

# **Drawing on creative arts therapy approaches to enhance inclusive school cultures and student wellbeing**

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With an interdisciplinary focus on creativity, inclusion and wellbeing, this paper provides a conceptual argument for additional and reimagined arts education programs in schools that incorporate creative arts therapies. Based on a review of literature in this field, it documents the practices and value of creative art therapies, for students currently experiencing or at risk of mental health problems. In a global context where mental health issues are on the rise, an emotional curriculum is discussed that includes awareness of mental health issues, promotion of wellbeing and incorporation of inclusivity to enhance positive outcomes for individuals and communities. A philosophy is presented that aims to connect students and teachers through art experiences in a way that meaningfully and effectively addresses the strengths and needs of a diverse range of students. Drawing on the authors' different practices, positive psychology and post-structural theory, this philosophy seeks to maximise student's potential to flourish as individuals and classroom members, whilst acknowledging that we all experience life and learning differently.

## **Introduction**

This paper is a conceptual argument supported by an extensive literature review for additional and re-imagined arts education programs for schools. This argument draws on the authors' experiences in education and health and maintains a focus on research into creative arts therapy programs in school contexts (Albert, 2010; Beauregard, 2014; Isis, Bush, Siegel & Ventura, 2010; Randick & Dermer, 2013). The effectiveness of creative arts therapies in Australian schools that move away from clinical models of art therapy are discussed with a focus on social, cultural and gender inclusion.

Up-front, mental health statistics and issues are presented. Arts education and creative arts therapies are then discussed to share what Malchiodi (2018) calls "the actual differences between specific art therapy approaches to health and wellness versus the services of other art-based practitioners or for that matter, mental health professionals who integrate art-based methods within psychotherapy" (p.1). Positive psychology is strongly considered in this discussion, which is defined as the prevalence of positive attributes that allow us to maximise growth and opportunity (Seligman, 2011).

## **Mental health concerns**

Diverse mental health issues are causing enormous concerns for individuals, family members, society and economics (World Health Organization, 2001). The World Health Organization (2001) reported that:

As many as 450 million people worldwide are estimated to be suffering at any given time from some kind of mental or brain disorder, including behavioural and substance abuse disorders. This is an overwhelming figure considering that mental health is not only essential for individual well-being, but also essential for enhancing human development including economic growth and poverty reduction. (p.7)

Professor Allan Fels, The Chairman of the National Mental Health Commission, explained mental health as an economic issue costing the country billions of dollars and called for prevention (Worthington, 2015). Worthington reported that The National Mental Health Commission review of mental health recommended a shift from the more expensive crisis management, to prevention and intervention (Worthington, 2015).

The NAB Independent Schools Survey (NAB Group Economics, 2017) reported that the biggest negative impact to student wellbeing is related to family conflict or breakdown, scoring 8.4 out of 10 (where 10 is 'very strong negative impact'). Bullying (7.0) was next, followed by the health of loved ones (6.5), a student's popularity (6.4), their friends (6.4) and peer pressures (6.4). In the NAB report Dr Carr-Gregg summarised the statistics with the observation that "1 in 7 primary school students and 1 in 4 secondary students have significant psychological problems" (NAB Group Economics, 2017). These issues, we believe, could be addressed in additional art education that focuses on wellbeing, and possibly prevents problems from developing, by using creative art therapy approaches or arts in health (White, 2008).

The urgency of addressing mental health at the preventative level has been reiterated by Worthington (2015), who reported that approximately two and a half thousand Australians die each year from suicide, that could be prevented. According to the Australian Bureau of Statistics (ABS, 2015), deaths from intentional self-harm or suicide have increased from 2118 in 2006 to 3027 in 2015. In 2015, suicide was in the top 10 leading causes of death for males and the ratio between the sexes was 312 males for every 100 females. For people of Aboriginal and Torres Strait Islander (ATSI) background, suicide was the 5th leading cause of death with a standardised death rate of 25.5 compared to 12.5 for people of non-ATSI background. In terms of age, suicide has the lowest median age of 44.5 years old and the highest years of potential life lost. In 2015 it was reported that suicide was the leading cause of death of children between 5 and 17 years of age (ABS, 2015).

