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ORIGINAL ARTICLE

The role of art therapy in a pilot for art-based information prescriptions at Tate Britain

DAVID SHAER, KIRSTIE BEAVEN, NEIL SPRINGHAM, SILKE PILLINGER, ALAN CORK, JANE BREW, YVONNE FORSHAW, PAULINE MOODY, & CHRIS ‘S.’

Abstract
This paper describes the results of a pilot project involving a partnership between Oxleas Foundation NHS Trust and Tate Britain aimed at producing art-based information prescriptions. Carers and service users used visual images, in the form of art works in Tate Britain and self-created pictures, as a means of communicating their experience for others who had similar conditions and experiences. The imagery and the discussions involved were recorded in Podcast form to be given to those newly entering into contact with mental health services. Whilst explicitly not aiming to be a therapy intervention, art therapy played a particular role and this is explored in the paper, specifically as a tool for psychological engagement with art works and in the management of risk. The pilot showed that information prescriptions produced this way communicated emotionally relevant material in an accessible form. An added benefit of the sessions was that participants found the production method itself helpful for processing troubling experience and engaging with the gallery’s work on a personal level. This has implications for clinical art therapy practice.

Keywords: Gallery, art therapy, podcast, information prescriptions

Background to the project
The Department of Health white paper ‘Our Health, Our Care, Our Say’, published in 2006, made a commitment to improve access to information for people with health and social care needs. In response to this, Oxleas NHS Foundation Mental Health Trust (Bromley Directorate: Complex Needs) was successful in a bid to become one of the Department of Health’s 20 national pilot sites for information prescriptions (IP). IPs are now a new way of disseminating information to patients, their families and carers to assist them in all aspects connected with their condition. IPs can involve advice on what having a diagnosis of bipolar disorder means, on how exercise can be used to manage depression or how to manage voices in psychosis. The pilot was to run from January to December 2007; such has been the feedback from the pilot sites that information prescriptions will be rolled out nationally in 2008.

The Oxleas IP pilot focused on how best to deliver information so that it addressed those service user and carers’ needs not met by traditional paper-based formats. The Oxleas Complex Needs Directorate works with service users who have longer term and complex mental health conditions. They are often the most difficult to engage, have often suffered physical and emotional abuse and frequently present with chaotic behaviour, drug and alcohol use. Some have forensic histories, and many have unrecognised neurocognitive difficulties (including unrecognised dyslexia, dyspraxia and autistic spectrum difficulties) impacting on their ability to assimilate information, memorise and concentrate. Most have experience of being excluded from society with some of this dating back to their earliest school experiences. Our pilot aimed to use the concept of IPs to produce information in new multimedia formats that would allow us to communicate with clients and carers in a way they found accessible whatever their level of educational attainment, reading and information processing abilities.

Through a series of focus groups with carers, service users and staff the directorate was able to identify what types of information were needed and what formats were most useful. We initially concentrated resources on service users with a diagnosis of bipolar disorder and other psychoses. Our research identified that the quality of information in easily accessible forms for psychosis was poor compared to that for bipolar disorder, which has a strong user self-help and self-management movement.
Of crucial importance was one of the key findings from the carers’ and service user focus groups. This was that people wanted information that ‘spoke to them and not at them’, meaning information which was not authoritarian but involved some attempt to build common understanding. They thought that this should consist of two key information types:

1. Factual information on the condition, the treatments and the services;
2. How to cope with the condition; the practical techniques for managing a long-term or complex condition; what the future holds; the likely prognosis and outcome. They wanted information from other fellow sufferers who were doing well.

A collaborative approach between staff, service users and carers resulted in jointly written fact sheets, clients’ video diaries which discuss how they live with their illness and reach recovery, recorded staff discussions of symptom management and sessions where service users discuss relevant themes from films. These were made available as either Podcasts or Videocasts with the project having bought MP3 players to enable service users to listen to this information, laptops to watch it and memory sticks to store it.

