences their behaviour. Olivia's example of using SA to help family members of a client move closer towards acceptance of the client's symptoms as being connected to dementia is another, more abstract example of this. Through connecting with the experience of other people as

represented in SA, this empathic connection allows for important reflection on the part of the person the therapist is working with. In Mary's work with offenders, SA-creation is used as a framework for helping the client understand how other people may have experienced their behaviour, which represents a primary focus for change in that client's therapy.

The data also indicate that SA may be used as a useful tool for directing empathy towards oneself in the form of self-compassion. In some examples participants have supported clients in developing empathy for a character they feel connected to before considering how they might deserve the same compassion they are giving to the character, as in Sarah's work. In other examples clients have worked through SA-based interventions which have involved them creating a narrative of a historical event in their lives which involves them empathising with their past-self from an external perspective, as in Emma's work. The apparent utility of SA as a tool for working with empathy in these ways is supported by the literature that indicates that we respond to images of others in much the same way as we do with living, breathing people (Giromini et al., 2010; Westen et al., 1990). This capacity for empathising with illustrated representations of people opens up a range of potential interventions for therapists who apply SA to their clinical practice.

5.1.6 Insight

The research data shows that SA may be a useful tool for supporting clients in processing information and developing insight into issues they are struggling with. In terms of the former, this often took the form of SA being used to process complex or distressing information. In terms of the latter, this took the form of using SA as a tool for exploration and looking at pre-existing narratives from different perspectives.

Lucy provided an example of how her use of interventions based on SA-consumption could support clients in developing insight. In exploring pre-existing SA with clients that described another individual's experience of a specific mental health issue such as bi-polar disorder, for example, Lucy was able to facilitate a process of reflection that allowed her clients to

reflect on how their own experiences related to someone else's. This could allow clients Lucy saw with a diagnosis of bi-polar disorder to develop insight into the uniqueness of their own experience of this mental health issue. This might take the form of recognising that, despite some differences, they were not alone in their experience of things they struggled with in relation to bi-polar disorder. Alternatively, they might realise after comparing their experience of bi-polar disorder with another person's that their experience of bi-polar disorder was unique to them and that their experiences were not defined by a diagnosis but by their interpretation of their experiences.

Another example of using SA-consumption to support the development of insight can be seen in Sophia's work. Sophia used clients' parasocial relationships with specific characters to help them develop insight into how they had engaged in acting out a belief that they did not deserve compassion. Sophia facilitated this development of insight by supporting the client's observation of their compassion for a character going through a similar experience to their own. By reflecting on their capacity to show compassion for someone in similar circumstances, the client was able to develop insight into their own beliefs about themselves and respond to those beliefs more consciously.

These examples illustrate how SA can be used to support the development of insight.
In terms of SA-creation, Sarah used this sort of approach to support clients in developing insight into their own sense of agency to the extent that they made significant changes in their behaviour and sense of identity. In Olivia's example of working with a client who expressed a romantic fantasy about her, the fact that an SA-creation intervention had led to Olivia's insight into her client's fantasy about her was unplanned. Through the process of unpacking this subject, Olivia was able to use the client's SA as a framing device to help them develop insight into the important boundaries that existed in their relationship. Finally, in Mary's examples of using SA to develop insight, we see that through working collaboratively the therapist and client can develop insight together. Mary develops insight

into the circumstances of a client's offending, and both Mary and her client develop insight into the triggers and motivations behind the offending. The use of SA to support the client in developing insight is consistent with the research literature on bibliotherapy (McNicol, 2018a; Shrodes, 1955; Morawski, 1997; Hynes and Hynes-Berry, 2012) and the literature on using art in general to facilitate insight (Naumberg,1947; 1955; Malchiodi, 2011) as well as SA specifically (Gantt and Greenstone, 2016; Greenwald, 2014; Drew, 2016). SA-based interventions appear to allow some clients to develop insights without feeling overwhelmed in line with the research literature (Chisholm et al., 2017; Bhana et al., 2004), and could support the development of insight through psychoeducation by making complex information more accessible to clients who are able and interested in engaging with the medium (Spiegel et al., 2013; Hosler and Boomer, 2011).

5.1.7 Collaboration

The research data indicate that working with SA may be a useful tool for supporting collaborative working with clients. As discussed previously, SA can be used as a way of meeting a client in a co-created mutual space (Buber, 1958; Benjamin, 2004), where both parties are using the medium to frame an exploration of the client, their intrapersonal world and their experiential history. Collaboration is one of the identified guiding principles in the substantive framework for considering and applying SA to talking therapy. The data show that this collaboration is characterised by the therapist emphasising the process of the therapy as a co-created process where the client is directly involved in deciding on the trajectory of the intervention and of the therapy. In both creation-based and consumption-based interventions using SA, clients were able to occupy a position of control in terms of how the intervention was conducted and in terms of how personalised it was. This is consistent with the literature on therapeutic application of SA (Drew, 2016; Greenwald, 2014; Houpt et al., 2016; Gantt and Greenstone, 2016).

It is also consistent with the literature on working at relational depth in talking therapy. In addition to the perspectives of Buber (Buber, 1958; Orange, 2010) and Benjamin (2004)

discussed above, other prominent authors have emphasised the importance of collaborative relational contact as a necessary part of working at depth in talking therapy. In Stark's (2000) description of "two-person psychology" she argued that wherever possible the therapist should aim to occupy a position of mutuality, reciprocity, and give-and-take. Stark's (2000) view on the importance of two-person psychology was based on the premise that what facilitates healing in talking therapy is, within the therapeutic relationship, interactive engagement with an authentic other from the perspective of an I-Thou position. Rogers (1957) held a similar position, stating that what facilitated change for the client is the genuine and congruent presence of the therapist making relational contact with them. In his discussion of the core conditions for providing person-centred therapy, Roger's spoke about unconditional positive regard as being characterised by the therapist holding a caring and empathic acceptance of the client as a separate person with their own fundamentally valid thoughts, feelings, and experiences (Rogers, 1957). Rogers also cites not only an empathic understanding of the client as central to a person-centred approach but also *"that the client should experience or perceive something of the therapist's congruence, acceptance, and empathy; it is not enough that these conditions exist in the therapist. They must, to some degree, have been successfully communicated to the client."* (Rogers, 1957, p 282). Here, Rogers (1961) is emphasising the importance of a subject-to-subject stance in the therapeutic relationship that echoes the I-Thou position discussed by Buber (Buber, 1958; Orange, 2010), Benjamin (2004) and Stark (2000). Finally, Maroda (2009, 2013) also emphasised the importance of mutuality and collaboration when working at relational depth as well as making it clear to the client that they are active participants in their therapy. Maroda (2009, 2013) states that the active involvement of the client in the therapeutic relationship as well as the congruent and empathetic engagement of the therapist, allows the therapist to occupy the position of learner in relation to the client as the expert of their experiences and history. Maroda (2009, 2013) also emphasises the importance of the therapist evaluating the impact of an intervention in collaboration with the client and of the therapist occupying a stance that is characterised by preserving the key boundaries that

define the therapeutic relationship while also *“preserving a respectful, healthy emotional equilibrium in the relationship that allows the patient to guide the therapist in, and make significant active contributions to determining the course of treatment”* (Maroda, 2013, p 31).

The research data provides numerous examples of SA being used as a tool to bring therapist and client together in a mutual and collaborative process of exploring a piece of SA together. As in Mary’s examples, Mary occupied the position of learner in response to her client’s SA about their offending history. Mary would then jointly explore the client’s SA with them, collaborating on developing an analysis of the events depicted in the SA and their importance and resonance to the client. This is consistent with the literature on applying SA to talking therapy as an explorative analytical exercise where the therapist and client analyse the meaning of the client’s SA together, with the therapist providing structure while the client leads the analysis (Drew, 2016). In Frank’s examples, the client shares her interpretation of the relevance of a piece of pre-existing SA to her own life, Frank occupies the position of learner and jointly explores and analyses the similarities between the SA and the client’s self-narratives. In both of these examples and in other examples from the data, the therapist occupies a stance characterised by doing therapy with their client from an I-Thou perspective, where therapist and client jointly explore and share their reflections of this exploration with one another. Participants consistently centred client interest in engaging with SA as a pivotal factor in their application of the medium. Examples of an emphasis on collaboration are present right from the assessment stage of application. While the therapist might make a case for the application of an SA-based intervention, the client would always have the final word on whether this application of SA would go ahead.

Making an assessment of the appropriateness of pre-existing SA content in consumption-based interventions involves an interesting example of collaboration between the therapist and client. Initially the therapist works outside of the therapy room to determine the suitability of any pre-existing SA for a particular client but cannot move any further with a potential

intervention without sharing the SA with the client to explore and discuss their feelings about it. In the way that Frank describes, the therapist jointly comes to the conclusion with the client that a piece of SA has a place in the client's therapy. This also applies to the therapist making an assessment of the client's readiness to engage in an SA-based intervention, which is important across all cases, but particularly when SA is applied to trauma-focused work. The data shows that when applying SA-based interventions, participants were in a constant back-and-forth with clients regarding how the safety of the client was being managed. This was not only consistent with the research literature on applying SA-based interventions to trauma-based work (Gantt and Greenstone, 2016; Greenwald, 2014) but also served as another example of how collaboration between therapist and client is a foundational aspect of applying SA to talking therapy. This collaborative work also extends to navigating practical issues such as client literacy with SA, which the therapist and client work to navigate together.

An additional guiding principle present in the substantive framework is an openness on the part of the therapist regarding their practice with SA in their clinical work. While examples of this varied, the value of therapists being open about this practice with their clients was how it primed a collaborative discussion about potential application of SA to a client's therapy and supported a potential discussion about a mutual interest. This practice relates directly to the subject of congruence on the part of the therapist, and the importance of this congruence to building trust in the therapeutic relationship. Since the therapist is being communicative with the client about both their interest in SA and the potential availability of it as a therapeutic tool, this openness is also consistent with the perspectives of the writers above regarding congruence, mutuality, and collaboration (Maroda, 2009, 2013; Buber, 1958; Orange, 2010; Benjamin, 2004; Stark, 2000)

As the data indicates, applying SA to clinical practice can open up the possibility of a client feeling in control of the direction of their therapy and in the way they articulate themselves in

the therapy through the medium of SA, whether it be through creating SA or through how they articulate their response to pre-existing SA. The data also indicate that clients may feel more confident that their therapist has fully understood something they have shared in relation to an SA-based intervention, as the therapist had been a collaborator in this process. This is consistent with the research literature on facilitating SA-creation interventions (Drew, 2016; Greenwald, 2014; Houpt et al., 2016; Gantt and Greenstone, 2016) and is consistent with the literature on occupying an I-Thou collaborative stance (Maroda, 2009, 2013; Buber, 1958; Orange, 2010; Benjamin, 2004; Stark, 2000) in the sense that the client may feel seen and regarded as a subject rather than an object. The research data indicates that for some clients, working with SA could support a client in occupying a space in a shared-third with their therapist. In other words, the client could feel more able to engage in therapy without feeling relationally overwhelmed by their therapist because of the collaborative nature of how this tool is used. The way that applying SA can support the therapist in framing their congruent and empathetic contact with their client could also be very useful for supporting the development of trust in the therapeutic relationship. This is not to say that working with SA guarantees that work with a client will automatically occupy an I-Thou dynamic simply because an SA-based intervention is applied. Occupying this dynamic is complex and challenging and requires the therapist to work hard to be reflexive, congruent and non-defensive (Maroda, 2013). Applying SA to clinical practice may simply provide more structure to this work when working with some clients.

5.2 Implications for The Psychological Therapies

As counselling psychologists and psychotherapists, professional bodies such as HCPC, BPS, BACP and UKCP require us to engage in continuing professional development in order to maintain our competencies and develop our practice post qualification (HCPC, 2018). Professional practice can be developed in a number of ways, including the integration of new theories, methods, and techniques. The application of SA to talking therapy represents one of many such potential approaches. The research data indicate that the application of SA as

a tool in clinical practice holds promise as an option for developing the practice of therapists by giving them more resources to work with. As with any new approach, therapists need to find a way to successfully integrate it within their existing clinical framework, and develop their understanding of how, when and with whom it is best used, keeping in mind the clients' best interests as the heart of this process. The importance of this practice is reflected in the presence of 'applying SA in line with one's personal framework' as a guiding principle in the substantive framework. The research data strongly indicates that participants developed ways of integrating the application of SA to their practice individually, with little to no meaningful guidance from clinical supervisors, peers, or texts.

5.2.1 Developing Protocols Individually

According to the data, participants developed their protocols for applying SA to clinical practice very carefully. The development of these protocols involved a strong emphasis on reflexivity and collaborative working which, as discussed above, was characterised by making consistent, congruent, and empathetic contact with their clients. The research data strongly indicates that participants that applied SA-based interventions to their work were conscious not only of the potential clinical utility of SA, but also of the potential for harm that improper, unethical, or inconsiderate application could potentially cause. In terms of what examining the substantive model tells us about the care that participants took to consider this, the substantive framework's emphasis on the importance of careful initial and ongoing assessment speaks directly to the implicit understanding that SA can cause harm to clients if not applied carefully.

Based on the data, this seems partly to do with the lack of availability of specialist supervision relating to clinical practice using SA. Supervision is generally accepted as one of the cornerstones of the professions of counselling psychology and psychotherapy (Loganbill et al., 1982). Using one's relationship with a supervisor as an integrated part of clinical practice is not only considered a critical clinical skill (Westefield, 2009) but regular clinical supervision is an official professional requirement (BACP, 2021). Recent research on the

subject of harmful experiences in talking therapy has also indicated that there may be a relationship between a therapist receiving inadequate or insufficient supervision and an increased probability of clients experiencing harm in their therapy (Hardy et al., 2019). Considering this, it is unsurprising that participants like Lucy expressed anxiety about the possibility that applying SA to her work would constitute an ethical issue, considering she did not have access to specialist supervision, or an evidence base to support this practice.

This relative lack of support may explain the tendency of participants to be particularly thoughtful in their approach to applying SA to their clinical work. The data indicated that participants were conscious of the potential to cause harm to their clients through their application of SA and worked to develop protocols that would reduce the possibility of this occurring. For example, the substantive framework indicates that an SA-based intervention should not be applied to a client that is not interested in engaging with it and should be halted in instances where a client wishes to stop an SA-based intervention that is underway. This helps to prevent instances of what Hardy et al. (2019) referred to as 'lack of fit', which can involve pressuring clients into engaging with interventions or treatment they do not want. This represents one of several identified risk factors for harm to clients in talking therapy following a thematic analysis (Hardy et al., 2019). Another identified risk factor identified by Hardy et al. (2019) related to 'safety and containment'. The substantive framework speaks to this in the sense that a therapist's assessment of a client's readiness to engage with both SA-creation and SA-consumption, the vetting of pre-existing SA, and the close monitoring of clients for signs of distress or dysregulation in SA-creation exercises, all represent attempts to reduce the risk of clients feeling unsafe or feeling that their therapy lacks a sense of containment. There is also clear indication in the substantive framework that careful awareness and respect of a client's boundaries is a key element of applying SA to talking therapy, which relates directly to the subject of the client's sense of safety and containment. Hardy et al. (2019) identified issues of power and control in the therapeutic relationship that led to clients feeling silenced and experiencing 'lack of voice' as another risk factor for harm.

In relation to this, the substantive framework is clear in its positioning of SA as a tool for facilitating the client's use of voice, situating the client as the narrator of their intrapersonal experience and history.

Finally, Hardy et al. (2019) note that a therapist working outside of their range of competence is also a risk factor for the client experiencing harm in their therapy. The substantive model speaks to this to a large extent in that a core principle of applying SA to clinical practice is that it should be applied in a way that is consistent with how the therapist usually works. These protocols were developed through careful practice. The challenge for participants appears to have been in developing protocols that appear aimed at minimising harm without key checks and balances that ensure a therapist is working within their competence, namely supervision, peer-supervision, and an evidence base arising from research. The process involved careful monitoring of clients on the part of participants, while the development of these protocols took place. This is consistent with something Oddli and McLeod (2017) referred to as 'knowing-in-relation', which refers to the use of different sources of knowledge with flexibility and pragmatism to provide a form of adaptive support that is most helpful for a given client. One of the key aspects of this approach is a flexible use of a novel intervention (from the perspective of the therapist) in a tentative way, moving to a different approach in the event it did not appear helpful for the client (Oddli and McLeod, 2017). This is consistent with how participants described the development of their own protocols, as in the case of Frank who made it clear that if he presented the idea of working with SA to a client who then was unreceptive, that approach would not be pursued any further. Oddli and McLeod (2017) also discuss how 'knowing-in-relation' is characterised by an intuitive and collaborative assessment of what a client's needs are and how they wish to engage with therapy, which is also consistent with how participants developed their SA-based practice.

5.2.2 Forming Communities

The research data indicates that while participants developed their protocols for applying SA to talking therapy individually, some participants discussed building peer-support links through groups like the Graphic Medicine community. These groups have represented opportunities for therapists who apply SA to their work to discuss their work with one another and to present their work in public forums. These dialogues have been supportive to the extent that some participants who experienced some trepidation or anxiety about exploring the use of SA-based interventions have felt validated enough by their contact with these groups to continue exploring this practice. It should be noted that only about a quarter of participants were active members of the Graphic Medicine community at the time of interview, and that the representation of members of this community is highly likely to have been affected by a call for participants through the Graphic Medicine website. Participants did not refer directly to membership of other groups where SA-based practice in talking therapy was an explicit topic of discussion, exploration, or research. The research data indicates that even within this sample most therapists are operating independently in their application of SA, and that the formation of a community or communities around the practice of applying SA to talking therapy is presently at a nascent stage. Even though this appears to be the case, participants consistently discussed their integration of SA into their work in terms of it being something that represented a way of expanding the range of what they were able to offer their clients. This process of working towards improving therapeutic skills through the application of SA is consistent with what Chow et al. (2015) referred to as ‘deliberate practice’, which referred to an ongoing engagement with professional development. In their study of what contributed to a therapist's clinical effectiveness, Chow et al. (2015) found that deliberate practice on the part of the therapist represented a significant predictor of client improvement in therapy.

