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Working with the ‘Glasgow Effect’ in Art Therapy through a Whole-School Approach

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Abstract

The realities of poverty and deprivation extend across the globe, often to an extent that creates despair in communities, where the tension and violence amongst its individuals are palpable and the emotional suffering is passed down from generation to generation. This is the reality of a community in Glasgow, a major industrial city in the west of Scotland. Thus, in this paper I will describe a whole-school art therapy service, presenting three art therapy vignettes that illustrate how this model addressed the complex needs of the children, and how art therapy supported them to express and understand their experiences and developed a sense of integration. The art therapy work is contextualised through reference to the children’s community throughout the paper using the voice and experience of the art therapist.

Key words

poverty, community conflict, gangs and violence, whole-school approach, children and art therapy

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Introduction

This paper stems from the experience of having delivered an art therapy service that I came to know as a ‘whole-school approach’ in a school community impacted by poverty and deprivation. Using art therapy vignettes, I will illustrate the importance of offering an integrated service tailored to the needs of children while maintaining a line

of enquiry that considers the art therapy material that resonated for me after the art therapy work came to an end.

With poverty and deprivation a global phenomenon, it is estimated that one in two children around the world live in extreme poverty (Save the Children 2024). In Scotland, 24% of all children are living and growing in poverty (Child Poverty Action Group 2023). Therefore, as professionals, it is important to examine the impacts that poverty and deprivation cause to communities as they repeat through generations, often rooted in health and further influenced by public discourses that oppress (Talwar, 2019). I will describe my experiences working in this community where poverty, deprivation, adverse childhood experiences and other social and economic issues are part of the phenomenon called 'the Glasgow effect'.

The Glasgow effect

The link between socio-economic circumstances and poor health is widely acknowledged with Scotland having the highest mortality rate in Western Europe (Glasgow Centre for Population Health 2023). Glasgow was once known as the second city of the empire but currently faces lower income levels and problems derived from deindustrialisation such as poor housing, social mobility and lack of opportunities; additionally, problems associated with health, adverse childhood experiences and misuse of substances impact the community (McGarvie 2018; Glasgow Centre for Population Health 2023).

Literature review

There are gaps in the literature that do not speak about art therapy and a 'whole-school approach'. Also missing are specific discussions that inform the 'Glasgow effect' and related models such as hybrid art therapy and integrated art therapy services. Therefore, to address these gaps, and reflect on the specific work of art therapy in this educational context, the review will draw on literature pertaining to art therapy and social action, children in poverty, art therapy in schools and communities,

and finally the role of the art therapist working in schools. Although having knowledge about the effects of trauma in the individual is pivotal for art therapy practice, this paper will not examine literature about trauma per se but attempt to broaden social, cultural, political and systemic contexts in which the client group lives. When it comes to social action, adopting an intersectional approach using insights from Turner (2020: 4) and the social activism focus of Talwar (2019: 43) is helpful. Both authors make links between trauma, the body, feelings, memory, affect and the formation of the social construction of race, class, gender, sexuality and identity. Turner (2020:57) notes it is pivotal to understand how these experiences can translate into a pathway for being 'othered' in society through the suffering of inequality and discrimination.

Talwar (2019: 43) denounces the inclination to look at the mental health of individuals in a way that may not favour the most vulnerable people, a view that is of particular relevance when a language of pathology is created out of context. Waller (2006: 275) suggests that 'the inner world', when referring to people's minds, cannot be separated from socio-economic, cultural and political influences. Thus, clinicians need to move beyond looking at trauma from a limited individual perspective and consider the traumatising effects of wider environments and contexts. When recognising the signs of social and economic poverty, art therapists need to be aware of how poverty is made invisible and not allow its effect to be confused with other forms of neglect (Watts et al. 2017). Felicity Aldridge, in her seminal paper 'Chocolate or shit aesthetics and cultural poverty in art therapy with children' alerted us to how art materials, when used by children living in deprivation, can expose the nuances of poverty (2008). When the art materials come to represent luxury and privilege for a child this may induce a shame motif as discussed by Watts et al. (2017). Aldridge (2008: 2) went on to discuss how the art media can become a metaphor for food and need. She elaborated on the creative exploration of mess as an attempt, by the child, to understand their inner world, while expressing a connection with their struggle to survive. What is of particular importance here is for therapists to keep in mind the painful reality that some children are unfed, unkempt and suffer from a serious lack of nutrition.

Case and Dalley (1990, 2008) offer numerous examples of art therapy with children. They keep in mind, as do Meyerowitz-Katz and Reddick (2017) that children have historically been the last ones to benefit from health services. These authors offer an insight into the trajectory of the art therapy profession and how they began to imagine the work with children in a variety of settings including schools. Dalley (1990) discusses how art materials can provide an outlet for expression that can be particularly helpful for children who struggle to communicate their needs. O'Brien (2004:2) identifies the significance of mess making for children who have experienced many forms of abuse and Case (1986: 2) introduces the value of having a messy corner in the room where images can be both made and destroyed if necessary.

Current literature focused on art therapy in schools discusses the evidence and the efficacy of the work, as well as offering an account of the adaptation of the art therapist in this context (Arnold 2023; Cohen-Yatziv and Regev 2019; McDonald and Drey 2017; McDonald and Holtum 2020; McDonald 2019; Moula 2020; Taylor-Buck and Hendry 2016). In addition, there is another body of literature from art therapists working in schools that gives voice to the work with children in impoverished communities and in large urban contexts (Nelson 2011; Sutherland et al. 2011). This body of literature allows us to understand the complexities that surround clients promoting wellbeing and social justice, in addition to honouring the cultural identity of the client (Nevers-Ashton 2023; Rousseau et al. 2011). The work of Caldecourt (2022) gives an example of the vicissitudes that art therapists often have to navigate when offering support in the aftermath of a disaster while facing the pressures and demands of the school. In this instance Keyzer (2023) speaks about art therapists increasing their cultural sensitivity in order to see the client more fully.

When thinking about community-based art therapy, it is important to consider how clients can access the services offered, how we can work in alliance with other professionals, and when to provide community-based interventions. The work of Rayment (2017) promotes the culture and identity of the client while retaining the pivotal nature of their emotional needs. The notion of concentric circles of containment can help to illustrate the role of the art therapist holding the clients, and the

organisation holding the project in the wider context (Hosea 2017). Furthermore Hosea (2017) and Meyerowitz-Katz (2008) keep in mind the relational needs of the child by discussing how art therapy can provide an opportunity to renegotiate attachment wounds through the exploration and containment that occurs in the triangulation of the art making within the therapeutic relationship. All these writers state that the relationship and the containment of the process can provide an opportunity for aggression and violence to be expressed safely, offering opportunities for self-regulation (Chong 2015; O'Brien 2004).

Of relevance to this paper is the work of Rudnick (2018) and Hosea (2017) who both confirm that part of the role of the art therapist is to hold hope for the client and the clinical work, particularly in the face of despair. Thinking about how pivotal the protective function of the therapist is in the context of the 'Glasgow effect', the discussion by Lanyado (2018: 119) is relevant. Lanyado highlights how the therapist must hold situations in which the child may be subject to any form of abuse or maltreatment known as safeguarding, even before these are clearly identified. Solomon and Nashat (2010: 290) also describe 'the benefits of providing a 'therapeutic presence' in schools, such as providing the school staff a space for thinking where difficult experiences can be integrated, and therefore the staff can be more able to tolerate anxieties. This is particularly positive when the therapist is involved with the wider system, is an active participant in the clinical management of referrals, interventions and how they must convey concerns at an early stage. Furthermore, the therapeutic presence offers a container for unprocessed material that can often feel unbearable for the staff when providing consultancy where new links, connections and thinking can appear'.

