

Chapter 14

Integrative Research: Using art to research art

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Introduction

The importance of incorporating research into practice is recognised as the way in which a new profession generates evidence, develops research methodologies, and adapts practice as new and innovative approaches emerge from clinical experiences. Gilbert and Orlans (2011) consider the integration of research and practice as one of the central principles of an integrative approach so that research informs practice and reflective evaluation of practice informs research. The research component of an integrative arts psychotherapy practice gives a critical framework that supports the practitioner to appraise and develop clinical work in a sensitive, curious, and methodical manner. Research, like creativity, is a way of developing new ideas and testing new methods, this may involve constructing experiments based on the experiences of both client and therapist to further a collaborative understanding of the arts in psychotherapy.

The process of research enables ideas to grow the way an image develops, mark by mark, as themes emerge. Research writing, for me, is like carving and sculpting with words and ideas on the page, as themes develop, come into focus and crystallise. This chapter will consider what happens when we let visual art making lead the research process.

Art Based Research

As reflective practitioners' therapists are constantly studying, reviewing, and critically evaluating what we do in relation to our art-based methods, clinical choices, and collaborative discoveries. This self-reflective learning cycle is described as 'reflective

practice’ in the caring professions (Kolb, 1988, Joss & Jones, 1995) and in a research context it is known as a ‘practitioner-research’ paradigm (McNiff, 1998a). Using this approach we study, search and re-search our practice as we encounter the unique needs and responses of those we work with. Based on the research outcomes we adapt our methods accordingly. This research approach is grounded in evaluating what we do in order to understand how we might do it better and is described as ‘practice-led research and research-led practice’ by Waller (2016, p. x). This approach underpins my work, my practice, and all research activities, and is central to an art-based research design.

The term ‘art-based research’ was defined by the pioneering work of McNiff (1998, 2008, 2013). The approach described in *Art-Based Research (1998)* established a clear position in relation to research and the centrality of the creative experience at the heart of art therapy practice. McNiff’s definition includes the integrative and collaborative nature of art-based research:

“Art-based research can be defined as the systematic use of the artistic process, and the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people they involve in their studies” (McNiff, 2008: p. 29).

According to McNiff artistic expression provides a vitally important way of acquiring and communicating information about human experiences and they underpin our attempts to define what we do as art therapists and as practitioner-researchers. McNiff (1998b) asks us to value art and creative knowledge and use them to extend our creative methods into formal and systematic study of human experience and phenomena. The 2013 publication of *Art as Research* provides continued expansion of the range of arts media and modalities that are used within therapeutic practice to form the basis of relational and artistic enquiry. The development of art-based research in art therapy in Britain has developed further by Learmouth & Huckvale; Kalmonowitz; and Potash

(2013), and in relation to art therapy training and research by Ross; Sinapius; Kossack; and Prior (2018).

The principles of an art-based and integrative research design described by Nash (2021) include 1). beginning all research with an art form and using an art-based epistemology to expand our knowledge of creative processes. 2). The nature of therapy is relational and therefore requires a collaborative research design involving the intersubjective experiences of all participants, including the practitioner-researcher. 3). The research of art-based processes requires art-based methods of inquiry through which the creative process can be observed, recorded, responded to, and collated. Visual methodologies include a wide range of audio, visual and digital arts forms that document the creative and relational process over time. 4). An art-based research paradigm moves the focus of enquiry from the art forms of others and what they may reveal – to a focus on the art therapist-researcher’s own visual, embodied, and creative responses to the work, the group, or the client-therapist-relationship. This places the practitioner-researcher centrally within the research design, giving access to a rich seam of visual and sensory material as we consider the art responses and art-based evidence of the relational work that we engage with.

An Integrative approach

An integrative approach to research places the experiences of the researcher-practitioner on an equal footing with the client, their artworks, and subjective experiences of therapy. The relational focus of researching therapy considers the therapist’s subjective experiences as being inextricably linked to the implicit and explicit experiences of the client in the therapy relationship. These experiences are seen as a reciprocal exchange of energy, affect, imagery and imaginative responses that occur in the body and imagination of the therapist and are admissible as evidence and research data. The focus of research therefore places an equal emphasis on the reported experiences of the

practitioner-researcher along with the experiences reported by the client, with both participants contributing to a collaborative account.