5.2.3 Modelling the Integration of SA As a Clinical Tool

As discussed, the main product of this study is its substantive foundational framework for the application of SA to talking therapy. This model for applying SA as a clinical tool is based on

the protocols developed independently by each participant, protocols that are themselves the product of a great deal of careful and reflexive work. In this sense, the substantive framework is a representation of how the participants of this study offer a model for others in the profession for using SA as a clinical tool. This study has presented evidence for the potential benefit of applying SA to talking therapy and has indicated that for work with some clients it can be a beneficial and versatile medium that can support core elements of therapy, as discussed above. The practice of applying a medium like SA to talking therapy evokes something of the argument put forward by Mahrer (2007), who proposed that therapists should seek to expand their view of where new and effective ways of working in talking therapies could be found. Mahrer (2007) argued that psychologists and psychotherapists held a narrow view of where they sought sources for expanding their range of clinical tools and approaches for clinical practice. Mahrer (2007) advocated accessing what he referred to as the 'public marketplace of methods' in other words accessing a space that was not limited to adapting pre-existing techniques in the psychotherapies by adapting an element of one theoretical area of psychotherapy so that it could be applied to another but took into consideration the full range of other disciplines and fields. Applying SA to talking therapy clearly represents an example of taking a medium from outside of the mainstream of practice in the talking therapies and is therefore consistent with what Mahrer (2007) recommends. In this sense, the participants of this study have provided something of a model for how a therapist can take something from outside of the existing range of techniques and approaches in talking therapy and apply it to their clinical work to meet a client's presenting needs. This being the case, it is important to note the experience of resistance or dismissal from colleagues that participants discussed in their interviews, regarding their application of SA to their clinical practice.

There is the possibility that some of the colleagues discussed by participants that have been dismissive of SA-based interventions have taken exception in some way to the particular techniques that participants have applied. Many of the SA-based interventions discussed

during interviews are consistent with what Lundh (2017) described as 'relational techniques', which refers to techniques that the therapist uses to either implicitly or explicitly support relational interaction with a client. As Lundh (2017) suggests, even the term technique is often associated with a mechanical approach to delivering therapy that reduces opportunities to relationally connect with clients. On the basis that many of the interventions discussed by participants are supportive of core relational elements of talking therapy, disdain for applying SA to talking therapy on this basis would seem misguided. Another possibility is that the colleagues mentioned in the data may be responding with disdain towards the application of SA to talking therapy on the basis of the socio-cultural stigma attached to the medium, as discussed in chapter 1. To return briefly to the field of education, Clark (2013) conducted a study examining the value of using nonfiction SA as a pedagogical tool. The findings of this study showed that the participating teachers had identified pieces of SA as being potentially valuable to students' understanding of their subject on a number of levels (Clark, 2013). Despite this evaluation, the teachers all dismissed the actual use of the SA they had identified as useful to their students on the basis that doing so would damage their professional standing (Clark, 2013). A similar study conducted a survey of one-hundred-and-eight users of the Tavistock and Portman NHS Foundation Trust library (Priego and Farthing, 2020). The Tavistock, as it is commonly known, specialises in mental health and social care and is a centre for both the provision of and training in the talking therapies, thus the users of the library are generally therapists or trainee therapists (Priego and Farthing, 2020). The study showed that the majority of participants believed that SA could potentially be applied to the field of mental health in some way, but that this was generally restricted to the belief SA would be most appropriately applied to work with children (Priego and Farthing, 2020). Preigo and Farthing (2020) noted that participants saw little value in the potential application of autobiographical SA to mental health work. Priego and Farthing (2020) also referred to an apparent belief that SA was not to be taken seriously, and that this acted as a barrier to considering the medium's potential application to the field of mental health. This apparent evidence of a stigma associated with SA may shed some light on why an

apparently versatile and potentially effective clinical tool is not more widely researched or applied in the field of counselling psychology and psychotherapy. It is also noteworthy that psychologists represent a minority group in the sample of participants. This may be because psychologists operate within a narrower range of what is considered 'appropriate' for application to talking therapy than psychotherapists, considering research has indicated that psychologists in the UK in particular have experienced overt restrictions regarding the use of clinical tools outside of the traditional mainstream (Court et al., 2017). This topic seems to merit further research.

Participants of this study have clearly worked thoughtfully to integrate SA into their clinical practice to enable them to work with their client's presenting needs with more sensitivity and flexibility than might have been the case using other tools. The practice of developing flexibility in clinical practice has been associated with improved outcomes of treatment for clients and with stronger therapeutic relationships between therapist and client (Owen and Hilsenroth, 2014). On this basis, the example set by each participant of this study, which has been distilled into the substantive framework, provides a useful indication of how therapists can draw from 'the public marketplace of methods' as Mahrer (2007) would likely phrase it, to adapt more effectively to the individual needs of their clients.

5.3 My Insider/Outsider Position

In this context, the term 'insider' refers to a researcher being a member of the group they are researching (Adler and Adler, 1994; Bonner and Tolhurst, 2002; Kanuha, 2000; Asselin, 2003; Pugh et al, 2000). Since I had been applying SA to my own clinical practice prior to the start of the interviewing process, I considered myself a member of the group I was researching. In addition, I had first-hand experience of practising as a therapist and of completing training as a therapist. As such, I had prior knowledge of the medium at the heart of this research and some awareness of the practice of applying it to talking therapy before

starting the research interviews. I also had an awareness of professional language used by my participants, and an understanding of the processes involved in facilitating therapy from the perspective of the therapist.

While some authors have pointed out that the researcher's personhood is an essential part of research enquiry regardless of membership or otherwise of the group being researched (Dwyer and Buckle, 2009), there are numerous references in the literature to the advantages and disadvantages of being a group-member of the group being explored. Being an 'insider' in this sense has been associated with advantages like smoother communication with participants, a head-start in establishing rapport and trust with participants, and even with greater ease in sampling participants (Bonner and Tolhurst, 2002; Pugh et al, 2000). Holding this insider position has also been associated with exploring routes of inquiry that might not occur to a comparative outsider during participant interviews, particularly in relation to process-based experiences (Bonner and Tolhurst, 2002; DeLyser, 2002; Pugh et al, 2000; Kahuna, 2000).

My experience throughout this project has been consistent with what the authors above suggest could be advantages to an insider position. I did feel as though my status as a therapist, and in particular a therapist who had applied SA to their clinical practice, gave me an awareness of language that made the process of the interviews smoother than they might have been otherwise. For example, questions that referred directly to the therapeutic relationship, the participant's assessment of their client's responses to their interventions, and the use of supervision were all informed by my first-hand knowledge of the importance of these things in the work of a therapist. In addition, discussions of the particular considerations of working with specific pieces of pre-existing SA and technical language relating to SA such as discussions of panel borders, non-linear storytelling, and stylistic choices also represent knowledge of the medium of SA and its clinical application that I did not need to ask participants for explanations of because of my insider position. While I am

not certain of this, I also suspect that my positions as a professional colleague eased the process of sampling for participants and in developing rapport with those participants on the basis that it seemed assumed that my research was being conducted in line with the core principles of the profession I shared with my participants. Had I been a journalist for instance, or an academic from a different discipline, I might have found that participants treated me more warily.

In terms of drawbacks to holding this position, the literature suggests that an insider may be at greater risk of being biased in their analysis of research data in favour of the group being studied, may unwittingly focus on topics that promote the interests of the group in question to the exclusion of other important data, and may experience blind-spots common to the group under study that an outsider to the group might notice (Asselin, 2003; Bonner and Tolhurst, 2002; DeLyser, 2002). In general, being a member of the group of under study can create tension between the role of group-member and the role of researcher as the researcher role can require that the researched group is presented in ways that are intended for consumption by non-group members (Asselin, 2003; Bonner and Tolhurst, 2002; DeLyser, 2002; Brannick and Coghlan, 2007). Strategies for mitigating the drawbacks of occupying an insider position when conducting research primarily involves engaging in the elements of reflective practice that are also recommended as part of conducting a grounded theory project (Bonner and Tolhurst, 2002, Charmaz, 2014). Specifically, reflexive practice that directly acknowledges the impact of being a member of the group under study, and the impact of one's relationship with participants, on the collection and analysis of data (Bonner and Tolhurst, 2002). This practice can be supported and evidenced using regular memoing to provide an audit trail of the context of the study, the experience of sampling and data collection, the decision making through the analysis of data, and the overall personal process of the researcher through the course of researching your project (Bonner and Tolhurst, 2002). Memoing can also be used to support close reflection of the researcher's own personal experiences, biases, and perspectives and can help to mitigate a number of

the concerns associated with being an insider of the group being researched (Bonner and Tolhurst, 2002).

My application of these methods was certainly useful in relation to the tension I did indeed experience between my status as a group-member and as a researcher. This was primarily in relation to a feeling of obligation I noticed in the early part of my research, that related to making a case for SA in some way or "defending the medium" to paraphrase one of my participants. I noticed this most in my memo-writing during the process of conducting my initial literature review and in the lead-up to beginning the interview process. I found that this feeling passed once interviews began when I saw not only how well my participants represented themselves, but also how the process of co-constructing meaning in relation to my research question made the idea of "defending the medium" somewhat irrelevant. Through my memo-writing I realised that my responsibility was simply to conduct my research thoroughly and reflexively, and that the medium of SA didn't need me to defend it. These reflexive techniques helped me realise that by conducting my research well, my exploration of the application of SA to talking therapy would speak for itself. I found as a result, that this sense of obligation to the medium of SA abated and was replaced by a determination to carry out a good research project and let the consumers of the work decide for themselves what that might suggest about the medium. I found this balance of my insider and outsider positions both interesting and important to reflect on thoroughly.

5.4 Considering My Reflexivity

As discussed above, my approach to reflexive research practice consisted of a number of overlapping approaches. Alongside keeping a research journal and maintaining a persistent practice of memoing, the process of constant comparison during the analysis of data, conducting a pilot study, and conferring with a critical research friend all represent elements of practice through the course of this project that supported my reflexivity. These approaches helped me to continuously check in with myself through all stages of the

project, allowing me to carefully reflect on how what I was bringing to the research would impact or influence it. The structure and design of the project, how participants engaged with the project, data collection, analysis, and the final written presentation of this research can all be potentially affected by the personal history, perspectives and biases of the researcher. On this basis, reflexive practice is an important aspect of how transparency and trustworthiness are maintained in a GT project, and are also a key element of how the subject of a research project of this sort can be considered at real depth. Only through exploring my own experience of the analysis of data for example, was I able to develop a fuller sense of how led by the data my analysis really was. While the value and importance of reflexive practice is widely acknowledged (Charmaz, 2014; Bishop and Shepherd, 2011; Mautner and Doucet, 2003; Gentles et al, 2014) it does come with challenges. I will briefly touch on the challenges, limitations, and impact of my reflective practice here.

My primary aim when engaging in reflexive practices was to ensure that what was being represented through the research was the voice of my participants, by carefully tracking my own experience of conducting the research. Some authors have questioned whether the act of engaging with reflexivity can lead researchers to become preoccupied with their own experiences at the expense of the group they are researching (Gentles et al, 2014). In a practical sense, some have suggested the possibility that time spent on reflexive practices like research journaling might otherwise be spent on gathering more data, and that managing the balance of finite time between these two tasks can be a serious challenge (Gentles et al, 2014). Other authors have suggested that alongside the challenge of time-management, reflexive researchers must also manage the risk of being so self-indulgent or preoccupied with their own process that they overshadow the voices of their participants (Findlay, 2002). This would thus represent reflexivity being taken to such an extreme that it causes the problem it is intended to prevent. As the process of engaging with reflexive practice is subjective by nature and thus it is difficult as a researcher to reassure oneself that you are performing it correctly or in the right quantity, making this balance something that the

research has to judge for themselves. This certainly represented one of the more significant challenges in relation to reflexive practice for me. I had not only to ask myself what the impact of what I personally brought to the project might be, but also had to consider the secondary impact of considering this as well.

While I made what I feel was a strong concerted effort to maintain a balance of considering my own process while not becoming preoccupied by it, I must also acknowledge that my reflections on my own past and their influence on me will always be imperfect. While the practice of using what some authors refer to as 'theoretical comparison' (Hall and Callery, 2001) is a useful way of reflecting on the potential impact one's background on a current research project, this is far from a fool proof method for fully understanding this impact. As some authors discussing the subject of reflexivity have explored, it is not really possible to say with full confidence how our past experiences, personal assumptions, or background may impact our research (Bishop and Shepard, 2011; Mautner and Doucet, 2003). This represented another challenge, since I could not have had a full awareness of the impact of my personal history and process thus it was not possible for me to completely mitigate or even fully understand the impact of this history (Mautner and Doucet, 2003). While mitigation would not be possible, a representation of what my reflections did show me about what I brought to the project was something I worked hard to represent as an essential part of the research.

A third challenge related to my potential implicit influence on participants and thus the data that they provided. Aspects of myself like my social background and position, professional identity, appearance, or behaviour would also have had some impact on each of my participants once communication with them began (Bishop and Shepard, 2011). Even when taking careful consideration over how my initial contact with participants through messages, emails and my initial questionnaire would affect a participant's perception of me, I could not really have known the implicit impact of how I presented (Mautner and Doucet, 2003). During

interviews themselves, my reflections on how I appeared to be experienced by my participants led me to view myself as coming across as an ‘interested and like minded colleague’. As I have discussed, this seemed to me to support the development of rapport with participants and also represents a congruent description of how I experienced discussions with my participants during interviews. All the same, it seems worth considering in retrospect that I could not, and can not, know for certain how I was being perceived by participants. For example, to what extent was I perceived as an in-group member of the group I was studying by group members themselves? In practice I had a tendency to only discuss having applied SA to my own clinical work when asked by a participant. From a practical perspective this was motivated by wanting to ensure that I gave participants space to discuss their own experiences. While in principle I believe this was a useful approach to take, my status as an in-group member was only clear to participants that directly enquired about it. When reflecting on this in memo writing I noted that this decision may have been influenced by my ambivalence in relation to owning my position as an in-group member. As a result, tracking how I was perceived by participants could be very challenging as I tried to balance how I presented to participants with legitimate practical needs.

In retrospect, it is also interesting to consider the possibility that some participants viewed their participation in this research as an opportunity to further a personal interest or agenda. As discussed, some participants expressed an interest in “defending the medium” of SA. While I did not have a sense of this during interviews themselves, it may have been possible that participants might have been more inclined to share positive representations of their work with SA than more negative ones. In practice, none of my participants appeared reluctant to share examples of where they felt they might have made errors with their work, and some of the more outspoken “defenders” or the medium of SA shared explicit examples of errors of judgement in their practice with SA. Another area to consider is the relatively niche aspect of this research area. Did I properly consider the possibility that some participants might feel threatened by the prospect of someone conducting research into this

subject? Psychology and psychotherapy can be very competitive as a profession and it might be the case that some participants had some sense of ownership of the subject of SA as applied to talking therapy. While I did not develop a sense of this being the case with the participants discussed here, it seems worth noting that two of the participants I interviewed had to be excluded from the research on the basis that they did not return their consent forms. What might have motivated this? I cannot truly know if this was the result of people simply having busy lives or the result of a decision to withhold a contribution to a research project that might have seemed a source of "competition". While these examples do not seem problematic to this project as a whole, they serve as good examples of the limitations of reflective practice. Although I have invested a great deal of time and effort into considering the impact of my relationship with participants, I can never be entirely sure of what this impact has been.

Managing these considerations against the important practical considerations inherent to a project like this certainly did represent a challenge. The limitations of reflexive practice itself, means that I must accept a certain amount of uncertainty as to how certain implicit elements of how I engaged with the project and with participants played out. Having said this, the methods I have used to support my reflexive practice have been extremely useful to me in a number of ways. The primary benefit to these techniques has been that they have helped me to maintain an awareness of the narrative and perspective I brought to this project and how this was distinct from the narrative of participants. This allowed me to hold a position as researcher that ensured that the collective voice of my participants was what was prioritised and represented in this research rather than my own voice. Despite the challenges and limitations inherent in reflexive research, I feel satisfied that this objective has been achieved.

5.5 Strengths and Limitations

A primary strength of this research project comes from its application of the social-constructivist GT methodology. Other methodologies, such as IPA, could have been applied to the question of how therapists use SA in their practice. This would no doubt have revealed interesting data but would not have produced a substantive grounded theory of how SA can be applied to talking therapy. A fundamental aspect of any GT project is to produce a theory that can clarify a subject, but also provide a framework for further action and research on said subject (Glaser and Strauss, 1967). The substantive theory produced by this research can act both as a foundational framework for therapists interested in applying SA to their clinical practice, and as a framework that can be tested and expanded upon by further research. Since this is a largely unexplored area, this framework represents a hopefully impactful early step into the exploration of a medium that may represent a reliable and flexible therapeutic tool in talking therapy. An additional strength of this project is that through capturing an account of how SA is applied to clinical practice from the perspective of therapists, this project was able to explore a wide range of subjects including the range of ways SA could be applied to psychological therapies, how this application was done, what the impact of this application was for therapists and clients, and how therapists contextualised their experience of applying SA to their professional work. This range of subjects would not have been as available had the project focused on the experience of clients. Also, since the practice of applying SA to talking therapy remains a niche practice, recruiting an adequate number of clients would likely have proved much more difficult than recruiting therapists. Finally, through focusing on a specific art form, this study contributes to a wider discussion about whether it is appropriate for therapists without art therapy training to use art as a tool to support their clinical practice. The research data indicates that SA can be used to good clinical effect by therapists with no training in art therapy, but also indicates that this practice required very serious and careful consideration of how the art form ought to be applied. This appears consistent with authors that have suggested that art therapy can be

thought of as an idea (Malchiodi, 2000) that can be applied to almost any therapeutic model (Junge, 2016; Rubin, 2016) as long as the process of doing so is given the respect and consideration that it merits. Further research of this topic is merited.