McNamara (2013) reported on a range of individual, familial and community-based risks that may increase the likelihood of children committing suicide – including school disengagement, stress associated with school examinations, and "Low levels of social capital which manifest in disconnectedness, exclusion and marginalisation from community-based expression through the arts, recreation and sport" (p.359). While initiatives such as

*Beyondblue*, *Headspace*, *BounceBack* and *Mindmatters* have been implemented by the Australian Government to address youth mental health and suicide rates, McNamara (2013) recommended “The development of effective interventions aimed at addressing the complex psycho-social and structural situations of high risk groups...” (p.352).

A report by KidsMatter (2011) identified that 1 in 5 high school children have mental health concerns. The *Report* on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing estimated 112,000 children and adolescents in Australia aged 4-17 years met diagnostic criteria for major depressive disorders (Lawrence, et al., 2015). According to the Mission Australia’s *Youth Survey* (Mission Australia, 2013), for the 14,461 participants aged 15-19, the top three issues of concern were coping with stress, school or study problems, and body image. Coping with stress was the top issue of concern, with 38.3% of respondents indicating that they were either extremely concerned (15.8%) or very concerned (22.5%) about this issue. The World Federation for Mental Health (2012) predicted that mental illness will increase by 50% by 2020 and will move towards being the major cause of disability worldwide. It seems that it is vital to make some changes to the current education system to address these statistics and to do this now.

If we are to help prevent mental health issues through the arts we need to do this with a strong sense of inclusivity and a deep awareness of diverse points of view, including ethnic, class and gender sensitivities. We note that many schools are often working with good intentions toward addressing some of these problems (Felton, Vichie & Moore, 2016; Fleming, et al., 2016; Florian, et al, 2010; Robinson, 2017). The Association of Heads of Independent Schools of Australia CEO, Beth Blackwood suggested

Increasingly, there will be jobs such as Directors or Deputies of Wellbeing, which demonstrates the significance schools are placing on health and wellbeing of our young people not just today, but also into the future (NAB Group Economics, 2017).

## **Wellbeing and inclusion**

The term inclusion can be broadly interpreted and sometimes shallowly used (Addison, 2003; Florian et al., 2010; Hogan, 2003). For the purpose of this paper, notions of inclusive education are grounded in and aligned with those presented in the *Salamanca Statement and Framework for Action* (UNESCO, 1994). This re-affirms every individual’s right to education. Inclusion is referred to as a commitment to educate all students in high quality, age appropriate, general education classrooms in their local communities (Grima-Farrell, 2018). It is based on the philosophy that schools should provide for the needs of all students in their communities regardless of their abilities or disabilities (Foreman & Arthur-Kelly, 2014; The Australian Research Alliance for Children and Youth, 2013; UNESCO, 1994). Inclusive schools welcome, celebrate and cater for diversity ensuring that all students share the same rights and have the opportunity to reach their full potential in all curriculum areas (Villa & Thousand, 2005).

Over recent decades, efforts to make classrooms more responsive to the needs of diverse learners have produced educational guidelines, policies and ethical standards that frame

efforts to create inclusive learning environments for all students. It is important that teachers are able to provide opportunities for students to express themselves and explore their identities in diverse classrooms from the early years of schooling, as this has the capacity to positively impact a students' sense of belonging and wellbeing. This philosophy of inclusion, which aims to maximise each student's opportunity to flourish to their potential, in the school and classroom (Grima-Farrell, 2018) is shared by many educators. School based staff and education systems are required to respond to the diversity of student needs using practices and approaches that have been proven to be beneficial to students with and without mental health concerns.