It became clear that it was the feelings of mental distress which were the most difficult to put into words and it was the isolation and alienation arising from being unable to communicate these that made people’s problems worse. Therefore it still seemed important to keep expanding the range of information mediums. David Shaer, the service manager for complex needs in Bromley, had a longstanding interest in art and started to work on an idea he had had for some time to use images as a way of communicating difficult ideas and thoughts. The role that art can play in recovery and its link into wider society is a key component of the project. He instigated the partnership with Oxleas and Tate Britain on the basis of using the art that is hanging in the gallery as a way of directly speaking to clients and carers about what they are feeling and experiencing, and encouraging discussion in an open and honest fashion. The artworks might act as a visual starting point that encouraged clients and carers to discuss issues that affect their lives, their illness and their role in society and at home.

The Tate response to the project

When Shaer first approached Tate Britain about IP and the possibilities of the project, it was met with enthusiasm. It was seen as a chance to reach a new audience and to create a new resource in the gallery: a collection of audio responses to works in the Collection. The Tate education and interpretation team welcomed the collaboration with the NHS team to work on foregrounding the social function of the Collection. The Tate Collection belongs to the nation (like works at the National Gallery or the British Museum), and it is very important for the Tate to be constantly striving to make the Collection not only physically accessible, but also intellectually accessible. Often galleries can be seen as elitist and, alongside other programmes, this pilot offered the Tate a chance to challenge perceptions about the value and role of public galleries.

The pilot had the potential to advertise the gallery’s inclusivity more widely. Tate Britain is free to enter and the ethos is that it is open for all, but in practice many people can feel that a gallery is not for them, that art is only for those who have studied and know it all already. The collaboration would promote Tate as a place that welcomes the individual’s personal thoughts on any of the works. It signals that insight doesn’t only come from experts and personal experience can be as illuminating as historical knowledge when it comes to interpreting art.

It was envisaged that the responses from participants would form the beginning of a bank of audio viewpoints. Visitors to Tate Britain would be able to download a set of responses to key works that they can use as an informal audioguide to the gallery. Many visitors to Tate Britain come regularly and know the Collection well. We hoped that fresh and perceptive sound-bites from participants’ own experience would offer a new way to look at some of the works. By aiming to make the responses mainstream, we also hoped that they would personalise some of the suffering of the clients and carers and go some way to destigmatise their conditions and experiences.

To complete the team Shaer then approached the art therapy service at Oxleas because he felt that, without art therapy involvement, there was a risk that discussing feeling without any therapeutic base to provide support could become intrusive and disturbing. He also recognised that as an established art-based practice within mental health, art therapy could offer much in exploring the pictures in personal terms.

The art therapist’s response to the project

Neil Springham was deeply impressed that Shaer had, from the perspective of front line psychiatric nursing experience and NHS management, made new and original links between the very domains that the art therapy profession is currently debating. For example, in their presentations in the Arts and Health debates at the British Association of Art Therapists AGM in 2006, Learmonth and Huckvale highlighted the importance of opening up the art therapy professional theory and practice base to developments in contemporary arts. Likewise at the 2007 AGM Gam-midge introduced his presentation on his practice with
new media by highlighting his dissatisfaction with the narrowness of the art itself in his own art therapy practice, which he hauntingly encapsulated as ‘psychotherapy with felt tips’. The ‘uneasy partnership of art and therapy’ (Champernowne, 1971) at the heart of the contemporary debate is longstanding and the friction it generates could be said to usefully confound any narrowing of art therapy.

The IP project involved ‘viewing’ as a means of unlocking an image and there was a body of practice and theory for an art therapist to draw on. Whilst in aesthetic philosophy figures such as Wollheim (1987) had worked on ways of deepening the viewing experience of a picture by engaging with what he described as the visual ‘lure’, their assumptions of viewing tend to be rooted in solitary, intra-psychic approaches. In the US, art therapists such as McNiff (2000) have used viewing and aesthetic response as a basis for research and this methodology has been used in the UK by Mahony (2001). More relevant to this work is that of MacLagan (1989, 1995, 2005) because it does not use a solitary viewing method. MacLagan employs art therapy as a means of investigating images through relational approaches and his work represents a consistent exploration of the links between aesthetic, relational and psychological aspect of art therapy. Moreover he has worked with patients who both make art within and outside of the art therapy session. Russian art therapists have pioneered art therapy in museums with positive results (Zhvitiashvili & Platonova, 2000). This practice had arisen out of conditions of the Soviet system where both psychiatric hospitals and museums had very specific cultural roles. Whilst these institutional roles retain some key differences to those in the UK, the potential for generalising such work is demonstrated by the IP project.