In terms of limitations, it is important to note that this research is based on therapists' accounts of their practice, and their practice in action may differ. Therefore, observation of practice through use of video, for example, may be beneficial in order to gain detailed evidence of actual practice. There are several practical issues presented by this approach, and the benefits to taking these measures over the approach used in this study may be marginal. While observations of practice would provide unequivocal evidence of how SA-based interventions are being used, the accounts provided by participants of this study have been subject to constant comparison which has provided an internal consistency to these accounts. As these accounts of using SA-based interventions bear consistent similarities across therapists, it can be argued that therapists' accounts of their practice are unlikely to differ significantly from their practice in action. Another limitation is that this research relies on therapists' accounts of the effects of SA on their clients, rather than relying directly on clients' own accounts of the therapy. It would therefore be useful for future studies to investigate the use of SA in therapy from the clients' perspective. While further research into client experience of SA-based interventions is merited, therapists' accounts of client experience provide an important initial starting point for researching this practice. Since a significant portion of participants responded to a call for participants, self-selection bias should be considered. Since this study did not explore a causational subject, the impact of self-selection bias in this study is, however, likely to be negligible. The scope of this study was limited to the application of SA to clinical application which is not representative of the full range of SA application to the roles occupied by some participants. A number of participants used SA as a pedagogical tool in settings where they were providing training and used SA as the medium for producing informational and self-help material to the general public as a form of public engagement with the subjects of psychology and mental health.

This practice was not explored as part of this study and represents an important area for further research. Not exploring this subject in this study however, allowed for clarity in exploring the clinical application of SA. The sampling process, while consistent with theoretical sampling (Glaser and Strauss, 1967; Charmaz, 2014), did yield a sample weighted towards participants in the USA and it is unclear how transferable the findings of this study are to a UK-based context. The findings are likely to be applicable across these two cultures given the fact that participants from the USA are practising talking therapy using theoretical modalities that are also practised in the UK. Difficulty securing specialist supervision also seems as likely to be in evidence in the UK as in the USA since similar structures for accessing supervision exist in both countries (Wheeler and Richards, 2007).

5.6 Future Research

There is a wealth of potential further research that could be undertaken in this area of study. In terms of how SA is applied to talking therapy, this project has provided a general and initial answer to this question. There are a number of areas that could be explored in much greater detail. For example, what is the full range of SA-based interventions applied in work with the various presenting clinical groups discussed in this study? How are these interventions conducted, step-by-step and how does this practice relate to the existing clinical literature on how to support people in these groups? There is also scope for further research into linking clinical practice with the studies of neuropsychology and cognitive psychology in relation to the application of SA. Research in this area may provide useful insight into how and why SA works well as a clinical tool for some people and for some presenting issues and may also provide insight into how knowledge from neuropsychology and cognitive psychology can be applied to the practice of counselling psychology and psychotherapy generally. There is potential value in researching the subject of how therapists discovered SA as a potential clinical tool and developed the motivation to explore using it, and how they felt their application of SA was regarded by colleagues in their field. This would shed further light on to what extent the culture within the disciplines of

psychotherapy and psychology allows for the adoption of ideas from ‘the public marketplace’ (Mahrer, 2007) into talking therapy. Research into the non-clinical application of SA in psychology and psychotherapy, such as pedagogical applications for example, is recommended. As some participants reported using SA in one form or another as a self-care tool, a qualitative exploration of the utility of SA as a self-care tool for therapists could also be useful. It is also noteworthy that psychologists represent a small section of the research sample when compared with psychotherapists or art therapists. Further research could be conducted into whether this is because psychologists experience more restrictions in how flexibly they are able to work given that some research has provided indications of the sometimes restrictive nature of the roles psychologists occupy (Court, 2017). Another potential area of exploration is the representation of participants from the USA in comparison with the UK, as USA participants represented roughly two-thirds of the sample. This may speak to the relative ubiquity of SA in these two countries. The largest SA market in the world is Japan which represents 43% of the global market, followed by the USA at 15%, South Korea at 11% and France at 8% (Turrin, 2021). Information on the current proportion of the UK share of the global market in SA is not readily available, which seems to say something about its size relative to the USA and other markets. While this is not an ideal measure of the differences in the socio-cultural presence of SA in these two countries, it does seem to indicate that a difference may exist. Therefore, research into this difference may allow for an exploration of the extent to which the findings of this study are applicable to a UK cultural context. Indeed, an exploration of how SA is regarded in various parts of the world and how this impacts on its potential use as a tool in talking therapy would be useful. Returning to clinical application, research into the step-by-step detail of how specific SA-based interventions are conducted, and their clinical effectiveness, both from the perspective of the therapist and the client, is merited. Further work should also be conducted on the relationship between SA application in talking therapy in general and the specific considerations of art therapists. This research is conducted from the perspective of a counselling psychologist. While this perspective is a valid one, particularly since the majority

of practitioners interviewed were not trained art therapists, it is a perspective that is not couched in a deep relationship with the practice of using art in, or as, therapy. Further research on the application of SA to clinical practice from the perspective of art therapy would make a valuable contribution to this emerging field of research.

5.7 Contribution to the Field

This research contributes to an understanding of the ways in which psychological therapists make use of SA as a clinical tool in therapy. There is a relative absence of systematic investigation of this specific subject, and this project therefore makes an important contribution to an area of growing interest. As an exploratory study it provides a general view of this practice and an insight into some of the finer details of integrating SA into clinical work. It also provides a foundational framework for the application of SA to talking therapy, setting out a sequential structure for thinking about the main considerations required for the ethical, considerate, and effective application of SA to talking therapy. This study provides an important insight into how protocols for new ways of working in clinical practice can be developed in the absence of specialist supervision or pre-existing frameworks to refer to. This study also contributes to the profile of SA as something that can be considered seriously from the perspective of the disciplines of counselling psychology and psychotherapy and as a medium that has the potential to make direct contributions to the improvement of human wellbeing. As such, it may provide a direct alternative to the apparent prevailing view that SA is an inappropriate resource in talking therapy and to the apparent general view that SA is a medium to be dismissed as unworthy of serious thought and consideration. Finally, this research breaks new ground and can be considered as contributing an exploration of a demonstrably useful and versatile medium to the general body of practice-based evidence in counselling psychology and integrative psychotherapy, and to the application of popular media to talking therapy in particular.

5.8 Proposed Outcomes

This research has indicated a clear absence of specialist supervision regarding the application of SA to talking therapy, and also makes the case for greater peer support and development of a community of therapists making use of the medium. While the Graphic Medicine community deserves a great deal of credit for being a positive influence on the study and application of SA to the general pursuit of improving human wellbeing, it is primarily focused on the subject of medicine. Although the Graphic Medicine community has been an important space for therapists, the creation of a more specific space centred around the practice of applying SA to talking therapy seems important for supporting the growth of this practice. As a direct outcome of this research, an attempt will be made to create an online platform for peers in the field of mental health work to congregate with the aim of developing a space where peer-support, peer-supervision, and specialist supervision on the application of SA to talking therapy can be accessed.

6 Conclusion

This study has examined the integration of new clinical tools through the lens of applying SA specifically to talking therapy. It has demonstrated that the medium of SA has potential clinical utility for some clients in their journey through therapy. As part of this study a substantive grounded theory of the main considerations pertaining to the application of SA to talking therapy has been provided. This can act as an initial platform for therapists interested in starting the process of integrating SA into their own clinical practice. This study has also made a case for SA as a medium that could be used to support the core elements of working at therapeutic depth and has provided some commentary on the intersections of several therapeutic modalities, in particular the practice of traditional forms of talking therapy and the practice of art therapy. The cultural position of SA as an art form in Western English-Speaking countries appears to be mirrored by the way it is widely thought of in the disciplines of counselling psychology and psychotherapy. This study has raised questions regarding how flexible these disciplines are capable of being in the search for new ways of

supporting clients on their journey towards growth and good wellbeing in the practice of talking therapy. The findings of this study provide an example of how therapists will use their creativity and professional intuition to find ways of supporting their clients in a way that best meets their client's needs.

References:

Abbenante, J., & Wix, L. (2016). Archetypal art therapy. *The Wiley handbook of art therapy*, 37-46. American Journal of Sociology, 62, 579–587. Emerald Group Publishing.

Adler, P.A. and Adler, P., 1994. Observational techniques.

Asselin, M.E., 2003. Insider research: Issues to consider when doing qualitative research in your own setting. Journal for Nurses in Professional Development, 19(2), pp.99-103.

Axe, D. (2011, April) *Pentagon Plots Comic Book Therapy for Troops Retrieved* 10 Nov 2020, from http://www.wired.com/2011/04/comic-book-therapy/

Ballantine, P. W., & Martin, B. A. (2005). Forming parasocial relationships in online communities. *ACR North American Advances, 32. 197-201*

Banissy, M. J., & Ward, J. (2007). Mirror-touch synesthesia is linked with empathy. *Nature neuroscience*, *10*(7), 815-816.

Barends, A., Westen, D., Leigh, J., Silbert, D., & Byers, S. (1990). Assessing affect-tone of relationship paradigms from TAT and interview data. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *2*(3), 329.

Beck, A. T. (1970). Role of fantasies in psychotherapy and psychopathology. *Journal of Nervous and Mental Disease, 150(1*), 3–17.

Beck, A.T., Emery, G., & Greenberg, R.L. (2005). *Anxiety disorders and phobias: A cognitive perspective*. New York, NY: Basic Books.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York, NY: Guilford Press.

Beebe, B. & Lachmann, F.M., (2015). *Infant research and adult treatment: Co-constructing interactions*. Routledge.

Beebe, B., & Lachmann, F. M. (2013). *The origins of attachment: Infant research and adult treatment* (Vol. 60). Routledge.

Bell, M., Billington, R., Cicchetti, D., & Gibbons, J. (1988). Do object relations deficits distinguish BPD from other diagnostic groups? *Journal of Clinical Psychology*, *44*(4), 511-516.

Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *The Psychoanalytic Quarterly*, *73*(1), 5-46.

Berger, P.L. & Luckmann, T., (1967). *The social construction of reality*. New York: Anchor.
Bergsma, A. (2008). Do self-help books help? *Journal of Happiness Studies*, *9*(3), 341-360.

Berne, E. L. (1961). *Transactional analysis: A systematic individual and social psychiatry*. London. Castle Books.

Bhana, A., Petersen, I., Mason, A., Mahintsho, Z., Bell, C., & McKay, M. (2004). Children and youth at risk: Adaptation and pilot study of the CHAMP (Amaqhawe) programme in South Africa. *African journal of AIDS Research*, *3*(1), 33-41.

Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of agribusiness*, *23*, 75-91.

Bonner, A. and Tolhurst, G., 2002. Insider-outsider perspectives of participant observation. Nurse Researcher (through 2013), 9(4), p.7.

Brannick, T. and Coghlan, D., 2007. In defense of being “native”: The case for insider academic research. Organizational research methods, 10(1), pp.59-74.

Braun, V. and Clarke, V., 2021. Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. Counselling and Psychotherapy Research, 21(1), pp.37-47.

British Association for Counselling and Psychotherapy (2019) *Managing confidentiality within the counselling professions* Retrieved 10 Nov 2020, from https://www.bacp.co.uk/media/6305/bacp-managing-confidentiality-legal-resource-gpia014-july2019.pdf

British Association for Counselling and Psychotherapy (2021) *Supervision Information and resources for practitioners and supervisors* Retrieved 10 June 2021, from https://www.bacp.co.uk/membership/supervision/

British Association for Counselling and Psychotherapy. (2018). *Ethical framework for the counselling professions.* BACP.

Brown, W. J., & Basil, M. D. *(2010).* Parasocial interaction and identification: Social change processes for effective health interventions. *Health Communication, 25(6-7), 601-602.*

Brugar, K.A., Roberts, K.L., Jiménez, L.M., & Meyer, C.K. (2018). More than mere motivation: Learning specific content through multimodal narratives. *Literacy Research and Instruction, 57(2), 183–208.* https://doi.org/10.1080/19388071.20 17.1351586

Bryan, A. I. (1939). Can there be a science of bibliotherapy. *Library Journal*, *64*(1), 773-776.

Buber, M. (1958). *I and thou (RG Smith, Trans.).* New York: Scribner, 11.

Buccino, G., & Amore, M. (2008). Mirror neurons and the understanding of behavioural symptoms in psychiatric disorders. *Current opinion in psychiatry*, *21*(3), 281-285.

Burke, W. F., Summers, F., Selinger, D., & Polonus, T. W. (1986). The Comprehensive Object Relations Profile: A preliminary report. *Psychoanalytic Psychology*, *3*(2), 173.

Calderon, O., & Kupferberg, R. (2021). Stories Children Tell: Should the Thematic Apperception Test be Included in Psychoeducational Assessments?. *Contemporary School Psychology*, 1-11.

Cedri, S., Briguglio, E., Cedri, C., Masellis, A., Crenca, A., Pitidis, A., & PRIUS Working Group. (2015). Development of an effective communication strategy for the prevention of burns in children: the PRIUS project. *Annals of burns and fire disasters*, *28*(2), 88.

Charmaz, K. (1990) ‘Discovering’ Chronic Illness: Using Grounded Theory. *Social Science & Medicine, 30 (11),* 1161-72.

Charmaz, K. (2014) *Constructing Grounded Theory*. London: SAGE Publications

Charmaz, K., & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*, 1-23.

Chisholm, J. S., Shelton, A. L., & Sheffield, C. C. (2017). Mediating emotive empathy with informational text: Three students' think-aloud protocols of Gettysburg: The Graphic Novel. *Journal of Adolescent & Adult Literacy*, *61*(3), 289-298.

Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*, *52*(3), 337.

Ciornai, S. (2016). Gestalt art therapy: A path to consciousness expansion. *DE Gus sak & ML Rosal, The Wiley Handbook of Art Therapy*, 47-56. John Wiley & Sons.

Clark, D. M. (2018). Realizing the mass public benefit of evidence-based psychological therapies: the IAPT program. *Annual review of clinical psychology*, *14*, 159-183.

Clark, J. S. (2013). "Your credibility could be shot": Preservice teachers' thinking about nonfiction graphic novels, curriculum decision making, and professional acceptance. *The Social Studies*, *104*(1), 38-45.

Clarkson, P. (2003). *The therapeutic relationship*. John Wiley & Sons.

Cochin, S., Barthelemy, C., Lejeune, B., Roux, S., & Martineau, J. (1998). Perception of motion and qEEG activity in human adults. *Electroencephalography and clinical neurophysiology*, *107*(4), 287-295.

Cohen, S. (2004). Social relationships and health. *American psychologist*, *59*(8), 676.

Cohn, N. (2005). Un-Defining "Comics": Separating the cultural from the structural in "comics.". *International Journal of Comic Art*, *7*(2), 236-248.

Cohn, N. (2013). *The Visual Language of Comics: Introduction to the Structure and Cognition of Sequential Images*. A&C Black.

Cohn, N. (2016). A multimodal parallel architecture: A cognitive framework for multimodal interactions. *Cognition*, *146*, 304-323.

Cohn, N. (2020a). Visual narrative comprehension: Universal or not?. *Psychonomic bulletin & review*, *27*(2), 266-285.

Cohn, N. (2020b). *Who Understands Comics?: Questioning the Universality of Visual Language Comprehension*. Bloomsbury Publishing.

Conlon, C., Carney, G., Timonen, V. and Scharf, T., 2015. 'Emergent reconstruction in grounded theory: learning from team-based interview research. Qualitative Research, 15(1), pp.39-56.

Cook, B. L. (1980). Picture communication in the Papua New Guinea. *Educational Broadcasting International*, 13(2), 78-83.

Court, A. J., Cooke, A., & Scrivener, A. (2017). They're NICE and neat, but are they useful? A grounded theory of clinical psychologists' beliefs about and use of NICE guidelines. *Clinical psychology & psychotherapy*, *24*(4), 899-910.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

Dapretto, M., Davies, M. S., Pfeifer, J. H., Scott, A. A., Sigman, M., Bookheimer, S. Y., & Iacoboni, M. (2006). Understanding emotions in others: mirror neuron dysfunction in children with autism spectrum disorders. *Nature neuroscience*, *9*(1), 28-30.

De Lappe, J. (2015). 'All I Needed Was To Get It Out Of My System': The Early Use Of Comics For Mental Health Therapy In America *Asylum Magazine*, *22 (1) 7-10.*

Deakin, H., & Wakefield, K. (2014). Skype interviewing: Reflections of two PhD researchers. *Qualitative research*, *14*(5), 603-616.

Delp, C., & Jones, J. (1996). Communicating information to patients: the use of cartoon illustrations to improve comprehension of instructions. *Academic Emergency Medicine*, *3*(3), 264-270.

Denzin, N.K., & Lincoln Y.S. (2005). Introduction: The discipline and practice of qualitative research (3rd ed., pp. 1–32). Thousand Oaks, CA: Sage.

DeYoung, P. (2015a) *Relational Psychotherapy: A Primer (2nd ed).* Routledge.

DeYoung, P. (2015b) *Understanding and Treating Chronic Shame: A Relational/Neurobiological Approach*. Routledge.

Dibble, J. L., Hartmann, T., & Rosaen, S. F. (2016). Parasocial interaction and parasocial relationship: Conceptual clarification and a critical assessment of measures. *Human Communication Research, 42(1),* 21-44.

Drew, J. (2016). *Cartooning Teen Stories: Using Comics to Explore Key Life Issues with Young People*. Jessica Kingsley Publishers.

Dunne, C., 2011. The place of the literature review in grounded theory research. International journal of social research methodology, 14(2), pp.111-124.

Dworkin, M. S., Peterson, C. E., Gao, W., Mayor, A., Hunter, R., Negron, E., Fleury, A & Besch, C. L. (2013). Efficacy of a food safety comic book on knowledge and self-reported behavior for persons living with AIDS. *PloS one*, *8*(10), e72874.

Dwyer, S.C. and Buckle, J.L., 2009. The space between: On being an insider-outsider in qualitative research. International journal of qualitative methods, 8(1), pp.54-63.

Dysart-Gale, D. (2008). Lost in translation: bibliotherapy and evidence-based medicine. *Journal of Medical Humanities*, *29*(1), 33-43.

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*, *179*, 194.

Enticott, P. G., Johnston, P. J., Herring, S. E., Hoy, K. E., & Fitzgerald, P. B. (2008). Mirror neuron activation is associated with facial emotion processing. *Neuropsychologia*, *46*(11), 2851-2854.

Evans, D. (2013). Role playing a squiggle: an adaption of Winnicott's squiggle game for dramatherapy. *Dramatherapy*, *35*(2), 120-130.

