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How do socially prescribed community-based art workshops impact on the health and wellbeing of the women who attend them?

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Submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy

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Abstract

Social prescribing in the UK, is a health intervention supporting mental health, long-term conditions, loneliness and isolation (Dixon and Polley, 2016; Polley et al., 2017). Emerging studies have highlighted the need for social prescribing to engage with marginalised groups to understand the causes and impacts of health inequalities, (Muhl et al., 2023; Thomson et al., 2024; Percy-Smith and Bailey, 2023), however less is known about how current practices can benefit from the perspectives of marginalised women who attend socially prescribed activities. My research addresses three separate but complementary objectives: the women's journeys to seek support in art workshops, their views on existing support, and finally, the artists' perspectives on facilitation and support. With a specific focus on the voices and experiences of marginalised women, my theoretical framework of experience (hooks, 1989b, 2001; Hill Collins, 1990), emotion (Hochschild, 1983) and empathy (Letherby and Zdrodowski, 1995; Liamputtong, 2007), values their personal stories to guide more nurturing practices in social prescribing.

Findings

Through developing understandings of the women's journeys to seek help/barriers to seek help, my research identified through the centring of women's voices and experiences, their focus on emotional health, and more specifically the trauma and relentless pressures of their lived experiences. I demonstrate the benefits and limitations of the groups from the women's, and the artists' perspectives to offer more realistic views of the support currently available. My findings also highlight that the artists felt ill equipped to support the health and wellbeing of vulnerable women when they are trained in art (Schrag, 2018).

Conclusion

My research adds rich detail to the narrow and generalised terms for engagement with social prescribing and demonstrates the factors either advancing or inhibiting the positive development of current/future practices in communities for marginalised women. It calls for more nuanced support for marginalised women engaging with activities that recognises the challenges in the women's lives and their resulting needs, alongside more support for the artists facilitating the groups.

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Glossary

This Glossary defines words and research terms as they are used in this thesis.

Artists Facilitators of the socially prescribed art workshops.
(Not art therapists).

Arts-based research Research that uses art making in an artform of the participants choice.

Art Centre Site of the socially prescribed art workshops.

Creative Sessions Group semi-structured interviews with artmaking.

Intersectionality Theory that recognises the interaction of multiple social identities (race, gender and class) to create layers of oppression.

Link Worker (LW) Role that refers people to socially prescribed activities in their communities.

NVivo Computer software designed to support
the coding and analysis of qualitative data including text, audio and images.

Object interviews Individual semi-structured interviews with artwork/ art objects.

Second Wave Feminism Drawing on issues of oppression and equality from this period of the feminist movement (from the 1960s to the 1980s).

Standpoint Theory A feminist theory that asserts all knowledge is derived from experiences.

Wellbeing Subjective wellbeing- how emotional health links to an individual's happiness.

Chapter 1 Introduction

The overarching aim of this research is to better understand the ways in which socially prescribed art workshops support the health and wellbeing of women as participants. My work seeks to advance knowledge in three areas: firstly, to consider the voices and experiences of marginalised women on their journeys to social prescribing: secondly, to develop a better understanding of the needs of the women participating in socially prescribed practices: and finally, to identify the ways in which existing practices in socially prescribed art workshops encourage or inhibit engagement with these voices, experiences and needs. In doing so, I highlight a combination of the perspectives of the women in the group and the artists who facilitate sessions, through the focus of my study questions and my theoretical framework of experience, emotion and empathy. My research identifies the absence of women's voices in the development of social prescribing in the UK, highlights how the artists' perspectives also play a part in developing better understanding of existing structures of support, including their facilitation of the art workshops, and how they describe their engagement with women who are experiencing issues in their lives. This thesis explores the ways the absence of these perspectives can be detrimental to providing supportive structures for the health and wellbeing of marginalised women.

Prior to the research, I managed a social prescribing project for four years, during which I collaborated with participants in art workshops, overseeing and working alongside the artists who facilitated the sessions across several community venues in a Scottish city, including in my research setting of the Art Centre (discussed further in 4.3). These interactions motivated this research.

This chapter introduces the aims of the thesis, including an overview of the research design, questions and layout. I begin by outlining how my study is situated within the UK model of social prescribing and its current structures in section 1.1. Here, I outline how this model forms part of UK healthcare, in relation to the National Health Service's (NHS) move from medical paternalism to personalisation. While my work recognises that recent studies have engaged

with the lived experiences of marginalised communities, I highlight the lack of participants' experiences in social prescribing. It is this gap of women's perspectives on the lived experiences and life events that have led them to seek support in socially prescribed art workshops that underpin my study, and I will justify this rationale in section 1.2.

My research questions are presented in section 1.3 where I will further highlight how they support my overarching aims of gaining greater insight into the voices and perspectives of the women that are currently lacking in socially prescribed practices. My final research question includes the artists' perspectives on current support structures for the women in the group. In 1.4, I then introduce my theoretical framework that combines experience, emotion and empathy which focuses on women's voices, experiences and needs within this work, as well as exploring the facilitation and abilities of the artists to support the women. I give an overview of the research design in 1.5, including methods and participants. The research setting is referenced in 1.6, including the combination of semi-structured interviews and art-based methods. Finally, the chapter concludes with an overview of the structure of the thesis in 1.7.

I adopt the first-person voice throughout this thesis to signpost my role in the research. This indicates the choices I have made in the research design, my engagement with participants, links to my reflexive thematic analysis and supports the construction of my arguments and conclusions. It also enhances clarity, to differentiate my perspective as a researcher, from the views, interpretations, experiences and emotions of the women as participants.

1.1 Social Prescribing as a focus of UK Healthcare

Social prescribing in UK healthcare aims to support the limited capacity of healthcare professionals to treat long-term conditions, and to address social problems, including issues with housing, food, employment, income and social support that can lead to ill health (Polley et al., 2020; Muhl et al., 2023). In Scotland, communities that are impacted by multiple deprivation linked to poverty face significantly poorer physical and mental health outcomes, such as long-term health conditions, higher rates of illness and shorter life expectancy,

in comparison to people living in more affluent areas (SIMD, 2020). In Scotland's Population Health Framework (Scottish Government, 2025), the focus is upon addressing poverty, in particular child poverty, to mitigate the continued effects of the cost-of-living crisis and break the cycle of ill health that continues inequalities. This framework begins to acknowledge the ways in which poverty limits access to food, safe spaces, adequate housing and opportunities to fully participate in society that can have lasting effects on education, health and wellbeing. This therefore highlights an urgency to address the structural barriers that limit access to services for those most in need, and considers a prevention focused system, social and economic factors, places and communities, healthy living, and a holistic approach to public health based on equity (Scottish Government, 2025).

As noted, my work specifically focuses on the UK model of socially prescribed practices for three main reasons. The first is that over the past decade, this model has sought to improve physical and mental health outcomes and reduce health inequalities nationwide. It aims to support long- term conditions, mental health issues, loneliness and isolation, and those who have complex social needs which may impact their health and wellbeing (NHS England, 2017). Secondly, the UK model is more developed than newer adopters, such as in Canada, United States of America, Australia and New Zealand (Tierney et al., 2020), because it has been in existence for over a decade, and accordingly most of the current literature is based on this model. Finally, the UK model aims to legitimise non-medical community activities, alongside medical treatment by embedding social prescribing and community-based approaches in the infrastructure of the NHS. Social prescribing is one of the six components of personalised care, including shared decision making, personalised care and support planning, and supported self-management (NHS England, 2019b). This emphasis upon personalised care in the NHS is designed to allow people to have more control over their own care and to enable them to make choices based on the social prescribing mantra of 'what matters to them'. Social prescribing therefore supports the NHS' move towards personalised care by allowing individuals to identify their needs (Aughterson et al., 2024).

The descriptions of health issues that social prescribing seeks to address are often vague and broad, for example, being described as offering support for people who are suffering from long-term conditions, complex social needs and those who face loneliness and isolation (Wilson et al 2025). I argue that there is little clarification in these studies on what these terms mean. My work will address this lack of specificity that overlooks the reasons for engagement in socially prescribed groups and does not pay attention to the experiences of participants, by developing understandings of the voices and experiences of marginalised women. This will be further discussed in chapter 5.