For Springham, as an art therapist, there was also his own experiential learning to draw on. Working in a gallery rather than a hospital and the rediscovery of the common language with the education and interpretation team at the Tate Britain felt something like recovering from professional amnesia. The gallery itself felt like a resource, but it was clear that there was a process involved in achieving this perception. Having never visited galleries at school, his first visits as an art student involved a mixed sense of magicalness, alienation and feeling like an ‘uneducated peasant’. This changed with the encouragement of his tutors to make art in the gallery. The sense of belonging shifted most profoundly when he eventually exhibited in a gallery space.

It could not be assumed that this was a process the IP participants would have already taken. The grandness of the gallery may not be welcoming. However, the facilitation of the transition to being able to experience the gallery as a psychological resource could be a way of thinking about the role of art therapy in the project. Springham proposed that art-making with discussion with the art therapist be included in the sessions and this became part of the method. Discussions of participants’ images would follow a turn-taking format, using a peer review approach to the group drawn from clinical practice. In addition to being a safe way of processing the experience psychologically, the format segments group discussion for recording purposes in a way that words can be linked to specific visual images. This creates coherent IPs where the image is presented with the recorded discussion.

Whilst the NHS members of the team found themselves very, possibly overly, concerned with confidentiality boundaries, those being recorded did not find the issue a block to participation. NHS staff did not want to be intrusive or inhibiting. Participants had opposite concerns; confidentiality had often been the concept used for excluding their voice. Aside from editing out any names of other people they had mentioned in recordings, they wanted to be heard. Springham had experienced this as a conflict in art therapy for some time. Confidentiality is a means of creating a space to free people to communicate. Yet if art therapy is a tool for giving a voice to those deprived of one, be that through physical, emotional or social blocks, why, when mental health is so clearly improved by agency in the wider culture, should that voice be limited only to the therapist? The IP project was exciting because it offered a potential means of addressing that dilemma.

The process

The service users and carers were approached beforehand through local links. The project was very much framed as a pilot where they would be co-workers in developing art-based discussions in Podcast form on issues of mental illness. Quite a number of those approached found the links too tenuous and did not participate. It was hard for staff not to see the exercise as frivolous when it was verbally introduced. This was in marked contrast to showing staff the Podcasts which seemed to make the relevance self-explanatory (this introductory process being a familiar problem for art therapists). It became clear that more direct engagement work from the team prior to the Tate session was needed. The actual recording of IPs now has become the end point in a longer process which involves outreach to those groups.

In planning, the team was anxious not to overwhelm the participants with the contents of the gallery. They made a notional route which took in artworks which they anticipated might have some kind of emotional resonance with the issues we were to discuss. Sessions held during Tate opening times
worked badly. As soon as we started recording participants in the gallery, or when Kirsty gave an introduction as a guide, the public would gather round thinking perhaps this was a Tate event. This halted the process. Sessions worked much better in the evening, providing some privacy but also imbuing the event with a sense of specialness and value. Groups were taken round by a member of staff from Tate and the art therapist. We explained about the route and why we had chosen it but suggested that those attending should stop at works that they were drawn to. Perhaps unsurprisingly, it was the pictures that the group selected themselves on the evening that yielded the most discussion.

A crucial part of the process was the editing. We planned to have a static image (either from the gallery or from the participant) and play the recording alongside it. This gave equal weight to the visual image and the words and seemed effective as a means of creating a vicarious experience of the viewing group. During editing we noticed the same dynamics of confidentiality were played out. NHS staff’s anxiety about intrusion tended towards censoriousness. Participants helped to show that it was best not to edit at all apart from specific names and this has become our favoured approach.

We initially underestimated the power of the first viewing of the Podcasts for the participants, naively assuming that because they had heard it before when we recorded it in the gallery the content would be somewhat less stirring. The mistake was to not realise that the Podcast format in itself effectively creates an independent art work, one which mirrored the groups’ experience in a new and acutely powerful form and needed some psychological processing. Participants told us that the session with the art therapist at the gallery had acted as a debrief for them and asked that this become part of the editing process.

By way of example it would be helpful to describe a session with a group of carers.