Evans-Jones, C. (2017). *The CBT Handbook: Cognitive Behavioural Therapy*. Routledge.

Fadiga, L., Fogassi, L., Pavesi, G., & Rizzolatti, G. (1995). Motor facilitation during action observation: a magnetic stimulation study. *Journal of neurophysiology*, *73*(6), 2608-2611.

Fanner, D., & Urquhart, C. (2008). Bibliotherapy for mental health service users Part 1: a systematic review. *Health Information & Libraries Journal*, *25*(4), 237-252.

Farrand, P., & Woodford, J. (2013). Impact of support on the effectiveness of written cognitive behavioural self-help: a systematic review and meta-analysis of randomised controlled trials. *Clinical Psychology Review*, *33*(1), 182-195.

Finn, S., & Gorr, M. B. (1988). Social isolation and social support as correlates of television viewing motivations. *Communication Research, 15,* 135–158.

Flood, A (2014) 'Dave Gibbons, first comics laureate: 'They're not just cheap, lurid entertainment'' *The Guardian* 20 October. Retrieved 10 Nov 2020, from https://www.theguardian.com/books/2014/oct/20/dave-gibbons-comics-laureate-child-literacy-watchmen

Freedberg, D., & Gallese, V. (2007). Motion, emotion and empathy in esthetic experience. *Trends in cognitive sciences*, *11*(5), 197-203.

Furuno, Y., & Sasajima, H. (2015). Medical comics as tools to aid in obtaining informed consent for stroke care. *Medicine*, *94*(26).

Fussell, D., & Haaland, A. (1978). Communicating with Pictures in Nepal: Results of Practical Study Used in Visual Education. *Educational Broadcasting International, 11(1*), 25-31.

Gacono, C. B., & Smith, J. M. (2021). Issues to consider prior to using the R-PAS in a forensic context. *SIS Journal of Projective Psychology & Mental Health*, *28*(1).

Gallese, V. (2001). The 'shared manifold' hypothesis. From mirror neurons to empathy. *Journal of consciousness studies*, *8*(5-6), 33-50.

Gallese, V., & Goldman, A. (1998). Mirror neurons and the simulation theory of mind-reading. *Trends in cognitive sciences*, *2*(12), 493-501.

Ganis, G., Kutas, M., & Sereno, M. I. (1996). The search for "common sense": An electrophysiological study of the comprehension of words and pictures in reading. *Journal of cognitive neuroscience*, *8*(2), 89-106.

Gantt, L., & Greenstone, L. (2016). Narrative art therapy in trauma treatment. *Approaches to art therapy: Theory and Technique*, 353-370.

Gantt, L., & Tinnin, L. W. (2007). Intensive trauma therapy of PTSD and dissociation: An outcome study. *The Arts in Psychotherapy*, *34*(1), 69-80.

Garbarino, J. (1987). Children's response to a sexual abuse prevention program: A study of the Spiderman comic. *Child Abuse & Neglect, 11*(1), 143–148.

Gardham, J. (2005, June). *The Glasgow Looking Glass*. Glasgow University Library Special Collections Department. Retrieved 10 Nov, 2020, from https://www.gla.ac.uk/myglasgow/library/files/special/exhibns/month/june2005.html

Gazzola, V., Aziz-Zadeh, L., & Keysers, C. (2006). Empathy and the somatotopic auditory mirror system in humans. *Current biology*, *16*(18), 1824-1829.

Geertz, C. (1973). Thick description: Toward an interpretative theory of culture. In C. Geertz (ed.), *The Interpretation of Culture* (pp. 3S30). New York: Basic Books

Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S., & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological medicine*, *37*(9), 1217-1228.

Giromini, L., Porcelli, P., Viglione, D. J., Parolin, L., & Pineda, J. A. (2010). The feeling of movement: EEG evidence for mirroring activity during the observations of static, ambiguous stimuli in the Rorschach cards. *Biological psychology*, *85*(2), 233-241.

Glaser, B. (1992). *Emergence v Forcing Basics of Grounded Theory Analysis*. Sociology Press, Mill Valley, CA

Glaser, B. G. & Strauss, A. L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine.

Glenberg AM, Langston WE. (1992) Comprehension of illustrated text: Pictures help to build mental models. *Journal of Memory and Language.* 1992;31(2):129–151.

Gordon, T., Borushok, J., & Polk, K. L. (2017). *The ACT approach: A comprehensive guide for acceptance and commitment therapy*. PESI Publishing & Media.

Green, M. C. (2006). Narratives and cancer communication. *Journal of communication*, *56*, S163-S183.

Green, M. J. (2013). Teaching with comics: a course for fourth-year medical students. *Journal of Medical Humanities*, *34*(4), 471-476.

Green, M. J. (2015). Comics and medicine: peering into the process of professional identity formation. *Academic Medicine*, *90*(6), 774-779.

Green, M. J., & Myers, K. R. (2010). Graphic medicine: use of comics in medical education and patient care. *Bmj*, *340*.

Greenwald, R. (2014). *Child trauma handbook: A guide for helping trauma-exposed children and adolescents*. Routledge.

Hackmann, A., Bennett-Levy, J., & Holmes, E. A. (2011). *Oxford guide to imagery in cognitive therapy*. Oxford university press.

Hadjikhani, N., Joseph, R. M., Snyder, J., & Tager-Flusberg, H. (2006). Anatomical differences in the mirror neuron system and social cognition network in autism. *Cerebral cortex*, *16*(9), 1276-1282.

Hardy, G. E., Bishop-Edwards, L., Chambers, E., Connell, J., Dent-Brown, K., Kothari, G., O'Hara, R., & Parry, G. D. (2019). Risk factors for negative experiences during psychotherapy. *Psychotherapy Research*, *29*(3), 403-414.

Hartmann, T., & Goldhoorn, C. (2011). Horton and Wohl revisited: Exploring viewers' experience of parasocial interaction. *Journal of Communication, 61*, 1104–1121.

Health and Care Professionals Council (2018) *Standards of Continuing Professional Development* Retrieved 10 Nov 2020, from https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development/

Hinz, L. D. (2006). *Drawing from within: Using art to treat eating disorders*. Jessica Kingsley Publishers.

Holcomb, P. J., Kounios, J., Anderson, J. E., & West, W. C. (1999). Dual-coding, context-availability, and concreteness effects in sentence comprehension: an electrophysiological investigation. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, *25*(3), 721.

Holliday, C. (2013) The therapeutic relationship: building a working alliance with children and adolescents. In: C. McLaughlin and C Holliday (eds) *Therapy with children and young people: Integrative counselling in schools and other settings*. London: Sage Publications

Horton, D., & Strauss, A. (1957). Interaction in audience-participation shows. *American Journal of Sociology*, *62*(6), 579-587.

Horton, D., & Wohl, R. (1956). Mass communication and para-social interaction: Observations on intimacy at a distance. *psychiatry*, *19*(3), 215-229.

Hosler, J., & Boomer, K. B. (2011). Are comic books an effective way to engage nonmajors in learning and appreciating science?. *CBE—Life Sciences Education*, *10*(3), 309-317.

Houpt, K., Balkin, L. A., Broom, R. H., Roth, A. G., & Selma. (2016). Anti-memoir: Creating alternate nursing home narratives through zine making. *Art Therapy*, *33*(3), 128-137.

Hourani, L., Lambert, S., Peeler, R., Lane, B., & Borst, C. (2017). Graphic novels: A new stress mitigation tool for military training: Developing content for hard-to-reach audiences. *Health communication*, *32*(5), 541-549.

Houts, P. S., Doak, C. C., Doak, L. G., & Loscalzo, M. J. (2006). The role of pictures in improving health communication: a review of research on attention, comprehension, recall, and adherence. *Patient education and counseling*, *61*(2), 173-190.

Hynes, A. M. & Hynes-Berry, M. (2021). *Biblio/Poetry Therapy -The Interactive Process: a handbook,* North Star.

Iacoboni, M., Woods, R. P., Brass, M., Bekkering, H., Mazziotta, J. C., & Rizzolatti, G. (1999). Cortical mechanisms of human imitation. *Science*, *286*(5449), 2526-2528.

Jacobellis v. State of Ohio, 378 U.S. 184, 197 (1964).

Jerslev, A. (2016). Media times in the time of the microcelebrity: celebrification and the YouTuber Zoella. *International Journal of Communication*, *10*, 19

Jung, C. G. (1935). *Analytical Psychology: its Theory and Practice (The Tavistock Lectures, delivered 1935, Reprinted 2014).* London: ARK Routledge.

Junge, M. B. (2016). History of art therapy. *The Wiley handbook of art therapy*, 68-75. John Wiley and Sons.

Kanuha, V.K., 2000. “Being” native versus “going native”: Conducting social work research as an insider. *Social work*, *45*(5), pp.439-447.

Kaplan, J. T., & Iacoboni, M. (2006). Getting a grip on other minds: Mirror neurons, intention understanding, and cognitive empathy. *Social neuroscience*, *1*(3-4), 175-183.

Keysers, C., Wicker, B., Gazzola, V., Anton, J. L., Fogassi, L., & Gallese, V. (2004). A touching sight: SII/PV activation during the observation and experience of touch. *Neuron*, *42*(2), 335-346.

Kovacs, F., Oliver-Frontera, M., Plana, M. N., Royuela, A., Muriel, A., Gestoso, M., & Spanish Back Pain Research Network. (2011). Improving schoolchildren's knowledge of methods for the prevention and management of low back pain: a cluster randomized controlled trial. *Spine*, *36*(8), E505-E512.

Kraft, H. S., Peeler, R., & Larson, J. (2010). *The Docs: A Graphic Novel*. Naval Health Research Center.

Kramer, E. (1958). *Art therapy in a children's community: A study of the function of art therapy in the treatment program of Wiltwyck School for Boys.* Charles C Thomas Publisher.

Krouwel, M., Jolly, K., & Greenfield, S. (2019). Comparing Skype (video calling) and in-person qualitative interview modes in a study of people with irritable bowel syndrome–an exploratory comparative analysis. *BMC medical research methodology*, *19*(1), 1-9.

Labrecque, M. E., Coutu, M. F., Durand, M. J., Fassier, J. B., & Loisel, P. (2016). Using cartoons to transfer knowledge concerning the principles of work disability prevention among stakeholders. *Journal of occupational rehabilitation*, *26*(2), 141-149.

Leigh, J., Westen, D., Barends, A., Mendel, M. J., & Byers, S. (1992). The assessment of complexity of representations of people using TAT and interview data. *Journal of Personality*, *60*(4), 809-834.

Lerner, H. D., & Peter, S. S. (1984). Patterns of object relations in neurotic, borderline and schizophrenic patients. *Psychiatry*, *47*(1), 77-92.

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, *1986*(30), 73-84.

Lo Iacono, V., Symonds, P., & Brown, D. H. (2016). Skype as a tool for qualitative research interviews. *Sociological research online*, *21*(2), 103-117.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, *10*(1), 3-42.

Lundh, L. G. (2017). Relation and technique in psychotherapy: Two partly overlapping categories. *Journal of Psychotherapy Integration*, *27*(1), 59.

Lusebrink, V. B. (1990). *Imagery and visual expression in therapy* (pp. 67-114). New York: Plenum Press.

Maeda, F., Kleiner-Fisman, G., & Pascual-Leone, A. (2002). Motor facilitation while observing hand actions: specificity of the effect and role of observer's orientation. *Journal of neurophysiology*, *87*(3), 1329-1335.

Maher, B. (2018) *Adulting*. Real Time With Bill Maher Blog Retrieved 10 Nov, 2020, from Adulting — Real Time with Bill Maher Blog (real-time-with-bill-maher-blog.com)

Mahrer, A. R. (2007). If practitioners want new and better methods, shop in the public marketplace. *Journal of Psychotherapy Integration*, *17*(1), 10.

Malchiodi, C. A. (1997). *Breaking the silence: Art therapy with children from violent homes*. Psychology Press.

Malchiodi, C. A. (2000). Welcome to Y2K: Is Art Therapy a Profession or an Idea?. *Art Therapy*, *17*(1), 2-3.

Malchiodi, C. A. (2008). Creative interventions and childhood trauma. *Creative interventions with traumatized children*, 3-21.

Malchiodi, C. A. (Ed.). (2011). *Handbook of art therapy*. Guilford Press.

Markus, H., & Nurius, P. (1986). Possible selves. *American psychologist*, *41*(9), 954.

Maroda, K. J. (2009). *Psychodynamic techniques: Working with emotion in the therapeutic relationship*. Guilford Press.

Maroda, K. J. (2013). *The power of countertransference: Innovations in analytic technique*. Routledge.

Maxwell, E., Simmons, M., Franklin, L., Arnold, J., & Pall, H. (2014). Impact of educational cartoon on pediatric bowel preparation quality at time of colonoscopy. *Global pediatric health*, *1*, 2333794X14548199.

Mayer, R. E., & Gallini, J. K. (1990). When is an illustration worth ten thousand words?. *Journal of educational psychology*, *82*(4), 715.

McCann, T., & Clark, E. (2003a). Grounded theory in nursing research: Part 1 – Methodology. Nurse Researcher, 11(2), 7–18.

McCloud, Scott (1993). *Understanding Comics: The Invisible Art*. New York: Harper Collins Inc, 1993.

McNicol, S (2018a) 'Theories of bibliotherapy' In *Bibliotherapy* (pp. 23-40) Facet.

McNicol, S. (2018b). Bibliotherapy and graphic medicine. In *Bibliotherapy* (pp. 59-74). Facet.

Meskin, A. (2007). Defining comics? *The Journal of Aesthetics and Art Criticism*, *65*(4), 369-379.

Meyrowitz, J. (1986). *No sense of place: The impact of electronic media on social behaviour*. Oxford University Press.

Morawski, C. M. (1997). A role for bibliotherapy in teacher education. *Reading Horizons: A Journal of Literacy and Language Arts*, *37*(3), 6.

Murray, H. A. (1943). *Thematic apperception test.* Harvard University Press.

Nagata, R. (1999). Learning biochemistry through manga—helping students learn and remember, and making lectures more exciting. *Biochemical Education*, *27*(4), 200-203.

Nakazawa, J., & Nakazawa, S. (1993a). Development of manga reading comprehension: How do children understand manga? In Y. Akashi (Ed.), Manga and child: How do children understand manga? (pp. 85-189): Research report of Gendai Jidobunka Kenkyukai.

Nakazawa, J., & Nakazawa, S. (1993b). How do children understand comics?: Analysis of comic reading comprehension. *Annual of Research in Early Childhood, 15,* 35-39.

Nakazawa, J., & Shwalb, D. W. (2012). *Japan and the US comparison of university students' Manga reading literacy*. Paper presented at the Proceedings of Annual Conference of 54th Japanese Association of Educational Psychology.

Naumberg, M (1958) Case Illustration: Art Therapy with a Seventeen-Year-Old Girl, in Hammer, E. F. (ed), *The Clinical Application of Projective Drawings*, Springfield: Charles Thomas.

Naumburg, M. (1947). *Studies of the" free" art expression of behavior problem children and adolescents as a means of diagnosis and therapy*. Nervous & Mental Disorders Monograph Series.

Naumburg, M. (1955). Art as symbolic speech*. The Journal of Aesthetics and Art Criticism, 13(4), 435-450.*

NHS Digital. (2016) *Psychological therapies: annual report on the use of IAPT services in England.* NHS England Rep. 2015-16; Health and Social Care Information Centre; Leeds, UK. 2016

Nigro, G., & Neisser, U. (1983). Point of view in personal memories. *Cognitive psychology*, *15*(4), 467-482.

Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (pp. 113–141). American Psychological Association.

Núñez, R., Cooperrider, K., Doan, D., & Wassmann, J. (2012). Contours of time: Topographic construals of past, present, and future in the Yupno valley of Papua New Guinea. *Cognition, 124(1),* 25-35.

O'Connor, P. (2013) *Comicspedia* [Online] Available: http://comicspedia.blogspot.co.uk.

Oates, J., Carpenter, D., Fisher, M., Goodson, S., Hannah, B., Kwiatowski, R., Prutton, K., Reeves, D. & Wainwright, T. (2021, April). *BPS Code of Human Research Ethics*. British Psychological Society.

Oberman, L. M., Hubbard, E. M., McCleery, J. P., Altschuler, E. L., Ramachandran, V. S., & Pineda, J. A. (2005). EEG evidence for mirror neuron dysfunction in autism spectrum disorders. *Cognitive brain research*, *24*(2), 190-198.

Oddli, H. W., & McLeod, J. (2017). Knowing-in-relation: How experienced therapists integrate different sources of knowledge in actual clinical practice. *Journal of Psychotherapy Integration*, *27*(1), 107.

Orange, D. M. (2009). *Thinking for clinicians: Philosophical resources for contemporary psychoanalysis and the humanistic psychotherapies*. Routledge.

Owen, J., & Hilsenroth, M. J. (2014). Treatment adherence: The importance of therapist flexibility in relation to therapy outcomes. *Journal of Counseling Psychology*, *61*(2), 280.

Paivio, A. (1975). Coding distinctions and repetition effects in memory. *Psychology of learning and motivation 9,* 179-214). Academic press.

Parsons, L. M., Fox, P. T., Downs, J. H., Glass, T., Hirsch, T. B., Martin, C. C., Jerabek, P. A., & Lancaster, J. L. (1995). Use of implicit motor imagery for visual shape discrimination as revealed by PET. *Nature*, *375*(6526), 54-58.

Payne, M. (2006). *Narrative therapy*. Sage.

Pelphrey, K. A., & Morris, J. P. (2006). Brain mechanisms for interpreting the actions of others from biological-motion cues. *Current Directions in Psychological Science*, *15*(3), 136-140.

Perls, F., Hefferline, G., & Goodman, P. (1951). Gestalt therapy. *New York*, *64*(7), 19-313.

Perry, P., Graat, J. (2010) *Couch Fiction.* Palgrave/Macmillan.

Perse, E. M., & Rubin, R. B. (1989). Attribution in social and parasocial relationships. *Communication Research*, *16*(1), 59-77.