1.2 Understanding Women's Needs in Relation to Health and Wellbeing

Throughout this work I will argue that there is a lack of attention being paid to women's voices and perspectives. While my literature review clearly highlights these gaps and furthers this argument, it is necessary to highlight why it is important to advance this understanding, and to make a direct connection between the lived experiences and current pressures the women face in their lives, and how this can create structures that offer more support for their needs. This section demonstrates how current social prescribing literature predominately represents the perspectives of policy makers, or health and social work professionals, and academics, rather than the perspectives of women as regular attenders (Bickerdike et al., 2017; Polley and Pilkington, 2017). Furthermore, it highlights how, on the rare occasion women's experiences are discussed (Wildman et al., 2019; Polley et al., 2020), they are generalised in ways that, as will be argued, does not prioritise their voices and risks having them lose their power (hooks, 2001). By developing an understanding of the experiences of women as participants, including the issues they face in their daily lives, this research adds detail to the generalised terms often used in the literature, such as "supporting mild to moderate mental health issues" and "unspecified long-term conditions" (Polley et al., 2017). Additionally, by prioritising the women's perspectives, this research considers the value of these insights may have on the development of socially prescribed practices.

When I began my research in 2020, there was very little critique around the models of and approaches to social prescribing (Wildman et al., 2019), this is

likely due to an over emphasis on positive narratives of social prescribing as a solution to support an overburdened health service. Following social prescribing's move to proactively meet the needs of populations who were experiencing health inequalities (understood as unfair and avoidable differences in health between different groups within the population, such as life expectancy, health conditions experienced and care available), my study is located in a growing body of literature that seeks to explore the needs of marginalised groups attending socially prescribed activities (NHS England, 2022c).

Perspectives such as Russell (2017) and Muhl et al (2023) highlight the need to understand the causes and impacts of health inequalities in communities, to develop reimagined funding models and involve local people in decision-making, to tackle inequalities and identify vulnerable groups (although not specifically mentioning women). These studies typically approach this through the telling of individual stories and exploring barriers to engagement (Thomson et al., 2024), and through the exploration of how art and creative approaches can enable people to live well (Percy-Smith and Bailey, 2023). Whilst women have been part of these larger studies there is yet to be a study that focuses specifically on understanding the voices and experiences of marginalised women to consider the more nurturing socially prescribed practices, and this research fills that gap. It does so by engaging with a group of marginalised women living in an area of multiple deprivation, who attend socially prescribed art workshops, highlighting the women's stories, and charting their journeys to and within the groups. This study aims to gain crucial insight into how socially prescribed art workshops supports or restricts the women's wellbeing, by which I mean it inhibits the potential ways women can improve their mental health and limits their everyday happiness. Accordingly, the research represents what is happening in their lives, and what has happened through their words and their artwork. Therefore, it is important that the experiences of women are represented in academic spaces and community settings, to include women's voices in the development of social prescribed practices that directly impact them.

Additionally, the study engages with the lack of a clear process in social prescribing (Wood et al., 2021) in the delivery of the community activities that

form a key part of this health intervention and explores the views of the artists to contribute to knowledge on how vulnerable groups can be better supported in socially prescribed art workshops. I develop these arguments and discuss the findings from my data in chapters 5, 6 and 7.

1.3 Research Questions

As noted, my research questions are motivated by a gap in the literature that has overlooked women's experiences in the development of social prescribing.

(RQ1). What lived experiences have led the women to the socially prescribed art workshops?

(RQ2). How do the women engaging with art perceive the impact of socially prescribed groups upon their health and wellbeing?

(RQ3). How do artists facilitating the socially prescribed art workshops perceive the impacts on the health and wellbeing of the women participating?

These questions help to unpack issues within the existing structures and practices of socially prescribed art workshops, to address my overarching aim of how these practices may better respond to the needs of marginalised women.

1.4 Theoretical Framework

My work employs feminist lenses of experience, emotion and empathy, developed in the second wave of feminism (from the 1960s to the 1980s), as I see this as a valuable way of understanding women's perspectives and experiences for several reasons. I use my framework to illuminate the perspectives of marginalised women, whilst I recognise this wave of feminism has been critiqued due to its exclusion of marginalised genders and gender non-conforming (Walker, 1992). I still use these theories because of their focus on the lived experiences of women whose voices have been overlooked, which I expand on in more detail in chapter 3. I also argue that by combining feminist theories of experience, emotion and empathy to form a framework that

considers these voices and experiences, I can begin to explore the current effectiveness of socially prescribed practices on the health and wellbeing of women. My study amplifies the voices of women by engaging with a feminist literature that promotes inclusivity, the 'personal as political' (Hanisch, 1970), a notion that linked male dominance and patriarchal structures to the challenges that women faced in their everyday lives. Therefore, I draw on number of feminist scholars, including hooks (1981, 1984, 1989, 1994, 2000, 2001) Campbell (2001), Stanley and Wise (1983, 1993, 2002), Hochschild (1983) and (Skeggs, 1997) who advocate for feminist theories and approaches to research that supports women. These perspectives are key, as they allow me to engage specifically with the telling of personal stories through the combination of theories such as standpoint theory, intersectionality, emotion work, emotional labour, and feeling rules, and to show how they are instrumental in exposing the realities of the women's lives. This framework can therefore develop understandings that support the experiences of marginalised women that are currently not known in social prescribing literature, further discussed in chapter 5.

1.5 Research Design

As a feminist researcher and practitioner grounded in community development, I have spent over twenty-five years working with vulnerable communities on projects related to art, film and craft. As noted, I managed a social prescribing project for four years. What I noticed through this experience is that women represented the majority in these groups (80%), in comparison to other studies where women represented 60% of participants (Bu et al, 2025). They often appeared distressed during the sessions and recounted the struggles of their everyday lives. At points of crisis for the women, their participation in socially prescribed groups did not allow them to access more specialised structures of support, such as NHS Community Mental Health Teams, NHS talking therapies for anxiety and depression, and local mental health services and charities. During this period, I also heard concerns from the artists around their roles supporting the women in the art workshops. Being part of these groups and hearing the frustrations of the women and artists, raised questions around the limits of the current support structures for health and wellbeing for the women attending,

specifically relating to an awareness of their needs without engaging with their personal stories. This research design is motivated by ensuring that the voices of the women remain central in the study, and that the perspectives of the artists are also considered, and the following sections offers a brief view of the participants and methods employed in this work.

My partner, in terms of research access, is a valued community arts organisation (referred to in the research as the Art Centre) located in Scotland in an area of multiple deprivation and delivering creative sessions each week. Active in the local community for over twenty years, it offers local people a supportive space to meet, make connections, explore new ideas, share skills, and create and consume art in a kind, creative and inspiring community. Art in the centre is designed to break down barriers, offer transformation, growth and freedom. Through engagement with this thesis, the Art Centre hopes to develop a better understanding of how marginalised women's experiences can be best supported in workshops at the venue. The Art Centre (and its temporary home during renovations) is the location of the research. I focus on sessions at the Art Centre that are specifically labelled as supporting health and wellbeing and are funded as socially prescribed art workshops.

I have considered the Tidier (Template for Intervention Description and Replication) Checklist to elaborate on the structure of socially prescribed art workshops (Hoffmann et al, 2014). Eight women participating in socially prescribed art workshops at the Art Centre were part of the study. The socially prescribed groups run weekly for two hours and regularly include up to twelve attenders, and many members of the group have regularly attended for over five years. There are a large range of art materials, such as clay, paint, textiles, drawing and print making materials available for the group to use in their art making. Although the focus is upon the women, the study includes four artists facilitating socially prescribed art workshops at the Art Centre participated in the research. One artist facilitates each session face to face with the group. All these artists are self-employed, and they are trained in art. Although my research acknowledges the role of Link Workers (LWs) to refer people to community activities, they do not participate in this study.