The creative tension and active agent within the therapeutic relationship is experienced in the intersubjective space between client and therapist. The nature of this phenomenon poses considerable problems when we attempt to access verifiable and consistent research data. In verbal therapy the internal world of both client and therapist is accessed through verbal channels of communication and reportage. Coherent data is usually obtained through pre-set questionnaires, outcome questionnaires, statistical analysis of change, reflective summaries and recorded evaluation reviews or testimonials. In the arts therapies the intersubjective experiences of both participants are externalised and given form through visual or sensory and arts-based modes of communication. In terms of research, the arts therapies therefore have a range of recorded and replicable forms of subjective information held within the images, movement recordings, sound improvisation, stories, sculptural structures, and poetry created. The creative media and expressive contents form a core part of the relational therapy and can be used as an integral part of an art-based research design.

The questions that concern all research planning is in relation to constructing a research design that uses methods of gathering, as well as methods for interpreting, experiential information, that are congruent with the phenomena being studied. Research into the intersubjective phenomena generated within an integrative arts psychotherapy relationship will need to consider how to access arts objects and recordings, sensory and physiological experiences, and imaginative response material evoked during the therapy. To do this we need to consider how the body, the imagination and art is understood as an integral part of the research framework.

Researching intersubjectivity through art

Koch and Fuchs (2011) describe the physical and material experience of arts therapies as being an embodied experience; they propose a theoretical framework for therapists to use based on an understanding of bodily states: *“The body is a particular kind of object. It is the only “thing” that we can perceive from inside as well as from outside. For this reason, it is intricately related to the problem of consciousness (p.276).* Quoting Merleau-Ponty: *“The embodied self is defined by our corporeality (Merleau-Ponty, 1962) or mind-body unity” (p.277).* In their paper *Embodied Arts Therapies*, they define a body-oriented research design to examine the interface between the body, art, and cognition: *“embodiment provides a genuine approach to the interface of the arts therapies and cognitive science. It entails the influences of postures and gestures on perception, action, emotion, and cognition” (p.277).* They propose the use of empirical embodiment research that records and documents body movement responses to environmental cues presented through artworks, imagery, postcard, and video imagery. They also consider the importance to working across the arts when conducting research in the therapies. Koch and Fuchs (2011) suggest that *“The knowledge of movement therapy, for example, is well suited to help embodied researchers to better operationalise their body-based interventions and manipulations; the knowledge of music therapy can help better operationalise rhythmic patterns; and the knowledge of arts therapies can help better operationalise the effects of qualia in the visual modality, such as colours or strokes in the use of the body while painting or sculpting” (p.278).*

A physiological theory of empathy described by Franklin (2010) seeks to understand the importance of the body of the therapist in relation to how we perceive, sense, absorb and internalise the imagery, words, movements, or sound enactments, made by clients in the arts therapies. Franklin (2010): *“In attachment theory, intersubjectivity is defined as the sharing of subjective states with another person through emotional attunement. Similarly, the artist attunes to his or her subject by empathically feeling into the*

phenomenological object.” (p.160). Franklin combines attachment theory and neuroscience to begin to understand how visual empathy and attunement towards the art of others enables the viewer to feel and imagine the affective experiences of the artist. The basis of his research was to extend this principle and apply it to the art therapist’s own visual responses towards the affects experienced, as well as the unspoken dynamic communication, whilst facilitating an art therapy group. Franklin concluded that: “*Art therapists are in a unique position to build on intersubjective understanding by mindfully utilising empathic art to receive, consolidate, and offer back expressions of deflected affect for their clients. In doing so potentially disorganised emotions can be responded to with art and skilful verbal and visual listening*” (p.166).

Researching Art with Art

Henzell (1995) introduced the importance of choosing an epistemology that reflects the phenomenon we are studying. He reminds us that research is invariably ‘*to question one’s method or purpose or to examine the consequences of one’s practice; or to refine or develop it*’ (Henzell, 1995: p.190). Henzell considers how research takes many forms and should be tailor made for one’s particular purpose by asking: what do you want to find out? Why this and not something else? What is the purpose of the research? And to choose research methods that relate to the type of phenomena being examined. In *Art-Based Research* (1998a), McNiff encourages us to consider an epistemological discourse that includes distinctly artistic ways of understanding such as: intuition, imagination, creative expression, and aesthetics. McNiff (2011) argues that research is ‘*a process of disciplined and systematic inquiry where modes of investigation are determined by the nature of the issues being examined*’ (McNiff, 2011: p.388).