Pincavage, A. T., Lee, W. W., Venable, L. R., Prochaska, M., Staisiunas, D. D., Beiting, K. J., Czerweic, M. K., Oyler, J., Vinci, L. M., & Arora, V. M. (2015). "Ms. B changes doctors": using a comic and patient transition packet to engineer patient-oriented clinic handoffs (EPOCH). *Journal of general internal medicine*, *30*(2), 257–260.

Pineda, J. A., Allison, B. Z., & Vankov, A. (2000). The effects of self-movement, observation, and imagination on/spl mu/rhythms and readiness potentials (RP's): toward a brain-computer interface (BCI). *IEEE Transactions on Rehabilitation Engineering*, *8*(2), 219-222.

Priego, E., & Farthing, A. (2020). Barriers Remain: Perceptions and Uses of Comics by Mental Health and Social Care Library Users. *Open Library of Humanities*, *6*(2), 4.

Pugh, J., Mitchell, M. and Brooks, F., 2000. Insider/outsider partnerships in an ethnographic study of shared governance. *Nursing standard (Royal College of Nursing (Great Britain): 1987)*, *14*(27), pp.43-44.

Rapaport, D., Gill, M., & Schafer, R. (1945). *Diagnostic psychological testing, Vol. 1.* Year Book Publishers.

Rapaport, D., Gill, M., & Schafer, R. (1946). Psychological diagnostic testing (Vol. 2). *Chicago: YearbookPublishers*.

Rehman, A.A. & Alharthi, K., (2016). An introduction to research paradigms. *International Journal of Educational Investigations*, *3*(8), pp.51-59.

research. In N.K. Denzin & Y.S. Lincoln (Eds.), The handbook of qualitative research
Rogers, C.R., (1957). *On becoming a person*. Boston: Houghton Mifflin.

Rorschach, H. (1921). *Psychodiagnostik: Psychodiagnostics*. Huber.
Rose, A. M. (1958). Mental health attitudes of youth as influenced by a comic strip. *Journalism Quarterly*, *35*(3), 333-342.

Rosenblatt, L. M. (1994). *The reader, the text, the poem: The transactional theory of the literary work*. SIU Press.

Roter, D. L., Rudd, R. E., Keogh, J., & Robinson, B. (2007). Worker produced health education material for the construction trades. *International Quarterly of Community Health Education*, *27*(3), 231-243.

Rowley, J. (2012). Conducting research interviews. *Management research review*, *35* 260-271.

Rubin, J. A. (2016). Psychoanalytic art therapy. *The Wiley handbook of art therapy*, 26-36.

Russell, C. A., Stern, B. B., & Stern, B. B. (2006). Consumers, characters, and products: A balance model of sitcom product placement effects. *Journal of Advertising*, *35*(1), 7-21.

Sadoski, M., & Paivio, A. (2013). *Imagery and text: A dual coding theory of reading and writing*. Routledge.

Sato, W., & Yoshikawa, S. (2007). Enhanced experience of emotional arousal in response to dynamic facial expressions. *Journal of Nonverbal Behavior*, *31*(2), 119-135.

Schauer, M., Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term treatment for traumatic stress disorders*. Hogrefe Publishing.

Schiappa, E., Allen, M., & Gregg, P. B. (2007). Parasocial relationships and television: A meta-analysis of the effects. In R. Preiss, B. Gayle, N. Burrell, M. Allen & J. Bryant (Eds.), *Mass media effects: Advances through meta-analysis* (S (pp. 301–314). Mahwah, NJ: Lawrence Erlbaum.

Shilling, R. D. (2011) *Therapeutic Storytelling Authoring Tools for Post-Traumatic Stress* Retrieved 10 Nov 2020, from www.darpa.mil/WorkArea/DownloadAsset.aspx?id=2147486885

Shrodes, C. (1955). Bibliotherapy. *The Reading Teacher*, *9*(1), 24-29.

Sim, M. G., McEvoy, A. C., Wain, T. D., & Khong, E. L. (2014). Improving health Professional's knowledge of hepatitis B using cartoon based learning tools: a retrospective analysis of pre and post tests. *BMC medical education*, *14*(1), 1-8.

Singer, T., Seymour, B., O' Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science*, *303*(5661), 1157-1162.

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

Somerville, K., Cooper, M., & Hackmann, A. (2007). Spontaneous imagery in women with bulimia nervosa: An investigation into content, characteristics and links to childhood memories. *Journal of behavior therapy and experimental psychiatry*, *38*(4), 435-446.

Spiegel, A. N., McQuillan, J., Halpin, P., Matuk, C., & Diamond, J. (2013). Engaging teenagers with science through comics. *Research in science education*, *43*(6), 2309-2326.

Stark, M. (2000). *Modes of therapeutic action*. Rowman & Littlefield.

Stefana, A., & Gamba, A. (2018). From the “squiggle game” to “games of reciprocity” towards a creative co-construction of a space for working with adolescents. *The International Journal of Psychoanalysis*, *99*(2), 355-379.

Stern, D. N. (1995). *The Motherhood Constellation: A Unified View of Parent-infant Psychotherapy*. International Universities Press.

Stern, D. N. (2018). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. Routledge.
Stern, D. N., & Stern, D. (1977). *The first relationship: Mother and infant*. Harvard University Press.

Sternberg, R. J., Sternberg, K., & Mio, J. (2012). *Cognitive psychology*. Cengage Learning Press.

Strauss, A., & Corbin, J. (2007). *Basics of qualitative research: Procedures and techniques for developing grounded theory*. Thousand Oaks, CA: Sage Publications.

Talwar, S. (2016). Is there a need to redefine art therapy? *Art Therapy, 33:3, 116-118.*

Tatalovic, M. (2009). Science comics as tools for science education and communication: a brief, exploratory study. *Journal of Science Communication*, *8*(4), A02.
the role of cortical midline structures and mirror neurons.

Timonen, V., Foley, G. and Conlon, C., 2018. Challenges when using grounded theory: A pragmatic introduction to doing GT research. International Journal of Qualitative Methods, 17(1).

Tinnin, L., & Gantt, L. (2013). *The instinctual trauma response & dual-brain dynamics: A guide for trauma therapy*. Gargoyle Press.

Toh, T. L., Cheng, L. P., Ho, S. Y., Jiang, H., & Lim, K. M. (2017). Use of comics to enhance students’ learning for the development of the twenty-first century competencies in the mathematics classroom. *Asia Pacific Journal of Education*, *37*(4), 437-452.

Tsao, J. (1996). Compensatory media use: An exploration of two paradigms. *Communication Studies, 47*, 89–109.

Tsao, P., & Catherine, H. Y. (2016). “There’s no billing code for empathy”-Animated comics remind medical students of empathy: a qualitative study. *BMC medical education*, *16*(1), 1-8.

Turk, A. A., Brown, W. S., Symington, M., & Paul, L. K. (2010). Social narratives in agenesis of the corpus callosum: linguistic analysis of the Thematic Apperception Test. *Neuropsychologia*, *48*(1), 43-50.

Turrin, E (2021) *The comics market in Europe. status, challenges and opportunities to go digital* Retrieved 10 Nov 2020, from http://www.aldusnet.eu/k-hub/comics-market-europe-status-challenges-opportunities-go-digital/

Uddin, L.Q., Iacoboni, M., Lange, C., & Keenan, J.P., 2007. *The self and social cognition: the role of cortical midline structures and mirror neurons*. Trends in Cognitive Sciences 11, 153–157.

Van Lente, F., 2012. *Comic book history of comics*. IDW Publishing.

Wertham, F., 1954. *Seduction of the Innocent*. New York: Rinehart.

Westefeld, J. S. (2009). Supervision of psychotherapy: Models, issues, and recommendations. *The Counseling Psychologist*, *37*(2), 296-316.

Westen, D., Ludolph, P., Block, M. J., Wixom, J., & Wiss, F. C. (1990). Developmental history and object relations in psychiatrically disturbed adolescent girls. *American Journal of Psychiatry*, *147*(8), 1061-1068.

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients. A systematic review of the literature. *Counselling and Psychotherapy Research*, *7*(1), 54-65.

White, M. K. (2007). *Maps of narrative practice*. WW Norton & Company.

White, M., Wijaya, M., White, M. K., & Epston, D. (1990). *Narrative means to therapeutic ends*. WW Norton & Company.

Wicker, B., Keysers, C., Plailly, J., Royet, J. P., Gallese, V., & Rizzolatti, G. (2003). Both of us disgusted in My insula: the common neural basis of seeing and feeling disgust. *Neuron*, *40*(3), 655-664.

Wilson, B., & Wilson, M. (1982). *Teaching Children to Draw*. Englewood Cliffs, NJ: Prentice-Hall.

Winnicott, D. W. (1972). *Playing and reality*. New York, NY: Basic Books.

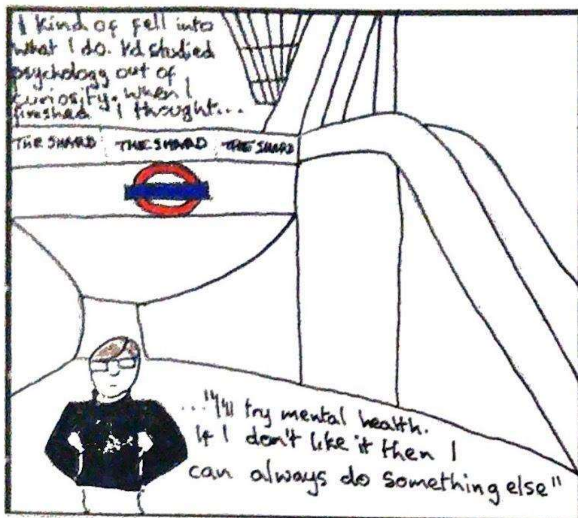
Worden, D. (2006). The Shameful Art: McSweeney's Quarterly Concern, Comics, and the Politics of Affect. *MFS Modern Fiction Studies*, *52*(4), 891-917.

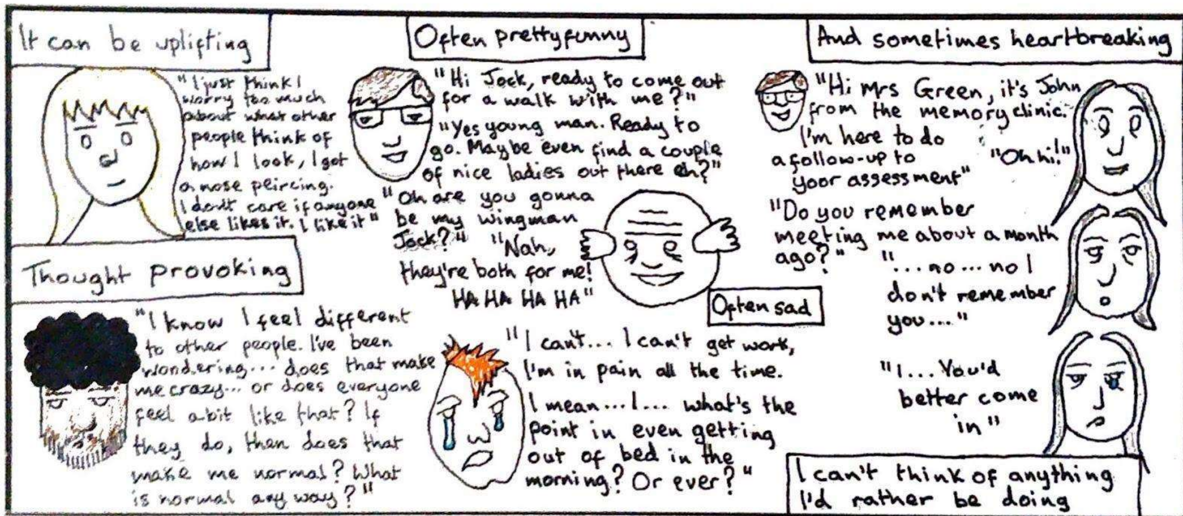
Appendices:

Appendix 1. A summary of the literature search.

I conducted a systematic literature review using the following methods and search-terms. The following electronic databases were searched: PsychINFO, PsychArticles, Psychology and Behavioural Sciences Collection, ebook Collection (EBSCOhost), EBSCOClassics Collection (EBSCOhost), Pepweb, Sage Journals Google Scholar and Google, using the keywords: “Sequential art”, “comics”, “comic books”, “graphic novels”, “comic strips”, “cartoons”. An initial scoping review was conducted to establish an overview of any existing literature relevant to this project (Grant & Booth, 2009; Jesson, Matheson, & Lacey, 2011). In addition to this literature search I was also fortunate enough to be given access to the ongoing collection of research literature for the Graphic Medicine community by Matthew Noe of Harvard Medical School Library and one of the core organising members of the Graphic Medicine community. Access to this collection and the results of my initial scoping review yielded a total of two-hundred and eighty-four papers relevant to the subject of SA being applied to the improvement of human wellbeing in relatively general terms. Owing to the broad range of literature covered, no formal quality assessments of the review were conducted, which are often conducted in literature reviews of this sort (Grant & Booth, 2009). As the overall volume of actual research on this subject was relatively small, it was possible to conduct a systematic review of the available literature (Grant & Booth, 2009). Studies were included in this review if they specifically explored the subject of SA being applied to efforts to support or improve the subject of human wellbeing. Studies were included if they were published in English in peer-reviewed journals. No other exclusion criteria were set. The results of this review yielded literature relating to cognitive psychology, educational psychology, health psychology, medicine, and the medical humanities. It should be noted that often research projects that I reviewed would be directly related to an area of psychology but had not been conducted by psychologists. For instance, several papers I reviewed were relevant to educational psychology but were not explicitly conducted by educational psychologists or published in educational psychology journals. Finally, I would also review literature discussed in interviews and integrate this literature into my final literature review as this arose. My initial review helped me to confirm that at the time of conducting the review, no doctoral research had been conducted in the field of counselling psychology or psychotherapy on the applied use of SA. The research found was in the wider field of psychology and allied fields.

Appendix 2. An example of sequential art used in academic presentations.





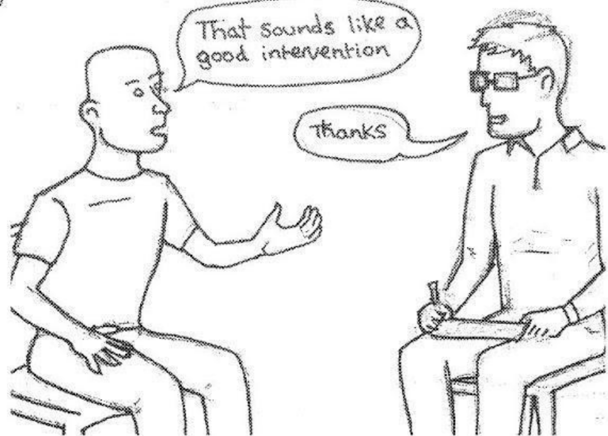
This comic was initially produced as part of an exercise in using sequential art to introduce yourself to a group in a comic-making class I attended. It was then re-used as part of a reflective presentation on my development of my identity as a therapist as part of my doctoral training.

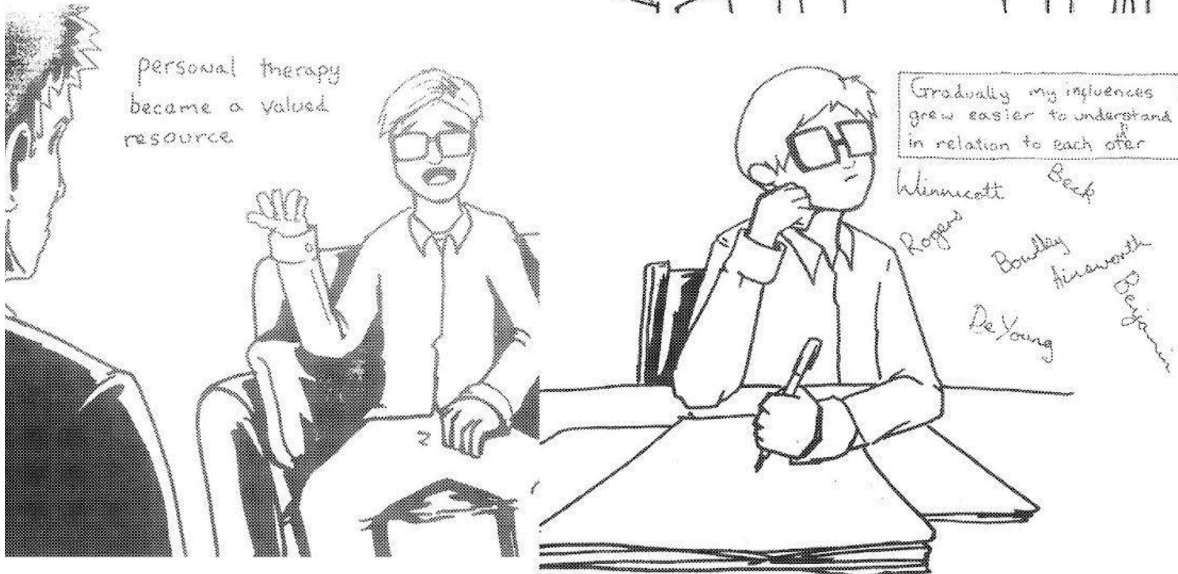
Appendix 3. Examples of SA produced as a presentation tool.

An extract of SA made for my psychotherapy viva examination.