The flexibility of qualitative research approaches best supports my research aims to develop understandings of voices, experiences and needs, and delve deeper into study the experiences, feelings and emotions of one group of women attending socially prescribed art workshops and explores rich insights of their lived experiences and engagement in sessions. The research considers how the women perceive the benefits of engaging with art specifically as part of the social prescribing intervention, their views of facilitation of the group and whether the structures of socially prescribed workshops have supported them, or not. All the women participating in this study have attended socially prescribed art workshops at the Art Centre. Six of the eight women self-referred to the socially prescribed group as they also engaged in other services (such as the café or attending other groups at the Art Centre), and two were referred through a connector, such as a health professional or LW. Women participated in the research voluntarily. The Art Centre is not named in the study, and the identities of the women as participants are anonymised for their protection. The women attend at least one art workshop at the Art Centre each week.

1.6 Research Methods

This study was conducted using qualitative semi-structured interviews in combination with arts-based methods, including in creative sessions- group interviews and art making, and object interviews – individual interviews using objects to support recollections, with eight women participating in socially prescribed art workshops in an anonymous community art centre in Scotland, to explore the lived experiences and the realities of the women's everyday lives. I chose to employ the pseudonym of the 'Art Centre' for the venue where the research was conducted to protect the identity of the women and the artists as participants, and to maintain the confidentiality of their lived experiences and their personal stories. Thematic analysis was applied to the analysis of the data using NVivo and manual coding. This study used the 'Do Not Harm Principle' to support the women's care throughout the research process, as will be further discussed in chapter 4.

1.7 Thesis Overview and Structure

The thesis is structured into eight chapters:

In Chapter 2, the literature review identifies the gaps in social prescribing studies and clearly positions this research within the social prescribing literature. The chapter discusses the original definitions of social prescribing (Dixon and Polley, 2016), health policies and structures of the UK model. I also note newer definitions that recognise recent developments (Muhl et al., 2023), in social prescribing structures, such as the review of referral pathways and acknowledging the absence of a connecting agent, like a LW. I explore notions of subjective wellbeing and its connection to social prescribing and outline the holistic model of social prescribing (Kimberlee, 2015), which guides this study. I also locate my research in a growing body of literature which focuses on a move for health interventions to engage with more marginalised communities (Percy-Smith and Bailey, 2023; Thomson et al., 2024). Finally, it explores literature examining the role of the artist as facilitator of art workshops in communities and a specific review of 'Arts on Prescription' literature.

Chapter 3 discusses the feminist theories developed in the second wave of feminism that I engage with, and how I apply my framework of experience, emotion and empathy to the data. Importantly, I detail how I use these theories to analyse the accounts of the women and the artists in ways that recognise their different standpoints, as participants and facilitators. This framework will be used to analyse the accounts of the women and the artists in various ways that recognise their different standpoints, both in the world, and as a participant and facilitator.

In Chapter 4, I outline and justify my ethnographic methodological approach, qualitative research design, and data collection processes of the research. This chapter includes my constructivist approach, and a description of my ontology and feminist epistemology as principles that guide the research process. They support my aims of providing the women the opportunity to speak about and validate their experiences in a supportive environment, namely, to listen and be respectful with hopes of offering healing and empowerment as a feminist

researcher (Skeggs, 1997). I provide a reflexive account of my positionality, including reflections on working with vulnerable groups, and my use of the Do Not Harm Principle are also discussed, to explain how these influence my research approach and engagement with participants. Additionally, I outline my research design, including details of data collection methods, recruitment and research tools, as well as data-analysis methods.

Chapter 5 is the first empirical chapter and presents findings from interviews with the women to highlight the experiences that they identify as leading them to seek support in socially prescribed art workshops. Through firsthand accounts and thematic analysis, this chapter offers insight into the causes of long term, detrimental impacts (experiences, treatments, traumatic events) to their health and wellbeing. The chapter describes the women's lived experiences and the participants' focus on the circumstances of their family lives, caring responsibilities, and neglect of their own needs to care for others. These insights are essential to understanding aspects related to the levels of support in the groups and whether they are adequate to provide what women feel they need in the group.

Chapter 6 is the second findings chapter, presenting the women's views on their engagement inside the socially prescribed art workshops. This chapter explores how the women describe the existing structures of support in the art workshops, including how they describe their interactions with each other, the artists and the art. By exploring the current support in the groups, including the other women, engagement with creativity, and the facilitation styles that the women either describe as supportive or detrimental, the research uncovers where the women are identifying benefits in their engagement, or when they are calling for more support.

Chapter 7 is the third and final empirical chapter. This chapter reports on the accounts of the artists who facilitate the socially prescribed art workshops, effectively offering a triangulation with the accounts of the women, to highlight how they view the support structures for the women currently operating in the group. The chapter explores the facilitation approaches that the artists employ to deliver art workshops that also purport to offer support for the women's

health and wellbeing. Thus, they discuss the challenges of the health intervention that they identify for the women and for themselves in the socially prescribed art workshops.

Chapter 8 analyses the main findings of the thesis, and its contribution to knowledge. With a focus on the voices of the women, this research begins to move beyond narrow and medicalised concepts of health and wellbeing to identify the needs of marginalised women. It acknowledges their location in an area experiencing health inequalities and connects to the associated pressures by considering the women's lived experiences and their daily lives. This research informs more supportive ways forward that social prescribing practices could benefit from by analysing accounts of the women when they join the groups to explore how they feel specific aspects of the art workshops can offer support. This analysis aims to contribute to growing academic literature seeking to advance more supportive structures connected to the lived experience of participants engaging with socially prescribed practices, as noted above. Additionally, the research engages with the broader potential for change by considering the role of the artist as facilitator of groups for marginalised women and identifies how they view current structures of support for the women. This chapter uses my theoretical framework to analyse the findings of the women in ways that offer insights into their lived experiences and their experiences of the art workshops. It moves on to assess the artists, in order to provide knowledge on their styles of facilitation, how they support the women and how this can impact on the artists in their role as facilitators. This seeks to advance social prescribing literature that considers more supportive practices for vulnerable groups, through prioritising voices and lived experience in the development of social prescribing practices.

Chapter 9 concludes the thesis by reviewing the research aim and questions, my contribution to knowledge and the strengths and limitations of the research. I consider the outcomes of the analysis and how they are applicable to the women, the artists, the Art Centre and how the knowledge can be applied to improve socially prescribed practices for other marginalised groups.

Chapter 2 Literature Review

Social prescribing is designed to offer community-based services and activities to support 'social and emotional needs' (NHS England, 2023). However, as I will demonstrate in this chapter, the literature and policies relating to social prescribing often does not support women's voices, missing vital perspectives in its aim of effectively supporting health and wellbeing. I locate this thesis in the field of social prescribing literature, and review the definitions, models and differing views expressed on social prescribing as a health intervention. I also connect with broader discussions around the ways in which existing models of social prescribing advance or inhibit the health and wellbeing of women who take part in groups and activities.

This chapter consists of five sections. Firstly in 2.1, I present UK and international definitions of social prescribing, including the definition that I am adopting for this study. Secondly in 2.2, I review Health Policy and Social Prescribing, discussing the current structures of the UK model of social prescribing, highlighting how this health intervention has been moulded by health policies, and a move towards patient choice and personalisation. I also review literature that identifies the issues and health conditions that social prescribing seeks to address, to demonstrate how my exploration offers more detail to the general terms employed. This section also acknowledges how health policy outlines the perceived benefits of engagement with the arts. In section 2.3 I highlight relevant literature and review definitions of wellbeing in the NHS and in UK government policy. In 2.3.1 I discuss the holistic model of social prescribing that is adopted for this study. In section 2.4 I explore how social prescribing has evolved to focus on the value of community and how proactive social prescribing (NHS England, 2022c), engages with social determinants of health to improve access to social prescribing programmes and their sustainable provision. As will be demonstrated, this new revision of priorities is relevant for my study as it aims to reach people in areas of multiple deprivation and who seek support in their communities, like the Art Centre that is the site of my study. In section 2.5, I expand on how my work identifies a gap in current structures of social prescribing for women, including studies on

women's mental health and wellbeing that can support my research. Finally, to situate my study's focus on socially prescribed art workshops within broader discussions of participant engagement with health interventions, section 2.6 explores how creativity and creative health are represented in policy and social prescribing literature including specific studies on art and social prescribing (Stickley and Hui, 2012a; Jensen et al., 2024).

