



Proposing a justice approach to ethics of care in art psychotherapy

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ABSTRACT

Charting engagement with the work of intersectional feminists, this paper sets out the feminist approaches necessary for informing an ethics of care that art psychotherapy can orient to enable it to be a socially just enterprise. Queer and Black feminists and feminists of color have been central in challenging heteropatriarchal racialized capitalist social structures that have worked to harm and punish women and other marginalized and oppressed people. Their work is combined with a critically informed approach to ethics of care and a set of primary data. The primary data presented comes from a qualitative study about young women and girls' experiences of art psychotherapy. There were 10 participants in the study aged between 13 and 16, each taking part in a one-to-one interview. Data were analyzed using theoretical thematic analysis. This paper proposes that first encounters in art psychotherapy can act as a portal to feminist work on the politics of emotion, affect and the sensory. Such feminist work is crucial for showing why the disconcerting and worrying are virtuous moments of critical feminist knowledge production and agency.

Introduction

This paper is the presentation of learning from a process of engagement with intersectional critical feminisms in the context of researching experiences of art psychotherapy for girls and young women living with violence-based trauma. We discuss encounters with intersectional¹ critical feminists who have written on the politics of emotion, affect and the sensory (Ahmed 2006, 2017a; Belcourt, 2017; Berlant, 2011; Gay, 2017; Piepzna-Samarasinha, 2018) and draw attention to their properties for enhancing art psychotherapy practice and its impact for women and girls living with violence-based trauma.² This is demonstrated through presentation of data from a qualitative study that took place in the United Kingdom (UK) in 2017/18, where girls and young women were asked about their experiences of and engagement with art psychotherapy. Initially, we foreground the paper by exploring the notion of an ethics of care (Clare, 2015; Held, 2006; Murphy, 2015) and the importance of the work of critical feminist scholars who have written on the politics of emotion, affect and the sensory in relation to it. Context around the historical and ongoing violence against women and girls is discussed before primary data is presented around the affects of starting

art psychotherapy for young women and girls living with violence-based trauma. We chose to assemble the writing and work of intersectional critical feminisms to learn from because they have been central to our development and growth, and more generally are recognized for questioning and calling to account heteropatriarchal racialized capitalist social structures that have harmed girls and women. In this sense these feminisms keep us, as the authors of this paper and hopefully those reading this paper who are similarly situated, confronted and troubled around their privilege, and so we share our learning through the generosity of knowledge from feminists who understand how power works and the impact and affects it has for marginalized and oppressed peoples. Through the process of analyzing this research data, we have come to recognize and understand the importance of attentiveness of entry points into art psychotherapy as spaces of troubling affects (Ahmed, 2006, 2017a; Berlant, 2011; Haraway, 2016). They are spaces in which to mobilize a politics of emotion that can reveal and contest heteropatriarchal racialized capitalist hegemonies. In diagnosing and staying with these disturbing spaces there is potential for the emergence of a justice-oriented politics of care.

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¹ Intersectional refers to the body of work produced by Queer, Trans, Black and Indigenous feminists and feminists of color.

² The terms women, young women and girls throughout this paper are inclusive of trans women, trans girls and non-binary people.

Review of relevant critical feminist literature

Affect focused feminisms

Back in 2012 a UK conference workshop on the value of critical feminisms to art psychotherapy took place. By critical feminisms we refer to the work of Queer and Black feminists and feminists of color who have challenged the racist and heteronormative forms of feminism that have not only dominated feminist thought and activism but have tended to be dominated by white feminists (Ahmed, 2004, 2013, 2017a, 2017b; Anzaldúa, 1987; Cooper, 2017; Davis, 2016; hooks, 2000a, 2000b; Hull, Bell-Scott, & Smith, 2016; Lorde, 2013; Mirza, 1997; Moraga, 1983; Moraga & Anzaldúa, 2015; Phipps, 2020; Taylor, 2017). The proceedings from the conference were published the following year and the account of the presentation largely outlined the importance of an intersectional (Crenshaw, 1989, 1991) approach to art psychotherapy as a profession and practice (Wright & Wright, 2013). The conference presentation was significant because it was the point at which an academic of critical feminisms and an art psychotherapist who worked predominantly with girls and young women fused their knowledge and glimpsed the potential of a critical feminist arts psychotherapy to transform practice and the impact of art psychotherapy for service users. A publication that led on from the conference (Wright & Wright, 2017) reported on a research study that evaluated the value of a feminist-oriented enhancement exercise and online resource hub to the practice of art psychotherapists. The results demonstrated enriched reflexivity and critical thought for practitioners, supporting a greater attentiveness to the situatedness (Harding, 1993) of service users. The participants noted the importance of reflection and continued engagement with critical feminist work as key to social justice praxis. A small network of critically engaged art psychotherapists committed to justice concerns sprung up from the study and continues to this day. A wider group also emerged within which there is mutual support to explore matters of social justice and share information and practice. The network is made up of white, cisgender women art psychotherapists who meet quarterly to develop their learning around intersectional justice work. The women are from working-class origins, and although they are now in a middle-class occupation, most are precariously employed on fixed term contracts, zero hour working conditions or unemployed. The monolithic membership is in part because art psychotherapists in the region tend to overwhelmingly be white cisgender women. This is a limitation of the group's potential, but it is important to note that the group had and has much work to do in terms of development around critical race thinking and practice. The group tends to act as a space where intersectional feminist texts and work are used to strongly challenge the women around their racial privilege and this has resulted in expressions of guilt and tears and a space in which Black, Indigenous people and people of color could easily be used and harmed. Of the initial members, some struggled to critically reflect on their own racial privilege. Some chose to disengage from the group. Others have used the group as a platform to undertake their own learning and development. Work and projects that have resulted from the group include, educating other art psychotherapists in intersectional thinking and practice, art exhibitions highlighting the link between climate emergency and intersectionality, seeking funding for and undertaking voluntary art psychotherapy with neurodivergent young people, sexual abuse survivors and girls and young women struggling with anxiety. A small core group remains and continues to meet and carry on their work as a British Association of Art Therapists (BAAT) Special Interest Group (SIG).