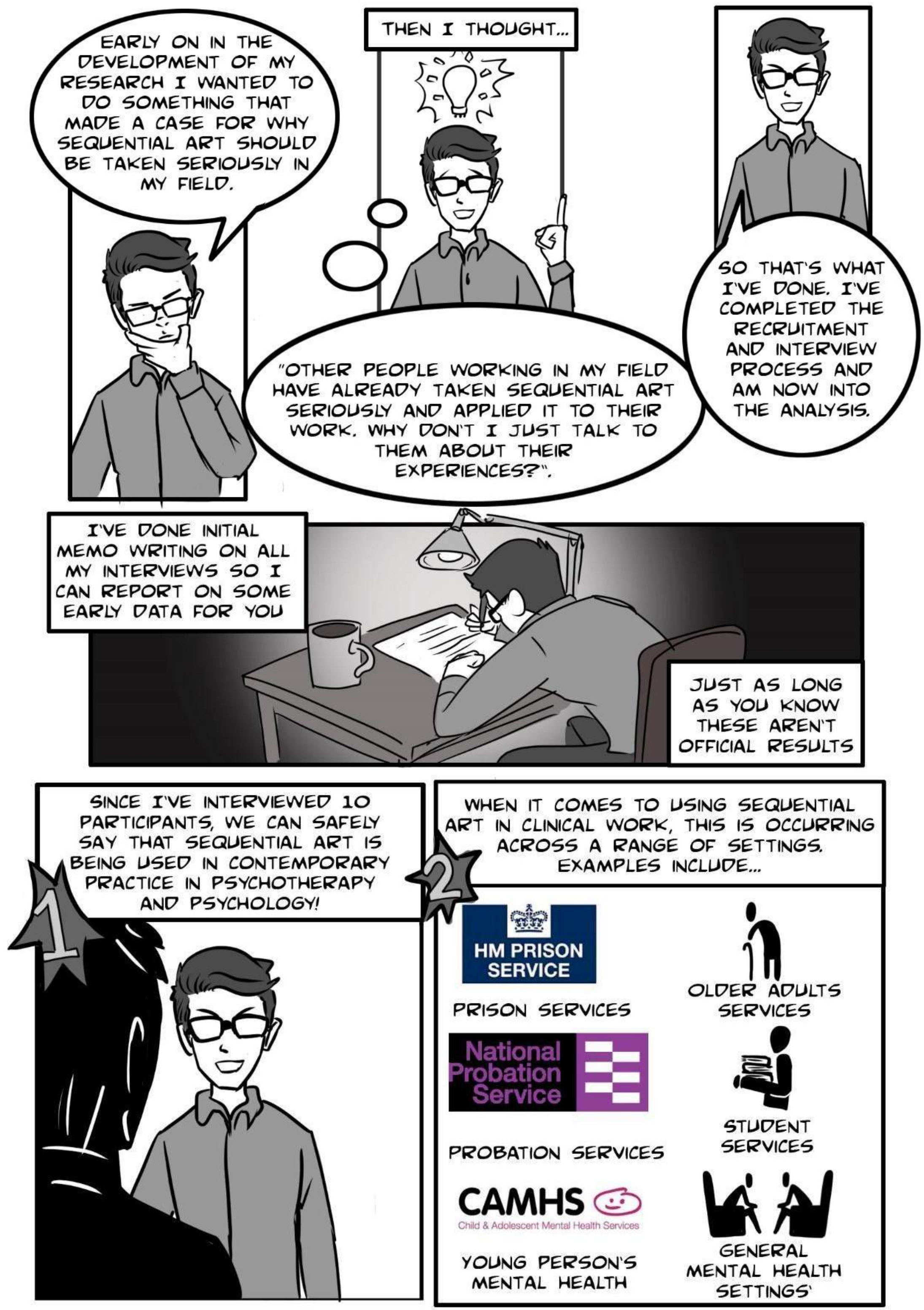
The less I tried to figure things out the more I relaxed and I began to find my voice
What you said really resonated with me...

The more I used my voice, the more I connected with clever, funny and supportive friends and colleagues

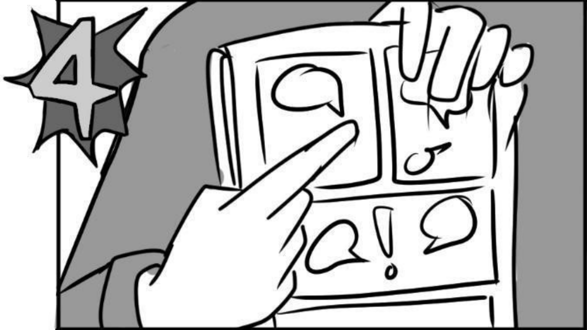

Supervision became more collegiate
That sounds like a good intervention
Thanks


personal therapy became a valued resource
Gradually my influences grew easier to understand in relation to each other
Winnicott
Beck
Rogers
Bowlby
Ainsworth
DeYoung

Extract from comics produced for and presented at the Graphic Medicine Conference 2019



3
SEQUENTIAL ART IS BEING APPLIED TO CLINICAL WORK ACROSS ALL AGE RANGES NOT JUST YOUNG PEOPLE AS MANY PEOPLE I TALK TO ABOUT MY RESEARCH ASSUME..


WITHOUT BEING ABLE TO GO INTO MUCH DETAIL HERE, THERE ARE A NUMBER OF WAYS THAT SEQUENTIAL ART IS APPLIED IN CLINICAL WORK:
4
THERAPISTS CAN USE PREEXISTING WORK AND INTRODUCE IT TO THE CLIENT IN THE SAME WAY I HAVE MYSELF

THERAPISTS CAN ALSO SUPPORT THE CLIENT IN MAKING THEIR OWN COMIC TO TELL AN IMPORTANT PERSONAL STORY, OR THE THERAPIST CAN MORE DIRECTLY COLLABORATE WITH THE CLIENT TO MAKE A COMIC TOGETHER.

THE THERAPIST CAN USE CHARACTERS FROM COMICS THAT THE CLIENT RELATES TO, TO SUPPORT THE CLIENT IN EXPLORING THEIR OWN FEELINGS AND EXPERIENCE.

Ψ
PSYCHOTHERAPISTS AND PSYCHOLOGISTS ARE NOT JUST USING SEQUENTIAL ART IN CLINICAL WORK BUT ARE USING THE ART FORM TO ENGAGE WITH THE PUBLIC ABOUT SUBJECTS IN THEIR FIELD.

Appendix 4. Final questions for interview.

In what capacity do you bring sequential art into your work?

What is it that draws you towards bringing sequential art into your work?

How long has it been since the first instance of you bringing sequential art into your work?

What are the main reasons you would take the decision to bring sequential art into work with a client? Can you give a good example of this? How much time would this decision take?

What feedback have you received from clients that has indicated to you that bringing sequential art into your work with them?

Are there examples of sequential art that you have found to be particularly useful?

Are there particular client groups or particular presenting issues that seem to you to lend themselves to working with sequential art?

What practical considerations do you take when bringing sequential art into your work?

To what extent is this informed by psychological theory? (for example, do you ask clients to buy their own copies of material or lend them?)

What, in your experience, is the impact of bringing sequential therapy into your work on the therapeutic relationship with your clients?

Are there specific challenges for the therapeutic relationship in relation to working with sequential art?

How much knowledge would a therapist would need of comic books, graphic novels etc to use sequential art as a resource?

What areas of theory have you found most helpful, supportive or insightful in relation to your Work?

Have you ever used sequential art as a self-care tool?

Appendix 5. An extract from research memos.

Initial interview memos following interview.

My initial reflections on this interview were that there were a lot of relational considerations bound up in the way that PT applied sequential art in her work. She discussed her framework in very broad terms, but also clearly indicated that she had developed specific protocols, and that she planned to incorporate this into a training programme for other therapists in the next 12 months. I was not expecting the extent to which an explicit protocol might have been developed by someone based on the knowledge I began the study with. I was surprised that such a large proportion of PT's work was taken up with work involving sequential art (40-50%). Having said this, PT stated that bibliotherapy takes up a considerable amount of space in her work, and that she often asks her clients to do some form of reading even when focusing in more traditional areas of therapy.

PT described being very careful and non-prescriptive with her clients about bringing sequential art into her work with them, but also left space for coming to this material in a "spur of the moment" way. PT's approach to using sequential art is very client-focused, in the sense that she only uses it if it could be useful for the client she is working with. She would not use this media if a client was uncomfortable with it for any reason. The client's background is an important consideration here. As PT is very public about her use of sequential art, clients can raise whether they are interested in this sort of work or not. Gauging interest is often about feeling out how the client responds to discussions of comics etc. Also, this relates to PT being reminded of some comic book characters from what her clients say about their own experiences. Finding a similar emotional experience in a character to then bring to the client is a key part of this process. PT reports this often leads to a reparative relationship.

PT talks a bit about fictional characters acting as surrogates for relationships that clients might have experienced some deficit in. PT feels emotional resonance, and controlling the pace in which we consume something, are what separates sequential art from other forms of media. PT's background in neuropsychology has informed her feelings about the importance of emotional resonance in the material he uses.

PT's practice began in working with trauma, specifically post-traumatic stress disorder. One initial positive experience led to a growing use of popular media that included sequential art. PT, as a trauma specialist, also points out that this form of work is a good fit for working with trauma.

Being able to empathise with other people (in most cases fictional people) who have similar struggles to yourself can be used as a framework for self-compassion. A lot of this work involves focusing on shame, which PT considers (from her theoretical perspective) to be the mechanism that underpins every mental health disorder. Relational distance, which can include self-rejection, develops in those struggling with shame which can then lead to dangerous issues from PT's perspective. On this basis she thinks of using sequential art as a way of framing self-compassion.

PT's work generally involves reading sequential art that either interests her client, or that bears close relation to the client's experience in some way. This occurs both inside and outside the therapy room. Clients also make their own comics from their own perspective, often including themselves, or a fictionalised version of themselves, as the protagonist. This fits very closely with narrative therapy theory.

Self-compassion and changing self-narrative are two main focuses of PT's perspective on working with sequential art. There are elements of narrative therapy, goal-focused therapy, CBT, DBT and ACT and discussed here. ACT is PT's main modality, she eclectically draws from the above as well. PT's protocol is designed with flexibility in mind.

In terms of the therapeutic relationship, there seems clear use of a third-space in terms of how it is sometimes considered in art-therapy, in that the discussion of a physical character can take up space in the room as a metaphorical mentor.

PT discussed possibly triggering content in relation to ethics, but pointed out that this should be vetted by the therapist in all cases before providing it to the client anyway, and that this should help to manage this issue.

PT's perspective is that the therapist wouldn't need to have expert knowledge of sequential art, as the work would be initiated by the therapist exploring the client's interests which places the client firmly in the position of expert in their own experience.

PT aims to work with 'the shadow' in the majority of her work (helping the client to learn about their shadow side, and to come to respect and love this side of themselves) which superhero characters, as archetypes, can be very useful in discussing and exploring.

PT is also writing her own graphic novels to support her work.

Overall, I was very taken with the amount of work, commitment and creativity evident in PT's thinking and in her practice. Her use of sequential art is both expansive and ambitious and makes a great deal of space for creative energy.

<u>Discussion with critical research friend</u>

Discussed some of my data from my first interview with my critical research friend. She is a professional qualitative researcher with a background in social psychology, currently working in market research.

I primarily reached out to her for some reassurance. She agreed to read an anonymised copy of my data and coding on the first interview I'd done. I explained I just wanted to discuss whether I was going in the correct direction with analysis because of my uncertainty around the unstructured nature of grounded theory coding.

Our conversation after her reading of my coding was very helpful. The first question she asked was “whose pov are you looking at in the data? What’s the main focus?”. I replied that I was looking at the experience of the therapist using SA and, indirectly and via the therapist, the therapist’s clients and their experience of working with SA. We discussed the data, which we both agreed was very dense in terms of its richness. In short, my friend said “if this was someone who was saying something like ‘ and then she left and I was upset’, then you know what this person means by that” in contrast, my data is what happens when one therapist discusses their way of working with another one. There are multiple potential meanings for words like ‘attachment’ for example, there are multiple layers of meaning in the conversation I have with my interviewee on the basis of assumed knowledge and implied meaning. There is a level of focus in the discussion I have with this interviewee that brings out a density in the exchange of information that wouldn’t be found in a more usual person-to-person piece of human discourse. As such I decided that I would move slowly through initial coding to digest this data fully before moving onto focused coding. We also discussed using bullet points, colour-coding and using putting a subject summary in brackets to help manage data over the course of the research.

Extracts of reflective passages from my research journal

My fourth interviewee exclusively uses sequential art as a focus for bibliotherapy. Partly this is because in and of itself he has found it a really useful way of working with his clients. The reason he hasn’t done any work with facilitating interventions that involve the creation of sequential art is because he doesn’t have anyone to supervise him. There is an interesting bit of parallel process to reflect on here. I think if I had had the opportunity to get supervision from someone who could show me how to use sequential art in that way I would take it up. And the reason my own clinical practice with sequential art is largely limited to using it as a psychoeducational tool is because I have a background in using psychoeducation extensively. It is surprising to consider this parallel process and the importance of specialist supervision.

Surprising to see that there is no apparent overlap across participants at all regarding the way they frame their use of sequential art from a theoretical perspective. I was expecting to find that people would be informed by narrative therapy or psychoanalytic theory or something like that. That maybe using sequential art would draw people to particular theoretical models to help them organise their practice with it a bit, or that therapists who already had a theoretical background in particular models would be more predisposed to using sequential art. This is absolutely not the case. It seems as though theoretical background doesn’t have the weighting effect I’d anticipated at all. This is a really good reminder of how unique everyone’s experiences are.

My last interviewee has been using sequential art in her work for nearly four decades. Given that this is the case it is really striking that research on this subject is so rare. I wonder what has held it back? And is there now an increase in the attention using sequential art in therapy is getting? Is this because there has been such a big growth in comics about mental health?

Appendix 6. Recruitment advertisements.

<u>Art Therapy Forum</u>

Hello, my name is John Pollard and I am in the process of completing doctoral training in integrative psychotherapy and counselling psychology at the Metanoia Institute. As part of the final stages of my training I am writing a thesis on an area of study that relates to the practice of psychological therapy.

I am conducting research into how psychological therapists use comic books, strips or graphic novels to facilitate their work with their clients. I am conducting this research to explore how therapists bring this art form into their work and why. I also wish to explore what the potential benefits and challenges are of bringing this form of media into the therapy room.
I am aware of a small number of individual therapists who have some experience of bringing sequential art into their clinical work and will approach them to explore their potential interest in participating in this research. I am writing here to appeal to therapists I am not aware of who may also be using sequential art/comics with their clients during therapy sessions or in other areas of their work as therapists.
In the event that you are a therapist who has some experience with this, I would very much appreciate hearing from you. For further information on my research please contact me via john.pollard@metanioa.ac.uk to ask for access to my information sheet. This will provide you with further information for you to consider in relation to potentially participating in my study. If, however you are not in a position to participate in this study but know someone else working in the field of psychotherapy or psychology who may be interested in hearing more about my research, then please consider asking them if they would be happy for me to contact them regarding participation. Having received their contact details I will get in touch to provide them with my information sheet.
Thank you for taking the time to read and consider this message.
Warm regards,
John Pollard.

Graphic Medicine Website

graphicmedicine.org/call-for-participants-using-sequential-art-in-professional-psychological-practice/

Call for participants – using sequential art in professional psychological practice.

Jan. 31, 2019 by John Pollard

Facebook Twitter Pinterest

Call for participants.

For those of you in the Graphic Medicine community that I have not had the opportunity to meet or correspond with, my name is John Pollard and I am a psychotherapist based in London in the final stages of a doctoral qualification in counseling psychology. My doctoral thesis is a piece of qualitative research exploring how psychologists and psychotherapists use sequential art in their work.

This research aims to create a representation of how sequential art is used in contemporary psychological practice. Rather than attempt to make a case for the potential of sequential art and how it could be applied within the discipline of psychology, this research aims to give a platform to those that have already recognized this potential and have already explored applying sequential art in their work. I will use a social constructivist form of grounded theory to develop a "grounded theory" of how sequential art is/can be applied in psychological practice on the basis of the analysis of interviews with my participants.

I am hoping to speak with qualified psychologists, psychotherapists, and psychoanalysts who have experience in using sequential art in some way related to their professional role. This could, for example, include using sequential art in talking therapy, academic research, or any form of public engagement such as producing a comic or graphic novel about a mental health issue or a form of talking therapy for public consumption. Regarding examples of clinical work, using graphic novels as part of bibliotherapy, using storyboards to develop timelines with clients, discussing comics clients have made with them, or discussed pre-existing comics or characters from comics, would all fall within practice I would be interested in hearing about.

Despite my aim to keep my inclusion criteria for participants as broad as possible, my ethical approval for this study does depend on limiting my interviews to people trained as psychologists, psychotherapists, and psychoanalysts. I am also limited to recruiting English-language speakers.

If you feel you meet the criteria above or know anyone that might I would be very grateful to hear from you. Participation would involve an interview of between 45-60 minutes either in person if possible or via Skype if not. For anyone who wishes to support this research by advertising it, please use the attached flyer or link to this page. I would be very grateful to anyone who helps to disseminate information regarding my research.

Anyone interested in further information on this research can request an official information sheet from me at John@johnpollardtherapy.com.

Thanks for taking the time to read this post. For anyone interested in updates regarding this research, you can follow me on Twitter at @pllrdj.

METANOIA INSTITUTE

Middlesex University London

EXPLORING "GRAPHIC PSYCHOLOGY": A GROUNDED THEORY STUDY INTO PSYCHOLOGISTS' AND PSYCHOTHERAPISTS' EXPERIENCE OF USING COMIC BOOKS, GRAPHIC NOVELS AND OTHER FORMS OF SEQUENTIAL ART IN THEIR WORK.

CALL FOR PARTICIPANTS

THIS STUDY FOCUSES ON HOW PSYCHOLOGISTS AND PSYCHOTHERAPISTS USE SEQUENTIAL ART IN THEIR WORK, EITHER IN CLINICAL WORK OR IN WORK THAT INVOLVES EDUCATING THE PUBLIC OR PEERS ABOUT THE SUBJECT OF PSYCHOLOGY AND MENTAL HEALTH.

About Graphic Medicine

Graphic Medicine is a site that explores the interaction between the medium of comics and the discourse of healthcare. We are a community of academics, health carers, authors, artists, and fans of comics and medicine. The site is maintained by an editorial team under the direction of the Graphic Medicine International Collective.

Subscribe to Graphic Medicine

Join our email list to keep up with the latest Graphic Medicine news!

Enter email address ...

Sign Up

Visit Our Sister Site for Spanish Readers

MEDICINA GRÁFICA

Visit Our Sister Site for Japanese Readers

Graphic Medicine-J

Visit the Pathographics Project

Patho Graphics

Appendix 7. Consent form.

CONSENT FORM

Participant Identification Number:

Title of Project:

Name of Researcher:

Please initial box

1.	I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.	
3.	I understand that my interview will be taped and subsequently transcribed	
4.	I agree to take part in the above study.	
5.	I agree that this form that bears my name and signature may be seen by a designated auditor.	

