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WOOD, Chris <<http://orcid.org/0000-0001-6787-4448>> and MCKOY-LEWENS, Jacqui

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An art therapy education response: linking inequality and intersectional identity

Chris Wood  and Jacqui Mckoy-Lewens

Art Therapy Northern Programme, Sheffield Hallam University, Sheffield, UK

ABSTRACT

Background: An account of how one Art Therapy training course links information about inequalities with the theory of intersectionality. In trying to understand intersectionality, the course community questions how clients and therapists respond to and experience health inequalities and discrimination. For both, there may be the pain of being ‘othered’ and the effects of unconscious privilege. Nevertheless, there are examples to be celebrated of how some people manage to use their identity in moving forward.

Context: Bizarrely, how identities link to socio-political conditions is not readily acknowledged within therapy professions. The focus of therapy has tended to stay on the inner world. Also, since the end of the second world war, there has been a gradual decoupling of political approaches concerned with social justice and the redistribution of resources and political approaches concerned with identity recognition.

Approaches: When health inequalities and identity issues became sharply visible during the Covid 19 pandemic, the profession responded with adaptations to its educational and therapeutic work. It is possible to see how clients, students, art therapists and colleagues adapt, consult and collaborate. The paper provides descriptions of students’ adapted and collaborative practice.

Outcomes, conclusions and implications for research: The use of culture, art and identity-aware supervision in art therapy are ways of developing our understanding of health inequalities and intersecting identities. The research implications for Art Therapy are that generic knowledge of research about discrimination and glaring health inequalities is a valuable foundation for research in our discipline.

Plain-language summary

This paper discusses how one Art Therapy training course links information about health and social inequalities with ideas about intersecting identities. The course community explores and questions how clients and therapists experience health inequalities and discrimination. There are discussions about the pain of feeling unwanted and the response of people who are not conscious of their inherited privileges simply because they are born into specific societal structures. Whilst recognising that feelings about identity may be painful and a source of shame, the course also considers how it is that some people manage to acknowledge and use self-reflection about their less privileged identities in moving forward.

It is strange how the effects of social and health inequalities are rarely acknowledged within psychological disciplines, including art therapy. That seems to be because the focus of therapy has tended to stay on the inner world. Also, since the end of the second world war, there has been a gradual shift in political approaches concerned with social justice and the redistribution of resources and political approaches concerned with identity recognition. When existing health inequalities and identity issues became sharply visible during the Covid 19 pandemic (the Health Foundation, 2020) the profession responded with adaptations that took its educational and therapeutic work online.

There is hope because it is increasingly possible to see how clients, students, art therapists and colleagues consult one another and collaborate over adaptations in therapeutic approaches. The paper provides descriptions of some adapted student practices from placements. The use of culture and art, together with supervision in art therapy, are ways of developing our understanding of health inequalities and our intersecting identities. Nevertheless, the pace of social and cultural change can be slow, sometimes moving forward and sometimes backwards.

The research implications for the Arts Therapies are that broad knowledge of research about discrimination and glaring health inequalities is valuable in the push for change. Also, research from other disciplines is often the foundation on which the research contribution of the Arts Therapies in this area and others can be built.

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Introduction

When we talk about the theory of intersectionality within our training community, we think about how clients and therapists experience health inequalities and discrimination.

People are likely to have complex feelings when considering their intersecting identities. We talk in our educational community about the pain of being ‘othered’ (Turner, 2021) and the effects of unconscious privilege. We also

CONTACT Chris Wood  c.wood@sheffield.ac.uk

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know and talk about evidence of resilience and well-being.

We are two art therapists and educators working as part of a course team in Sheffield, UK, Jacqui Mckoy-Lewens and Chris Wood. Three former students, Uzma Kazi, Sangita Mistry and Amy Pataki (nee Henwood), have been generous in talking to us about our thinking and writing for this paper. With their permission, we share aspects of their practice later in the paper.

Here is a little personal information about ourselves. Jacqui Mckoy-Lewens is a black British woman whose family has Afro-Caribbean origins. She has worked in higher education and community arts settings for many years, all within diverse communities in inner-city areas experiencing covert and overt racism, community isolation and socio-economic deprivation. She took over the Sheffield Art Therapy Course leader role four years ago from Chris Wood. She has managed to sustain an art therapy practice alongside work in education. Chris Wood is a white British woman with working-class origins from the North of England who was the first in her family to access Higher Education. She has worked as an art therapist alongside her educational work for many years. Her art therapy clients have often had complex mental health and identity issues exacerbated by economic hardship.