Simovska (2018) suggested an inclusive approach to understanding wellbeing for the "...whole-school environment and the totality of children's experience at the school". She called for "...opportunities for students to critically reflect on what wellbeing means to them, to navigate through and negotiate within the communities in which they live, play and learn, with a view to realising, challenging and enacting their potentials, ambiguities and desires – and to do all this in a constant dialogue with others, in the context of plurality and difference." (Simovska, 2018).

### **The arts, individuality and student wellbeing in the school system**

This paper suggests creative arts therapy approaches may offer some solutions, but does not propose doing this within the already marginalised space and time art education is given in schools (Chapman, 2015; Sternberg, 2007; The Warwick Commission, 2015). Instead, additional arts education is proposed that incorporates inclusive creative arts therapies as a way to address or prevent mental health problems.

The arts have always been powerful and essential practices for humans to engage in, for health and wellbeing (The Foundation for Art and Healing, 2011). The arts promote positive mental health and wellbeing (Ewing, 2010; Heenan, 2006; De Botton & Armstrong, 2013; McNiff, 2009; Secker, et al., 2018). Karkou (2010) suggested that in Britain, the attention of arts educators has shifted from valuing children's psychological well-being (and what was known as the "emotional curriculum") to a primary concern of developing artistic outcomes and it is this more emotional art curriculum that could be nurtured as a space for students to address mental health.

Scholes and Nagel (2012) noted that the arts are seen as soft subjects reinforced by the perception that they are the domain of the feminine. From the most recent HSC data in New South Wales, the ratio of male to female students was 48:877 in Dance; 1585:3106 in Drama; 2276:2482 in Music, and 2548:6523 in Visual Arts (NSW Education Standards Authority, 2017). Such student enrolment patterns in arts-based subjects reinforce gender stereotypes. Poststructural theory is useful for critiquing the normalisation of such gender stereotypes; a male/female binary is not naturally existing but socially constructed and regulated through discursive practices (Foucault, 1990). Such practices include the performative repetition of particular speech and bodily acts (Butler, 1999) that are recognised as either feminine or masculine. For males, a recognisable or "hegemonic

masculinity” involves putting on a show of “bravery and toughness” (Connell, 2015, p.14) rather than engaging in creative or emotional expression.

Scholes & Nagel (2012) noted that many boys who are resistant to participation in creative arts are often from low socioeconomic backgrounds where “performing” dominant versions of masculinity can minimise the risk of peer ridicule. With bullying being the second largest threat to student wellbeing in Australia (NAB, 2017) and a risk factor for mental health issues resulting in suicide (Bhat, 2008) this is a risk for youth who do not conform to gender norms (Reynolds, 2011; Ross et al., 2017). Thus, there is much work to be done to create a safe space in which all students, especially males, feel safe enough to: 1) express themselves in counter-hegemonic ways through the creative arts and arts therapy; and 2) nurture a sense of wellbeing in the process. Such space was provided by Cho (2013) where boys were able to “...explore, deconstruct, and examine what masculine identity means to them in an environment that was supportive, non-judgmental, and compassionate” (p.8). Similarly, Slayton (2012) noted from her art therapy work with adolescent males, that they benefitted from “the opportunity for expression of diverse values without judgment” (p.180).

As a means of supporting such diversity, the Safe Schools Coalition Australia [SSCA] provided resources such as the *Student Wellbeing Hub* and associated *Australian Student Wellbeing Framework* (2018) with the vision that:

Australian schools are learning communities that promote student wellbeing, safety and positive relationships so that students can to reach their potential. The five interconnected elements of leadership, inclusion, student voice, partnerships and support provide the foundation for enhanced student wellbeing and learning outcomes.

In particular, the acknowledgment of student voice through ‘Authentic student participation’ and inclusion of diverse perspectives through an ‘Inclusive and connected school culture’ (Student Wellbeing Hub, 2018) could be supported through art therapy approaches.