2.1 Definitions of Social Prescribing

As will be made clear in this chapter, my research connects to recent studies seeking to make positive change by creating clear, globally recognised conceptual and operational definitions in social prescribing. This study aligns with Muhl et al's (2023) newer and international definitions for social prescribing that recognise factors previously missing from earlier definitions. Their revised definitions address these omissions to engage with adverse social determinants of health, health inequities and non-medical, health-related social needs. In their operational definition, social prescribing is a holistic, person-centred, and community-based approach to health and wellbeing. They also recognise how social prescribing relates to multiple trends in healthcare, for example person-centredness, co-production and health promotion (Morse et al., 2022) and identify the non-clinical aspect (referral to activity in the community and addressing social needs that can result in ill health) of the intervention as a common denominator in various definitions of social prescribing (Malby et al., 2019). Their conceptual definition sees social prescribing as,

> 'a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription- a non-medical prescription, to improve health and wellbeing and to strengthen community connections' (Muhl et al., 2023, p.9).

Muhl et al's (2023) study notes significant developments in social prescribing over the past decade, and it is the first study to determine internationally accepted definitions. These more contemporary definitions clarify the core

components of social prescribing, (referrals for social and other non-medical needs, linking with services in the community, improving health and wellbeing, and the role of the connector), to convey a shared understanding of the health intervention. This definition of social prescribing has been adopted by the National Academy for Social Prescribing, established in 2019, who support social prescribing research internationally, offer training and consultancy for clinicians and health workers, and support funding solutions for third sector organisations delivering social prescribing (National Academy for Social Prescribing, 2022). To highlight these new understandings, I refer to an earlier definition of social prescribing that describes, 'enabling healthcare professionals to refer patients to a LW, to co-design a nonclinical social prescription to improve their health and wellbeing' (Dixon and Polley, 2016, p.19).

The Social Prescribing Network is one of the main support systems for social prescribing in the UK and was set up in 2015 as a central hub to connect all stakeholders in social prescribing (health professionals, researchers, academics, practitioners, representatives from the community and voluntary sector, commissioners, funders, and participants (Social Prescribing Network, 2022). The fuller definition from the same body recognises how interaction with a LW can provide people with conversations to discuss possible strategies and available activities to offer support. Importantly, it specifically discusses social prescribing in relation to people feeling unable to meet their, 'social, emotional or practical needs' and that engagement with LWs or another connecting agent (GP, other health or social care worker) can empower people to find, 'solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector' (Dixon and Polley, 2016, p.16). These definitions offer insights into the original aims of social prescribing.

To inform my arguments around the existing structures of the health intervention, I identify studies that demonstrate a lack of clarity around approaches in social prescribing practices (Wildman et al., 2019). Acknowledging varying approaches and structures to fit local services, confirms the absence of a code of practice of what constitutes a good social prescribing project (Husk et al., 2020). Due to these variations, social prescribing is sometimes viewed as an umbrella term rather than a specific intervention (Wood et al., 2021). The lack

of a clear process in social prescribing highlights a gap which has influenced my research design, and that will be discussed in relation to socially prescribed art workshops from the point of view of the women (Chapter 6) and from the point of view of the artists (Chapter 7).

2.2 Health Policy and Social Prescribing (UK)

Due to the location of the research and the concentration of the current literature on this model, this thesis specifically discusses current social prescribing models and associated practices in the UK. Social prescribing is a focus of UK healthcare as a way of relieving the limited capacity of healthcare professionals to treat long-term conditions, and to address social problems, that includes issues with housing, food, employment, income and social support that can lead to ill health (Polley et al., 2020; Muhl et al., 2023).

To enhance understandings of the impacts of social prescribing, it is essential to appreciate the increase in UK government funding (including £5.77 million in 2021 for green social prescribing, and 3.6 million in 2022 for social prescribing and mental health policy), allocated to improve physical and mental health outcomes and reducing health inequalities in England (NHS England, 2021b; Department of Health and Social Care and Department for Digital, 2022). This increase in funding coincides with a rise in recent studies on the UK model to support primary care, as more developed than newer adopters. The UK's approach to social prescribing, as referenced in chapter 1, has been used as a model for similar initiatives in countries including Canada, America, Australia and New Zealand (Tierney et al., 2020). I note the differences between the UK and Scottish models of social prescribing later in this section.

The NHS Five Year Forward View in 2014, presented an integration agenda for the NHS: between Primary and Secondary services, between physical and mental health services, and between health and social care services. The emphasis was upon new care models and new approaches for prevention and care, with the aim of making the NHS more sustainable. This shift in policy towards a more personalised agenda across the NHS includes a focus on co-production and shared decision making, towards the personalisation of care and support planning. NHS

England advocates that different levels of support are needed for individual patients, based on their specific needs and varying levels of patient activation, which is a person's willingness and ability to take independent steps to manage their own health (Hibbard and Gilburt, 2014). As one of the six components of personalised care, social prescribing has been incorporated into the NHS Long Term Plan and national health policy since 2019, linking to its aims of connecting people to access health and care through wider public services and the third sector for the support of population health (NHS England, 2019). Social prescribing forms a key part of the wider personalisation agenda, alongside community-based support, Personal Health Budgets and Supported Self-Management (NHS England, 2019a; NHS England, 2022a). Personalised care is designed to allow people to have more control over their own care and to enable them to make choices based on the social prescribing mantra of 'What Matters to Them'. The movement towards personalised care also included greater collaboration between localised services, with Primary Care Networks (PCNs), groups of GP practices, health and social care, community organisations and charities working together (NHS England, 2020).

Social prescribing was one of ten key action points to transform General Practice (2016) and formed part of the GP contract (2019) and Long Term Plan for NHS England (NHS England, 2019a). The new GP contract (2019) was designed to relieve pressure from general practice (Torjesen, 2016; Polley and Pilkington, 2017), with aims of reducing health inequalities. The NHS recommends social prescribing for people struggling with long-term conditions including mental health problems, complex social needs, those experiencing loneliness, and who are frequent health service attendees (Brandling and House, 2009; Wildman et al., 2019). Mossabir et al (2015) report that mental health conditions and social isolation were the most common reasons for referral to socially prescribed interventions, and referrals were usually made through primary care, with a limited number of clients going through housing and community mental health teams (Wood et al., 2021). My work explores what such terms, like 'mild-to-moderate' mental health (Chatterjee et al., 2018; Polley and Pilkington, 2017) could mean when applied to women engaging with social prescribing and in doing so seeks to add more detail to these terms in ways that could offer more support for the women. By connecting to women's voices and experiences,

my research aims to provide more nuance to these definitions and, by extension, the needs of marginalised women participating in socially prescribed art workshops.

The majority of social prescribing interventions aim to support individuals to have greater control over their own health (Wood et al., 2021), to feel heard (Tierney et al., 2020), yet this is often specified through their relationship with their LWs. LWs report the referral of clients to activities to support them with health and wellbeing in the following areas; positive changes in diet, physical activity and stopping smoking, improvements in mental health and self-confidence, increased engagement in community activities, support across housing, debt and welfare benefits, also supporting those with social, emotional, or practical needs (Wildman et al., 2019). My work builds upon research that moves beyond narrow understandings to discuss how social prescribing engages with people who may be considered vulnerable or at risk due to a lack of training, family issues, feeling useless, disabilities and bereavement (South et al., 2008). By which I mean that my research focuses on building understandings of the needs of marginalised women.