Our personal histories mean that our identities are sometimes shaped by 'the cross-currents of racism and sexism' (Crenshaw, 1989, p. 327). In terms of race and class, we are not the usual candidates for the careers we have pursued. Of course, we share our female gender with most people in the profession and how we understand the position of women in the world also influences our practice. Nevertheless, our perspective on gender is strongly influenced by the 'cross-currents' of race and class. Our identities contain many overlapping intersections. Some of the intersection in Jacqui's life is about being black, a woman and from a migrant community. Some of the intersections in Chris's life involve being working class, a woman and white.

We recognise internalised feelings of pain and shame provoked by being personally subjected to discrimination. Our histories and multiple intersecting identities mean that we are alive to some intersecting prejudices in the lives of our clients, students and colleagues. This kind of knowledge is potentially available to many people.

Although we cannot comment on all the possible intersectional identities, which are many, we can share thinking relevant to the adaptations being made to the forms of practice in the Art Therapy Profession. For example, adaptations have sometimes meant offering briefer work in response to service cuts. Brief art therapy has often highlighted the role of materials and art making (e.g. Hughes, 2016; Moon, 2010). Other adaptations have been made to respond to movements by people with lived experience, avoiding the misuse of power and the language of pathology in therapeutic approaches (Bullimore, 2011; Hunt & Carson, 2017; Wood, 2020a, 2020b).

The abuse of power in racism, sexism, mental health and disability stigma, gender preference prejudice and class prejudice might all be experienced differently. Nevertheless, by taking an intersectional approach, we find ways to see the commonality of how people suffer feelings of being unwanted or lesser in response to different forms of oppression. Discussion about intersecting identities does not

immediately remedy inequality, but it can help those affected (not excluding ourselves) understand what is felt about inequality and identity. As indicated by Ivan Beckley in *Bias Diagnosis*, finding the words in the helping professions can help lead to a more nuanced response for some clients and a welcome mirroring for others (2021). As Art Therapists, we think finding words, images and metaphors can all help acknowledge experience.

We all owe a debt to the many in previous generations who have upheld the value of struggling for social justice (a few of the women are Rosa Parkes, Annie Kenney, Jayaben Desai and Lilian Bilocca). We feel humbled in recognising our small place in ongoing struggles. We know that historical progress does not always follow a smooth forward direction; nevertheless, our quest is to find the confidence alongside colleagues and students to adapt the practice of art therapy. We want to help create a practice responsive to the complexities of intersecting identities and inequalities that often damage service users' lives and sometimes leave us as therapists floundering. However, we also want to share thinking that might contribute to positive action and even a celebration of the many positive aspects of meeting these intersecting aspects of self.

Our working process in writing this paper has been to think together and share joint teaching sessions, and then for one to write and the other to comment, help shape the thinking and add written sections. Then the three former students, Uzma Kazi, Sangita Mistry and Amy Pataki, each read and commented on descriptions of their practice in the paper.

Context

The Art Therapy Profession in the UK has had several historical periods (Westwood, 2015; Wood, 1997, 2011a) in which therapeutic approaches have been adapted in response to changing social-economic circumstances. There has been a backward and forward movement between individualised perspectives for therapeutic work and a therapeutic response that includes some acknowledgement of socio-political issues. For example, after the second world war, there was a focus on the healing power of expression for individual clients. In the 1960s and 1970s, art therapists worked within the ethos of the social psychiatry and Laingian anti-psychiatry movements in the health and social care professions. These movements focussed on the living circumstances of a client's life and avoided representing them in terms of individual pathology. In the 1980s and the 1990s, art therapists responded to cuts in the public sectors of health, social care and education by seeking specialised psychotherapeutic knowledge to focus once again on the needs of the individual (Wood, 2001).

Also, political and economic pressures and wars have led to mass migration (more than 89 million people, according to the UNHCR June 2021). In response, some art therapists have moved to practise at the borders of countries (Kalmanowitz & Lloyd, 2016; Lloyd & Usiskin, 2020). Their practice is responsive and dynamic. Although it is *on the borders* of the profession's previous working experience, it has influenced contemporary practice. It is relevant that much about the experience of migrants and refugees is comparable to the way the long-term users of mental health services often feel 'othered' and transient, not welcome in society.