## **Art therapy**

The two major theories in the field of art therapy “derive from Freudian psychoanalytic ideas and methods” (Junge, 2016, p.13). One is psychotherapy and employs art “mostly as a method of non-verbal imagistic communication or symbolic speech.” (p.3). The other originates from Edith Kramer’s notion and is psychologically informed and closer to art educators who believe that it is “the creative process itself that is healing” (p.3). If funding permitted, schools would ideally have educational creative arts therapists working with wellbeing directors, art teachers, school psychologists, etc., in the former psychotherapeutic sense. Therefore either form of creative arts therapy could be done in schools, with the school psychologist or social worker facilitating and supporting ways for young people to express their inner feelings and make sense of self and/or when dealing with illness, trauma, identity issues, bullying, anxiety, family breakdown, depression, stress and more. The American Art Therapy Association (AATA, 2011) provides a tool kit for utilising art therapy

in schools (AATA, 2011). This document profiles schools using art therapy for a wide range of services including: action-based learning, special needs education, improving self-esteem, positive communication, conflict resolution and student support.

## Creative arts therapies in schools

Like the first author, some art teachers are also trained and experienced creative arts therapists. Many creative arts therapists are also practising artists which means these are valuable people to have involved in art education for wellbeing in schools.

Creative arts therapies currently exist in some Australian schools with documentation of programs and teacher professional development for teachers in creative arts therapy approaches for schools (Critical Agendas, undated) or services to schools (Art Therapy Australia, undated). There is however little research that systematically documents its effectiveness, or particular approaches that work (Quibell, 2010; Karkou, 2010). This means that much of the research has tended to be on individual case studies set in particular cultural, social or institutional contexts (Quinlan et al. 2015). However, there are many documented approaches to utilise the multi-modal range of creative arts therapies with young people for inclusivity (Herring, 2011; Quinlan, et al., 2015). McFerran and Rickson (2014) reported on the usefulness of *Collaborative Music Therapy* (CoMT) to nurture inclusivity. In one school, a group of young men of one culture kept jeopardising a community music project in a school and had therefore been banned from participating. The music therapist responded to this by instigating ‘new music projects that promoted loud, active and creative participation’, but also resisted engaging ‘only young men from this one cultural group’. A body percussion group with a diverse membership in relation to culture and gender was commenced in the following term, and the skills developed in that project led to further opportunities for creative expression across the school that involved a number of the young men who had been ‘in trouble’ for their participation previously. (p 10).

A benefit of therapeutic interventions in school settings is that they are more inclusive and available for all children – not just those whose parents can afford therapists or have to wait on long public waiting lists (Beauregard, 2014). Beauregard (2014) reviewed a number of case studies of creative arts therapy programs in school settings, including working with students who are not transitioning well to high school, using music to express emotional states and aggressive tensions to prevent violence, or organising groups of students in an after school art program to encourage better relationships and community building. Beauregard (2014) noted the latter two opportunities were only available for a few selected students, whereas most children in the school could have benefited from them, so funding for inclusion is an issue.

## Examples of creative art therapy for young people and/or schools

Implementing creative art approaches with an emphasis on art therapy, or at least the therapeutic practices of art in schools, would enable students to explore and address the contradictory gaps of self and school, or other cultural systems like social media – which could in turn prevent mental health issues developing. Art education in schools with a therapeutic focus – as opposed to a focus of art just being for the talented, promotes inclusivity (Chapman, 2015) – especially when students are assured that their own expressions and way of creating are valid. This therapeutic art approach offers students ways to express their own unique aesthetic, cultural, socio-psychological and environmental points of view. In particular, community music can utilise the skills of all students involved; This is a ‘resource-oriented’ approach to teaching which encourages the *strengths* of those participating (McFerran & Rickson, 2014, p.11).