**Example of IP session with carers group**

Kirsty Beavan from the Tate Britain staff and Springham identified themselves to the group over an initial cup of tea, describing their complimentary roles as gallery guide and art therapist respectively. When stopping at a picture in the gallery, Beavan would give an initial history of the painting, information about the artist’s life and what we knew of the artist’s intentions. She was keen to state that, from the Tate’s perspective, the image’s ‘meaning’ was always speculative and that all interpretations had validity. After this the art therapist would move the focus from art history and aesthetics to a more personal exploration. People attending were then encouraged to discuss how they saw the painting in relation to their lives.

An example of this transition was when carers were discussing Figure 1, ‘The Doctor’ (Fildes, 1871).

Beavan explored the historical context of the work and how it impacted visually on the group. There was some discussion about how the Victorians ‘loved their drama’. Springham observed that whilst the picture was of a scene that many of this group had actually faced, namely sick children, no comment had been made about the link. He noticed some anxiety in himself at the prospect of making this link and that this was similar to the clinical process addressing that which feels ‘obvious but somehow unsayable’. In clinical practice, contrary to the therapist’s counter-transference, the careful naming of this can bring relief and aid thinking. Verbalising this link to the group did create relief and a rich discussion followed about the carers’ experiences of doctors in psychiatry, of the helplessness as parents at having so little to offer and of constantly feeling, and on numerous occasions actually being, blamed. This involved strong emotion and tears. A participant was able to extend this link to how the parents had been depicted as being in the background of the image with the exclusion they had experienced from services justified as confidentiality. It was commented that this couldn’t be a doctor because

![Figure 1. Luke Fildes 1843–1927, ‘The Doctor’, © Tate, London, 2008.](image)
they seemed so involved. Springham concluded the discussion by explicitly linking what had been said to the task and to how it was of real value to others both as IPs but also as training for staff. This framing seemed to be a containing intervention.

Having viewed ‘The Doctor’, the carers stopped at Figure 2, ‘The British Channel seen from Dorsetshire Cliffs’ (Brett, 1891). This painting was discussed as representing a subject matter with that elusive ‘lighter’ feeling. All groups in the pilot identified that they preferred to view works that were ‘lighter’ in their subject matter and content. This was a fascinating division with the team: the Oxleas and Tate staff tended to dismiss those images as lacking emotional commitment or power but the carers and service users felt they had enough emotional power in their lives already and were looking for something contrasting from the gallery. It was clear though that these ‘lighter’ pictures in no way limited the discussion of more troubling material.

Beavan explained that for her the gallery provided moments where she could feel calm. The artist painted this picture on his honeymoon. There were jokes in the group such as ‘maybe this had been when he was at his most serene’ and that it ‘looked like he hadn’t done anything else but paint!’ After a shared but silent viewing a discussion ensued about the vastness of the sea and how it dwarfed any problems they might have.

The group reflected that ‘Whatever goes on for you, it’s always out there, that is what gives you hope.’ After a silence the comment was made that ‘after my daughter got sick, all the material things I wanted seemed worthless, that [pointing to the picture] is what I want life to be’.

The group described movingly the attempt to get such space from the all-encompassing problems of the illness, to stop themselves going ‘mad’ so that they could continue support. The group described a shared need to physically get away but also how difficult it was to achieve as they lacked time and always felt on call or guilty. They described how experience of the image seemed to give psychological space.

Springham mentioned that the picture they had chosen contained no people and their stories of restoration and support had all been solitary. The group responded by sharing common experiences that had taught them to be careful who they sought support and understanding from. Attempts to share their experience with family, friends and colleagues had often been met with incomprehension or blame, leaving them feeling worse. It was only in the peer group of other carers where they had experienced understanding. This discussion provided very important material for the IP.

After three pictures in 90 minutes, we left the gallery to a side room for the image-making part of the process. After a cup of tea, the art therapist was left with the group for about an hour with the audio recording equipment left running. We did not set a theme and it was explained that we would record the discussion of the work in a group after making it. It was the image making rather than the recording which caused the nervousness, but not more so than in clinical work.