LWs did not participate in this research, yet my research acknowledges their role in social prescribing literature as the principal mechanism for the referral of people to a community activity that could be beneficial for them. The UK model of social prescribing employs LWs locally, putting Primary Care Networks at the centre of the design of this health intervention in each local area, advocating for a more complex approach to support the needs of the person (Aughterson et al., 2024). Alternative referral routes are through a GP, another health and social care professional, or by self-referral, but most referrals are through LWs (Tierney et al., 2020). The LW position is one of ten positions that has been funded within primary care by the NHS, to alleviate pressures on primary care workloads, increase access to services for patients and to cut waiting times. However, these current structures are not without criticism, and some within the health and community sectors have expressed concerns that social prescribing could be a gimmick, or a way to block people from seeing their GPs (Tierney et al., 2020). The importance of the LW, in terms of funding and operationally for the NHS, has resulted in much of the evidence on social

prescribing focusing upon what is often described as the essential role of the LW to support clients understanding of social prescribing and to help them develop the confidence to attend and engage with community activities to help them to manage their own health (Wildman et al., 2019; Tierney et al., 2020; Foster et al., 2021; Thompson et al., 2023). As noted, my research focuses on factors that the women identify as most important in this health intervention to support their health and wellbeing, and thus links to newer definitions of social prescribing, such as Muhl et al, 2023, that review the changing role of the connector, or the absence of a connector.

NHS England has published new Neighbourhood Health Guidelines for 2025/26, in advance of the publication of their 10-year health plan, which includes social prescribing to meet the longer-term focus of the UK government's health mission to build an NHS fit for the future (NHS England, 2025). Following Lord Darzi's report (2024) to address the current failings of the NHS, such as extended waiting lists, difficulties accessing a GP or dental appointment, demotivated and demoralised staff, and outcomes on diseases like cancer significantly behind other European countries (Department of Health and Social Care, 2011). Darzi discusses how demographic change and population ageing will continue to exert more pressure on an already over extended health service, and that a new model of care must include transformational change to guarantee its sustainability. Part of this reinvention includes three radical shifts: hospital to community, analogue to digital and sickness to prevention. Although this report does not specifically recommend future investment in social prescribing, this health intervention supports both the community and prevention focus and aligns with the aim of building a service equipped to narrow health inequalities (Munro and Dayson, 2025).

My study is based in Scotland, and I acknowledge that the Scottish approach to social prescribing shares the key structures of the UK government's model. However, it is important to note that there are some variations. For example, Scotland's LWs as well as working in GPs surgeries, they are also based in social care and in third sector organisations (voluntary organisations, community organisations and registered charities), as well as in primary care (Voluntary Health Scotland, 2026). Social prescribing in Scotland aims to address mental,

psychosocial, or socioeconomic issues, and enhancing community wellbeing and social inclusion (Scottish Government, 2006). Announced in 2025, Scotland's Population Health Framework focuses on social and economic factors, places and communities, enabling healthy living, equitable health and care, and an overall system based on prevention. This strategic framework also emphasises the future key role that social prescribing will play in Scotland's evolving approach to healthcare (The Scottish Government, 2025).

2.2.1 Health Policy and the Arts

Social prescribing can take on many forms, interventions include singing, drama, exercise and other physical activities, advice on housing and debt, adult education and literacy, befriending, counselling, self-help support groups, and luncheon clubs (Bickerdike et al., 2017). Other socially prescribed engagement includes books to help people to understand and support their own health and wellbeing are available on prescription. There are also bibliotherapy and less frequent models including 'Green Gyms' (free outdoor gym equipment in green spaces), 'Nature on Prescription' (Thomson et al., 2020; Armitt et al., 2026) and other 'Healthy Living Initiatives' (including NHS free online advice service for people living with type 2 diabetes); 'Sign Posting'/ 'Information Referral' (directing people to local services using local knowledge and resource directories); 'Supported Referral' (a worker to introduce/accompany people to group); 'Time Banks' (informal volunteering through a system of reciprocal exchange); welfare rights advice, return to work and volunteering opportunities (Chatterjee et al., 2018).

As this thesis is specifically focused on art workshops in a community art centre, this section offers a brief overview on how UK policy has charted the links between the arts and the perceived benefits for health and wellbeing. The Arts and Health Working Group in 2007, initiated by the Department of Health, reported that arts and health should be recognised as key for healthcare provision and healthcare staff, with evidence of measurable benefits across health sectors. The therapeutic value of the arts, to build confidence, combat isolation and offer support during difficult periods in people's lives, was acknowledged by UK government in 2008 by Alan Johnson (Secretary of State for

Health for the Labour Government) in a speech at the Wallace Collection (National Museum of Art located in London). Subsequently, in 2010 the Department of Health produced a framework supporting arts and health (UK Government, 2010), demonstrating its value through examples of good practice and the substantial evidence base. This value also included linking wellbeing to the arts as a means of engaging individuals and communities, to encourage positivity and to enable participants to feel part of something.

In 2011, a cross-governmental framework *No Health Without Mental Health* highlighted a move to more locally led health provision, particularly for organisations leading on mental health support (Department of Health and Social Care, 2011). Within this framework, a role for the arts was identified as a form of activity that could improve mental health. Prior to this, policy had only episodically embraced the role of the arts in health and wellbeing. In 2016, the Culture White Paper linked the value of the cultural sectors to health and wellbeing, with a clear remit for Department of Culture, Media and Sport to work with Arts Council England, and Public Health England to promote this relationship (Department for Culture and Department for Digital, 2016). Key messages of the report include the ability of the arts to help to keep people well, to aid recovery and to support longer lives better lived. The arts are also referred to as having the ability to help meet major challenges facing health and social care: including ageing, long-term conditions, loneliness and mental health, and rising costs. The definition of the arts in this report includes visual and performing arts, crafts, dance, film, literature, music, singing, culinary arts and gardening. The inquiry report 'Creative Health- The Arts for Health and Wellbeing' (2017) recommended that recognition of the power of arts in health should be acknowledged by health services, health policy documents and government departments (All-Party Parliamentary Group on Arts, 2017).

In summary, UK policies across health and culture make connections between arts and culture as key to support social health and wellbeing. Art is viewed as beneficial for a healthy and prosperous society and thus should be accessible to all. Studies have shown that engagement with the arts can improve individual wellbeing among mental health service-users and older people (Ascenso et al., 2018; Daykin et al., 2018), can lower levels of stress (Martin et al., 2018),

depression (Fancourt and Finn, 2019). Arts can form part of a health and social care system that is holistic, person-centred and strives to reduce inequalities and support people to live well for longer. Creative health is supported by collaboration with health systems, local authorities, schools, and the cultural and community sectors (National Centre for Creative Health and All-Party Parliamentary Group, 2023). Thus, due to this focus arts activities are seen as valid in social prescribing practices to support health and wellbeing and are worthy of study in this context.

2.3 Wellbeing

Social prescribing aims to improve health and wellbeing (Bickerdike et al., 2017) and my study explores how it does or does not do this for my participants. In doing so, it is important to appreciate the variety of ways we can understand wellbeing. The women as participants in the research interpret their health and wellbeing and consider the lived experiences and social factors (such as daily routines, social relationships, mental health, and family), that can shape their perceptions. These factors contribute to subjective wellbeing and can contribute to an individual's happiness. In my discussions of wellbeing and social prescribing, I acknowledge the complexity and disputed nature of terms like wellbeing that closely relate to social prescribing and demonstrate the benefits of connecting to perceptions of wellbeing grounded in the women's accounts that are currently underrepresented in social prescribing literature.

Wellbeing in the NHS is referred to as a broad concept that relates specifically to the following areas: personal dignity, physical and mental health, and emotional wellbeing (NHS England, 2022b). Mental and emotional health is linked to how wellbeing and happiness can be maintained (Seligman, 2011), whilst physical health relates to musculoskeletal health and a person's functional abilities (Office for Health Improvement and Disparities, 2022). The combination of mental and emotional health, physical health and a healthy lifestyle (including diet, exercise, hydration and sleep) contributes to overall health and wellbeing. The NHS considers health and wellbeing as ever-changing in society, citing recent recognition of the impacts of post-traumatic stress disorder, financial stress and the wellbeing impact of menopause (NHS England,

2022b). Wellbeing is also linked to several areas of life, social wellbeing (domestic, family and personal domains) and economic wellbeing (work, education, training or recreation). These NHS definitions demonstrate how wellbeing is being used in the health service, yet currently in social prescribing literature there is a gap in linking the specifics of wellbeing as it relates to the afore mentioned areas of life. My work builds on this NHS report and its aim to explore the concept of wellbeing, specifically, its recommendation that adequate information on wellbeing is essential to make action happen, as a guide to explore how women's specific support needs are being met in existing structures of social prescribing and how to advance improved practices.