Increasingly people in service user movements with lived experience have indicated the value of collaborative approaches, and their voice (e.g. Hunt & Carson, 2017; Morgan et al., 2012) has helped shape current practice.

Since the end of the second world war, there has been a gradual decoupling of political approaches concerned with social justice and the redistribution of resources and political approaches concerned with identity recognition (Fraser, 1997; Baines, 2000). During this time, the Art Therapy Profession has adapted to societal changes, which have left many services in which they work facing austerity. Art therapists have also addressed some aspects of the politics of identity.

When existing health inequalities and identity issues became sharply visible during the Covid 19 pandemic, the profession responded with adaptations that took its educational and therapeutic work online.

The changing history of socioeconomic factors is behind many of the art therapy adaptations that have been made. For example, economic pressures at the end of the last century and then after the international economic crash of 2008 have led to austerity in health, welfare and education: all settings where art therapists work. Bizarrely how identities link to socio-political conditions is not readily acknowledged within therapy communities (counselling, psychotherapy, or art therapy). For example, this may mean that a client's shame about having spent some time living on the street or a mother's worry about being able to feed her children may not immediately be recognised as a response to material conditions as opposed to questions of individual pathology (Glenn, 2002). That seems to be because the focus of therapy has tended to stay on the inner world.

The feelings about identity may be painful, though the feelings may not always be near the surface. In addition, identity may have severe economic and health inequality consequences. The work of the lawyer Kimberlé Crenshaw challenged the economic consequences when in 1989, she led an employment case against General Motors on behalf of Black Women who were excluded from employment. Crenshaw became a professor at the University of Columbia. She developed the theory of intersectionality to show how people can suffer prejudice on several fronts because of their intersecting identities. The idea has become a core theory for sociology, and it is used widely in the humanities. It is important because using the metaphor of the intersection of roads helps us see how complex overlapping identities mean that people might receive a benefit or be subject to prejudice. The metaphor also indicates how complicated (sometimes self-deprecating) self-identification might be as a result of living at the place of these intersections.

Crenshaw's parents fought for Civil Rights, and she grew up learning about the struggle for social justice. She has worked as a lawyer, an academic and an activist. She helped introduce the slogan: 'Say her name!' in Black Lives Matter demonstrations. This slogan shows the intersectional understanding that murders because of race not only afflict black men but also that the impact of discrimination is complex.

The call for papers exploring these important themes from three international art therapy journals is to ask the worldwide community of art therapists to contribute to change by sharing their thinking and experience about these crucial issues. Our paper makes a small contribution by

showing something of how our educational approach has responded to health inequalities and intersectional theory within the frame of ongoing struggle and development. It mainly explores what this means for education about therapeutic practice, but it acknowledges the complicated borders between therapy and activism and how much there is still to do (Eastwood, 2021). Those involved with the paper also realise that though feelings about identity issues may often be painful and complex, other aspects of identity are treasured and are a cause for shared celebration.

Theoretical framework for an art therapy educational response

Recent times have been challenging, but we have found solace in integrated interdisciplinary approaches. We use research about health inequality, theories of intersectionality, the help and inspiration that can be taken from different cultural forms, and collaborative approaches to therapeutic work adapted to the context of the client's life.

Much generic research about health inequalities is relevant to art therapy and its service users (Health Foundation, 2020; Marmot et al., 2020; NHS Health and Race Observatory, 2021; Samaritans, 2017; Wilkinson & Pickett, 2009, 2018). The approach we take to intersectionality is to link health and social inequalities with identity. That means we present evidence for the health benefits and social justice of resource redistribution alongside trying to acknowledge identity issues sensitively.

A clear example of health disadvantages linked to economic issues was seen during the height of UK deaths from Covid. Data analysis from Public Health England highlighted that deaths from COVID-19 among people from minority ethnic groups were two to four times greater than those among the white population in England (Morales & Ali, 2021). Although the factors involved are complex, the differences in the incidences of Covid for different ethnic groups are likely to have an economic origin, reflecting widespread discrimination (Elwell-Sutton et al., 2020).