The authors of this paper are white cisgender women from the global north from working-class origins but now in middle-class occupations. One is a feminist academic and health researcher and the other an art psychotherapist and senior clinician. Since 2013 and encouraged by the results from the aforementioned research study (Wright & Wright, 2017), conversations between us have continued and developed. In more recent years we have increased our engagement with critical

feminist and critical disability writers who explore affect, the sensory and the politics of emotion (Ahmed 2006, 2017a; Berlant, 2011; Belcourt, 2017; Gay, 2017; Piepzna-Samarasinha, 2018). Over many years we have kept and continue to source such works as companions because they keep us troubled about how women experience the world, especially marginalized and underserved women. They also keep us troubled about our own privileges and complicity in structures of oppression and have taught us how to be better feminists. We still have work to do and so will continue to stay with the troubles (Haraway, 2016). It is the engagement with this body of critical feminist and critical disability literature that informs this paper.

The ethics of care has often been portrayed as idealized, as loving and giving and never violent or harmful (Held, 2006). Yet there have been many instances where violence, and particularly violence against women and people of color has occurred (Hossain, 2021). For example, the modern practice of gynecology has its foundations in experiments carried out on enslaved women in 19th Century America (Owens, 2017). In 1951 African American woman Henrietta Lacks' cervical tumor cells were experimented on without her or her family's knowledge (Skloot, 2011), directly benefitting the doctors and John Hopkins Hospital with the medical breakthrough of the discovery of the ever-reproducing HeLa cell. Black women and women of color are more likely to suffer complications and die in pregnancy or childbirth (Hossain, 2021; Knight et al., 2021). Murphy (2015) argues for a critical approach towards an ethics of care. She critiques the simplistic nature of care when it is only focused on wellbeing and happiness without the analysis of power that provides a complex picture of care as imbued with good and bad approaches, practices and outcomes. Murphy proposes that we question the assumptions about care that are disconcerting. Like Haraway (2016) who has questioned attributes and the emergence of critical knowledge through staying with the troubling, Murphy too sees the 'troubling' as fundamental to understanding how power operates in care arrangements.

An ethics of care in Queer, sick and disabled communities has challenged the dominance of the medical model of disability that seeks always to cure disability (Clare, 2015; Yi, 2019) and views disabled people through a deficit perspective, as if they are lacking something. In reality disabled people do not lack, they are instead burdened with additional trauma and stressors because of the way society views and treats them. In terms of the 'psych' division of medicine, it is no different. Rimke's (2016, 2018) work shines a light on what she calls 'psychocentrism', that is an emphasis on illness being located in the individual rather than illness being a response to the social world, and the domination of psych-biomedical pharma as the treatment for mental illness over alternatives such as talking therapies. An example is the way in which trauma is seen as something that requires curing from rather than something that people are surviving and thriving from (Piepzna-Samarasinha, 2018). The medical model's curative approach sets people up to fail because there is an expectation that treatment will make them feel better and happier and when they do not, people feel they have not done the work needed for recovery and therefore that it is their fault they do not feel better. Piepzna-Samarasinha (2018) proposes an alternative approach, that of radical acceptance of their survival and the exploration of ways to thrive that are centered around what matters and works for service users. Her work also illuminates the ways in which disability communities have organized around their own caring needs when mainstream services have not worked for them. Mutual aid groups and caring networks provide much needed practical and emotional support when people slip through the gaps or are simply disregarded by traditional systems of care.