In order, to highlight the current gaps in social prescribing literature, I review concepts and definitions of wellbeing in the NHS as outlined in the Foresight Mental Capital and Wellbeing Project (2008), and more recently in the NHS Health and Wellbeing Framework (NHS England, 2022b). The Foresight Mental Capital and Wellbeing Project (2008) was commissioned by the UK government as a framework for wellbeing (Beddington, 2008). The report, which references subjective wellbeing, links mental capital (the cognitive and emotional resources that impact social skills, stress, and how people contribute to society), and mental wellbeing (linked to life satisfaction) (Diener et al., 1999), including forming relationships and developing a sense of self and positivity, leading to a successful role in community and society. Particularly relevant for this study is how wellbeing affects an individual's journey through life, and how it can have critical impacts on behaviour. Wellbeing is shown to reflect a person's values and expectations in life, and the report makes suggestions for improved subjective wellbeing based on the equivalent of five fruit and vegetables a day. For wellbeing to thrive suggestions include, connecting with the people around you, being active, being curious, continuing to learn and try new things, and doing things for the wider community. This report recommends an integrated approach to mental health for adults and children that recognises the challenges, vulnerabilities and uncertainties associated with wellbeing and mental health, including issues with debt, housing, employment, exposure to crime, family breakdown, and bullying, that should be considered when developing early interventions (such as increased access to psychological and social treatments for wellbeing). The report also promotes policy directions in

the UK government that would work to addresses the stigma linked to mental health (Keyes, 2007; Diener et al., 2015), in families, workplaces, schools, and the media. As I have highlighted currently social prescribing literature has not engaged with the finer details on the specific aspects of wellbeing that this health intervention can effectively support.

Interpretations of subjective wellbeing depend upon individual views, varying circumstances and priorities, and my study seeks clearer understandings of women's perspectives of their own wellbeing. Subjective wellbeing includes the perception of happiness, life satisfaction, and navigating positive and negative emotions, which can form the basis of subjective experience of a person's quality of life (Diener et al., 1999; Diener et al., 2015). Although viewed as similar, happiness and subjective wellbeing are not identical, instead happiness is as a key factor within subjective wellbeing with a focus on positive emotions and high life satisfaction (Lyubomirsky, 2019). Social wellbeing is a more holistic concept that can include, but is not limited to happiness, thus happiness can sometimes be either a contributor to or an outcome of social wellbeing, such as reflecting positive relationships and positive health outcomes (Fredrickson, 2013). Determinants of social wellbeing, also crucial to happiness, can include cultural and socioeconomic context, such as life circumstances, personal factors, social environment, mental health and relationships (Helliwell et al., 2020). Accordingly, social support, which encompasses family, friends, or community, plays a critical role, and those with strong social networks demonstrate the value of relationships and community connection by reporting higher social wellbeing (Diener et al., 2015). Similarly, elevated levels of wellbeing are also linked to a strong sense of purpose (Keyes, 2007; Diener et al., 2015), a life of meaning (flourishing) or community belonging (Steger et al., 2008). In contrast, health as a primary determinant of social wellbeing, such as chronic illness and poor mental health can drastically reduce wellbeing levels (Ryff and Singer, 2013).

My work seeks to move away from generalised patterns on the reasons why people participate in socially prescribed activities, to critically engage with deeper and more nuanced understandings of wellbeing. To do this, I also include the views of the artists, to determine how they view existing support structures

for the women in socially prescribed art workshops, including their styles of facilitation and ability to support the women. I seek to improve the practices and development of social prescribing through voice and experience, to establish the factors that can effectively improve health and wellbeing. This includes considering how the women interpret and value their own wellbeing, to begin to address the specific needs of this group effectively.

2.3.1 The Holistic Model

My study connects to a holistic model of social prescribing, which aligns with the research aim to identify what matters to the women by paying attention to their voices and experiences before and during socially prescribed art workshops at a community art centre. The holistic model of social prescribing is a move to a less clinical approach that supports holistic wellbeing and that equally prioritises the mental, social, spiritual and physical wellbeing (Russell, 2017). This is a significant change from the previous model of medical paternalism (doctor knows best) of past decades, that ignored patient choice and the exploration of other holistic options (considering the whole person- physical, mental and emotional health), in favour of what the doctor determined was best (Farmer, 2019). The new focus of this approach aimed to bridge the traditional divide between GPs, mental health services, and support in the local community to integrate services around the patient, to foster a more patient-centred approach, and the valuing of the experience of the person (Foot et al., 2014). Social prescribing in its current form leans towards the more holistic and interpersonal definition of wellbeing as adopted by the World Health Organisation (WHO) which states,

> ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,’ (World Health Organisation, 1947).

Kimberlee (2015) acknowledges signposting to community services, and specifically outlines three differing models of social prescribing; light, which

involves referral to a specific community group to address a specific need; medium, which involves a linking person (a GP or a Link Worker) to identify activities that could benefit individuals but is still largely led by a doctor's opinion; and holistic. The third model - holistic- which is the most relevant and beneficial for my research, promotes partnership work between health services, the local community and the voluntary sector to work together to support the needs of those referred with the aim of achieving improved health and wellbeing (Kimberlee, 2015). Kimberlee describes this model as evolving organically, and that holistic social prescribing is run as a partnership between General Practice, the local community and the voluntary sector, to support the social and mental health needs of those referred, based on what matters to the person. Thus, social prescribing as a holistic intervention was set up with the aim of promoting improved health and wellbeing, linked to mental and emotional health, whilst taking the pressure off primary care and moving away from the clinical model.

The most notable pioneer of this holistic model is the Bromley-By-Bow Centre in East London, which as an early pioneer of social prescribing combines a community hub with an on-site GP practice (Davis-Hall, 2018). Its approach to this health intervention aims to promote activity for all, build self-confidence, and bring the community together to address people's needs and harness their strengths, ultimately contributing to better lives. Its version of social prescribing refers people to an in-house expert to allow access to non-clinical services, not medical, diagnostic or therapeutic services provided by a health professional, and to instead offer activities and group support in the community to address issues, whilst identifying root causes of poor health (Davis-Hall, 2018). To encourage people to re-engage in decisions on their health, examples of socially prescribed activities available at the Bromley-By-Bow Centre include creative activities, gardening, befriending and counselling. These activities are designed to empower people and combat social isolation by offering opportunities to develop new skills, self-esteem and bring the community together. Additionally, my study aligns with the social prescribing model at the Bromley-By-Bow Centre according to its acknowledgment of social determinants of health, and specifically issues related to unemployment, low incomes, and housing, due to the location of my study in an area of multiple deprivation.

2.4 The Evolving Nature of Social Prescribing: A Community Focus

This section discusses how social prescribing has developed its focus to support communities experiencing health inequalities. Although other relevant work exists on the behavioural effects of primary healthcare interventions and comprehensive area-based initiatives in community settings (Buck and Frosini, 2012; South et al., 2019). Jones et al's (2013) study illustrated that previous research has not made community centre schemes the focus for enquiry. The research found that group-based activities in community centres were associated with improvements in the health and wellbeing of adults who experience poor health and other forms of social disadvantage. Their study sought to deliver a community focus on promoting capacity for personal and social wellbeing, as opposed to the management of ill health and disease. The study calls for a more strategic approach to the delivery of community centre services, and a greater transfer of knowledge and innovation in service delivery between community projects that have much to share from their locally developed expertise. This is key for my research as it demonstrates the potential of developing approaches in communities that connect with participants and their specific support needs. Like Jones et al (2013), my work explores the potential of developing approaches in communities that connect with lived experience and engage with the complex needs of participants in socially prescribed groups.