Art therapy training could help art teachers when dealing with Council’s (2016) points, that many parents, teachers, and caregivers imagine that children are protected from the emotional impact of problems in the family, traumatic events, over stimulating content in the media, and dysfunction in the community. Children take in a tremendous amount of emotional information, and they may not have the words to express what they know and how they feel. She added, ‘Integrating art therapy into unconventional settings such as schools, communities, and hospitals, in addition to psychiatric treatment programs, creates opportunities to help young people express their feelings and reflect on their experiences’ (2016, p.243).

This will be particularly vital with young children self-harming in school and not receiving assistance from exhausted mental health services. To illustrate from an article by Ferguson (2018):

[Suzanne] Skeete runs *Tappy Twins*, a non-profit social enterprise that sends counsellors into 50 nurseries and schools across Midlands, Derbyshire, Gloucester and Staffordshire, to provide support and therapy for children ... At least 500 primary school children have reported to *Tappy Twins* that they self-harm and the organisation has waiting lists full of four to 11-year-olds. ...

“When primary school children self-harm, but not in a life-threatening way, parents and schools are being told the child does not meet the threshold for treatment. That happens a lot,” says Skeete. (Ferguson, 2018).

After thirty years of experience as an art therapist and an increased realisation of her need to be inclusive, Linesch (2016) suggested art therapy with teenagers is valuable for:

- engaging them at the very tender places of their developmental challenges
- providing them with empowering activities that support their progress
- assisting them in finding answers to the kinds of identity questions that our culture makes complex and sometimes irresolvable (p. 252)

These points are important to consider in art-therapy informed art education, considering (1) the kind of art that young people invent can be very different to what adults appreciate (graffiti art, engineered music, digital art, etc.). Therefore, engaging and empowering young people to express themselves through art, can mean addressing limited views we might already have of what art is or can be; and (2) as young people express themselves through art, new imagery, metaphor and language can emerge.

Art therapy approaches offer ways of inquiring into this language to make sense of it. As Hurlburt and Heavey (2006) posited, “most adults, including most psychologists, presume that children’s images are like their own – they seem to happen in an instant, and appear fully formed” (p.ix) when in fact they need inquiry as ‘psychology doesn’t have a basic science of the image’ (p.ix).

### **Self-narrative**

From her work as an arts therapist with paediatric oncology patients and their families, Councill (2016) found that children have “the full range of human emotions” but “it is in their thinking that they differ from adults” (p.243). One way in which art therapy can specifically help children is in that “Art therapy promotes internal locus of control” (p. 246). This has relevance for young people who feel disempowered in school systems or feel like they are failing in the culture of a school environment as “Art therapy (also) assists in creating a personal narrative” and “Displacement into art allows emotional safety to process difficult content” (Councill, 2016, p. 246).

A case in point is a case study of Beth, a female school student in creative art therapy who was dealing with her parents’ divorce, reported on by Pleasant-Metcalf and Rosal (1997). Beth’s drawings and discussions with the creative arts therapist enabled her to express and process difficult content around her parents’ divorce and her relationship with her father who was often drunk when she had to stay with him. Students from recently divorced families suffer from poor study habits and habit disturbances, anxiety, fearfulness, inhibition, regressive behaviours, and neediness (see Hetherington, 1981). Beth created an image of a waterfall which represented “her and her father together at the crest of a waterfall where they were about to plunge over the fall. Beth explained she would risk her life to go over the falls with her father” (p.27). This important drawing emerged in the ninth creative arts therapy session and in the context of other art that was explored, Beth was able to question “her need to risk so much for (her father)”. She expressed anger for giving so much to her dad and for receiving so little in return.