Queer, indigenous and disabled writers and activists have long understood the body/mind connection (Piepzna-Samarasinha, 2018), unlike Western views that see the mental and physical health as separate. They also understand the way in which the body/mind responds to how it is affected by the social world and how punishing that world can be on the bodies of those living at the margins. Writers such as Berlant (2011)

and Ahmed (2006, 2017a), to name just two, have recognized the harmful and damaging impact from existing in a heteropatriarchal racialized capitalist world. Indigiqueer writer Belcourt (2017) uses poetry to document felt knowledge as anti-colonial and Queer epistemologies. Body positive activist and academic Gay (2017) has experienced and talked about the damage done to women and girls as a consequence of patriarchal violence and control against women. She charts how society noticed her body because of its size and treated her with contempt as a result, but she also experienced simultaneously being over-looked, ignored and treated as if she was of no consequence; in an inescapable double bind she was all at once hyper visible but also invisible. In her autobiographical book *Hunger: A Memoir of (My) Body* (2017), Gay describes the harmful affects of the abuse and social control she experienced as marks left on her body/mind. She reminds us that Queer, disabled, trans and poor women and girls are compelled to hurt and harm themselves because they feel they are not good enough, not beautiful or thin enough. Gay (2017) asserts that this self-harm is a response to a heteropatriarchal racialized capitalist world that persecutes them and works to destroy them.

Affect focused studies are mechanisms for staying with the trouble (Haraway, 2016). They remind us that our body/mind is a map of experience and that those maps and scripts are places we can go to learn, they are places of knowledge production about how power works and the injury it does. There is virtue in listening to ours and others' body/minds because it rewards us with answers about broader social structures. It reminds us that fault is not located within us, within the individual, but instead that we, the collective 'we' of marginalized and oppressed groups, experience a normal response to a cruel world.

Critical feminist approaches to the arts psychotherapies have challenged the notion that illness and problems are located within service users, and instead noted that sickness, trauma and suffering are a result of, and response to, structures of oppressions, suggesting that arts psychotherapies should be oriented around supporting service users to gain access to new ways of being in the world (Hogan, 2012; Sajjani, 2012; Talwar, 2010; Wright & Wright, 2013, 2017; Yi, 2019). Feminist arts psychotherapists have sought to work with service users to access their suppressed power through creativity, working specifically with marginalized groups such as women, girls, people of color, disabled and LGBTQI+³ people to create community (Andrade del Corro, 2014; Gipson, 2019; Kaplan, 2007; Talwar, 2019a; Yi, 2019) and support finding ways to live and thrive in the world, and to resist and manage ways and make pathways through oppressions. In 2016 a social justice themed art exhibition exhibited within a UK university setting came out of the Wright and Wright (2017) study on the value of feminist approaches to art psychotherapy. Neurodivergent and disabled primary school children with little knowledge and experience of universities were among the exhibitors, and in an arranged visit they traveled to the university to view their work and take a campus tour. The importance of social justice work is not always recognized in the training arts psychotherapists receive (Gipson, Norris, Amaral, Tesfaye, & Hiscox, 2021; Sajjani, 2012; Talwar, 2016, 2019b) and nor is it part of continuing professional development for art psychotherapists working in mental health services, which are largely wedded to the biomedical psychocentric model of mental health care delivery (Rimke, 2016, 2018) and whilst they may espouse more emancipatory and participatory approaches this tends to only be lip service. Recommendations for countering more traditional forms of care have included incorporating critical feminist approaches and provision of more fully integrated and participatory community services (Talwar, 2019a; Yi, 2019).

There is a focus in art psychotherapy on art and art materials as having emotional value. Art psychotherapists have written on the joy that art materials can give to service users, and whilst this is important to

emphasize, there is a danger that it could become bound up in assuming that good feelings and outcomes are always what are being experienced by service users, or that it is only good feelings and emotions that should be explored or focused on. In other words, art psychotherapy needs to resist utilizing modes that are centered around always optimistic trajectories of mental health as such an approach can deploy a fantasy. Ahmed (2010) has called this 'a promise of happiness' and Berlant (2011) refers to it as a 'cruel optimism'. That is, a fantastical trick that a prosperous and joyous life is possible when in reality the world we live in for those living on the margins is one of rejection and oppression and one that slowly kills. Art psychotherapy needs to be attentive to complex experiences of art psychotherapy that may have troubling moments and understand those affective moments of unsettling emotions as pedagogy, as points of critical knowledge production. Attention on troubling affects can bring enlightenments about the world we exist in and our response to it.

We are conscious that the backdrop to our engagement with critical scholars of the politics of emotion, affect and the sensory (Ahmed 2006, 2017a; Belcourt, 2017; Berlant, 2011; Gay, 2017; Piepzn-Samarasinha, 2018) has been of continuing and enduring late capitalism and as a result ongoing violence against women and girls and increases in their mental health needs (WHO, 2021). We want to take some time to look at that backdrop and put into context the historic and ongoing crisis faced by women and girls to inform thinking through art psychotherapy's place in addressing it.