Figure 3 is an example from Pauline Moody. In describing her picture, which she did first, Moody often littered her sentences with self-deprecating remarks about her picture. She described feeling embarrassed because she was the worst in the class at art. This was followed by a very funny discussion about how, even being the worst, it was she who ended up an artist in the Tate Britain! Others retorted that no matter how bad they were they had seen worse in the Tate Modern.

Moody described making her second picture (Figure 4) by starting with the sun and then including the sea, that she was feeling happy because it had been a great evening (even though her work was ‘terrible’). The group responded positively by saying that the sea was healing and the sound of the waves especially so. Pauline responded vigorously to this, saying that is exactly what she heard when she made the image.
The viscerality of experience gained through her image had clearly surprised and delighted her. It was very moving to hear about the experience given the group in the gallery had just described how hard it was to get a sense of space. Springham commented that the image of the sea in the gallery seemed important to many and asked if it represented the opposite of the feeling of claustrophobia they described experiencing as carers. The group all agreed.

Springham said how often Moody denigrated both her work and her self as ‘terrible’ and linked this with the frequent references to being blamed as a carer and of carrying a feeling of never getting it right. In response Moody went on to describe her first picture as getting out her anxieties by stabbing (gesturing) the picture. The group were interested in this: ‘Did you feel aggressive?’ asked Alan Cork.

‘Yes, because I felt so anxious. It was a threatening exercise, the thing I could not do at school’ she replied. Others responded that although she said that, the colours were ‘jolly’ and ‘zingy’. Moody responded by saying ‘Well I felt overall positive but was still having to express something else’. We thanked her and moved to the next image, thereby concluding that section of the recording.

Results of the pilot

The partnership between Oxleas and the Tate worked well because of a shared assumption that art works, either made or viewed, could function as a culture-valued emotional processing resource.

The discussions around both the gallery-based pictures and the group’s own images have been edited to form an IP. They have shown great potential as a communication product. IPs embody the experience in an emotional form. It is very powerful to look at either the gallery or the participant’s image whilst simultaneously listening to the recorded discussion. The extended viewing period whilst listening has held the attention of all the people who have viewed the IP. They report it bringing the picture alive and that the emotional power of the IP gave the subjects an
appropriate sense of importance. The IP from this work alone has provided useful information on how others feel in caring and how they get support.

The feedback from participants in the pilot sessions both on the day and afterwards has been very positive. These comments from carers are typical.

Let me just say again that I found the Tate evening uplifting and the pictures a great stimulus to getting feelings out in the open. I found our discussions very helpful. I hadn't been to the Tate Gallery for years and now I am determined to get back there soon to view it in the day. Work continues to keep me busy but if you feel I can help in any other ways let me know. It was a pleasure to meet you and I look forward to seeing the end results of our evening. (Alan Cork)

My friend, Yvonne, and I felt that the evening was very moving. I, personally, experienced a kind of purging. When you mentioned art back in March, I had no idea what to expect and I could certainly not have anticipated what happened. We benefited greatly from the evening and do not want to be reimbursed. Your Head of Art Therapy was brilliant, and so sensitive. It was wonderful to have an expert, like Kirstie, to give us so much background information. (Pauline Moody)

Generally, the feedback we received across the range of our service user and carer participants was that they felt more able to discuss issues that had seemed difficult to talk about in other contexts. On returning to their units, service users have discussed their experience of going round the Tate which has led to other service users asking if they could attend as well, with those who had attended the Tate also being keen to re-attend.

The Tate Britain staff (Pilinger and Beavan) comment that linking with the IP project provides the privilege of seeing the Collection with fresh eyes and in totally new ways. They state:

It has been extremely exciting to build up a working relationship with professionals in a field, NHS mental health, we have limited experience in, to learn from them and through seeing the responses of participants, to feel our work is directly socially valuable. Exploring paintings and sculptures through people's personal responses and their experiences has been fascinating, poignant and fulfilling. We have been able to witness the emotional power of the works on display. Using a familiar painting as a starting point and then seeing participants (whether service users or carers) responding verbally and visually has been really exciting for us. When a painting or sculpture is seen virtually every day, it is easy to forget the power or pleasure that one felt the first viewing. Participants have shown new facets to familiar works and opened different interpretations.

Although the project was explicitly not therapy, it was recognised that art therapy played a distinctive role in the process. To begin to understand this, two perspectives are offered; observations from the Tate team and reflections from the art therapist involved.