A report by the Samaritans (2017), *Dying from Inequality*, considers how poverty influences suicide. It shows how the fundamental health inequality of poverty has a psychological impact. The report is clear that high levels of suicide are likely to be socially determined and not matters of individual pathology. McKoy-Lewen's work with community groups in South Yorkshire, Derbyshire and Nottinghamshire supports this and is relevant to thinking from recent suicide prevention initiatives. Much of her work was in ex-mining, steel-producing and previously thriving industrial towns that have declined dramatically. The decline in employment and housing has particularly damaged the male population's mental health and well-being as they struggled to redefine their roles and identities.

Another recent investigation (Holman & Walker, 2021) concerns a plea to link the framework of intersectionality with an analysis of the life course in gerontology. Their paper is valuable because it indicates how concepts of intersectional identity help us think about the processes of ageing. It argues that people embody multiple intersections, which are too often overlooked in the care of older people. It asks that practitioners in all professions avoid deterministic accounts of a person's identity. That means not grouping people of the same race or class in ways that mean the

professional fails to see complexity, so they overlook and fail to *engage agency, resilience and resistance*. Our approach considers that art therapists have much to contribute because artmaking and references to culture may facilitate a sense of agency, resilience and even resistance.

Holman and Walker acknowledge that much work is still to be done in understanding how the client experiences intersectional identities. Their work implies that we need to talk with people, work alongside them and explore a client's narrative more deeply because belonging to a subgroup does not define life experience. They describe how prejudicial responses operate at personal, institutional and societal levels. They also point to a need for more empirical research to understand how health inequalities and intersecting identities affect experiences at the end of life and the quality of dying.

Sociological disciplines offer clear examples of the linking of health inequalities and intersectionality. When we offer sessions inviting arts therapists and students to think with us about intersectionality and privilege, we often begin by using a short sociological film (Holman et al., 2020) on intersectionality and health. This film has been received well because it uses animation to demonstrate how we all have overlapping identities from our socioeconomic position, ethnicity, gender, age and disability. The animations in the film help us see how much we share when thinking about the effects of identity.

We also use part of another film, 'The \$100 Race' (Donyes, 2017). It shows a school race in which some young people are asked (initially without explanation) to observe additional delays before entering the race. Pain and confusion are seen on the faces of the young contestants delayed from starting the race alongside their peers. In this way, the film shows the potential for the heart-rending consequences of unrecognised privilege.

Many texts about intersectionality show the importance of self-reflection and identity-aware supervision (e.g. Burnham, 2013; Collier & Eastwood, 2022; Crenshaw, 1989; Glaze, 2017; Totsukaa, 2014; Turner, 2021). Identity-aware supervision to those of us involved in thinking about this paper means creating an expectation that the therapist will help clients talk early in therapy about aspects of their identity. It also means that the therapist finds appropriate ways to acknowledge their own identity with their client/s and be open to considering complications that may arise for the clients and therapist as a result (Kuri, 2017). Complications of intersecting identities might helpfully be discussed with the client and explored with the supervisor. We, as authors, offered a little information about our intersecting identities in the introduction to indicate the texture of the information we might share.

The UK Art Therapy Profession has tended to respond to identity issues in ways that offer specific individual responses. There has long been an honourable fundamental premise of the need to respect people with different diagnoses. It has meant not pathologising people because of a diagnosis: e.g. a personality disorder (Morgan et al., 2012); learning disability (O'Farrell, 2017); who are elders (Waller, 2001), who have cancer (Wood et al., 2019) or a psychosis-related diagnosis (Wright et al., 2020).

The UK book *Art Therapy, Race and Culture* was published in 1999 (Campbell et al., 1999), and it opened a debate about ethnicity, class and gender that has taken some time to

develop. Schaverien (1995) and Hogan (1997) both pointed to issues of female identity, and a small number of texts pointed to the psychological impact of poverty on adult mental health (Watts et al., 2018; Wood, 2011b; Wood et al., 1999). However, in 2005 Bobby Lloyd and Debra Kalmanowitz published the first UK art therapy book to include the word 'political' in its title.

The Art Therapy Profession in the US has been quicker to articulate the political aspects of identity and its relationship to social justice (Kapitan, 2012, 2015; Talwar, 2015). In the UK, moving from responding to individual identity issues to the politics of intersectionality has been more gradual. However, texts by Eastwood (2021) and colleagues (Collier & Eastwood, 2022) are challenging the status quo.