The context and 'the Glasgow effect'

Of note is the disparity between the affluent areas of Glasgow, where there is little evidence of the 'Glasgow effect' and the reality of other areas of the city that are discussed in this paper (Scottish Index of Multi Deprivation 2020). In order to preserve anonymity, I will be referring to the community where I worked as 'the neighbourhood'. This is located on the outskirts of the city, away from the city centre, with a large urban

community surrounded by empty areas that children call 'parks'. 'The neighbourhood' evolved as part of the urban development project that tore down the slums across the city and relocated people (Glasgow Centre for Population Health 2023; McGarvie 2018). Predominantly white and Scottish in ancestry, with a strong sense of identity among the inhabitants, the term 'the neighbourhood' may evoke a sense of fear due to the extent of the violence and lack of safety that prevails. The location of 'the neighbourhood' may also suggest a space of liminality because it is distant and disconnected from the city. Haywood refers to liminality and liminal persona as the one who has not crossed to the other side and remains in a kind of social limbo, "Not here, not there; they are betwixt and between" (2012:95). This made me wonder if residents of 'the neighbourhood' experienced aspects of this social limbo, embedded in the liminal space. Another example of liminality is the number of families in the community who never manage to travel beyond 'the neighbourhood' to the city centre, with a 45-minute bus journey seeming unthinkable and unaffordable to many. When the city centre becomes an unreachable destination, unknown journeys through unfamiliar streets often lead to fluctuating states of mind and a lingering sense of liminality. McGarvie (2018) underpins this experience by describing how people who live in isolated communities and in despair, do not have the luxury or the inclination to traverse out from their home, thus leaving them in a state of limbo. Despite the liminality and dislocation from 'the city', people who live in 'the neighbourhood' take pride in their strong sense of identity, which is in part built around violence. The problems associated with drug misuse often result in young people being repeatedly absent from school, then defaulting to dysfunctional groups and gang affiliation. It is also known that gang affiliation is inherited through generations causing a relational and socially bonding culture where to resist being angry or aggressive is seen as a taboo (McGarvie 2018: 27).

Domestic violence is a reality for many families in 'the neighbourhood'. To quote McGarvie (2018: 11) 'you adapt to the threat by becoming hyper-vigilant'. An example of the violence at home can be found in the strong affiliation with football and the pub culture of drinking. The extent of domestic violence, present in 'the neighbourhood', was notably evident when the local football team lost a match on Sunday. Invariably the following day we witnessed an increase in reported safeguarding incidents at the

school and my art therapy services would be affected by absent children. Other families that may not be affected by gang issues or violence were likely to be impacted by poverty and lack of opportunities. During my years of practice, I got to know many families living in the poorest conditions: in houses with no gas or heating and a scarcity of food, some families did not have furniture and children had to sleep on the floor, with cleaning products and toiletries unaffordable.

‘The Glasgow effect’ was present in the school where I worked and manifested through community violence, domestic violence, issues of mental and physical health not only for parents but also for children who were diagnosed with chronic conditions such as juvenile arthritis, heart conditions and diabetes. Substance abuse, unemployment and lack of social and educational opportunities were a reality among adults. All forms of abuse were present and premature death for young adults was high. In addition, many children were looked after by family members such as grandparents and other relatives when parents could not manage.

Although the school was not new when I arrived, it had retained a sense of being a new space, which was for many children a sanctuary as Rudnick proposes (2022). At the beginning the project was well funded so for me as the therapist it was a place of endless available resources that I could replenish as and when I needed. At that stage I wondered if this was a parallel process of wellbeing, and a direct way to mediate such profound poverty, represented by the school when the teachers and learning support ensured the children were well-fed and had toys for Christmas. However, in contrast there was a dynamic that highlighted the reality of social structures, class, power and oppression (McGarvie 2018; Talwar 2019). It was common that the senior staff members of the school came from affluent areas, whereas the support for learning staff belonged to ‘the neighbourhood’ or close communities. Coming lower in the educational hierarchy these staff had less decision-making power in the school and with fewer opportunities for professional development they often complained about feeling misunderstood by senior members of staff. Living within ‘the neighbourhood’ or areas close by meant they would often have similar lived experiences and kinship relationships with the children and their families. This close

proximity, of the more educated better paid members of staff, from outside the 'neighbourhood', and those from inside, exposed a class and social power dynamic of inequality within the school.

As best they could, the school tried to ensure multi-agency work took place, but in some cases the contact with emergency services felt irresponsible or overwhelmed. The school maintained close contact with social services, domestic violence services, Children and Adolescent Mental Health Services (CAMHS), general practitioners, community centres, the church and other charities in the local community. This was very important as an integrated way of providing a robust support network to the families, through sharing the burden and in some cases by creating alliances. Multidisciplinary work is an important aspect of the practice in art therapy because it promotes understanding and advocates for systematic changes within mental health services.

The school and the whole-school approach

Using a whole-school approach not only enables but also demands the art therapist move away from the walls of the therapy room and create new boundaries, as well as designing a myriad of services that offer a wider scope of practice than individual support. Different interventions were tailored to the children's needs while working in a multidisciplinary way with the teachers, parents, social workers, and other professionals. Working within a more integrated mode offers expansion and dimension, what my supervisor called a 360-degrees view and presence, such as having a close connection to children, families, school staff, professionals in the community and external agencies. The limitation of this model, and the demands made by the complex needs present in the school, meant I was often left with challenges that were hard to contain and meet. The re-negotiation of boundaries of creative spaces was difficult to implement particularly when the staff were not in agreement, or willing to support me. When the challenges were excessive I found it helpful to think about the levels of psychotherapy examined by Bateman et al. (2000) and Alvarez (2012). They offered me an array of services and interventions from a basic ad hoc support and holding to a more profound and specialised intervention that required

practitioners to keep in mind how to tailor these services to the needs of the client within a given context. With the school receiving children with a range of complexities from mild, moderate and severe the context lent itself to a multifaceted approach. One aim was to reduce stigma surrounding mental health and offer therapeutic spaces that increased the wellbeing of children. Tailoring appropriate therapeutic interventions meant art therapy assessments, similar to those proposed by Gilroy et al. (2012: 11), where the focus is on 'what is best for whom', what the child brings, their history and the holistic picture gained from staff, parents, and professionals. From this I was able to draw conclusions and scaffold an engagement with the children that gave the contextual concerns of 'the Glasgow effect' most relevance.

My service was attached to a mental health charity. Having a third partner between the community and the therapist helped to gain the trust of the school professionals and to shape the possible boundaries around the service I was offering. The art therapy service was well received by the school staff and senior members, because having a professional solely dedicated to supporting the mental health of children was needed, which gave an opportunity to build a strong alliance and work as a team. The art therapy space offered the following services: individual therapy, group therapy, class work, self-referral space for all the children and consultation for parents and staff. Individual therapy for parents was delivered by one of my colleagues from the same organisation. It was my responsibility to shape and contextualise the whole school model and address the needs of the school. For instance, it was clear to me we had to work closely with parents and open up dyadic work when possible, as many of the issues we were dealing with involved dysfunctional parent and child relationships. In this regard, I saw the opportunity to use more group work and develop this approach by identifying themes with teachers that included bereavement, bullying and illness in the family, for example.