The ongoingness of violence against women

In 2014 forty thousand women from across the European Union took part in a survey about experiences of physical, sexual and psychological violence. Eight percent of women responded that they had experienced a form of physical or sexual violence in the last 12 months. One in 10 women said they had experienced some form of sexual violence, including rape since being 15 years of age. Intimate partner violence in heterosexual relationships was reported by 22% of women, with 31% of women said they had been raped by their partners indicating that incidents ran to 6 or more. Fifty five percent of the women surveyed have experienced sexual harassment (European Union Agency for Fundamental Rights, 2014). Crenshaw and Ritchie (2015) and Ritchie (2017) have highlighted that police violence against Black women and women of color in the USA is overlooked and that much data does not exist, but where they do they are difficult to uncover. African American women's stories are erased from mainstream narratives of police violence and Crenshaw urges us to *Say Her Name* to raise awareness of the injustice. Incidents of violence against North American Indigenous women and girls are far in excess of the national average, with murder being a principal cause of death. Due to a lack of statistics and research, little is known about what is a crisis in the violence indigenous women and girls experience (Lucchesi & Echo-Hawk, 2016). Much needed research and awareness raising work is happening by organizations such as Native Hope and award-winning investigative journalist Connie Walker with her *Missing & Murdered* podcasts. Attention has been called (Hines, 2020; Hossain, 2021; Phipps, 2020; Ritchie, 2017) to the disproportionate levels of violence experienced by trans women. This is especially the case for trans women of color (Hossain, 2021). Human Rights Campaign (2020) reports the highest number since they began reporting in 2013 of murdered transgender or non-binary and gender non-conforming people. The COVID-19 pandemic lockdown restrictions have been the cause of a rapid increase in violence against women, with lesbian, bisexual and trans women, and women of color affected most (Hossain, 2021).

In the UK violence against women has hit the headlines, increasingly there is anger at what is taking place (The Guardian, 2021a). Just in the small part of the UK that the authors come from, and across a period of less than a year between June 2020 and April 2021, four women have been murdered. Sisters Nicole Smallman and Bibba Henry were

³ Lesbian, Gay, Bisexual, Transgender, Queer &/or Questioning, Intersex, Asexual and non-normative sexual orientations or gender identities.

murdered by a stranger and despite being reported as missing, the London Metropolitan Police did not respond and it was their family and friends that searched for and discovered their bodies. It was later discovered that some police officers who had access to the scene of the crimes had taken unauthorized selfie photos with the sisters' bodies and shared them on a messaging app. In March 2021, Sarah Everard was kidnapped and murdered by an off-duty London Metropolitan Police officer. Police Community Support Officer, Julia James was murdered whilst walking her dog. Vigils were held for Julia. *Reclaim These Streets* had organized a vigil for Sarah Everard but had to cancel when it was banned by the London Metropolitan Police Service. Many gathered anyway, but the gathering was over-policed, with the London Metropolitan Police intervening rather than maintaining a presence. Mina Smallman, mother of Nicole Smallman and Bibba Henry, noted that less attention was paid to the disappearance and murder of her daughters compared to what was a very high-profile Sarah Everard case. Mina's experiences led her to think that her daughters were overlooked because they were women of color. There have been similar instances of murdered women and intersectional readings of them reported across the globe (Guardian, 2021b). Whilst these examples are UK specific, in North America the same lack of attention exists for missing and murdered African American, Indigenous, women and girls of color (Crenshaw & Ritchie, 2015; Lucchesi & Echo-Hawk, 2016).

Violence against women and girls has a long history stretching back over 400 years. Frederici (2018) has written about the murder of girls and young women who were cast as witches. She has also highlighted that it is still a practice, a legacy of colonialism and capitalist endeavors, in some parts of the world. In the historical European context, Frederici explains that women persecuted for being witches were often women who were seeking out ways to make a living due to the enclosure of land started in the 16th century, which destroyed their way of life. Many were healers, mothers and wise women essential to their communities. The murder of women (and a smaller number of men) convicted of witchcraft served as an example to the population not to resist practices of early capitalism such as the confiscation of common land. Rimke (2018) has connected the rise of capitalism with the rise and normalization of Western medical practices and the locking up and institutionalization of women, the poor and those designated as sick, criminal and mad.

Girls and young women's referrals to mental health services have increased over the last 15 years (Mental Health Foundation, 2017), with more recent research reporting a crisis in girls and young women's mental health (Agenda Alliance for Women and Girls at Risk, 2020; Campbell, Bann, & Patalay, 2021). These reports concur with the World Health Organization's (2013) prediction that by 2020 there would be an epidemic of mental health for girls and young women. The Covid-19 pandemic has escalated mental health referrals, and reports show girls and people of color are especially affected (Jeffery et al., 2020).