During the pandemic, all of us were affected by the Black Lives Matter (BLM) movement, as it quickly became a world-wide movement. BLM highlighted how far little has progressed since the Civil Rights movement of the 1950s and 1960s. Much more ground still needs to be covered to create real change. In two talks given to the British Association of Art Therapists, Jacqui McKoy-Lewens (2021) spoke about these issues, including unacknowledged privilege. She also spoke to the need to acknowledge faith and spirituality as potentially important aspects of intersecting identity.

Colleagues from many disciplines have supported the course in helping our students consider collaborative work with their clients. For example, from the early days of the course, a professor of psychiatry, Alec Jenner, invited Italian psychiatric teams from Trieste to share their thinking about the Italian reform movement for democratic psychiatry (Wood, 1985). These Italian teams gave talks that Sheffield art therapy students attended. Their fundamental message was about the need to engage and empower clients and help them relinquish the damaging aspects of psychiatric patient identity.

More recently, other colleagues who are experts by experience Shaun Hunt (2017) and Peter Bullimore (2004, 2011), have provided talks for students and colleagues about the Hearing Voices Movement (Escher et al. 2010; Romme et al. 2009), which is a movement that uses a collaborative approach and encourages clients to find whatever agency they can muster.

Brendan Stone (a professor of literature at Sheffield) has long been an advocate of respecting the knowledge within clients. He has initiated storytelling projects with people in the local community, which help people voice their experiences. Stone has worked with many experts by experience, and Sheffield's mental health and art therapy communities have benefited.

Stone advocated for the concept that profound expertise is located within a community that has traditionally been defined by what we 'lack' – by deficit and difficulty. He speaks to a paradigm shift. Those who have hitherto been seen as passive recipients are understood as representing the greatest asset and resource for positive societal and institutional change.

McKoy-Lewens also highlights the need for community engagement and participation in assessing, deciding and delivering healthcare interventions. Involving clients in strategies for self-care and the design of services offers a greater chance of long-term success and less likelihood of compounding their perceptions of 'internalised oppression' (David, 2014).

For some years, the course has used the practitioner and academic William Madsen's approach to collaborative helping (Madsen, 2007; Madsen, 2012; Madsen & Gillespie, 2014). Madsen writes about the need to work on cultural understanding and areas of common ground in relationships with clients. The collaborative approach seems to us to fit with an intersectional approach.

- It is a principle-based approach.
- It emphasises the importance of attitude or relational stance with which helpers approach individuals and families.
- It focuses on the stories through which people make sense of their lives.
- It emphasises inquiry – the ability to ask meaningful and respectful questions in a spirit of genuine curiosity (Madsen & Gillespie, 2014, p. 23).

As a course team, we recognise the tensions between some of the approaches outlined and 'psychotherapy proper' (Papadopoulos, 2002, p. 4). Nevertheless, we think it essential to continue to teach students about the frame, working in the relationship and the less conscious aspects of self, but we see the addition of collaboration and consultation as adaptive responses to the contextual politics of our time.

Practice descriptions

The Covid 19 pandemic had profound international ramifications in the political, societal and psychological spheres. We are impressed and humbled by how UK art therapy students responded to societal and political tensions as their courses and placements moved online. Students pointed to evidence of the mental health impact of societal and economic strain. For example, increased isolation during the pandemic exacerbated many psychological and physical health issues. Also, there was increased domestic violence, concerns about male suicides, and a reported rise in mental health issues among young people. Students also urged us to learn more collectively about matters of gender identity. We saw evidence of students (not only in Sheffield) making thoughtful adaptive responses in their work with clients.

To improve our collective response to engagement with clients, we ask students to think about the cultural understandings that clients bring to art therapy sessions. We ask them to write and or rehearse explanations of what art therapy might offer different groups of people based on the clients they were meeting in placements. It is not straightforward to describe what art therapy offers people from different backgrounds with differing identities. Therefore, in small group experiential sessions, we ask students to formulate and rehearse accounts of what art therapy might offer.

Uzma Kazi's placement example shows the efforts we all need to make in helping potential clients understand what we offer when we offer Art Therapy. One of her placements was at a community centre for South Asian women. Initially, she had difficulty engaging anyone in the art therapy sessions she was offering. Uzma is British born with South Asian heritage, but it was still difficult to engage the women at the centre. There was an agreed cultural familiarity and lived experience that Uzma and the clients shared to a large degree. Her experience is one example of many of the complexities of identity. Holman and Walker (2021) indicate in

the paper cited above that our identities often contain complex intersections. We can rarely assume similar cultural heritage means the same experience.