I avoided resorting to rescuing. Here, Bion's (1962) notion of 'beta elements' that require metabolising were in my mind particularly when anxieties were running high in the school; it was often difficult to step back and not to respond given the extreme needs that often felt like they would swallow me up. However, my manager reassured

me by saying it was not my job to treat the entire school but to focus on the children and hold the context in mind. This enabled me to know how to use the art therapy model I had designed creatively and make containment paramount to the work while negotiating the boundaries of the whole-school approach. One example is how, in the morning, I offered a consultation for parents, then I moved on to deliver class work and later had tea in the staff room. Wearing different hats was an advantage and being perceived in different ways highlighted a usefulness for the whole-school approach in an environment that demanded flexibility.

Working cross-culturally

When I arrived in the school, my initial experience, that I later understood as a counter-transference, was that of holding a baby who had been crying forever. These feelings were underpinned when I became familiar with the work of French photographer Raymond Depardon. Depardon's 1980's photographic album of bleak but sympathetic depictions of people living among urban deprivation reveals the raw reality of the poor and deprived neighbourhoods and its people and powerfully connected me to 'the Glasgow effect' when I travelled to work every day on the bus.

As a Mexican art therapist, where English is not my first language, I was an outsider. My accent, skin colour, hair, and the way I wrapped myself in clothes to protect from the cold temperatures made it unmistakably apparent that I did not belong in 'the neighbourhood'. Usually, I like to keep my private life confidential. However, with the Head teacher we agreed that volunteering a little about my cultural background would be helpful. When I was introduced to the children and parent's council during a school assembly, I shared my birthplace which caused both curiosity and fascination. Mexico was associated with good objects such as food, a holiday destination and football. I felt like an alien landing on an unknown planet. When I was asked if I was scared of working in the neighbourhood my honest answer was no, because street violence and lack of safety are not foreign to my country and experience. With this cultural difference I was faced with my first dilemma: how to understand, and be understood, to which I asked if it was possible. I took confidence from Derrida (1998) who also questions if one can love, understand and pray in a language that is not our own. I believed I could

and was encouraged in my response, like Costas (2020), I listened to the children's stories and I was deeply touched as a human being. Moreover, it was interesting to observe the responses from both staff and parents, as they attempted to rescue me by teaching me a few words of local slang, which meant I was included by speaking their language. I reflected upon my role, realising the type of holding I was providing was as an outsider, holding the community from within the school. Poverty is also present in my country Mexico, which, I thought, gave me licence to consider myself an expert on the matter. However, I was not prepared to be confronted with the level of despair and scarcity that I found in 'the neighbourhood'. Then I understood that poverty is like a kaleidoscope, depending on the position, light, and movement giving certain shapes and colours. Therefore, I concluded that poverty manifests differently according to the context. This offered me more awareness of how poverty indicators differ according to the community, thus allowing me to move away from my own assumption of what poverty is.

Whole-class work

I will now present three vignettes that will illustrate the work in art therapy using a whole-school approach, and the dimension this approach can offer. All names and details have been changed to ensure confidentiality; however, I aimed to offer names that honour a Scottish identity. Consent has been obtained to use the images by parents and children; however, to preserve confidentiality I have included reproductions of the images in most vignettes.

When I arrived at the school, one of the things that I noticed was the lack of capacity for some children to cope in a group situation. Often children were embodying the state of liminality that Haywood (2012) proposes, walking the corridors, or sitting outside the room or activity, aimlessly but without being a part of it, and displaying the effects of disrupted attachment and trauma. This was the situation for the Primary Five class. In Scotland, children are between 9-10 when attending this class. For some children it was difficult to be in a group. The teacher expressed concern about the aggression and bullying the class was displaying, particularly from a boy I will name Harris, who we knew had experienced domestic violence at home in the past. Also,

'Elspeth' experienced violence at home, and other issues. Elspeth would often miss school and the days she attended she would be violent on her arrival towards the support for learning staff. On these occasions, she would not join the class and remained with support for learning staff until she was calmer.

The teacher, head teacher and I thought my presence would offer a good opportunity to work creatively with the class. In art therapy we have examples of this type of intervention where the art therapist works alongside the teacher in the classroom. Caldecourt (2022) and Reddick (2017) speak about how the school could be perceived as a microcosm for the community and the class may bring a space for family dynamics. Thus, we thought class work brought a good opportunity to work with the dynamics the group is experiencing. This model of intervention is inspired by the educational approach named 'circle time' cited by Reddick (2007: 89) that promotes empathy and emotional wellbeing that can allow children to remain in close contact with the teacher as an attachment figure. Contrary to the examples of class-work where the interventions honoured a psychodynamic approach and are delivered over a long period I had only one session with the group (Reddick 2007; Caldecourt 2022). Being in a school where there was so much therapeutic work to be done and the levels of despair were high, it would have been impossible to provide a long-term space for this class because of the sense of urgency across the school. The main objectives for this class-work were: for the children to feel they belonged in the group by providing them with a creative opportunity; to support the class cohesion by allowing the children and staff to work together. The teacher and I met and planned the session. It was important to make sure that the behaviour management would correspond to the teacher, as I felt the need to retain my role as the therapist, anticipating the children would bring to the group the emotional difficulties related to their lived experiences. We anticipated that mess and chaos would emerge, and therefore it was decided that we would work in the multipurpose room, where mess was allowed, and we had access to a sink. In collaboration with the teacher and before the session we prepared art materials by arranging a large square piece of paper secured to the floor with Sellotape. We also prepared paints, brushes, sponges, felt-tip pens, crayons and pastels. The teacher had previously talked to Harris and Elspeth about this session, making sure they knew they were welcomed. The whole class arrived in the room,

including Harris and Elspeth and formed a circle around the paper and were asked to sit. I welcomed them and explained the rules and boundaries including that there be no aggression towards the art, or towards others. We divided the class into four sub-groups of six children: spring, summer, autumn and winter since this was a topic present in the class and we thought it would be important to bring a familiar element into a new activity. The dynamic consisted in calling the children in each group by turns. The group called would approach the paper and create something, during which time the rest of the groups would be observing, preparing and cleaning the brushes and art materials. Dividing the group is an approach that may allow difficult behaviour to be more manageable, in addition to offering structure that can help to contain the anxiety for both children and therapist, as suggested by Reddick (2007). We gave importance to the creative process, an opportunity for children to sense each other as a small group and to focus on the art making. Each group took around four minutes to create something; the teacher and support staff helped the children. My role was to keep time, boundaries and overall a reflective voice when noticing the group dynamic. In the beginning, I observed how the children were drawn to the paints and the possibility of mixing colours, but they remained very still not knowing what to do. However, the whole class session provided an environment where children could learn new ways of being together through creativity rather than habitual ways of defending themselves through aggression and destructive behaviour. After a few turns, names and handprints started to appear, followed by heart shapes, animals and peace symbols (Figure 1, fragment of the art piece). Harris decided to participate and joined a group. He struggled to find his own representations, however he painted swirls. Elspeth decided not to participate but stood very close to me and helped me. I felt a very warm and maternal connection in response to her closeness.



Figure 1. Reproduction of a fragment of a collective art making, acrylic and tempera on A2 paper, 2025

What emerged was that the art process allowed the group dynamic to be more evident. Forms of rivalry were identified in children through complaints about other groups taking more time to create, or displays of pride between groups when children said, *'our group is the best'*. Approaching the end, we closed the session by all joining in a circle and looking at the piece together. Children were welcomed to say something about the painting. They expressed that the piece was 'cool', and decided to hang it in a special place, at the entrance of the school where everybody could see it. The art piece remained there until this class moved to high school. Often, they looked at it, recognising their creative contributions, and it became a symbol of something good for the school. Children in other classes also liked to see it. Harris was referred to individual therapy because of the history of domestic violence he experienced, and Elspeth became a regular attendee in my self-referral service.