________________________ _______________ _______________________

Name of participant Date Signature

____________________________ _______________ _______________________

Researcher Date Signature

1 copy for participant; 1 copy for researcher

Appendix 8. Introductory questionnaire.

<u>**Introductory Questionnaire**</u>

Please provide responses to the questions below. Some of the topics in these questions may be touched on further in your interview.

-What is your area of training (e.g. psychotherapy, clinical psychology, counselling psychology etc)?:

-How many years have you been in practice since completing your training?:

-What settings do you work in?:

-How would you describe the therapeutic modality (or modalities) that underpin your clinical work (e.g. psychodynamic, psychoanalytic, cognitive-behavioral etc.)? If you use an integrative theoretic model, please give a brief description of your framework:

- Primary modality

- Other modalities that inform your work

- Integrative Framework

-In what areas of your work do you use sequential art?:

One-to-one Therapy	
Group Therapy	
Public Engagement*	
Other	

*e.g. Lectures on mental health aimed at the general public

-What sequential art material have you used?:

Comic Books	
Comic Strips	
Graphic Novels	
Cartoons*	
Other (please state)	

*Inclusive of single-image cartoons

Thank you for completing this questionnaire.

Appendix 9. Extract from memos and photo records of categorizing data and developing categories.

Focused codes were categorized into initial categories that then went through a process of integration. Categories that bore similarities were integrated into one another, and categories in general were continuously reviewed in terms of their relevance to the original research question and the scope of the research project. At the beginning of this process there were fifty initial categories, and by the end six categories remained and are represented in figure 5.

Extract from initial categories

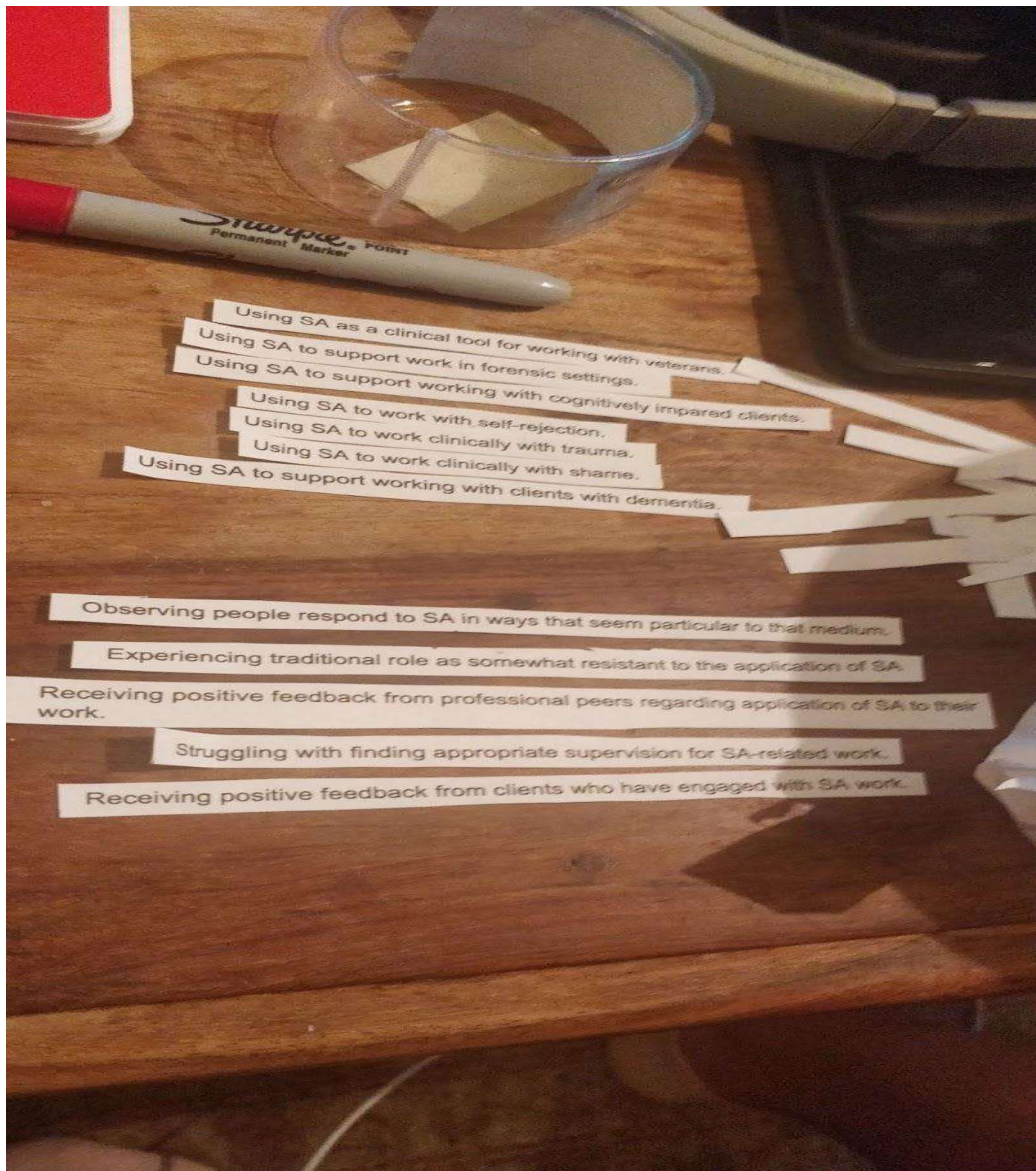
Grounded theory categories .XLSX
File Edit View Insert Format Data Tools Help Accessibility Last edit was on September 14, 2020

A1 Using SA in non-clinical roles.

	Y	Z	AA	AB	AC	AD
1	**Using parasocial relationships with SA characters as a clinical tool.**	**Using SA as a method for integrating multiple therapeutic approaches.**	**Working with clinical interventions that involve clients making their own SA.**	**Working with clients across age ranges.**	**Using SA as an educational/training tool.**	**Reflecting on the ethical co of applying SA to their wor**
2	Supporting a client in developing self-compassion by exploring compassion for an SA character they connect with. (int1 pg 14)	Using SA as a method for integrating multiple therapeutic approaches. (in1 pg 15	Working with clients making their own SA during sessions. (int 1 pg 17)	Working with SA across a broad age-range. (int 1 pg 17)	Developing peer training for using SA in their clinical work. (Int 1 pg 25)	Not encountering significan logistical issues when worki previously. (Int 1 pg 27)
3	Selecting a character from SA to discuss on th basis of a similarity in experience between the character and the client. (Int 1 pg 11).	Using SA as a framework for delivering and exploring elements of multiple therapeutic approaches. (int 1 pg 15)	Supporting clients in making SA featuring fictionalized versions of themselves to support restructuring self-narrative. (int 1 pg 17)	Working with both adults and children using SA. (Int 3 pg 11)	Developing a training framework for other professionals. (Int 1 pg29)	Taking care about what they d SA to avoid causing undue dist readers. (Int 2 pg 18)
4	Collaborating with the client in drawing parallels between them and an SA character. (In1 pg 13).	Developing practice with SA by drawing from multiple therapeutic models. (in 1 pg 16)	Supporting clients in using SA they make about themselves to explore potential actions they could take in their lives. (int 1 pg 18)	Using "superhero narratives" to support work with traumatized children. (Int 3 pg 11)	Developing professional training using SA. (Int 1 pg 37)	Needing to trust reader's abili self-support and self-regulate content on potentially distress 2 pg 18)
5	Using a principle of common human experiences to discuss links between client's histories and the histories of characters taken from SA. (int 1 pg 20)	Developing a framework for using SA that they anticipate as being compatible with "any evidence-based" theoretical framework.	Supporting clients in using SA they make about themselves to explore potential actions they could take in their lives.	Creating SA with clients across age ranges. (Int 3 pg 20)	Teaching trainee psychologists about the potential utility of applying SA to their work. (Int 1 pg 39)	Applying professional ethical p creating SA. (Int 2 pg 19)
6	Using the concept of the preparative relationship in parasocial relationships to inform SA work with specific characters. (Int 1 pg 21)	Using SA as a framework for integrating theoretical models of therapy. (Int 1 pg 25)	Clients have become energetically invested in creating SA in their therapy sessions. (int 1 pg 19)	Working with child-clients using SA. (Int 6 pg 1)	Reflecting on the experience of a trainee in their exploration of a client's interest in an SA character to develop the therapeutic relationship and the client's experience. (Int 1 pg 39)	Striking a balance between co reader safety and creative fre 19)
7	Exploring parallels between SA characters the client is interested in and themselves. (Int 1 pg 29)	Using SA clinically as informed by background in neuropsychology (Int 1 pg 36)	Clients creating SA to integrate history, self-narrative, values and goals. (int 1 pg 19)	Finding SA interventions particularly useful for engaging child clients in therapy. (Int 6 pg 7)	Using SA in their role as an educator. (Int 1 pg 39)	Holding the view that not prov information to the public abou health and psychology is ethic problematic. (Int 2 pg 19)
8	Applying experiential exercises such as writing letters to/from SA characters the client relates to in session and in own time. (Int 1 pg 30)	Using SA clinically informed by awareness of attachment, relationship and parasocial relationship. (Int 1 pg 36)	Clients empowered by using SA for self-exploration and expression. (int 1 pg 19)	Working with children, young adults and adult parents using SA interventions. (Int 6 pg 7)	Using SA as a medium for providing education on psychology and mental health. (Int 2 pg 1)	Considering the ethical implic representing certain demogra 2 pg 19)
9	Using SA clinically informed by awareness of	Decision to explore using SA clinically	Creating SA with clients across age ranges.		Making SA to deliver information in the	

Sheet1 Sheet2 Sheet6 Sheet3 Tool Reflct Cont Ass Making SA S-H Clin Prac Slow Client make SA

Example of integrating initial categories together



vork.

Using SA as one of a number of clinical tools.

Developing clinical practice with SA slowly.

Using SA in a proportion of their clinical work.

Using SA in their work for a number of years.

Being motivated to continue to use SA in clinical work after a positive initial experience.

Using personal background in the arts to inform application of SA to current professional work.

Using bibliotherapy in clinical

Using SA as a tool for working with client

Using SA as a tool for delivering

Using SA made during a therapy session by

Personal Journeys towards integrating SA in personal practice

Using personal background in the arts to inform application of SA to current professional work.

Being motivated to continue to use SA in clinical work after a positive initial experience.

Developing clinical practice with SA slowly.

Using SA as one of a number of clinical tools.

Using SA in a proportion of their clinical work.

Using SA in their work for a number of years.

Process based relationship with SA in Clinical Practice

Typo

Using a definition of SA that is inclusive of single-panel SA.

Holding in mind the concept of the third-space when applying SA to clinical work.

Using an intuitive approach to the application of SA to clinical work.

Reflecting on the ethical considerations of applying SA to their work.

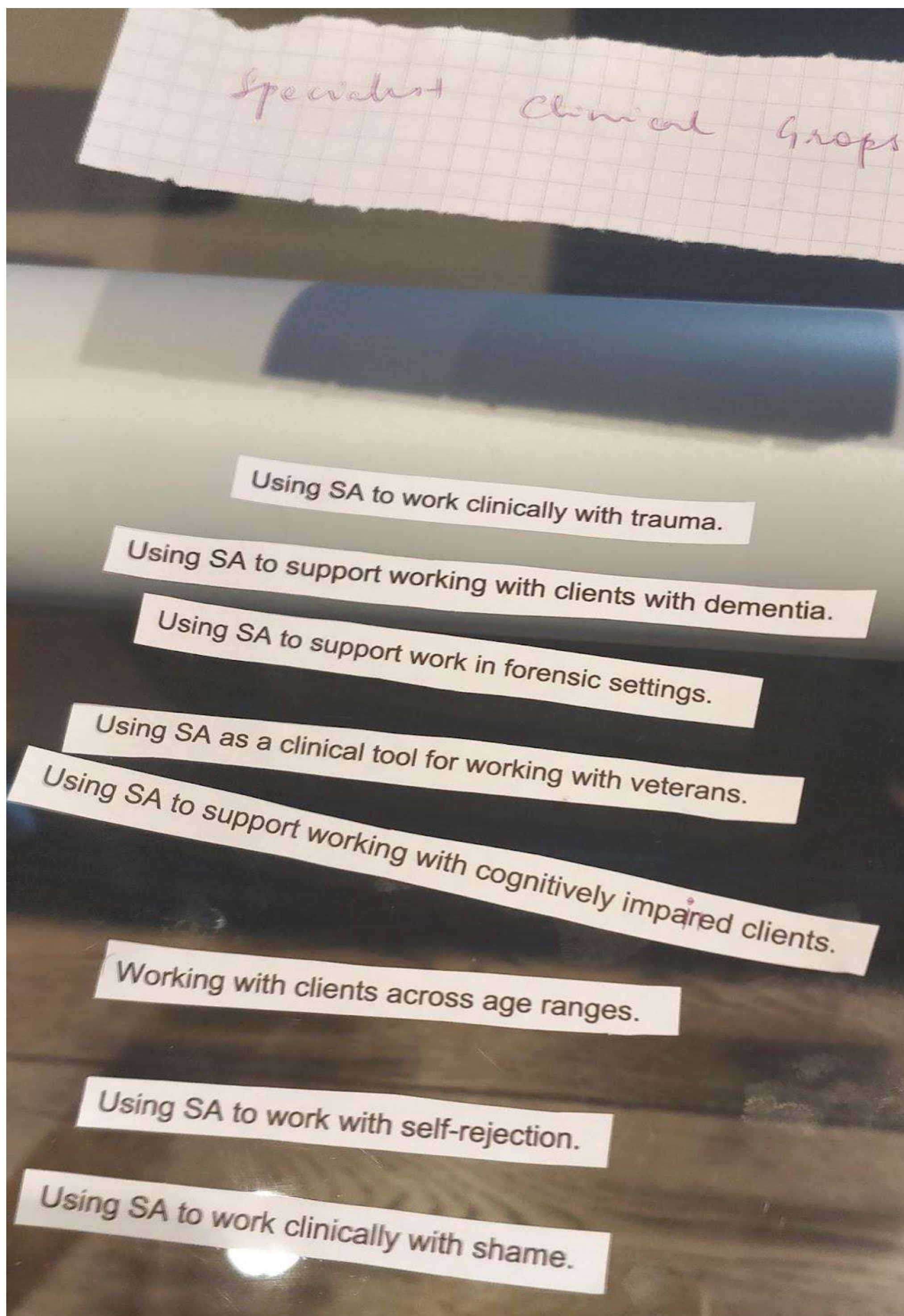
Using SA as a method for integrating multiple therapeutic approaches.

Collaborating with clients on how SA will be/is used.

Being led clinically by the needs and interests of the client.

Continuous assessment of client's responses to SA.

Being open about using SA as a clinical tool with clients.



Initial categories were integrated into smaller categories on the basis of the similarity of the codes they represented. New categories were developed and named in this way using an exercise that involved cutting out labels representing each category and grouping similar categories.

Extract from research journal regarding reflections on categories

Integrating categories three and four.

I have come to a point where it looks like I am trying to cover too much of my data with the space I have. There is also scope for integrating my categories further than I already have.

Why did I choose to form category three in the first place? I felt it was important to represent non-clinical work my participants were doing and that doing so expanded the dimensions of how the use of SA is represented in the thesis. Using SA as an educational tool was one of the data points that showed up in the data quite frequently. The creation of SA by participants for public consumption seemed to act as a bridge between education and training and clinical application in some ways.

It might make more sense to integrate categories two and three.

If I had a category for 'discovery', 'practice and application', 'reflection' then I would have a good response to my research question. Would this be the "truest" response to the research question though?

Category three represents the experience of participants to some extent, but being expansive enough to include data on non-clinical application of SA my cause the project to lose focus on clinical application, which is what I'm most interested in. Category one answers the question "what were participants' experience of taking up SA as a professional tool". Category two answers the question of "what were participants' experience of applying SA to their work. Category three could answer the question of how participants reflect on their experience of using SA in their work.

Rather than integrate Categories three and four it seems best to integrate two and three and then consider how associated subcategories might be integrated.

I don't think I can reasonably capture all applications of SA represented in the interview data, so the non-clinical stuff will have to go. The category focusing on how participants discovered SA as a tool also doesn't answer the question of how SA is used directly and might have to go as well.

In the interests of integrating the categories further I can begin with the category two subcategories. All 'settings' subcategories can be integrated into one "applying SA in specialist clinical settings" subcategory. Applying SA to specific clinical presentations could be integrated into the second of the three categories that make up category two but I will hold off for now and integrate them together into "applying SA to particular presentations". This would bring nine existing subcategories down to two.

Appendix 10. Extract of memos in transcript analysis.

Transcript	Memos
PT: Yeah, and, so it's an organic process, so it's not formulaic, so it does change from patient to patient, from client to client, and, but usually it's, um, either me or the client bringing up a particular character, talking about their origin story for example, and then, um, usually as much as possible I try to wait for the client to say "oh yeah that reminds me, something like that happened to me" but if that doesn't happen sometimes I will ask the client "and does that remind you of anything in your own life and have you experienced anything similar?" And then will start drawing some parallels, so it does sometimes feel as if there is a third person and that can be very beneficial thing for the client because, um, what we're trying to establish is almost like a mentorship model where their favourite superhero, or any fictional character, can function as a wise compassionate being in their own life that can give them guidance and support as well as validation for their experiences.	What could be meant by "organic" in terms of the action this word performs in this instance? It seems to mean that the process of bringing in SA is non-structured and based on continuous dynamic assessment.
JP: It sounds like there's quite a strong element of, um, helping people to develop self-compassion in this sort of work.	
PT: Yes, yes	
JP: And would you say that that's at the core of the work you do with sequential art, are there other elements that sequential art is quite useful for?	
PT: I think, self-compassion is one the elements that we working with, another is changing our own narrative, which can be done through self-compassion language but I think it's more than that it's, it's a language of self-compassion as well as empowerment and positive psychology it's looking at our own strengths and reframing, um, our	Therapeutic approaches and/or models that this practitioner uses SA to integrate/deliver include: Self-compassion, Narrative therapy, Positive psychology, Solution-focused therapy, ACT, Mindfulness, Relational therapy, "Practicing vulnerability", Working with values and Skill development. Ten things in all from this block of data alone. This

experiences and struggles as an origin story, um, much like one that any superhero or any, you know, most fictional characters have and then determining the kind of heroic journey that we want to take, and along that therapy process along the therapeutic journey then learning skills like acceptance and mindfulness and processing our narrative and practising vulnerability and connection with friends and loved ones and determining core values and committed actions, um, there are multiple skills of which self-compassion is one, one of the most important ones.	suggests that SA is a supportive medium for working in integrative therapy, but this may be quite an integrative therapist in practice.
JP: Mmm, it sounds like there's quite a lot of potential for focusing on a number of different areas	
PT: Yes	
JP: And, in terms of what sorts of theory you might find yourself referring to when doing this sort of work, or what kind of theory you might feel reminded by what we are doing this kind of work is there anything that stands out in particular for you there?	
PT: Yes, I primarily connect with acceptance and commitment therapy although I do use elements from other therapies like cognitive behavioural therapy, dialectical behaviour therapy, narrative therapy, attachment based work, for me a the most important thing is what's most important for the client so although I have an ACT base orientation I do pull skills from other modalities as well	There is more detail on using SA in integrative or eclectic work here. This piece of data is a direct response to what informs how the therapist uses SA, so it may speak more directly to how their overarching model for doing SA therapy was developed. Theoretical perspectives that appear to have informed this process include: -ACT -CBT -DBT -Narrative Therapy -Attachment Theory.