The centre is a community hub for many of its service users. It is a place where they can access advice, education (including English classes), emotional and practical support, and a place to make friends for self-development and self-empowerment. It delivers its service based on a perception of cultural needs.

Uzma Kazi described working with one woman who seemingly only wanted to talk and not engage in artmaking. After several meetings whilst Uzma listened, she unusually decided to play with some paint while her client watched. She heard the woman's breathing and talking slow down as she watched Uzma paint. It was the beginning of a different kind of relationship.

Given the understanding that Uzma had about the cultural nuances here, Uzma still struggled to convey what she was offering in art therapy. With the help of centre colleagues, she decided to show a Bollywood film. Figure 1 shows the shooting of English Vinglish, the film used by Uzma in her placement. The film was seen in two parts with an interval to allow for prayer. The excitement of watching a movie with friends, popcorn, tea and biscuits was something the women hardly got space to do in their home environments, given their primary or sole caring roles. The story in the film was of an Asian woman who surprised and defeated her family's expectations of her by secretly learning English.

The film's story resonated with many issues in those women's lives. After the film, the discussion with food was long, engaged and humorous. Suddenly, the women could see a version of themselves, outside of themselves – represented on a big screen. There was a feeling of collective solidarity, where the women felt seen and heard. After this, it was much easier for the women to understand something of what Uzma was offering, and there was much more interest in Art Therapy. Uzma Kazi's successful work suggests how widely art therapists might need to cast their cultural nets and include examples of popular culture (Wood et al., 1999) to engage and help clients understand what is on offer.

Uzma Kazi qualified some years ago. She has since recommended a supervision method developed by John Burnham and colleagues in the early 1990s (Burnham, 2013) and described by Yoko Totsukaa (2014). It offers a way of reflecting on our personal responses to different intersectional identities. The supervision exercise described: asks everyone to think about the intersectional issue that 'grabs' them personally. The word 'grab' seems to work in how it provokes self-reflection about the context of our history and the resulting complications of personal identity. 'Although the exercise could be helpful with a single supervisee, a supervision group provides a learning context where multiple perspectives, similarities and differences facilitate a reflexive process and foster curiosity' (Totsukaa, 2014, pp. 96–97).

In the spring of 2020, the course had to move online because of the Covid 19 pandemic. Sangita Mistry, a British Asian woman, was a part of that year. She remembers being part of an experiential session about how we experience and what we may inadvertently perceive from skin colour, either that of our own or others. The session led by Deborah Gibson (a white female lecturer) and Jacqui McKoy-Lewens took place just before we had to move online. Sangita strongly appreciated the session and its



Figure 1. Shooting the film English Vinglish: photograph by Bollywood Hungama, licensed under CC.

exploration of some issues of self-identity, otherness, belonging and assumed privilege. Still, she was left with a sense of discomfort and unfinished work and of wanting further sessions to follow. She remembers distinctly the reaction of some others in the group and how this impacted her own sense of self, feelings which it was not possible to continue to work through in person. The interplay of Sangita's intersecting identities may not have been the same for her culturally diverse peers. This was only partially explored as a group

for the remainder of the training, mainly though not exclusively due to the Covid-19 lockdown. Of course, even if the training had not had to move online, this would always have been a challenging topic, and many of the societal issues would have remained unresolved as they are in society and our day-to-day lives. Still, it may have been possible to explore more together in person in further experiential sessions had the pandemic not influenced the teaching to move online.



Figure 2. Waiting for lunch: photograph by Sangita Mistry.



Figure 3. Creative Connections collage by Amy Pataki (nee Henwood).

As a photographer, Sangita has used images and written about working to understand intersectionality in her work with elderly populations. Figure 2 shows Sangita's photo entitled *Waiting for lunch*. She has published some carefully observed photographs of people in care homes (Mistry, 2014). Using the photographs, she explores what the care of elders might mean in different cultures. Her question: 'What does "care" look like in this culture?' is powerful and relevant to working alongside people with multiple intersectional identities. Also, her use of photography provides another glimpse of how art therapists might use different cultural artefacts to respond to the need for the intersectional approach indicated by Holman and Walker (2021, cited above).