A research study from over twenty years ago about an art psychotherapy group for girls and young women who had been sexually abused (Backos & Pagon, 1999) acknowledged the global scale of sexual violence against women and girls. The research culminated in the girls and young women creating artwork for a window display which challenged perceptions of rape. The young women and girls reported the window display resulted in feelings of empowerment and of being seen and heard. Bird (2018) used arts-based research to explore women's experiences of partner violence and reported that the method strengthened and supported the women's narratives, providing a platform for sharing and acknowledgement. Ravichandran (2019) has talked about art psychotherapist activists working in collaboration with women of color and survivors of domestic violence in an integrated, intersectional and radical approach to care through psychotherapy, art shows, workshops, craft making and campaigning.

Violence against women and girls is a matter of justice because women and girls who are traumatized and harmed by a heteropatriarchal racialized capitalist society deserve better. They deserve to

have their experiences acknowledged and to be cared about, and part of that caring is the pursuit of justice. Frederici (2018) has suggested the need for caring toolkits as devices for resisting what is a modern-day witch hunt. Critical feminist writers' work on the politics of emotion, affect and the sensory can be part of a caring toolkit (Chatzidakis, Hakim, Littler, Rottenberg, & Segal, 2020) as tools that enable arts psychotherapists to respond to the current crises of violence against women and girls.

The following primary data illustrates how UK based young women and girls have experienced starting art psychotherapy. It is a very small sample of data from a bigger study exploring young women and girls experiences generally. These data offer an entry point for the mobilization in art psychotherapy of critical feminist epistemologies on the politics of emotion, affect and the sensory. Beyond the presentation of the data, the paper moves into a discussion section about how the young women and girls' experiences can be a point of learning for art psychotherapy.

Primary data

Ten girls and young women from the UK aged between 13 and 16 participated in a qualitative study about their experiences of art psychotherapy. The girls and young women, all living with violence-based trauma, participated in one-to-one interviews during 2017/2018. One participant identified as a person of color and the others as white. Of the five who disclosed their sexuality, 4 identified as being LGB (Lesbian, Gay, Bisexual). Half were from working-class backgrounds, the remainder middle-class and 1 upper middle-class. The study interviews were recorded and transcribed and then thematically analyzed using the qualitative theoretical analysis method (Braun & Clarke, 2006). Participants all had at least six sessions of art psychotherapy. Pseudonyms were chosen by the participants. Four participants had taken part in group art psychotherapy for 6 sessions, and the rest had one-to-one art psychotherapy of various timescales, ranging 16–36 sessions. For girls and young women struggling primarily with low mood, anxiety and low self-esteem, the art psychotherapy group was semi-directed in that a broad theme was given each week. The research project was approved by the NHS Health Research Authority (HRA). Permission was given by the participants for quotations from their interview data to be published. One of the sub-themes from the project that emerged was named 'troubling feelings' and it is this theme that is presented in this paper.

Under the 'troubling feelings' sub-theme all ten participants spoke of feelings of uneasiness, anxiety and nerves at the start of their art psychotherapy. Feeling anxious at the beginning of psychotherapy is something that we may expect and not worthy of note or discussion, but for this paper it is important to pay attention to those feelings and emotions as listening to them can provide us with critical knowledge about corporeal epistemologies (Ahmed, 2010, 2017a; Belcourt, 2017; Berlant, 2011; Haraway, 2016) that can help us understand ourselves, others and wider social structures.

Bella came to group art psychotherapy in part because of experiences of social anxiety. Bella did not communicate much verbally and often used non-verbal gestures alongside few words. Softly spoken, she was generous with her time and keen to take part in the research. When asked how she felt when she first started art psychotherapy she replied.

Bella: I was a bit nervous I guess. I found it quite fun. Researcher: When did that nervous feeling go a bit. Bella: I think the second time.

Rosie was one of the younger participants. She reported how excited she was by the art materials, but she was anxious at the thought of being part of the group and worried about talking.

"I was excited to like kinda get stuck in, use the materials. I was quite nervous about the group and being involved, having to talk to each other..."

Ariel had individual art psychotherapy. She spoke about nerves when she started art psychotherapy as well as an unexpected feeling of weirdness.

Ariel: I felt quite nervous and kinda of uncomfortable. It was like a really weird situation. Researcher: Yea? In what way weird, do you reckon? Ariel: Err, I don't know. It kinda felt a bit, errmm, out of context of how psychotherapy usually is.

Bell was one of the participants who had had group art psychotherapy. She spoke of awkwardness when first starting the group sessions. For Bell there was an uncertainty about speaking in the group.

Bell: At first, I mean, generally, cause I was so used to individual activities, doing it as a group was quite nerve-wracking, it was like very awkward cause I didn't really know what to do or say, was it alright to talk? Awkward! But like doing the activities [art making], like it was good I enjoyed it. It was just difficult to know... for me, like, when to speak or what to say. It was just difficult for everyone to kinda feel that it was alright because I was unsure if I could talk because...and then I would feel like the only one speaking. [Laughter]. Researcher: Yea, Yea. Bell: And then I didn't want to do that either so it felt a bit... I don't know.