Discussion

This whole-class session brought a creative space for children to begin to work productively together as a group and where belonging could be felt and expressed; the paper represented the immense opportunity of being part of a group. Handprints and names appeared in the first attempt to create something, reminding me of the primitive caves in Altamira and Lascaux as it seems these children were saying 'I am'. Equally, like in a daydream the group imagination emerged. Ogden (2004) tells us that the reverie capacity starts with the mental process of imagination and daydreaming. The structure allowed children to take turns and be seen by others. This reminded us of the 'observing eye' that can be both puzzling, destroying or holding depending on the experience (Rustin et al., 2002). Waddell (2002) invites professionals to be aware of how the material is presented in the group and outside. In this regard, the group was not only able to tolerate the gaze, but also to request for the final art piece to be hung where others could see it. As the group dynamic unfolded, signs of latency such as rivalry and competitiveness emerged. For this session, all the children and teachers were included, particularly the children who struggled the most. One of them stood closely to the therapist, provoking a warm and maternal response, and became a regular attendee of another service.

The art therapist and the role of safeguarding within 'the whole-school approach'

The self-referral service was opened to all children, who either came individually or in small groups by sending me a letter with their name and class. This space was an instrumental part of the whole-school approach to ensure accessibility and destigmatization of mental health spaces, and to build up a sense of trust and safety, particularly in the context of 'the neighbourhood'. In addition, this space provided a robust container for the overwhelming needs of many children who needed to be supported, making sure they were held in mind. Each appointment took 20 minutes; boundaries around safety and confidentiality were agreed at the beginning of each appointment, regardless of children attending regularly or for the first time. For this space I had some art materials available. In addition, I offered a box of small world characters, books and a soft toy. Children were welcome to bring their narratives.

Depending on each child or group, it sometimes took a few appointments to identify a need. Playing or drawing gave the children the opportunity to communicate symbolically.

An example of how the children used the space to bring community tensions and lack of safety was given by two girls, Freya and Moira, aged ten years-old, attending Primary Five. They asked to see me and drew a face crying and wrote the word 'hurry' in their letter. They explained that a boy in their class, Rory, had been threatening them during playtime. Rory said to Freya, *'I wish you were dead; you should be careful, I will see you after school'*. The two girls described how Rory had joined a gang of young people attending secondary school; they were known to be violent in the community, shoplifting, threatening people and committing other forms of vandalism. He was skipping school and was seen in the local area picking up objects like blades and glass to make knives. The girls were also threatened outside the school and witnessed Rory's gang carrying pocketknives. The girls drew a map to explain the complexity of the neighbourhood, dividing the area into sub neighbourhoods and their respective gangs; they also drew a big knife on one side of the paper. Both girls took turns to speak and draw, giving me examples of the frightening situation. When they finished the picture, Freya crumpled the paper making a tight ball and without saying anything, she handed it to me (Figure 2, reproduction).

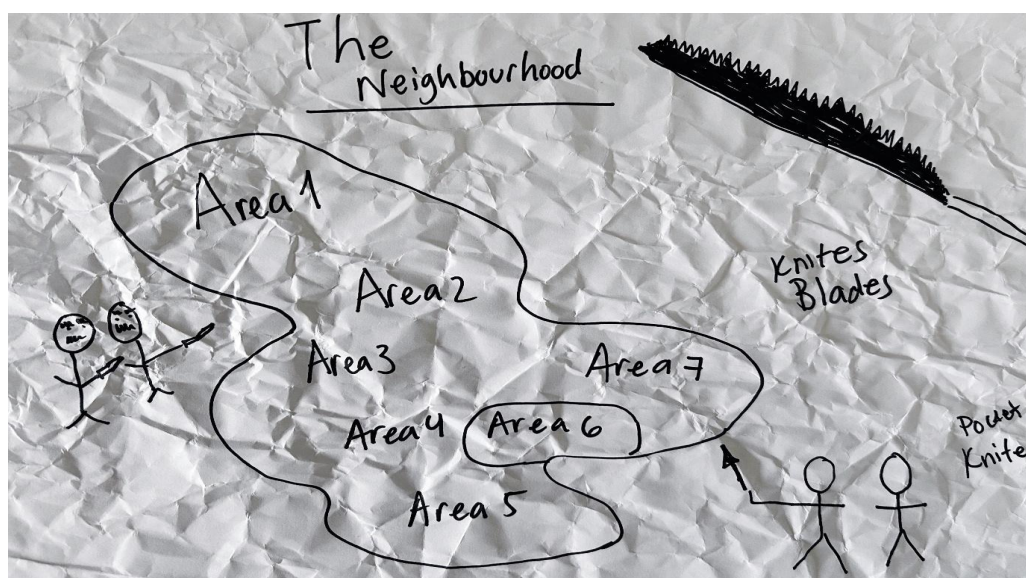


Figure 2. Reproduction of the neighbourhood's map. Pen on A4 paper, 2025

In this image we can observe with detail the exposure to the reality of violence in the neighbourhood these two girls had experienced. It depicts 'the neighbourhood' divided by areas and gangs, a well-known fact even for children of this age group. We can also see two faceless men pointing out the map. It could be that the lack of expression speaks about a possible emotional response, whereas the other two men holding knives show a face of violence and terror (Chong 2015). The big knife is frightening, the way the girls conveyed the use of sharp objects and knives suggested a symbol of fear and violence. I knew the girls from other therapeutic spaces and had the opportunity to see their more developed artistic skills; however, this image is simple and more diagrammatic in its structure (Schaverien 1987). Quoting Music (2017) we could suggest how the exposure to adverse experiences has an impact on the child's state of mind; on this occasion, it seemed permeated by fear. The need to report the situation to my safeguarding lead was clear. Rory's family was on the radar of social work due to domestic violence at home. He displayed a high level of distress and aggression both at home and at school but did not reach the threshold for CAMHS intervention due to his involvement with social work. The head teacher communicated with both sets of parents and together we drew up a plan to support the safety of the two girls and Rory. This plan involved the local community and social services and had a successful outcome. Rory engaged with a family worker who supported the family and he joined a football club. Freya and Moira were pointed to a community worker who acted as a mentor.

Discussion

The subject of safety touches the work in art therapy, particularly when working with children who live in deprived and violent communities such as 'the neighbourhood'. Working within a whole-school approach is pivotal in recognising the possible indicators of abuse and violence, making this an integral part of the services and the holding that we offer, even if these take a while to be resolved. Furthermore, in the context of this school and 'the Glasgow effect', it was usual that safeguarding concerns were reported on a daily basis, including in my service, which at times felt frightening and overwhelming, particularly when there is no clear resolution of how to safeguard children and families. Lanyado (2018) speaks about moments when the therapist

needs to attend to the external world whilst listening and attending to the transference and countertransference. In the example previously described, we can see a child struggling because of the violence suffered at home, and re-enacting the same experience by joining a gang, was perhaps seduced by the illusion of finding a place of belonging (Andrade del Corro 2014). Three children were exposed to community violence from different angles. Furthermore, there are situations where the lack of response of the specialised services results in a lack of clarity about a safeguarding concern plan, leaving safeguarding leaders and professionals helpless, questioning whose responsibility it is to protect these children when the main concern, like the one presented in this vignette, happens in the community and not in the school premises. However, providing safety encompasses ethical aspects in our profession and multidisciplinary work (Malchiodi 2018). A whole school art therapy presence facilitated the children's pathway to accessing mentorship and joining a football club where they could access support and a sense of belonging.