After the discussion, Beth was asked if she would like to change the painting. She chose to take herself and her father out of harm’s way. Beth’s decision to change the painting may be an indicator of the newly discovered empowerment she felt and of her increased sense of self-efficacy. The final art therapy session centered on her hopes for the future and a review of her work in art therapy. (Pleasant-Metcalf and Rosal, 1997, p.27)

Examples like this show how engaging students in the process of creating art in a therapeutic environment enables them to explore and re-define their own narrative as they develop their



art and contemplate its meaning. This goes to the heart of the following five other aspects of art therapy that Council (2016) found:

1. Problem-solving through art therapy supports mastery and cognitive development: Normal children long to do things for themselves — to learn how to do everything and practise the skills to get it right. Children with serious illness may face cognitive, behavioural, and physical limitations, but they are still driven to develop. Art therapy can provide an environment for problem-solving and accomplishment that gives the child a sense of mastery, both over important developmental tasks and, through self-expression, over troubling events in their lives.
2. Art therapy allows for nonverbal expression when words fail.
3. Using metaphors connects individuals to universal themes: isolation is a tremendous problem for ill children. Young people desperately want to fit in, to belong, to be like everybody else, but illness sets them apart. Self-expression through metaphor can give an individual's story the power to resonate with universal cultural themes. The individual's experience is his or her own, but when it relates to a theme or metaphor that others also experience, it transcends the personal and belongs to the whole. Others can see the image and relate to its meaning, even if they do not have the same illness as the artist.
4. Visual expression levels the playing field for those with stronger verbal defenses: Children are not in charge. While they may know what the problems are, especially in their families, the adults have bigger voices and more practice in denial, rationalisation, and self-justification. Drawing and painting amplify the child's capacity for intuitive expression through art, just as they may provide a way around an adult's pathological defenses.
5. Provides clients safe access to non-verbal memories: This quality is especially important when working with clients who have endured traumatic experiences. By their very nature, traumatic memories are non-verbal, so they must often be first accessed through non-verbal means. Art therapy has a natural facility with non-verbal material, and so it offers great promise in healing trauma. (p.247)

Whatever context the creative art-therapy inspired art education is in (classroom, community, whole school, extra-curricular or individual), this paper does not advocate for art teachers who are not trained creative arts therapists or counsellors, to conduct art therapy workshops. As (Malchiodi, 2018) noted in her blog page,

Art therapy is a mental health profession and one that involves a psychotherapeutic relationship. So why, after five or more decades, are art therapists still perceived as “art teachers,” “activity therapists,” or purveyors of “art lessons” despite so many regulatory definitions and career descriptions?

Creative arts therapy approaches in schools need to be structured so that they adhere to the rules of regulatory boards such as Art Therapy Australia, and ensure and maintain privacy and confidentiality of student/clients. However, in education, ‘grey areas’ exist where emotional curriculum and pedagogy occur in all the arts education areas (music, drama, dance, visual art and digital/media art), as well as physical and health education where health

and wellbeing are often explored in personal and embodied ways. For example, in the *Australian Curriculum* (ACARA, 2019) for visual arts, it is expected that:

By the end of Year 6, students explain how ideas are communicated in artworks they make and to which they respond. They describe characteristics of artworks from different social, historical and cultural contexts that influence their art making. Students structure elements and processes of arts subjects to make artworks that communicate meaning. They work collaboratively to share artworks for audiences, demonstrating skills and techniques.

The ability to communicate meaning in collaborative ways could work to address McNamara's (2013) concerns about "...exclusion and marginalisation from *community-based expression* through the arts..." (emphasis added - p.352); while being adept at explaining and responding to artworks involves self-reflection.

Teachers may extend on this through *Creative Experiential Learning* (CEL) - a process of teaching which invites the student to engage the process and reflect on their experiences. CEL is highly suited to subjects that engage students in creative, reflective and reflexive processes. Teachers engaging CEL may find the relationships of teacher/student in danger of transitioning toward therapist/client. Crane & Baggerley (2013) suggested that if teachers are not equipped with the professional training and experience to be in this therapist/client relationship they may fail to "maintain ethical principles and boundaries" (p.235). Drawing on the work of Deaver & Shielt (2011) they stated how teachers "should know ahead of time how to support those who become emotional during an activity, uncover buried trauma, or reveal more than they intended" (p.235). They advise that "Instructors can process with students individually after class time or make a referral for counselling if necessary" (p.235). However, trained and qualified creative arts therapists conducting such workshops would have the skills to deal with these issues professionally during the art and creative activities.