Alice was someone of few words but was keen to communicate her early experience of art psychotherapy. Like Ariel, she used the word 'weird' to describe how she felt at the start of art psychotherapy, something she felt physically as well as emotionally. The feeling was unsettling, an anxious related feeling which she reported as having dissipated after a small number of sessions:

Alice: Weird. Researcher: Weird as in you felt a bit weird or did you think art psychotherapy was a bit weird? Alice: I felt weird. Researcher: Yea and was that to do with feeling anxious or...? Alice: Yea. I think so. Researcher: Did you feel weird in an unwell way? Alice: Yes. Researcher: Did that feeling go after a while? I know it might feel some time ago. Alice: It went after a few sessions. Researcher: Being able to do art in psychotherapy, how did that make you feel? Alice: It calmed me down. Researcher: And did you feel calmer when you left the session? Alice: Yes. At the beginning I did not like talking. Researcher: Yea. Was there anything that helped to make talking easier? Alice: Erm, after coming a few times it was alright. Researcher: Yea. Was there anything about the psychotherapy? Alice: Well other than here [Art Psychotherapy] I did not talk at all. Researcher: Yea. Was it easier to talk whilst you were doing the art? Alice: Yes.

Drew had individual art psychotherapy. She was quiet initially, but as the interview progressed, she spoke more. She noted nervous feelings related to first experiences of starting art psychotherapy and worrying about perceived expectations around any art she might create.

"I think it was more recently that I stopped being nervous completely but it...I think also I was worried and stuff that my drawings won't be good enough but I realized it's not really about like how you can draw necessarily." ... "and because you don't even have to draw, it could be like just doodles or something, it doesn't even have to be something".

Like Drew, Elizabeth had individual art psychotherapy. She was articulate and had a bravery to her. She told of how she was not keen on art when she first started art psychotherapy:

"To start off with I did not really like it because of the art making side but once you got used to it, like when you come a lot more, you get more used to the idea of having to do art and things like that."

"It was like I'm just going to have to draw loads and have to be artist for once! [laughter] And when you are not that artist and don't really like art that much, it's kinda like arrhh!"

For Elizabeth the 'art' part of art psychotherapy was a worry. What was garnered from other participants over the course of the research

interviews was that this was something the participants felt helpful to share and so as Elizabeth's interview was one of the last the subject was pursued a little further:

Researcher: How long do you think it was before you started to feel a bit more OK with that? Elizabeth: Four or five weeks after starting it. Researcher: What did you think about...that was the art bit but what did you think of the therapist or was that somehow separate to the therapist? If that makes sense, I'm trying to think about how the art made you anxious at the beginning, did you feel that about the therapist or was it the whole thought of psychotherapy that made you feel a bit worried? Elizabeth: The whole thought of it. Just... I've had counseling before but when you start doing it with people outside of school and it's actually done properly and it's like hang on a minute, I'm not used to this, it kinda threw me back a bit but after I got used to it, I was fine with it.

J had a generous nature and talked about engaging with others in group psychotherapy:

"I didn't really like it when we had to paint wings on the walls because I hadn't drawn wings in years and so wasn't entirely sure what I was doing... it was a bit upsetting because everyone was doing like a great job and I wasn't. I was like, arrh, they look terrible."

Holly had individual art psychotherapy. She was a deep thinker, recalling vividly her first sessions, describing how she was when she first started art psychotherapy and how this had changed overtime:

"...When I first came here I could barely talk. I would sit there with the pen, I could barely talk. I would sit there with the pen and pencil and draw and make nods or grunts and stuff like that. But now I can hold conversations with [therapist's name] and I feel comfortable to talk about stuff."

Holly was upset about having to attend art psychotherapy during school. With the session being on the same day and at the same time each week this meant she kept on missing one particular lesson:

"Initially I really disliked that I was missing a lesson to come to be honest."

Yasmin also had individual art psychotherapy, like Rosie she was one of the younger participants, but was able to speak clearly about how nervous she was at the start of art psychotherapy.

Researcher: Can you remember about how you felt when you first came? Yasmin: Erm, I'm generally really nervous around new people so going for the first time, it was really kinda nerve-racking. Researcher: So, you felt really nervous when you first started art psychotherapy? Yasmin: Yea! Researcher: Can you remember at all when that feeling started to go? Or if they did? Yasmin: About the third session.

These data from the young women and girls indicates that at the point of starting art psychotherapy there can be troubling and disconcerting emotions and feelings. Reports of those affects dissipating with time was something reported by all the study participants. The change in emotions and feelings shows some complexity to what happens in art psychotherapy. It is not all fun with unabandoned feelings of artistic expression towards recovery, sometimes there are points of uncomfortableness and uneasiness. What is interesting about what is being reported by the participants is them identifying the entry point to art psychotherapy as coming with unsettling feelings and emotions. Such affective-based information can provide another point of entry, a portal to critical feminist thinking about the politics of emotion, affect and the sensory.