One-to-one art therapy work

Islay, aged eight, was in Primary Four when she started individual therapy with me. Before this, she came to my self-referral service and drew the following image introducing herself as a pirate (Figure 3). Her parents were not together. Her Mother's upbringing led her to misuse substances. Islay had an elder half-brother Lewis who was diagnosed with attention deficit hyperactivity disorder. The domestic violence reported at home was not only happening between Mum and her partner, but also between Lewis and Mum. Mum kidnapped Islay when she was in Primary One, taking her at the end of the school day without leaving any information and enrolling her in a different school the next day. Eventually the police and social services found her after receiving the records from the new school.

From the beginning, Islay's Dad showed interest and willingness to support the individual therapy. He explained how difficult it was to keep communication with Mum; because of her limitations, she often failed to attend visits and keep other promises. The whole situation was painful and disappointing for Islay and Dad. Islay's behaviour was violent and distressed. She was observed to struggle with playtime, and often became aggressive towards other children. Islay became increasingly isolated.



Figure 3. Islay. Image of a pirate. Pens on A4 paper, 2018

During the first session, Islay got in touch with the dry sand, making a volcano. She explained to me about explosions and lava tsunamis. Here is an excerpt from my notes of the session:

'Islay is holding sand with her two hands making movements up and down to letting it go. She then starts to tap the sand firmly; her movements suggest despair. After a moment, she moves to one corner of the sand tray; digging the sand, she presses it until she builds a volcano, she is working in silence. I am sitting at the other corner of the tray, also in silence. She then says: "This is a big volcano exploding a lava tsunami. People are caught by surprise; nobody can rescue them". Islay carves a

hole in the middle of the volcano and with a sense of despair and urgency she pours sand on it' (Figure 4).

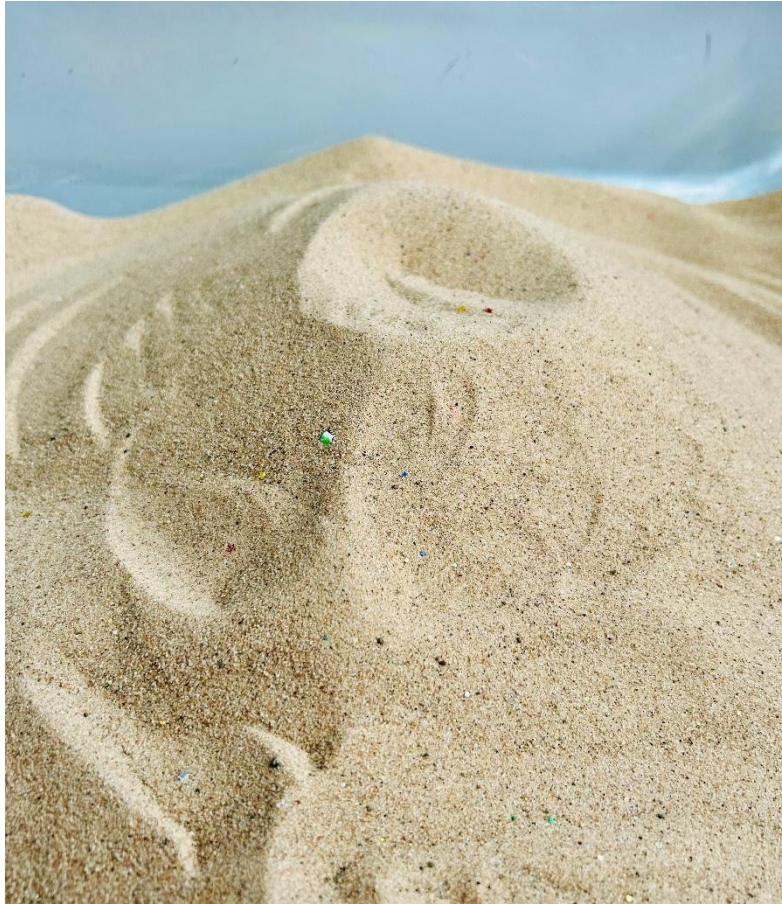


Figure 4. Reproduction of the sand process, 2025

In this session, Islay was not only talking about her anger and confusion, but also Mum and Lewis' violent outbursts. I reflected on this, and on how helpless and frightening it must have felt being taken away without Daddy knowing where to find her. From the beginning Islay showed the need and desire to engage in a therapeutic relationship. She paid attention to my reflections and sometimes was able to remember them and use them in other sessions.

During the third session, Islay made a model of a human figure using soft dough. I noticed the body was soft, lacking a skeleton. I felt her anxiety as the figure could not stand up or might break in the attempt. Islay was anxiously adding more layers of dough, trying to make it stronger. I reflected on how cosy the model must feel with so many layers, but how frightened it might feel inside because it might break. Islay

finished by making a bed for the model. This brought up memories of the night-time and sleeping in her own bed. She sometimes had nightmares, but she could not remember them. What Islay said triggered a strong countertransference in me. I imagined her in bed alone, although I knew her Dad was nearby and fully involved as a parent. I could not stop feeling sadness and the desire to cuddle her and I was reminded of the crying baby image I had had on arrival at the school and the extent of the emotional holding that would be needed. My supervisor encouraged me to use this countertransference to reflect on my feelings in the session and articulate back to Islay her possible need to be cuddled by me, as a mother would. In our work together Islay was able to show me her deep need and fear of being abandoned by her mother. After four months in art therapy, Islay revisited the sandpit to make volcanoes and lava. Here is another excerpt of the session:

'I am sitting at one corner of the sand pit. Islay pours water with care and anxiety; it feels she may be scared of making a mess. She then mixes the water with the sand using her two hands and forearms. She makes a big bulk of sand saying "these are angry volcanos". I am sensing her frustration and pain which I communicate. She then makes balls of wet sand using the volcano construction (Figure 5, reproduction), making sure she presses the sand firmly incorporating more sand until she achieves a big ball (Figure 6, reproduction). She throws it against the sand pit. The impact of the ball feels quite angry and powerful. She repeats the same game, now moving her arms to the ceiling and using more energy, she throws the ball again (Figure 7, reproduction). At that moment, Islay asked me, "Do you think if I throw this ball it will break?" I think she needs to know if I am going to be strong enough to contain her anger without breaking, which I reflect. She continues one more time, but her anger and frustration fade and with an exhausted expression she stops'.



Figure 5. Reproduction of a volcano construction, 2025



Figure 6. Reproduction of a big ball construction, 2025



Figure 7. Reproduction of the sand process, 2025

In this moment of the process Islay connected with memories of violent fights between her mother and her brother Lewis. Islay was fearful and talked about a time when she and her little cousin ran away to the park to be safe. She said they remained in the park until it was dark because nobody came to find them. My association was of the Grimm's fairy tale of Hansel and Gretel, siblings who are abandoned in a forest and fall into the hands of a wicked witch (Grimm and Grimm 1812). I felt it was good that Islay was not alone in her story of the park, but her experience was one where the robust, consistent container of an adult was missing. During our work together Islay showed great maturity in her thinking when she said 'I need adults to think with me'. I

took this as a cue to support her in finding a new level of understanding about her history. Therapeutically I was also able to offer some of the care and nurture she needed to make sense of her experience of anger and why she was struggling.