Several students have pushed the course to increase awareness of the issues that lead many people connected to lesbian, gay, bisexual, transgender and queer communities (LGBTQ2+) to be othered, pathologised and treated without compassion. The acronym includes the 2+, where the 2 indicates the idea that some people chose to be two-spirited (a term used by some indigenous peoples) and the + is a symbol used to acknowledge the different ways in which people identify as continually growing. Before the lockdown,

Donald Trump, as US president, made several political decisions and statements that increased harassment and the likelihood of physical aggression for the LGBTQ2+ communities (Gessen, 2018). The courage of the students within the course in sharing knowledge and lived experience in taught sessions almost certainly contributed to other students working sensitively during placements with people with LGBTQ2+ identities.

Amy Pataki (nee Henwood) was another student with the course during the pandemic. She is a white British woman with a skilled working-class heritage. She described her placement at a women's centre: 'Creative Connections: a response to lockdown for a women's group' (Pataki nee Henwood, 2021). Her work concerned the intersections of gender and poverty. Figure 3 shows a digital collage made by Amy as a reflection of the Creative Connections group. It is an aerial view of a town. The black hole in the middle represents the sense of a hole that the closure of the Women's Centre left for these women.

At the beginning of her placement, she learnt about the values of Women's centres. She felt it was vital that the brief art therapy group work she planned fit with five key principles underpinning women's centres. The work should

be values-driven, gender and trauma-informed; relationship-based; women-only; holistic, tailored and multi-agency; be co-produced, use strengths-based and empowerment approaches (Tavistock Briefing, 2019, pp. 4–5).

Amy Pataki argues that a gender-based provision is vital because, generally, women are likely to lack power and influence. They have fewer economic resources and a greater chance of having experienced adverse childhood experiences. They are more vulnerable to interpersonal abuse than men (Centre for Social Justice, 2018).

Interpersonal violence against women quickly increased during the first few months of the international lockdown (UN women's report April 2020). Also, more women lost their jobs and faced economic hardship (Rauh et al., 2020). The mental health consequences motivated Pataki to continue to offer a group after the lockdown in some form.

She demonstrated consummate improvisation in the way she helped establish a brief online weekly group with the women using their phones and WhatsApp. When the lockdown happened, it was not straightforward, but she worked with women she had already met to think about what it might be possible to do online. Together the group addressed the issue of digital poverty by agreeing on a group lasting for an hour instead of two, which saved on phone card costs. Discussions about improvising on what can be used as art materials also saved money.

The women agreed on group rules alongside Amy during the first session of ten. The rules were about preserving safety, privacy, confidentiality and conduct. Absences as a result of childcare were agreed upon in advance.

Because the group was brief, Pataki decided on a structured format for each group session to offer as much containment as possible. The format seemed to enable the women to engage, support one another and acknowledge differences. She thought of her framework for the group as psychosocial, using some psychodynamic principles. She also considered some ideas from positive psychology, considering that these fit with an intersectional approach. Throughout her work, Pataki acknowledges how clients use artmaking to explore identity issues. The artwork by the women in the group culminated in the collaborative construction of a visionary 'sanctuary' town where they could feel safe and live well.

Implications for research

Future research will helpfully attempt to address the profession's intersectional imbalances (i.e. mainly white, middle-class, female art therapists) and offer solutions based on lived experiences. We think the demographic of trainee art therapists who repeatedly apply to our courses across the UK is likely partly because they see themselves reflected in the profession in ways that other, more diverse groups of potential students cannot. Until the current and obvious bias in the profession's demographic makeup is acknowledged and addressed, it could inadvertently influence the limited range of views/perceptions prevalent when working alongside clients with diverse intersectional identities.

Conclusion

A more diverse intersectional mix of professionally trained art therapists would benefit the clients who use various art

therapy services and inform and support research and the education of art therapists from all backgrounds. Additionally, it could mean more research writing and published work from diverse perspectives. However, we must also acknowledge the changes in how education is funded. Blair's Labour government introduced Higher Education fees in 1998. Since then, subsequent Coalition and Conservative governments have massively increased student fees in ways that limit access to Higher Education. The funding system determines what HE institutions can do, and many students face economic difficulties. Economic hardship is a blight on most lives and people, no matter their identity. When therapists, students and clients struggle with poverty and diminished service provision, it means that art therapists struggle in their practice and cannot respond fully in meaningful ways. However, as indicated by (Springham & Xenophontes, 2021), it is possible to consult and or collaborate with clients. Amy Pataki (2021) did this with the group of women she worked with. They spoke together about the formulation for therapy (including time-limited boundaries and costs of materials etc.). Work like this may mean providing art therapy in manageable amounts at various stages of client need to make it feasible.