Discussion

Critical feminists have highlighted that when we think about an ethics of care, we often assume it is a domain outside of societal

structures and that somehow institutions of care by their very definition as places of care do not replicate structural harm and violence. However, a critical view of notions of care and caring institutions reveals that an uncritical approach does the work of covering up how power works within care systems, concealing what are complex sets of good and bad practices, experiences and outcomes (Murphy, 2015). Being attentive to the difficult and troubling (Haraway, 2016) is something that critical feminist readings of the world can help us with to improve art psychotherapy as a justice-oriented profession and practice. Attention to what is troubling about an ethics of care can be a virtuous pursuit (Butler, 2002) because it brings to the fore a similar honesty about felt harm that the work of critical feminists attentive to the politics of emotion, affect and the sensory (Ahmed 2006, 2017a; Belcourt, 2017; Berlant, 2011; Gay, 2017; Piepzn-Samarasinha, 2018) has done. Such work has highlighted the affects (emotional and bodily injuries) that a heteropatriarchal racialized capitalist world has on the marginalized and oppressed.

Art psychotherapy is part of the caring professions, and in that sense is expected to orient an ethics of care, but a traditional understanding of an ethics of care might suggest that art psychotherapy is always a good experience and that service users associate it with good feelings and a sense of optimism around objectives to be made well and become cured. Bella, Rosie, Bell and Yasmin all reported troubling feelings of nervousness and anxiety that starting art psychotherapy brought, and Elizabeth, Ariel and Alice described similar emotional states. This suggests that it cannot be assumed that art psychotherapy is going to be a good experience and ignore that it is bound up in capitalist modalities of healing that allude to projects of wellness. Berlant (2011) would describe such an assumption as cruel optimism and Ahmed (2010) would identify it as a happiness project. Berlant (2011) has shown that the world is harsh, designed to wear down and slowly kill over time those who are only able to just about keep on going in a world that is hostile to them. In other words, the activity of just about managing to keep on going in life is pretty much what many marginalized and oppressed people are doing all the time with little to suggest that they can achieve the good life they might have bought into or aspire to. In this sense, the ongoing work of keeping on going in a hostile world is a form of resistance. Continuing to exist as girls and women despite a world that is painful, punishing and violent is feminist struggle. One way of emerging and developing that struggle in art psychotherapy is by being attentive to troubling feelings and engaging with related critical feminist epistemologies that can help us interrogate how we are entangled in structural processes, impacts and affects.

Violence against women and girls is happening locally and globally; it is historical and also historically present (European Union Agency for Fundamental Rights, 2014; Frederici, 2018). There is a need for justice for women and girls in the face of a crisis that is being lived out and experienced within normative everyday existence (Berlant, 2011). Art psychotherapy needs to pay attention to this crisis and advocate for its ending. As the crisis continues we will inevitably see increasing numbers of women and girls using our services (WHO, 2021), and where access to art psychotherapy is exclusive and/or overlooks the marginalized and oppressed, there will be increasing numbers in need of our services unable to access them. It is not unexpected that the research participants expressed worry and unease at entering into conversations about trauma and violence given the history and ongoing violence against women, especially those who resist. Art psychotherapy needs to stay aware of these troubling events and stand in solidarity with those who are suffering as a consequence. It needs to understand that unsettling feelings can be a lead into conversations that resist and pushback against illusionary psychocentric (Rimke, 2016) and happiness projects (Ahmed, 2010). In other words 'staying with the trouble' (Haraway, 2016) is vital critical feminist work that can reshape art psychotherapy practice.

The small amount of data presented in this paper provides a snapshot of the felt experiences for young women and girls at the start of their engagement with art psychotherapy. All the participants from the

broader overall study recalled difficult and unsettling feelings and emotions when they began art psychotherapy. These mostly relate to anxiety, worry and upset around art making and verbal expression. Berlant (2011) has talked about how subjectivity is shaped by engagement with painful memories and the disconcerting, and how understanding that enables us to track transformation of how knowledge merges from sentience experience and attentiveness to the sensory. We know from what J and Drew reported that they felt concerned about art making and had fears around being competent artists. Similar hesitation and fear around art making and verbal expression in art psychotherapy sessions can be useful troubling points for considering how they may be affects experienced as a result of living in a heteropatriarchal racialized capitalist society. For example, being silenced and in fear of reprisals for speaking up, verbally - as was the case with Holly and Bella - or through expressive art forms, are common experiences for women, girls and marginalized and oppressed people (Ahmed, 2017a). In this sense it is not unexpected that the data reflect feelings of hesitation and unease in relation to art making because the sexist, racist and elitist nature of art and the artistic world for many marginalized and oppressed people is not representative of them, nor does it embrace and value their expressions and art (Guerrilla Girls, 2020).