In the last session, after eight months, Islay made a model of clay, a little dolphin. She still feared breaking the object. With a lot of effort and delicacy she moulded the clay and pressed it into the dolphin mould, then asked for my help: *'It is going to be a miracle if it comes from the mould without breaking'*. The little dolphin was perfectly moulded, and Islay could not have been happier and prouder. She took the little dolphin in a box wrapped in tissue paper as a totem from our therapeutic relationship to be shown to her teacher and Dad.

Discussion

In this example, we can observe a child who in the beginning struggled with her angry outbursts and internally could not support herself, but by the last session, she made an impeccable figure, as if she had moulded her own self again after being allowed to 'play out' instead of 'acting out' as suggested by Lanyado (2018). This could also speak for other children in the neighbourhood and the fragility of their inner worlds. We know that not all the stories in therapy have a successful outcome. Some children could embody such levels of fear and despair that they may not be able to step into the therapy room. Offering other spaces like class work or the self-referral service is a good way to scaffold therapeutic services.

The remnants of the therapeutic experience

When children came to the self-referral service, I always gave them the option of leaving the images they created with me, either to keep them safe, or to finish them another time. This is an example of holding the emotional life for the child when this is so often missing in this context, as well as offering the message that the space and myself were there to support them when they wanted to come back. Sadly, my service closed due to a lack of funding. Before it closed, I extended an open invitation to the children to collect their images, or to stop by and let me know if they wanted me to take them with me. By the time the art therapy service closed, I collected approximately

100 images in an A4 folder (Figure 8). I often pause and reflect on what was left behind, not only in the folder but also within myself (Brown and Omand 2022). Perhaps the folder embodies the figure of the therapist who holds the residues of the clinical work. This folder contains the unfinished, the ugly, the scary, the ominous, the beautiful, and the completed.

CONFIDENTIAL

PUPIL PROGRESS RECORD

MALE

FORENAME(S) (capital):

SURNAME (capital):

DATE OF BIRTH (in figures):

Day: Month: Year:

TEL NO:

ADDRESS:

Changed to:

SCOTTISH CANDIDATE NUMBER

PUPIL STATUS (tick if applicable)

| | |
|-------------------------------|--|
| Child Protection Registration | |
| Looked After | |
| CSP | |
| IEP | |
| Health | |
| Significant Event | |

Figure 8 The folder. A4 folder and children's images, 2025

Brown and Omand (2022) speak about the reliquary quality of images and objects left behind. They also examine the meaning of these objects once they have been left, including the possibility for them to be curated, archived and exhibited. When I look at

the folder containing the invaluable record of my work in ‘the neighbourhood’, I often think about the patina these images acquired with time; they aged, like valuable objects. Meyerowitz-Katz (2017) and Reddick (2023) argue that the clinical material remains alive within the therapist, sometimes waiting to be born and it could happen that years after bringing art therapy work to a conclusion is when the therapist may be able to gain insight. It is possible that writing this paper came from the need to open that symbolic folder and allow others to understand the stories of children in ‘the neighbourhood’ through my narrative and what has been left within me.

The art of the art therapist

Being in contact with high levels of despair and trauma regularly I needed good support through management, art therapy supervision and reflective practice. These combined elements of my practice helped me to embody a therapeutic presence and metabolise the despair that I so often found overwhelming. Through processing the immediate raw experience I was able to avoid vicarious trauma, which is known to be a risk when working with extreme social and emotional deprivation such as was the ‘Glasgow effect’ (Drapeau et al. 2021; Lanyado 2018; Solomon and Nashat 2010). To enable my reflective capacity I was inspired by the self-made culture of chapbooks and zines and created the following double-sided booklet. Zine is a short name for magazine or fanzine. Historically both chapbooks and zines give voice to marginalised communities by the accessibility of publication and free distribution of the object (; French and Curd 2020; Humphrey Newcomb 2009; Vitale 2020). In this punk-made booklet I reflected on the grim reality of ‘the Glasgow effect’ and ‘the neighbourhood’ (Figure 9). I held in mind how this material impacted my practice. Inside the booklet are my reflections about the whole-school approach (Figure 10). Its vivid representation conveyed a message of positive creativity that supported my practice. By using this reflective tool I was able to offer a robust, consistent container and embody hope as a fundamental part of what was offered to the children. Some mitigation of the despair that pervaded this deprived community was also made possible by my capacity to stay with meaning and not be consumed by the immediate trauma (Rudnick 2018).

Throughout this paper I have emphasised the need to tailor our services. Individual therapy was a much needed form of intervention in my school service. But it was not possible to offer this kind of support to all the children who needed it. Thus, using different spaces of support allowed me to navigate the school community identifying different needs and designing different layers of holding. There were moments when hearing the despair of the children who presented behavioural difficulties and paying attention to children who were more likely to internalise their anxieties and suffered in silence was equally difficult; offering different therapeutic spaces and working in alliance with teachers, staff and other professionals made an impactful difference.

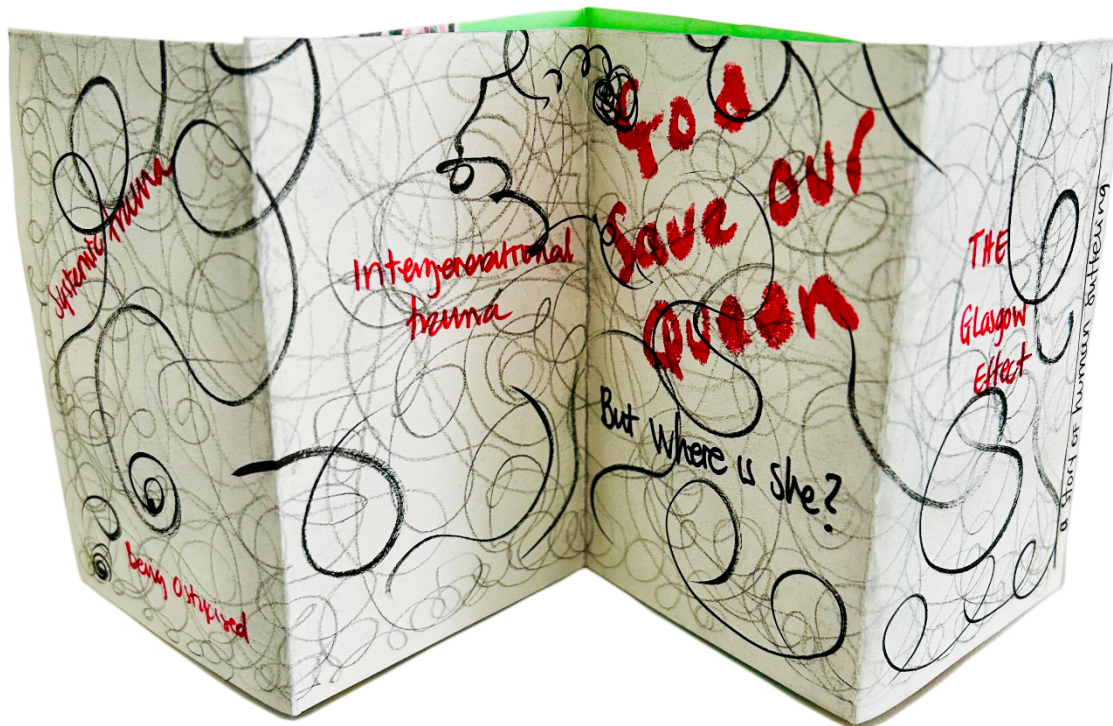


Figure 9. 'The Glasgow effect' zine. Pens and tempera on paper, 8x10x29, 2024



Figure 10. The whole-school approach zine. Pens and tempera on paper. 8x10x29, 2024