### The Tate team’s perspective on the art therapist’s role

Whilst normally the guide would collaborate with an artist or a curator to develop and lead workshops, this is the first time the Tate’s current team have worked with an art therapist, and they have found the experience was eye-opening.

It has been extraordinary for us to see the power of the integration of the visual and verbal responses of the participating artists. It has been exciting to see how many of our Tate workshops have a practical element. With the personal experience and context of the meeting, the arts therapist allowed the participants to have cathartic expressive responses and gently helped them to feel safe to do that. It was incredible to see how Springham facilitated the space that participants needed to visually produce a piece of art work, and the emotional strength of the images they made was also extremely striking and moving.

### Reflections on the role of art therapy in the process

From the perspective of an arts therapist, Springham was able to discern recognisable art therapy processes at work and felt clinical skills added value to the project. The participants greatly increased their understanding and engagement of both gallery paintings and their own images through a relationship negotiated via shared viewing. The group work allowed participants to pass their ‘views’ through the minds of each other and these negotiations were able to deepen and broaden participants’ personal engagement with the image. In the image making, participants were often initially mystified as to why they had chosen what they had depicted. Personal meaning and understanding of their own imagery was generated through exchange within the group. In other words, participants were more able to find themselves in the picture through a relational, rather than a solitary, process of viewing.

Art therapy was invited into the project to contribute to both psychological engagement and managing risk. This was prescient as the process did stir strong feelings. The art therapist’s function was differentiated in the group, making explicit links from the discussion of image, participants’ descriptions of personal experience and context of the meeting.

It was helpful that art therapists have a basic practice assumption that combining making art with group processes will be more powerful than the participant expects. Associations and fantasies...
generated by the process can easily feel *too real* and lose their restraining ‘as if’ quality. Note that Moody had a visceral, though benign, sensory experience of ‘actually hearing the sea’. She was able to keep this in the realm of symbolic play, e.g. feeling it was real but knowing it was not. Art-based risk can be identified when the failure of this symbolising process is not recognised by the facilitator. A therapeutic framework is vital in gauging the art participant’s symbolic functioning and tolerance for exploration. Sensitivity to this is primarily developed through the art therapist’s own experiential learning during training.

It gears the art therapist’s approach towards the containment of feelings and supporting thinking from the start. The art therapist was helped in managing the emotional pressure in this group by returning it to the agreed IP task. This seemed to ground the experience and keep the work in the realm of play.

It clearly became important to debrief from the experience using art making. Perhaps this was effective because it used the same mode to process the emotional material stirred by the pictures – i.e. making art in response to art works *in kind*.

Some of the material seemed to link directly with clinically based art therapy. Of note was the draw towards images of nature as refuge from people. Sprigman has written about how art therapy can help to trace the pain of failure in human support held in such ‘paradise pictures’ made in art therapy. The clinical process can help to make sense of the patient’s relational patterns as a reaction formation in the form of an unconscious project of self-sufficiency (Sprigman, 1998). At one point Brett’s image of the sea became a powerful resource for discussing such failures of support for carers. This material had initially only manifested as a desire to get away from people which, by being uncontextualised, had less therapeutic value.

Perhaps the most interesting difference from clinical work was the art therapist’s collegial relationship to service users and carers. Everyone involved records and edits the sessions together as a team with a shared task. The aim of producing a *product* represented a marked change in the primacy of ‘process’ evident in clinical work. The effect of product focus tended to emphasise participants’ capabilities, as opposed to need and deficiencies. This raises useful challenges to entrenched assumptions about the clinical art therapist’s approach.

**Next steps**

So far all the sessions we have held have been one-off pieces of work for up to a maximum of eight, and this has meant that only limited numbers have been reached so far. However, the support and processing that participants experienced represents a significant added benefit. The art making and gallery work clearly have potential beyond IP production and can now form the basis of a support intervention for carers and service users. The project also highlights new clinical potential for art therapy.

The development of Podcasts and identified works means that this can be increased to include a wider audience and also an audience of people with no experience of mental illness. The challenge for us is to produce something that can replicate in any gallery with any group of clients or carers. To this end it feels we are very much at the start of a process.

**References**


**Images Courtesy of Tate Britain, London.**