Such conversations that orient around troubling affects have the potential to reap rewards through revelations of complex knowledge and understanding about the social world, which is where responsibility for how we feel lies rather than with ourselves as individuals (Ahmed, 2010, 2017a; Belcourt, 2017; Berlant, 2011). It is important to add that such revelations do not necessarily result in forms of grand transformations or seismic social shift and change, they can be seen in the ordinariness of everyday life, for example in a process of maintaining our presence in this world. The everyday and the normalness of life can be sites of agency. For example, through collective intimate work done in art psychotherapy against oppressions we are engaging in the ongoingness of life under heteropatriarchal racialized capitalism (Berlant, 2011).

Amidst the COVID-19 crisis Chatzidakis et al. (2020) took issue with the way in which care has been constructed, pointing out that the unequitable outcomes from the pandemic had emphasized the failures of what constitutes care, caring institutions and care systems in society. They propose a boundless and expansive politics of care, noting that capacities to care are interdependent, and in that sense such a notion provides all that is necessary for people, non-human animals and the planet to flourish and thrive. A politics of care that is justice imbued demands a staying with the troubling that expands care beyond just a caring for (hands on) to a care with (politically assembled) and care about (attentiveness to the affective impacts of a punishing world on others). Art psychotherapy is a caring discipline that has affinity with critical disciplinary approaches (Wright & Wright, 2013) and that tradition needs to resist being caught up in being a happiness project (Ahmed, 2010) with curative tendencies. Critical feminist tendencies should be tools in the toolkit for survival and thriving, tools that connect the political and social. Art psychotherapy can harness these tools alongside creative materials, objects and scenes in a cauldron like feminist concoction (Frederici, 2018) that enables caring connections with and about self, others and the wider world.

Limitations

The data presented here is focused on a sub-theme from a larger study and when the findings from that study are written up there may be more to add to the conclusions presented here. It needs to be acknowledged that the data collected was a convenience sample and as a result racially marginalized girls and young women are not represented, although the participants were representative of marginalized groups in terms of sexuality and class. With all except one identified as white, the participants were representative of the population from where they were recruited, but this still means that the voices, perspectives and

experiences of Black, Indigenous and girls and young women or color are essentially missing. The authors feel that despite the lack of global majority representation, not only in the participants but also in terms of their own racial identities and those of the BAAT special interest group, that by working with and learning from the work of Queer and Black feminists and feminists of color important insights and potentialities at the intersection of race can be tentatively suggested. They also acknowledge that research must be done that is specifically about the experiences of art psychotherapy for Black, Indigenous and girls and young women of color.

Conclusion

In this paper we have explored the need for a critical approach to the ethics of care and looked at contributions that can inform this stance from Queer and Black feminists and feminists of color who have been central in challenging heteropatriarchal racialized capitalist social structures that have harmed and punished women and other marginalized and oppressed people. We have discussed the ongoing historical and historically present crisis that is violence against women, and the ever-growing needs in relation to their mental health as a result of that ongoing violence. We have also talked about how this body of work has been a traveling companion for us as we learn to be better feminists, keeping us both troubled by the affects of the world on women and the affects on us as we are confronted through engagement with the work about markers of our privilege and complicity. Such works are virtuous in the affects they have had on us and the knowledge they have shared with us. Qualitative data on the experiences of young women and girls when they first begin engagement with art psychotherapy has been presented to help us think through the ways in which a critical feminist approach to the ethics of care can be utilized in art psychotherapy. In conclusion, we propose that an attentiveness to the entry points into art psychotherapy as spaces of troubling affects, of political emotions, not only illustrates the complexity of emotions at work in such places but crucially the usefulness of the disturbances found there for emerging a justice-oriented politics of care that exposes and challenges heteropatriarchal racialized capitalist hegemonies.

Implications for practice

Amalgamation of critical feminist praxis (theory and practice) and art psychotherapy has the possibility to have a number of impacts around the way we think and practice and how we characterize the attributes of the profession:

- Better served marginalized and oppressed populations through rethinking and reorienting services around critical feminist approaches.
- Greater critical reflection within the profession on how representative it is of marginalized and oppressed peoples.
- Affirmative action initiatives to rapidly grow the numbers of Queer, Black, Indigenous and disabled critical feminist art psychotherapists and critical feminist art psychotherapists of color so underserved and overlooked service users can be in clinical spaces with therapists that are representative of their lived experiences.
- Critically engaged practitioners able to reflect in intersectional ways about privilege and power and therefore better able to take action in the clinical space to lessen harm.
- Increased advocacy for greater access to services, especially for marginalized and oppressed populations.
- A growing network of art psychotherapists committed to staying with the troubling and striving for justice. As anti-racist, anti-capitalist, anti-heteronormative, anti-ableist thinkers and activists, such art psychotherapists, as artists, have the capacity to vision, create and fight for justice and facilitate services users being able to do the same.

Conflict of interest

The authors have no competing interests to declare.

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