McNiff (2018) describes the documentation of artistic process and the presentation of research outcomes using examples of art-based methods that seek to observe, witness, and absorb the affective, emotive, and chaotic tensions within the act of image-making.

McNiff shows how using art-based methods of observation, participation, imagination, and creative response, we enter into a creative event, and experience the sensations triggered by the physicality of artmaking or witnessing art being made.

These methods include:

- the original artworks along with digital reproductions, close-ups, in-situ and context
- digital recording of the image-making process from tripod and forehead mounted video
- journal entries or sketch books add to the visual narratives and reflective thinking process
- post session questionnaires
- recording of post-session interviews and transcripts
- the artwork made in the sessions form a part of the reportage
- an edited video is used to present evidence and outcomes

These art-based research methods seek to take an impression of art-based experiences, from a range of sensory experiential positions, the challenge for the researcher is to formulate a research design that can engage, record, and give access to the subjective phenomenon of creativity in a robust and methodical way.

The methods that we use to collect, collate, and communicate what we witness as practitioner-researchers also include artistic techniques that take an impression of art-based experiences by using similar creative methods that went into making the original artworks. They are based on processes of observing, absorbing, expressing, and recording the practitioner-researcher's creative responses towards the clinical work, imagery, or performance art produced by others. They are described as 'response art' by Fish (2012, 2017). Response art is made by the therapist-researcher either before (Gartland, 2012, Fish 2012), during a session or group (Franklin, 2010; Satiel & Elliott, 2002), or following a session using post-session impressions and imaginative

associations directly expressed through the therapist's 'reflect piece imagery' (Nash, 2020).

Response Art and Reflect Piece Imagery

Artworks made in relation to clinical work is known generically as 'response art', 'clinical art' or 'counter-transference art' (Moon, 1999; Franklin, 2010; Fish, 2012, 2017). Fish (2012, 2017) emphasises how response art contains the therapist's experience of clinical material and how the image can be viewed, considered, and examined by the therapist as they are shared and explored further in supervision. The purpose and benefits of response art making are also described as contributing to '*self-care, to support with the empathic engagement with clients, and to illuminate countertransference*' (Fish, 2012; p.138). The resulting art works can support the practitioner in areas of self-reflection, self-care, clinical formulation, and research.

In 2018 I decided to formally research this aspect of art therapy practice and the results of the first phase have recently been published (Nash, 2020). The research places the focus of enquiry in relation to post-session response art or 'reflect piece' imagery and seeks to gather further evidence of the value and benefits for the practitioner when making clinical art at the end of a session. The aim of the research is to build an evidence-base in this area of practice innovation.

Making and reflecting through the image – a clinical vignette

I will now introduce a series of images to describe how a reflect piece image can emerge and then provide a visual response narrative in supervision. The containing function of the image is an important feature that I use to hold, think about, and engage with my own somatic countertransference in the context described. The sequence of images was made at different times and in different contexts but derive from the same

clinical material. *The first image was made at the end of a session and in direct response to a build-up of intense affect, a presence of unprocessed material that I experienced acutely in the body. Figure 1 was made with charcoal and eraser. The initial physical movements involved drawing a horizon line across the top of the page and marking five vertical axis that were then shaded, dense at the top of the page and tapering towards the bottom. The movement on the paper involved a combination of pulling the charcoal towards my body, in particular my stomach, and then cutting across the page from left to right. The charcoal marks are added to by using an eraser to mark vertical highlights from top to bottom and combined a pivoting torso and vigorous arm movements.*



Fig. 1 *Fear in the countertransference. Charcoal and eraser on paper*

The image and movement expressed the tension held within my body, a sensation that grew towards the end of a session and which led to an imagined sense of unspoken aggression, hostility, or threat of violence. My immediate feeling was that I was experiencing a persecutory attack and simultaneously a feeling of overwhelming fear, but whether this belonged to me, or the client was unclear and became the focus of

supervision. Although not communicated directly, the material was present in the space, palpable, hovering between client and therapist, absorbed, and held in my body. When these affects evade processing within the session the 'reflect piece' image provides a visual response that allows this mix of uncertainty, fear, and hostility to be expressed, externalised, and held within the symbolic language of the image.

The memory of the feeling and the image was shared in supervision and enabled me to discuss the affect through the artwork. Reflection in supervision encouraged me to think about the countertransference dimension to the material being presented by the client. My initial response seemed to be evoked by fear of attack and prompted me to consider how that fear may exist in the intersubjective experience of the relationship.