Conclusion

Glasgow remains the most deprived city in the United Kingdom, with the lowest life expectancy rate in Western Europe. The people face poverty, deprivation, violence and poor physical and mental health in contexts like 'the neighbourhood'. As part of the art therapy material I have addressed how the model of intervention gave opportunities for integration, safety and a sense of belonging to children in great emotional and social need. Using the 'whole school' approach can be difficult to implement when the needs of the school are overwhelming and prominent, but clear boundaries and communication when using a creative and flexible approach, by the multidisciplinary team, can benefit the services available and address the complex needs of the children

Finally, as professionals we need to increase our awareness of the rapid expansion of poverty, human displacement, political conflicts, health and financial crises across the globe. These phenomena demand our professional communities to develop services

that support people implementing holistic and integrated approaches. Using a whole-school approach could serve other therapists to provide a more robust frontline of support, particularly if the art therapist works in alliance with other professionals. I would like to invite other art therapists to talk about their experience in providing integrated services and how these are developed and tailored to their context, not only in school but also in other places such as a whole-community approach, a whole-hospital approach; further, to keep in mind moments when the clinical work extends beyond the therapy room and individualised interventions and that our clients bring with them complex narratives that demand our creative thinking.

Bibliography

Marcela Andrade del Corro trained in psychology in Mexico at ITESO University, and art therapy at the University of Barcelona. She has extended experience of working with children and families in a variety of settings, including residential care homes, children living on the street, parent and infant projects and private practice. Her clinical work has been developed in Mexico, Catalonia and the United Kingdom, where she worked in mainstream education and currently as a lecturer for both Queen Margaret University and Brunel University London, where she enthusiastically introduced child and infant observation as part of the training in art psychotherapy. She has recently completed studies in psychoanalytic observation at the University of Strathclyde and Human Development Scotland. She is an advocate for the importance of early therapeutic work and social justice.

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References

- Aldrige, F. (2008) 'Chocolate or shit aesthetics and cultural poverty in art therapy with children'. *Inscape*. 3(1): 2-9. Available at: <https://doi.org/10.1080/17454839808413053>
- Alvarez, A. (2012) *The thinking heart. Three levels of psychoanalytic therapy with disturbed children*. London: Routledge.
- Andrade del Corro, M. (2014) 'Street children in Mexico and the intervention of Art Therapy as a psychosocial perspective and model of social action'. *Art therapy online*. 5(1): 1-8. Available at: <https://doi.org/10.25602/GOLD.atol.v5i1.331>
- Arold, C. (2023) 'Working as an art therapist in schools'. *Insight*. Available at <https://baat.org/publications/insight/autumn-2023/working-as-an-art-therapist-in-schools/> Accessed: 10 January 2025
- Bateman, A., Brown, D., and Peddar, J. (2010) 'Levels of psychotherapy', in Bateman, A., Brown D. and Peddar, J. *Introduction to psychotherapy*. Hove: Routledge, pp. 109-125
- Bion, W.E. (1962) *Learning from the experience*. London: Tavistock.
- Brown, C. and Omand, H. (2022) *Contemporary practice in studio art therapy*. London: Routledge.
- Case, C. (1986) 'Hide and seek: struggle for meaning. Working with the grief process with art and play therapy'. In *Inscape journal of art therapy*. Winter: 1-5.
- Case, C. (2003) 'Authenticity survival working with children in chaos', in *International Journal of Art Therapy*. 8(1): 17-28. Available at: <https://doi.org/10.1080/17454830308414050>
- Case, C. and Dalley, T. (2009) *Working with children in art therapy*. London: Routledge.
- Case, C. and Dalley, T. (2008) *Art therapy with children. From infancy to Adolescence*. London: Routledge.
- Case, C., Dalley, T., Reddick D. (2023) *The handbook of art therapy. Fourth Edition..* Oxon: Routledge.
- Caldecourt, H. (2022) 'Don't go out that door. The pressure on a school to perform/conform whilst its community faces the aftermath of a disaster', in Skaife, S. and Martyn, J. (eds) *Art Psychotherapy Groups in the Hostile Environment of Neoliberalism. Collusion or resistance?* London: Routledge.
- Child Poverty Action Group (2024) *Action for children*. Available at www.actionforchildren.org. Accessed: 10 January 2025
- Chong, J. (2015) 'Why art psychotherapy? Through the lens of interpersonal neurobiology: The distinctive role of art psychotherapy intervention for clients with

early relational trauma'. *International Journal of Art Therapy*. 20(3):118-126.
Available at: <https://doi.org/10.1080/17454832.2015.1079727>

Cohen-Yatziv, L. and Regev, D. (2019) 'The effectiveness and contribution of art therapy work with children in 2018 – what progress has been made so far? A systematic review', *International Journal of Art Therapy*, 24(3), pp.100–112.
Available at: <https://doi.org/10.1080/17454832.2019.1574845>

Costas, B. (2020) *Other tongues*. Waystone: PCCS.

Dalley, T. (1990) 'Images and integration: art therapy in a multi-cultural school', in Case, C. and Dalley, T. (eds) *Working with children in art therapy*. London: Routledge.

Depardon, R. (1980) *Glasgow, Scotland, 1980*. Available at https://www.magnumphotos.com/shop/collections/fine-prints/glasgow-scotland-19806/?gclid=Cj0KCQjwmvSoBhDOARIsAK6aV7gqe1XocN_nnJT9yXITMFv0OWPjwwYvqY4Y8qrXlaU76aXLFLJySK4aAtt2EALw_wcB. Accessed: 10 January 2025

Derrida, J. (1998) *Monolingualism of the other, or the prosthesis of origin*. Stanford: Stanford University Press.

Drapeau, E., Drouin, M., Plante, P. (2021) 'Vicarious trauma and response art: A professional development workshop for psychotherapists working with survivors of trauma'. *Arts in psychotherapy*, 72: 1-9. Available at: <https://doi.org/10.1016/j.aip.2020.101744>

French, J. and Curd, E. (2022) 'Zining as artful method: Facilitating zines as participatory action research within museums'. *Action Research: Sage Journals*, 20(1):77-95. Available at: <https://doi.org/10.1177/14767503211037104>

Glasgow Centre for Population Health (2010) *Investigating a 'Glasgow effect': why do equally deprived UK cities experience different health outcomes?* Available at https://www.gcph.co.uk/assets/0000/0801/GCPH_Briefing_Paper_25_for_web.pdf

Gilroy, A., Tipple, R., Brown, C. (2012) *Assessment in art therapy*. Oxon: Routledge.

Grimm, J. and Grimm W. (2008) *Hansel and Gretel*. London: Floris Books.

Haywood, S. (2012) 'Liminality, art therapy and childhood sexual abuse'. *International Journal of Art Therapy*. 17(2):1-7. Available at: [10.1080/17454832.2012.687749](https://doi.org/10.1080/17454832.2012.687749)

Hosea, H. (2017) Amazing mess: mothers get in touch with their infants through the vitality of painting together, in Meyerowitz-Kats, J., Reddick, D. (eds) *Art Therapy in the Early Years. Therapeutic Interventions with Infants, Toddlers and Their Families*. London: Routledge.

Humphrey Newcomb, L. (2009) *Literature and popular culture in early modern England*. London: Routledge.