In 2015, Public Health England recognised that 'community empowerment occurs when people work together to shape the decisions that influence their lives and health and begin to create a more equitable society' (Public Health England, 2015). Social prescribing schemes work with a range of partners to deliver activities, engaging with services and making connections with a wider range of stakeholders than historical health models (Department of Health and Social Care, 1999; Bickerdike et al., 2017). Partners can include community services, like business, education, or leisure partnerships, but the majority of activities are delivered by the third sector and voluntary agencies (Chatterjee et al., 2018). This approach also purports to understand the two-way relationship between health and wellbeing and is focused on meeting the needs of all patients with complex and non-medical needs, such as loneliness and isolation (Foster et al., 2021; Thompson et al., 2023). Accordingly, it allows

the health sector to recognise social inequalities and recognise the importance of the community and voluntary sectors and how it can support people's health and wellbeing (Polley and Pilkington, 2017). Mossabir et al (2015) report that for social prescribing to be successful in offering support it needs to move away from the one size fits all approach and offer a range of different opportunities.

Social prescribing in its current form is beginning to recognise the value of community and more holistic approaches to improving health inequalities, for example through the NHS England framework Core20PLUS5 designed to address this on a national and system level (NHS England, 2021a). Prior to this focus on community, there have been notable variations in the way that social prescribing schemes have targeted people. Indeed, most social prescribing schemes that existed before 2019 varied substantially across different practices and geographical regions (Aughterson et al., 2024).

Russell (2017), a critic of social prescribing in its original, more clinical form, believes that the name social prescribing situates the connection for support in the doctor's surgery and thus carries a stigma due to a distrust of health and social services. He expresses the need to understand that community cannot be forced by institutions, and that instead there should be many entry points to being engaged in local communities and a no wrong door approach. My research approach builds upon the ways he advocates for community to be central to the social prescribing process and be named 'community building'. Russell (2017), as a rare dissenting voice, and critic of the social prescribing mantra of 'what matters to you', views this health intervention as often not being fit for purpose and neglecting the needs of people who seek support. Specifically, in this thesis I will connect to Russell's call to enable people to tell their own stories by exploring the women's lived experience and charting the reasons why they have engaged with socially prescribed art workshops.

In 2022/23 an additional requirement for primary care networks was introduced to provide a 'Proactive Social Prescribing Service'. This amendment to the original Universal Personalised Care contract called for primary care networks to work with populations who were experiencing health inequalities to proactively offer social prescribing interventions in communities. These interventions are

designed to offer a targeted programme to improve access to social prescribing for communities with unmet needs (NHS England, 2022c). This amendment identifies the need for a plan when Primary Care Networks engage with stakeholders, including local authority commissioners, community partners and local clinical leaders to tackle health inequalities in specific local areas. This plan must also consider the views of people with lived experience on the services they engage with. Discussion around identifying cohorts encourages Primary Care Networks to reference Population Health Management (PHM) data, intelligence from social prescribing services and the Health Inequalities Improvement Dashboard, in conjunction with accounts of lived experience. As my study is located in an area of multiple deprivation and in a community setting, (as discussed in 4.6), I engage with this amendment to the original structures of social prescribing. In doing so, my work advances these amendments, particularly around the experiences of women, as the research addresses the lack of female voices in this health intervention to discover, directly from the women, how they view the current structures of the art workshops.

This study identifies the extent to which the women currently feel supported or otherwise in socially prescribed art workshops, through the accounts of the women as participants and artists facilitating groups. Current limitations in social prescribing referrals to the community include concerns about good quality services (Wildman et al., 2019), becoming oversubscribed due to pressures of austerity and the resulting funding cuts in the voluntary and community sectors that leave many services with reduced capacity to cope with social prescribing referrals (Mossabir et al., 2015). Aughterson et al's (2020) study on GPs and social prescribing, showed that the time limited nature of social prescribing resulted in some patients finding that having been introduced to an activity and social contact, its withdrawal was more damaging. GPs also reported concerns about the lack of trained staff in community activities (Aughterson et al., 2020), something that is addressed in my work. This study also reported concerns around referring patients struggling with their mental health to community activities, problems with risk assessments, and health and safety (Aughterson et al., 2020; Munro and Dayson, 2025). This lack of availability of suitable onward referral services has been described as a barrier

to social prescribing (Bertotti et al., 2018) and a risk to the future of social prescribing (Wildman et al., 2019). While these are all important areas that address issues with the current structures and access to this health intervention, my work primarily focuses on how women attending these socially prescribed groups can be adequately supported with issues related to their health and wellbeing.

Thomson et al (2024) in their three-phase study exploring how local assets can support better health, use case studies to identify common factors in their review of cultural, community and nature-based assets. Key findings across phase one and two of the programmes include the importance of understanding the causes and impacts of health inequalities in target communities, and developing approaches that can lead to solutions, by exploring what can be possible through a partnership approach with academics, NHS partners and communities. Through the telling of individual stories and challenges to engagement (including lived experience), the project aimed to construct an evidence base of what the projects were currently achieving and their potential scalability to be adapted to different audiences, and geographical areas, and to offer toolkits to replicate successful approaches that create safe-spaces, trusted relationships and sustained engagement. The projects took place in some of the poorest areas of the UK. The first two project phases conclude that there is some improvement in existing services and although collaboration can sometimes be productive it adds pressure to under resourced local services. Thomson et al (2024) call for more support to tackle inequalities and identify the most vulnerable members of society, the involvement of local people in decision-making processes and funding models to support these structures and that allow for the development of trusting relationships and new ways of working, necessary for successful cross-sector. Phase three examined how health systems can interact more productively with the poorest communities, exploring health inequalities in rural and coastal communities, and systemic change to support underserved communities. These projects identify the further need to address low participation rates among vulnerable and underserved populations engaging with socially prescribed activities. They seek to understand gaps in the service on a local level and to change approaches to improve health and wellbeing, in similar ways to this study by identifying the needs of those

attending socially prescribed activities, examining challenges around engagement and recognising the need to engage with underserved communities. Specifically, I expand upon elements in Thomson et al's (2024) study, including the identification of health inequalities, responding with the creation of safe spaces and long-term approaches for support. By building upon this work, my research aims to advances knowledge in this field by connecting to women's lived experiences, voices and perspectives to identify if marginalised women attending socially prescribed art workshops currently believe adequate provision is in place to support them.

2.5 A Focus on Women's Experiences and Needs

In the context of this research, I look at literature that highlights the connections between women and lived experiences of inequality, connection to voice, and the damaging impacts on the health and wellbeing of women. My research specifically focuses on marginalised women attending socially prescribed art workshops. The following section, therefore, highlights literature that reports the experiences and pressures women, in particular, face.

Clisby and Holdsworth's (2014) study on the lived experiences of women explored gender inequalities in UK society. They adopted a gender analysis approach in their discussion of the words and experiences of women and outline how life experiences can contribute towards women becoming more prone to issues with their mental health. Their findings focus on how genders and gender identities are forged in the early years of women's lives, and notes the, 'effect that growing up as a girl in particular gender regimes can have on women's sense of self' (Clisby and Holdsworth, 2014, p.55). The experiences of the women as participants in Clisby and Holdsworth's study show how normative processes of gendering continue to have a negative impact on women's wellbeing. They also note the importance of considering how the experiences of women both enable and erode self-confidence and esteem. Lynch (2009) discusses the ambivalence of society in relation to care and love (hooks, 2001), encompassing women's domestic labour and the moral imperative for women to care (O'Brien, 2007). The complexities of these social and emotional relations can both constrain and give purpose to the lives of women (Lynch et al, 2009).

This is relevant as I draw on these perspectives, in my consideration of the lived experiences of women attending socially prescribed art workshops, how these experiences and everyday pressures may contribute to their life course, and how resulting behaviours should be considered to evaluate the ways social prescribing is able to support or not support women in art workshops.