I made two further images, one just before supervision began and the third image made in group supervision. In the first image the medium used is ink and the physical enactment enabled me to reconnect with the body memory of the sensations felt at the end of the session. In this image I found that the way in which the ink stained and dribbled down the page added a 'softness', in contrast to the first image, and a deeper, saturated darkness that resonated with the physical feeling across my chest and in my stomach.



Fig. 2 *Evoking fear. Black ink on paper*

The final image was made in a group supervision context, using an integrative arts approach. Before making the image, I experimented with the sound evoked within the embodied feeling. I found that a falling, pouring, tumbling sound, along with the punctuated thud of hitting against the surface of a drum, resonated with the feeling in my stomach and chest. I then made an image that utilised the sound of tearing and ripping combined with elements from the two previous images: the linear structure of the first image with the horizontal axis and the five-pointed vertical lines and the deep, thick liquid medium of the second image. The visceral qualities of the original image are amplified and elaborated through the use of different medium and expressive techniques.

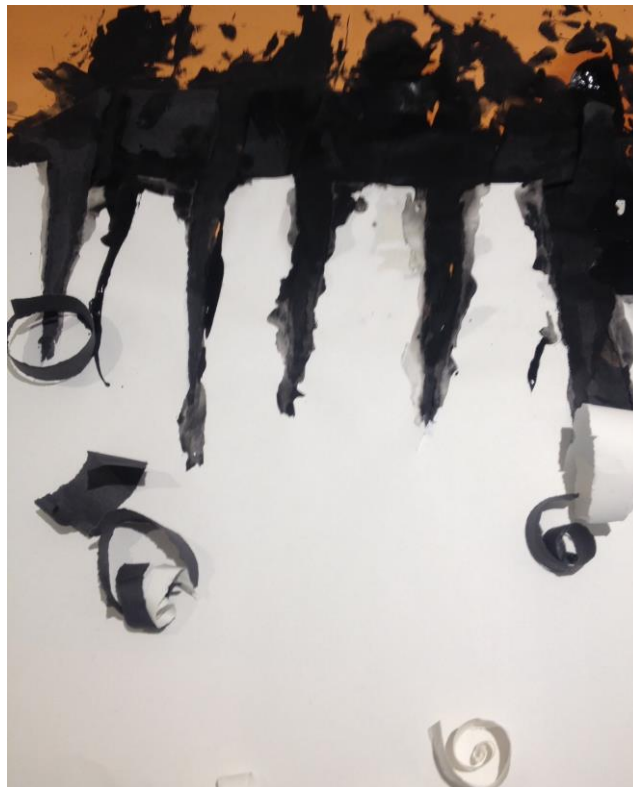


Fig 3 *Integrating mixed media using sound and torn paper*

Viewing all three images in supervision allowed a dialogue to begin in relation to the feelings experienced whilst physically making them. We found that bodily sensations emerged as a reoccurring theme, and I used supervision to examine the quality of each mark/gesture and where it was experienced in the body. The hard, scraping and rubbing of charcoal, the saturated, soaking and density of ink, and the ripping and tearing of paper on paper. These descriptive qualities were derived from the art-making process and then elaborated and extended into metaphors, linking feelings experienced in the body with possible symbolic enactments in the relationship. Images referring to tearing, breaking, and hurting the relationship gave way to pushing away and distancing, which in turn gave way to a sense of withdrawn self-absorption and isolation.

The experience of making a series of images systematically over time show several processes. Firstly, the memory of the initial feeling that produced the visual metaphor can be re-experienced in the body and brought directly into supervision. Secondly, as the body memory is brought into the present and mediated through the artwork, so the image can hold and reflect the experience visually, enabling the process to resonate in parallel with the verbal supervisory narrative. The therapist may then re-work the image in response to the exploratory process of supervision, known as ‘systematic responsive art-making’ (Wadeson, 2003). This may involve re-shaping and elaborating the central motif or metaphor as the initial affects are re-experienced and explored in supervision.

The research survey (Nash, 2020) showed that some therapists use this approach to continue to work on response imagery between sessions as they think about and deepen their empathy towards the clinical work and the client being discussed. One interviewee referred to using an *El Duende* or “one-canvas painting” process (Miller, 2012) during systematic response artmaking. This is a painting method that uses the same image painted and re-painted over an extended period. The image is photographed after each sitting and a gradually changing visual history of the image and the therapist’s art-based responses to the therapeutic relationship is digitally recorded.