We think it is important to adapt our teaching content to develop our awareness of these painful political issues and work with them experientially. We have indicated throughout the paper that this linking of inequality and identity has many research implications. We need to develop most course modules to include relevant examples and research about the psychological impact of health inequality and marginalised identities. Nevertheless, the struggles for historical change do not produce straightforward progression, and we understand why an activist art therapy approach is also developing alongside adaptive practices (Collier & Eastwood, 2022; Jackson, 2020; Junge et al., 2009; Kapitan, 2009; Kaplan, 2006; Potash, 2020).

Throughout Amy Pataki's dissertation, in addition to client imagery, she included images posted online by women artists. The inclusion of these images is reminiscent of Uzma Kazi's use of the Bollywood film and Sangita Mistry's photographs trying to capture the meaning of care. These images are powerful, and they concern collectively made women's art, rituals of caring for others in everyday life, religion and the telling of stories. The images show Pataki's understanding that it is crucial to search widely for cultural understanding of what it is like to live at the intersections.

There is something inherently resistant and resilient in the ways people use their imaginations and make art. Our work to appreciate the intersections in a person's life needs us to watch and listen out for cultural expressions of meaning and areas of cultural overlap. Of course, this is part of what art therapists already do. Still, we must strengthen the tendency and adjust our perspective in response to art therapy and interdisciplinary research and practice in these areas.

There is an urgent need for further research. When considering how physical and mental health issues may be shared across different identities, it is essential not to overlook or fail to appreciate individual differences and how these may need to be the focus of particular research. The push to recognise, research and act on glaring health inequalities is part of what is required. Yet there are also prominent examples of the need for specific research into aspects of ethnically determined physical health issues, such as skin cancer

and kidney disease, shockingly described by Beckley in 2021. Several areas show a need for specific research; additionally, as art therapists, we need to work in an interdisciplinary way with others. Some relevant research initiatives are seen in the links in the references (e.g. Health Equity Marmot Review 2020; NHS Race and Health Observatory, 2021; Tavistock briefing on evidence for women's groups, 2019).

We hope as part of professional and educational communities, we should be able to develop art therapy in meaningful ways as we continue to learn from the intersectional cross-currents in the life experiences of others and to celebrate the richness and diversity resulting from those intersections. If we continue to explore health inequality and intersectionality, we can adapt to use collaborative and consultative approaches for therapeutic work, research, artmaking and culture. Also, if we use supervisions that are alive to inequality and identity issues, then we can grow.

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Notes on contributors

Chris Wood (PhD) For many years, she was the programme leader of the Art Therapy Northern Programme. She now works as an art therapist with mental health services in Sheffield and as a senior lecturer for Sheffield's Art Therapy training course. The course is transitioning from its base with the NHS and Leeds Beckett University to a new home with Sheffield Hallam University. Chris is also a research fellow with the University of Sheffield and works with Arts Therapies PhD students. She feels fortunate to combine work in education and therapy and is inspired by the life stories of service-users, students and people working in mental health services.

Jacqui McKoy-Lewens, Before taking up her current role as Programme Director for the Art Therapy Northern Training Programme in Sheffield in 2019, Jacqui McKoy-Lewens trained as an Art Therapist in response to her many years of living and working within multicultural communities. As a Senior Community Arts Officer across South & West Yorkshire and Nottinghamshire, Jacqui specialised in particular with those communities disadvantaged economically and challenged culturally. She assisted schools in incorporating Arts in Education to enhance academic achievement through the arts. Her therapeutic experience is with clients in community venues, forensic settings and pupil referral units. She also worked with looked-after children and youth groups, who were often considered to be at risk of offending. Alongside therapeutic work, she has been a Senior Lecturer in HE for many years, teaching Undergraduate and Post-graduate level students in Arts Business Management.

ORCID

Chris Wood  <http://orcid.org/0000-0001-6787-4448>

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