- Keyzer, C. (2023) 'Play ground an art approach to working in an aboriginal community school'. ATOL Art Therapy Online. 1(1): 1-27. Available at: <https://doi.org/10.25602/GOLD.atol.v13i1.1706>
- Lanyado, M. (2018) *Transforming despair to hope. Reflections on the psychotherapeutic process with severely neglected and traumatised children*. London: Routledge.
- Malchiodi, C. (2018) *Understanding children's drawings*. New York: Guildford Press.
- McDonald, A. (2019) 'Primary-school-based art therapy: exploratory study of changes in children's social, emotional and mental health', *International Journal of Art Therapy*, 24(3), pp.125-138. Available at <https://doi.org/10.1080/17454832.2019.1634115>
- McDonald, A. & Nicholas, D. (2017). Primary-school-based art therapy: a review of controlled studies. *International Journal of Art Therapy*. 23(1):1-12. Available at: [10.1080/17454832.2019.1634115](https://doi.org/10.1080/17454832.2019.1634115)
- McDonald, A. and Holttum, S. (2020) 'Primary-school-based art therapy: A mixed methods comparison study on children's classroom learning'. *International Journal of Art Therapy*. 25(3):119-131. Available at: [10.1080/17454832.2020.1760906](https://doi.org/10.1080/17454832.2020.1760906)
- McGarvey, D. (2018) *Poverty safari. Understanding the anger of Britain's underclass*. Edinburgh: Luath Press Limited.
- Meyerowitz-Katz, J. (2003) Art materials and process- A place of meeting: Art Psychotherapy with a four year old boy. *Inscape*. 8(2): 60-69. Available at: <https://doi.org/10.1080/17454830308414055>
- Meyerowitz-Katz, J. (2017) The crisis of the cream cakes: an infant's food refusal as a representation of intergenerational trauma, in Meyerowitz-Kats, J., Reddick, D. (eds) *Art Therapy in the Early Years. Therapeutic Interventions with Infants, Toddlers and Their Families*. London: Routledge.
- Meyerowitz-Kats, J. and Reddick, D. (2017) *Art therapy in the early years. Therapeutic interventions with infants, toddlers and their families*. London: Routledge.
- Moula, Z. et al. (2020) 'A systematic review of child-focused outcomes and assessments of arts therapies delivered in primary mainstream schools', *Children and Youth Services Review*, 112(May), pp.565-578. Available at: <https://doi.org/10.1016/j.chilyouth.2020.104928>
- Music, G. (2017) *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development*. London: Psychology Press.

Nelson, C.L. (2011) 'Meeting the Needs of Urban Students: Creative Arts Therapy in Jersey City Public Schools'. *Journal of the American Art Therapy Association*. 27(2): 62-68. [10.1080/07421656.2010.10129711](https://doi.org/10.1080/07421656.2010.10129711)

Nevers, N. (2023) 'You are black, I'm black: art therapy, race, autism, and domestic abuse'. *International Journal of Art Therapy*. 28(1-2): 20-27. [10.1080/17454832.2023.2185646](https://doi.org/10.1080/17454832.2023.2185646)

O'Brien, F. (2004) 'The making of mess in art therapy'. *International Journal of Art Therapy*. 9(1):2-13. Available at: <https://doi.org/10.1080/02647140408405670>

Ogden, T. (2004) 'On holding and containing, being and dreaming', in *International journal of psychoanalysis*, 84, pp. 139-164 [10.1516/T41H-DGUX-9JY4-GQC7](https://doi.org/10.1516/T41H-DGUX-9JY4-GQC7)

Rayment, A. (2017) Side by side: an early years' art therapy group with a parallel therapeutic parent support group, in Meyerowitz-Kats, J., Reddick, D. (eds) *Art Therapy in the Early Years. Therapeutic Interventions with Infants, Toddlers and Their Families*. London: Routledge.

Reddick, D. (2007) Working with the whole class in primary schools, in Case, C. and Dalley, T. (eds) *Art therapy with Children from Infancy to Adolescence*. London: Routledge.

Rosseau, C., Lacroix, L., Bagilishya, D., (2011) 'Working with Myths: Creative Expression Workshops for Immigrant and Refugee Children in a School Setting'. *Journal of the American Art Therapy Association*. 20(1): 3-10. [10.1080/07421656.2003.10129630](https://doi.org/10.1080/07421656.2003.10129630)

Rudnick, S. (2018) 'Out of the darkness: a community led art psychotherapy response to Grenfell tower fire. *Art Therapy Online (ATOL)*, 9(1). [10.25602/GOLD.atol.v9i1.491](https://doi.org/10.25602/GOLD.atol.v9i1.491)

Rudnick, S. (2022) 'Latimer community art therapy. Developing from the grassroots after Grenfell', in Skaife, S. and Martyn, J. (eds) *Art Psychotherapy Groups in the Hostile Environment of Neoliberalism. Collusion or resistance?* London: Routledge.

Rustin, M., Miller, L., Rustin, M. and Shuttleworth, J., (2002). *Closely observed infants*. London: Gerald Duck & Co.

Save The Children (2024) *Facts about global child poverty*. Available at www.savethechildren.org. Accessed: 10 January 2025

Scottish Government (2020) *Scottish Index of Multi Deprivation*. Available at: <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>. Accessed: 10 January 2025

Schaverien, J. (1987) The scapegoat and the talisman: images in art therapy, in Dalley, T., Case, C., Schaverien, J., Weir, F., Halliday, D., Nowell Hall, P., Waller, D. (eds) *Images of art therapy. New developments in theory and practice*. London: Routledge.

Solomon, M. and Nashat, S. (2010), 'Offering a 'therapeutic presence' in schools and education settings', *Psychodynamic Practice*, 16(3), pp.289–304. Available at: <https://doi.org/10.1080/14753634.2010.492145>

Sutherland, J., Waldman, G., Collins, C. (2011) 'Art Therapy Connection: Encouraging Troubled Youth to Stay in School and Succeed'. *Journal of the American Art Therapy Association*. 27(2): 69-74. [10.1080/07421656.2010.10129720](https://doi.org/10.1080/07421656.2010.10129720)

Talwar, S. K. (2019) *Art Therapy for Social Justice: Radical Intersections*. New York and Oxon: Routledge.

Taylor Buck, E. and Hendry, A. (2016), 'Developing principles of best practice for art therapists working with children and families' *International Journal of Art Therapy*, 21(2), pp.56–65. Available at: <https://doi.org/10.1080/17454832.2016.1170056>

Turner, D. (2020) *Intersections of Privilege and Otherness in Counselling and Psychotherapy*. London: Routledge.

Vitale, G. (2020) 'Chapbook review: art therapy 101 by Jacob Moses explores symbols through poetry'. Quail Bail Magazine. Available at: <http://www.quailbellmagazine.com/the-real-20/chapbook-review-art-therapy-101-by-jacob-moses-explores-symbols-through-poetry>

Waddell, M. (2002) *Inside lives, psychoanalysis, and the growth of the personality*. Second extended edition. London: Karnac.

Waller, D. 2006. Art Therapy for Children: How it Leads to Change. *Clinical Child Psychology and Psychiatry*, 11, (2) 271-282. Available at: [10.1177/1359104506061419](https://doi.org/10.1177/1359104506061419)

Watts, P., Gilfillan, P., Hills de Zarate, M. (2017) 'Art therapy and poverty: examining practitioners experiences of working with children and young people in areas of multiple deprivation in West Central Scotland'. *International Journal of Art Therapy*. 23(4): 146-165. Available at: [10.1080/17454832.2017.1399920](https://doi.org/10.1080/17454832.2017.1399920)