Response art: mirroring, attunement and deepening empathy

A new approach described in the research transcripts uses response art to mirror the client's art-making process. This method is described as using the client's remaining palette and sitting in the place where they made art, the therapist uses the same expressive gestures, body movement and method to recreate a copy of the original artwork. This re-enactment provides a visual mirroring of the creative experience, giving access to a deeper, embodied sense of what it felt like to make a particular image. The experience of immersing fingers into paint and scraping them across, through and around the page, or imitating the vigorous mark-making process can help to find a greater attunement with the client's art expression and non-verbal process. The practice of responding through art and mirroring the expressive gestures seem to support with building empathy and aesthetic attunement (Franklin, 2010) towards what had been described, expressed, or created by the client in session.

Difficulties and challenges researching art-based phenomena

Epistemologically research in the arts therapies presents several problems. Firstly, the way images are created are characterised by subjective, non-verifiable and non-replicable experiences. The source of creativity and the resulting emergence of visual imagery is a process which is 'ontologically uncertain' (Hogan & Pink, 2010). Secondly, the experience of treatment, and the benefits gained during any psychological therapy are also subjective, experienced internally and rely on direct subject-led feed-back. The fact that art usually arises from processes that are 'interior' to the artist and that therapy focuses on the idiosyncrasies of the individual undergoing treatment (Kaplan, 2001), places the nature of the phenomenon under investigation within subjective and variable parameters that directly impact on research design and methodology.

Using an art-based research design repositions the problem of the subjective nature of creativity and places it at the centre of the research process. The primary position of creative expression within an art-based research paradigm allows art and creative process to capture, record, and generate arts-based evidence in direct response to a creative and relational experience. The researcher can use expressive response art to record internal, and somatic experiences to investigate the intersubjective nature of the therapeutic relationship. Noticing the phenomenological experience in the body and engaging the creativity of the practitioner-researcher brings arts expression into direct relationship with the qualitative content of the subject of research. When a visual arts method is combined with the internal phenomenon of the researcher's subjective experiences of the therapeutic relationship, the art forms can capture a lasting impression of the subjective phenomenon.

The principle of using art and creative expression to research the experience of art and expression within the therapeutic relationship enables us to build visual research methods and to validate and verify their usefulness. We do this by extending the research to capture data from multiple sources. In the research described by Nash (2020, 2021) the practitioner interview and survey questionnaire verified the practice of using response art and validated the experiences and benefits recorded in the research project, notably in the areas of self-supervision and self-care.

Conclusion

The art-based research described in this chapter derives from my art therapy practice and visual arts response to the clinical work. In my experience the art making continues to enable research to evolve and make unexpected connections between internal physiological experiences and externalised artworks. Thus, capturing something of the imaginal and intersubjective experiences that converge in the creative acts of both therapist and client, in an integrative arts psychotherapy session. Response art places

the art of the therapist at the heart of the research design as the therapist responds to the art of others with art. This principle can be extended into any art form as the relational interaction and experience may be given expression through sound improvisation, dramatic movement, sandtray sculp, or other expressive art forms. The range of response art produced may provide a wealth of art-based data in various forms and in different contexts. Each one could form the basis of a study or investigation of the art processes generated ‘in response’ to the clinical work.

If the focus of research is the subjective experiences that occur within the creative and relational space that exists between therapist and client, then the arts therapies have a unique opportunity to use creative phenomena to help us to understand these creative and relational events. In terms of an ‘embodied research’ method described by Koch & Fuchs (2011), response art can channel emotional and physical affects, felt or imagined, into a creative act. The artworks created contain and express a trace of the internal affects experienced by the therapist and are given external form. The inclusion of the therapist-researcher in the inquiry links closely to the phenomena being studied and uses the same dynamic and expressive processes of the arts that we facilitate in our work with others. The resulting artworks provide tangible evidence of some of the intangible experiences that lie at the heart of the arts in psychotherapy.

This chapter contributes to constructing research that is based on the art experiences that form the foundation of art therapy. The research design aims to (a) incorporate practitioner-research as a central research paradigm; (b) integrate therapists’ creative art making into reflective practice that can inform research design; (c) elaborate how art-based methods record a range of dynamic art processes that emerge from creative clinical practice; and d) develop an embodied research framework.

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