Appendix 11. Member-checking document.

Introduction

I'd like to begin by saying thank you once again for taking the time to participate in this research. It has been some time since we conducted our interview together. I am now in the very final stages of writing up the project and am writing to you to provide a very brief overview of the outcome of the study. Partly this is motivated by wanting to let you know how the project has turned out in case you happen to be interested. The secondary reason for contacting you with this information is that it represents an opportunity for you to provide feedback on the research before the write-up is complete, as part of ensuring the internal trustworthiness of the study. This is a process in grounded theory referred to as member checking, which allows your feedback to be considered as part of the research.

Changes to the Study

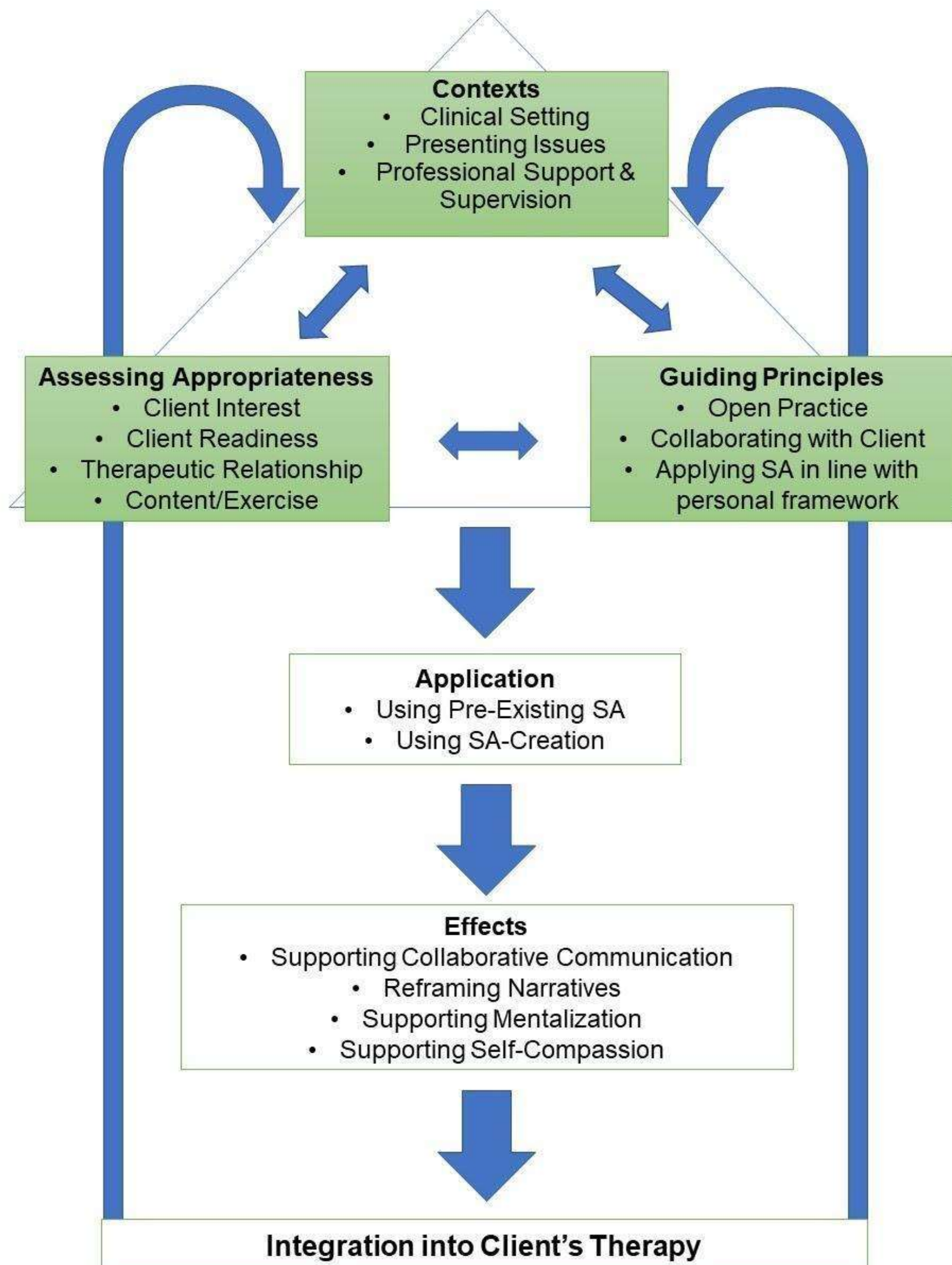
My initial aim was to capture as much of the full range of applications of sequential art to the work of psychotherapists and psychologists as possible. This included applications outside of clinical practice as much as inside of it. As my dataset grew, unfortunately this became less feasible. This meant that for the purposes of this piece of research I would only be focusing on applications of sequential art to clinical practice. Data gathered that speaks directly to non-clinical applications will be used in a separate project that will be conducted in the near future.

Findings

The research project looked at how participants used sequential art in their clinical practice. The overall aim of conducting the project was to see what protocols and practices for using sequential art in clinical practice participants had developed, and whether common protocols and practices would be found. Using a social constructivist grounded theory methodology, themes from each interview were identified and categorised, until superordinate categories were found across all interviews. These categories were used to develop a substantive foundational framework of key considerations and stages for applying sequential art to clinical practice. The framework is represented in the diagram below.

The framework itself is sequential, and begins with three interacting categories (contexts, assessing appropriateness, and guiding principles). At this stage, the therapist assesses how appropriate an intervention using sequential art might be for their client, alongside considering how this intervention might relate to the professional contexts they are working in, and other principles that support the application of sequential art including working collaboratively with their client through the intervention.

In the next stage the intervention is applied, and interventions either take the form of facilitating the client through the process of creating sequential art or facilitating the process of reading sequential art in line with the practice of bibliotherapy.



In the next stage, the effect of the intervention is considered and explored with the client. Common effects of these interventions include supporting collaborative communication between therapist and client and supporting the client in reframing self-narratives. In the final stage of the framework, the intervention is integrated into the wider process of the client's overarching therapy.

The analysis highlighted a number of elements of applying sequential art to talking therapy that support the view of sequential art as a medium that may be supportive of important elements of talking therapy. These areas include making relational contact between therapist and client, the empowerment of the client in exploring and articulating their experiences, and the engagement of the client in the process of their therapy. In terms of what the research data has indicated about the clinical utility of sequential art when applied to talking therapy, the data support the case for sequential art for engaging some clients in the process of their therapy, and as a tool for treating issues such as trauma and negative self-image. The data also indicate that sequential art is an effective tool for working with clients that have a prior interest in either sequential art, art or creative work more generally.

Initial Proposed Outcomes

One of the main practical issues that this research revealed was the lack of specialised supervision and relative lack of written guidance for using sequential art in talking therapy. In response to this apparent need, an online platform is in development as a direct outcome of this research. The aim of this platform will be to provide a space where therapists and allied professionals can meet to engage in shared learning and peer support. This platform will also aim to provide a space for qualified supervisors with first-hand experience of applying sequential art to their work to advertise their availability to act as supervisors specialising in this area. The research project itself will also hopefully make a useful contribution to the subject of sequential art as applied to talking therapy and to psychology and psychotherapy more generally. I hope that it will also act to encourage further research of this subject, including more detailed exploration of some of the areas discussed in the project.

Contact Me

Although this document has been very brief, I hope it has given you a good sense of what this research project has found in terms of its research outcomes and what I feel it represents in terms of a foundation for further work. I would be keen to hear any feedback you may have. How does the outcome of the project sound to you? What are your thoughts regarding the framework and its categories? Due to my submission deadline I can only offer a brief window of response, therefore I would ask that any response you provide be given before the 31st of July 2021.

Best wishes,
John

Appendix 12. Extract showing initial codes followed by the development of focused codes.

Transcript	Initial Line-By-Line Coding	Focused Coding
PT: Yeah, and, so it's an organic process, so it's not formulaic, so it does change from patient to patient, from client to client, and, but usually it's, um, either me or the client bringing up a particular character, talking about their origin story for example, and then, um, usually as much as possible I try to wait for the client to say "oh yeah that reminds me, something like that happened to me" but if that doesn't happen sometimes I will ask the client "and does that remind you of anything in your own life and have you experienced anything similar?" And then will start drawing some parallels, so it does sometimes feel as if there is a third person and that can be very beneficial thing for the client because, um, what we're trying to establish is almost like a mentorship model where their favourite superhero, or any fictional character, can function as a wise compassionate being in their own life that can give them guidance and support as well as validation for their experiences.	Experiencing the process of using SA as "organic". Not using a specific formula to apply SA to clinical work. Applying SA in different ways across clients. Using flexibility in referring to SA in that the therapist or client can raise the subject of a character. Talking about character's origin. Waiting for the client to verbalise being reminded of a character. Raising a discussion of an SA character if the client doesn't do so. Asking the client about parallels between them and a character. Collaborating on drawing parallels. Feeling as if there is a third person in the process when discussing SA characters. Using the third person in developing a	Working with SA in clinical work in a bespoke way for each client. Developing a flexible and collaborative approach to applying SA to the therapy with the client. Collaborating with the client in drawing parallels between them and an SA client. Holding in mind a space for a "third person" when exploring an SA character. Exploring, developing and using the client's relationship with an SA character to support their development of a model of self-compassion, validation and self-support.

	mentorship model for the client. Using an SA character to model compassion, guidance and support. Using relating to the character to foster validation of the client's own experience.	
JP: It sounds like there's quite a strong element of, um, helping people to develop self-compassion in this sort of work.		
PT: Yes, yes	Using SA character-exploration to help clients develop self-compassion.	Supporting a client in developing self-compassion by exploring compassion for an SA character they connect with.
JP: And would you say that that's at the core of the work you do with sequential art, are there other elements that sequential art is quite useful for?		
PT: I think, self-compassion is one the elements that we working with, another is changing our own narrative, which can be done through self-compassion language but I think it's more than that it's, it's a language of self-compassion as well as empowerment and positive psychology it's looking at our own strengths and reframing, um, our experiences and struggles as an origin story, um, much like one that any superhero or any, you know, most fictional characters have and then determining the kind of heroic journey that we want to take, and along that therapy process along the therapeutic journey then learning skills like acceptance and mindfulness and processing our narrative and practising vulnerability and connection with friends	Using SA to support the development of self-compassion is one element of this form of work as opposed to the core element. Using SA to support the client in changing self-narrative. Using SA to foster empowerment for the client. Using SA as a framework for using positive psychology principles in talking therapy.	Using SA as a framework for delivering and exploring elements of multiple therapeutic approaches. Using SA as a method for integrating multiple therapeutic approaches.

and loved ones and determining core values and committed actions, um, there are multiple skills of which self-compassion is one, one of the most important ones.	Using SA to reframe experiences of the client in their therapy. Using SA in goal-focused therapy. Using acceptance and commitment based approaches supported by SA. Using SA to support discussing mindfulness techniques. Using SA to support clients in “practicing vulnerability”. Using SA to support relational approaches to talking therapy. Using SA to support working with core values. Using SA to support skill introduction. Using SA to support a client’s development of self-compassion.	
JP: Mmm, it sounds like there’s quite a lot of potential for focusing on a number of different areas		
PT: Yes	Using SA to focus on a number of different areas in clinical work across different clients.	Using SA differently across clients.
JP: And, in terms of what sorts of theory you might find yourself referring to when doing this sort of work, or what kind of theory you might feel reminded by what we are doing this kind of work is there anything that stands out in particular for you there?		

PT: Yes, I primarily connect with acceptance and commitment therapy although I do use elements from other therapies like cognitive behavioural therapy, dialectical behaviour therapy, narrative therapy, attachment based work, for me a the most important thing is what's most important for the client so although I have an ACT base orientation I do pull skills from other modalities as well	Using ACT as the primary theoretical framework for working with SA. Using Cognitive Behavioural Therapy to inform working with SA. Using Dialectical Behaviour Therapy to inform working with SA. Using Narrative Therapy to inform working with SA. Using Attachment theory to inform working with SA.	Developing practice with SA by drawing from multiple therapeutic models.

Extract from coding in complete interview document

Columns represent the transcript, line-by-line codes, focused codes and memos respectively.

Transcript	Line-by-line codes	Focused codes	Memos
	approaches to formulation.		
JP: would you say that using, um, sequential art would fit in quite well with that way of working?			
PT: Absolutely, absolutely I think so.	• Observing that SA works well in working with shame and trauma.	• Using SA to work with shame. • Using SA to work with trauma.	• Frequent references to using SA as a useful tool for working with shame, trauma and self-narrative.
JP: Ok, um, in terms of the decision-making that you, the would take before starting to work with sequential art with one of your clients, what sorts of things would you consider, um, most carefully would you say?			
PT: the most important question is what function would this serve for the client? Would this be something that the client could relate to? Would this help them understand a particular concept? Because if this is something that is not going to be helpful to the client, or might serve as a distraction then it might not be the most beneficial intention at that point.	• Identifying the functional utility for the client as the most important consideration before applying SA to clinical work. • Assessing the relatability of SA material to the client prior to introducing it.	• Considering how useful or disruptive SA will be to a client carefully before using it. • Vetting the content of SA for potential use with specific clients. • Discussing how SA can be used therapeutically with the client.	

Appendix 13. Participant information sheet.

METANOIA INSTITUTE

AND MIDDLESEX UNIVERSITY

PARTICIPANT INFORMATION SHEET

1. Exploring Sequential Art in Therapy: A Grounded Theory Study into how therapists use comic books and graphic novels in their work.

2. Invitation:

You are being invited to take part in a doctoral research study. Before you decide on whether or not to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Do not hesitate to contact me if anything is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this information summary and considering participating in this research.

3. What is the purpose of the study?

The main aim of this research is to explore an apparently seldom-used and even more seldom discussed method therapists use for supporting the engagement of their clients in the therapeutic process. Having explored the use of sequential art (otherwise referred to as comics, comic strips, comic books, cartoons and graphic novels) and similar forms of visual media, it is clear that not only is there a case for using sequential art in a therapeutic setting, but some practicing therapists have already brought sequential art into their work with their clients. This research aims to explore their experience of working in this way to see what can be learned from this. This research will explore overlaps in the experience of therapists (including how they inform this process with psychological and psychotherapeutic theory), as well as how this practice is applied in terms of ethical, practical, and relational concerns.

4. Why have I been chosen?

I am approaching you with a request to consider participating in this research directly as I am aware of you as a psychological therapist who has, to at least some extent, gone on public record as having used comics or graphic novels in relation to your role as a therapist. Based on this I would be very interested in your experience of working with sequential art in relation to psychology. As this study is a qualitative grounded-theory study the sample size will be small. between six and twelve participants are expected to take part in this study.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6. What will happen to me if I take part?

If you decide to take participate you will be asked to take part in a one-to-one interview either face-to-face or over video messaging depending on practical considerations such as your relative geographical distance. This interview will last from between 60 and 90 minutes. Depending on the outcome of this interview you may be asked to take part in a second interview of up to 60 minutes.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the Metanoia Ethics Committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What do I have to do?

Taking part in the study will involve taking part in an interview of between forty-five and ninety minutes, with the possibility of being asked to take part in an additional interview of up to sixty minutes at a later time. Where practically possible this interview would take place face-to-face, but in instances where this is not possible it would take place via a messaging programme such as Skype or Vsee. All interviews will be audio-recorded.

11. What are the possible benefits of taking part?

I hope that your participating in the study will help to further a clear understanding of the potential usefulness of sequential art as a facilitative tool in the therapeutic process. However, there is no anticipated direct benefit to you from taking part in this study.

12. Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and other details removed so that you cannot be recognised from it.

All data (including all audio recordings) will be stored, analysed and reported in compliance with the Data Protection legislation of the British Psychological Society and will be destroyed on completion of the study.

13. What will happen to the results of the research study?

The results of this study will be published as part of a doctoral dissertation. At least one copy of this study will be submitted to the British Library. This is likely to be published in early 2019. You can request a copy of the published results during the course of the study and a copy will be sent to you. You will not be identifiable within the text of this publication.

14. Who has reviewed the study?

This study will be thoroughly reviewed by the Metanoia Research Ethics Committee.

15. Contact for further information

I can be contacted on either of the following emails: johnpollard@metanoia.ac.uk john@johnpollardtherapy.com. My research supervisor can also be contacted on Rosanne.Stabler@yahoo.com.

Thank you sincerely for considering participating in this study.

Appendix 14. Ethical approval letter.

John Pollard

DCPsych programme
Metanoia Institute

7th October 2016

Ref: 3/16-17

Dear John

Re: How do practising therapists use comics in their practice with their clients to support the therapeutic process?

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,

Prof Vanja Orlans
DCPsych Programme Leader & Faculty Head
Faculty of Applied Research and Clinical Practice

On behalf of Metanoia Research Ethics Committee