### **Understanding our young people**

Facilitating creative therapeutic processes requires the teacher or therapist to bracket out their own assumptions and interpretations. Councill (2004) explained: "If one's inner critic censors every brushstroke, it is difficult to make anything, for the child and the professional artist alike" (p.247). Advising art therapists working in hospital settings, Councill shared how "It is tempting for adults to ask a lot of questions or give a play-by-play narrative about the child's process, but this kind of commentary is generally a way to manage the parent's anxiety, and it often interferes" (p.247). Teachers need to be tolerant of ambiguity and not try to encourage students in art to create "something" they have in mind, a readily definable thing or picture. Poorsoltan (2012) found from a study about the many traits of artists that one trait is "tolerance for ambiguity" (p.80). Norton's (1975) report of the eight categories of ambiguity that psychologists use included: 1) multiple meanings; 2) vagueness, incompleteness, or fragmentation; 3) likelihood; 4) lack of structure; 5) lack of information; 6) uncertainty; 7) inconsistencies and contradictions; and 8) lack of clarity (cited in Poorsoltan, 2012, p. 80).

As Addison (2003) stated, “Artwork created by a transgendered client may make sense only through understanding transgenderism. Just as cultural sensitivity is vital when serving clients of varied ethnic and cultural backgrounds, without an understanding of sexual orientation, art therapists cannot truly serve GLBT clients in an efficient, effective, ethical manner” (p.57). It is through listening to what our young people are communicating personally and socially, through multi-modal arts ways that can be ambiguous, that we may better understand and help.

The contradictory qualities of artistic practice and art offer people a way to express, understand and facilitate change. When expressed in visual form, in words, in music or body-based movement, people engaging in creative arts therapy, guided by trained creative arts therapists, can make sense of their processes and/or structures of art by contemplating metaphoric, narrative, material or symbolic meaning. Through performance, fictional narrative or imaginary images and film work, they can explore alternative ways of being and thinking that can in turn help to address the conflicts of self or place/systems they experience (see Councill, 2004; Malchiodi, 2007; PACFA, 2012). This may require creative arts therapists to re-adjust their practices to school classroom contexts or small group workshops within schools. In this school-based context, they will need to remain vigilant against dominant/subjugating narratives that shape the identity of the client and the therapist and impact on the therapeutic relationship. This is often at the expense of more diverse and empowered understandings of therapy, health, wellness, gender, race, ability and sexuality for minority groups. In a similar way, art teachers or therapists need to be open to their student/client’s own interpretations of their work and avoid loading their own assumptions onto the “meaning” of the students’ works (Hadley, 2013).

As noted by Hahna (2013), incorporating feminist pedagogy can challenge systemic oppression of marginalised groups in order to promote social change. The critique of social norms would include gender stereotypes that limit the participation of male students in the creative arts. Similarly, Sajani (2012) argued for a critical race feminist paradigm in creative arts therapies, in order to “respond amidst suffering and against oppression” (p.189) by avoiding essentialising categories and acknowledging the complexity of subject-formation for each individual. At the practical classroom level, this could involve creative arts therapists and teachers questioning their own assumptions and biases, understanding that meaning is shaped by context, and being open to learning from the experiences and perspectives students bring with them.

### **Incompatibility with school-based assessment**

In art education, some of the many things taught include technique, skill, history and ways of creating and responding to art. However, in an emotional curriculum (Karkou, 2010) that incorporates positive psychology (a potential model of *art-education/art therapy immersion*), these pedagogies can be incorporated with a therapeutic process where experimentation, experiential process, explorations of self and identity, and time for contemplation, discussion and inquiry are included. “Art therapists meet people where they are: no artistic skill or experience is expected or required. Art therapy can create an oasis of creative

experimentation and curiosity in a treatment environment that is focused on defining problems and creating measurable goals” Councill (2004, p. 247).

Thus, a school based creative arts therapy program or *art-education/art therapy immersion* program would need to sit outside of assessment structures. Some art education assessment strategies are problematic anyway as they can prevent students engaging in experiential creative processes as students have to quite artificially document trials, thought processes, etc. that **apparently** led to the final artworks (Sandage, 2006). Assessment of final artworks is often highly subjective and it is in the creative process where diversity and inclusivity can be honoured. Assessing the creative process requires time and space and for the teacher to listen, respond and facilitate as part of the students’ experiential and experimental process that often doesn’t suit the short class-times available.

### **Inquiry and meaning-making process**

In addition to the therapeutic processes of engaging artistic process in creating and making and exploring and responding, art therapy is built on the idea that images are covert – a highly contestable issue for assessment. Art therapy values inner seeing; through contemplating the emotive responses, feelings and interpretations of art. By sharing contemplations of art (including the contradictions mentioned earlier) the creative art therapy processes invite participants to engage in reflective analysis of what the artistic process, or final artefacts created, actually mean. PACFA (2012) provided this definition of creative arts therapies:

All art forms offer avenues for inquiry into personal life meanings. Understandings can be gained through using the art form to represent and construct your own story, or by using forms already created, such as dramas, poems, paintings, novels or musical compositions. The purpose is always to create re-experiencing of selected aspects of your life so as to understand and consider them as you make sense of them. Some approaches use single art forms, whilst others may invite you to use a number of ways of expressing what is important to you, including talking about your experiencing as you inquire into it. (p.4)

Analysis of the meaning of the process of art and/or the final result can help people understand behaviours, relationships, thinking, metaphors, symbols and often helps trigger new creative ideas (Crane & Baggerly, 2013). Techniques used for this include asking the students to write some thoughts for themselves about what their work is about (Malchiodi, 2007). When sharing his views on art and health, White (2008) explained:

... it’s the activities and conversations that go on around arts participation that are interesting pathways to determining what the benefits are. Participants in projects articulate quite clearly that what they get out of it are the social and connection opportunities along with the pleasure of practicing the art form. (p.20)

White’s (2008) suggestion highlighted another aspect of how art can be therapeutic and enjoyable but also how conversations that take place around an art performance or happening can also be therapeutic. They can help young people understand relationships

within families or groups and even help teachers and creative arts therapists examine their own leadership styles, by challenging them to be more open to “a change of direction” presented by the students (Rosal, 2016, p.235). Interactions and developments from the creative arts therapy space change and shape individuals, communities and cultures within and out of schools and are vital if we want to promote change and wellbeing for young people.

## Concluding remarks

This paper has been a conceptual argument supported by literature drawing on the authors’ combined practices from health and education research and practice. It has responded to the alarming and increasing mental health issues for young people and highlighted the need to address these issues urgently with a particular focus on inclusivity. Chapman (2015) and others have already documented limited time and resources allocated to art education and recommended arts immersion as a solution. Our *art-education/art therapy immersion* proposes to address art education, mental health and inclusivity.

A recommendation is that clusters of schools or individual schools are assigned an art therapist to work with art teachers, other teachers and students to work toward this immersive model. Urgent funding would be needed and curriculum mappers employed to meet curriculum and assessment adjustments and requirements. Evaluating current models of creative arts therapy in schools, developing new models and researching their effectiveness are also advised. This would require extensive research in different school contexts and extra-curricula education, to identify the diverse needs of students and the most suitable *art-education/art therapy immersion* that could work in these different contexts.

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