Wilson and Read's (2001) study offers another useful insight by exploring access to resources for women experiencing depression, and identifying the barriers that women face when they ask for help in England and New Zealand. They discuss how GPs and health staff are not asking the right questions due to their focus on an 'illness' model that avoids examining key factors linked to women's health and wellbeing and instead focuses upon symptom-focused solutions. They are alarmed by the lack of self-confidence of GPs to ask questions about violence and abuse affecting women, and their shock that when they did ask the questions, many women disclosed sexual abuse. Despite an awareness by GPs and health professionals of the risk factors linked with depression - medical, psychological, interpersonal and social and political issues - these issues were not the focus in patient consultations. The study suggests that when women consult GPs, they may receive short-term solutions, but will often not be helped to address psychological, social or political causes of their depression.

Wilson and Read (2001) explore issues that are reported by women, such as social isolation, childhood abuse, current violence and poverty; important factors that have been overlooked by health and social care. GPs in the study reported that they would consider that services such as clinical psychologists, counsellors and social workers could be helpful for women. However, they were described as inaccessible, due to a lack of availability and affordability of these treatments. The study asserts that GPs are acting as gatekeepers to the limited resources that exist, and although they would prefer to avoid prescribing medication to treat depression, GPs are often using pills as treatment due to time pressures and the limited availability of supportive resources, such as counselling. Although social prescribing offers alternatives to medication, and purports to address issues with loneliness and social isolation, women may require additional support (Wilson and Read, 2001). Their study highlights the need to identify common issues that women face and establish how women's

health and wellbeing can be best supported through social prescribing, something that my work seeks to advance.

'Tea in the Pot' (Feeney, 2018) focuses on a community, drop in women's group and offers some valuable insight for my research, because it is a community-based women's group in Scotland looking at socially prescribed practices. Feeney seeks to determine whether an already established group that has been set up for several years becomes a social prescribing group if it receives referrals, or if instead this a group that represents a third place and serves a social function in the community (Oldenberg, 1989; Rosenbaum, 2006). She calls for this group and similar groups to be properly resourced and funded. The 'Tea in the Pot' group is open for women of all ages and backgrounds twice a week, to be together, to learn new skills, combat isolation and loneliness, and build confidence. The research does not specify the activities of the group, as this is not its focus, so there is an uncertainty as to whether creative engagement forms part of the programme for the women. Therefore, I engage with insights from this study around experiences that have led the women to the group, including loneliness, isolation, and experiences of abuse that is most valuable to my work. Issues that the women report in the study include struggles with mental health, severe depression, and anxiety. I expand on Feeney's work by including the women's lived experiences and struggles in their daily lives, particularly connecting to insights in this study of holistic ways to support women (Feeney, 2018). Her work also guides my approach to data gathering (discussed further in Chapter 4), including interviews with women and volunteers currently attending and facilitating the community sessions, to directly assess their experiences of the group. In the next section I discuss engagement with creativity and the arts in social prescribing.

2.6 Creative Activity and Health

This work is not trying to engage with wider debates around health and the arts, or to prove the connection between creativity and wellbeing. Instead, it engages with how the women discuss their engagement with socially prescribed art workshops and draws on studies engaging with creative health approaches to enable people to live well (Percy-Smith and Bailey, 2023). As noted, my work

looks specifically at women and their engagement in socially prescribed art workshops at a community art centre, and how art supports the women to amplify their voices and experiences.

The Art Centre offers regular arts groups, focused on providing creative learning and skill-building opportunities to participants. These groups offer local adults a creative space to allow them to experiment with new techniques, make public artwork, and visit exhibitions. These groups differ from the socially prescribed art workshops for the following reasons: they are not specifically labelled as offering support for health and wellbeing, they involve participants working together to create artwork, and outputs, such as community events and public exhibitions required to meet funding conditions.

Socially prescribed art workshops also differ from art therapy, and this distinction is highlighted by Weiss (1992) when he states that, 'art therapy has therapy as its primary goal, and not the creation of art'. Art therapists have specific training in group facilitation, conflict resolution, how to handle participants' emotional responses to artwork, and work with art materials and artmaking as a route for clients to reach therapeutic outcomes (Kalmanowitz and Potash, 2010; Lawthom et al, 2007; Ottemiller and Awais, 2016; Hinz, 2019). There is also a triangular relationship built between the art therapist, the client and the artwork (Edwards, 2010). Due to these clear differences between art therapy groups and socially prescribed art workshops, I have not included art therapy literature in this thesis.

I acknowledge the extensive literature on arts and health related to the benefits and challenges of arts engagement, as expressed from a policy view (2.2.2), and from the accounts of participants, such as in the 2017 Inquiry Report Creative Health (All-Party Parliamentary Group on Arts, 2017). These benefits are reported to include opportunities such as the arts for communication to express feelings, for connection (develop social skills, aids memory), to develop self-confidence and self-worth (try new things, learn, move out of comfort zone), to offer accessible activities that anyone can try, thus removing social stigma and educational barriers.

However, there are also criticisms of the benefits of arts for health, particularly visual arts, including a lack of detail on what counts as art, and criticisms on evidencing what elements of art can reduce pain, anxiety and depression or improve quality of life (Skov and Nadal, 2025). Following a review of creative arts studies, Skov and Nadal (2025) highlight issues with methodological weaknesses, biases, and the lack of empirical support to demonstrate how art directly leads to health benefits. Clift et al (2021) believe the limited studies in this field could be misleading and that reports from the World Health Organisation and the Department of Culture, Media and Sport advocating for creative approaches as a secure foundation to develop health policy are premature (Clift et al, 2021). My study, from the beginning, clearly outlines its aim to present data that amplifies the voices and experiences of women, to highlight ways that they find engagement in the socially prescribed art workshops to be beneficial. I do, however, recognise criticisms of arts and health that should be considered for my research, such as concerns for the safeguarding of wellbeing and being aware of any potential risks (Clift et al., 2021). There are concerns that community groups are not equipped to deal with complex needs (Munro and Dayson, 2025), and specifically that facilitators, such as artists are not trained to support vulnerable groups.

Schrag (2018) examines the ways that artists can and are expected to interact with groups in community settings, and areas of multiple deprivation and regeneration. He explores the problematic link between artist and social worker, and the expectation that artists can make things better for people in need, without specialist training and structures of support (Kester, 1995). Within participatory arts practices (Braden, 2025), Schrag (2018) also discusses the importance of considering the intent of artists and is critical of the use of art as a tool for social betterment (Hewitt, 2011). My research will analyse the accounts of artists facilitating socially prescribed art workshops to discover their view on how they perceive support for the women attending through the current structures of this health intervention.

There are few studies that specifically focus upon arts and social prescribing, often arts activity is mentioned amongst other activities that people are referred to, including exercise, holistic treatments, book clubs and green

prescribing. Stickley and Hui's study (2012) examines an Arts on Prescription programme in England in two parts: firstly, the experiences of participants and, secondly, the views of practitioners and GPs making referrals to support for issues with mental health, including anxiety disorders, depression, drug and alcohol addiction, and social isolation. In part one (Stickley and Hui, 2012a), the participants' accounts highlighted their motivations for attending the group, namely engaging in creative activity, as a reason to leave the house and something to do, engaging with valuable social and peer support, and to meet people, belong and appreciate each other's work. Importantly, while there is some mention of the negative life experiences of male participants, there is little evidence that discusses what the women are experiencing in their lives and instead their focus is upon the safe space of the group. There are no descriptions of the art techniques and materials (for example clay, painting, printmaking or drawing) used during the sessions and there are no examples of the work created. The only testimonies of the participants in reference to art, outlined how it was used as a distraction to get away from problems in life.

In part two (Stickley and Hui, 2012b) of the study, social prescribing is described by mental health practitioners and GPs as both filling a gap and as a stepping stone to future opportunities in education or employment. Health workers praised the ease of joining the Arts on Prescription programme, noting the absence of risk assessments and not having to reveal the medical history of their clients, describing this referral process as more respectful and positive. They also praised the holistic approach of the programme and the benefits of projects being based in the community rather than in medical settings, with creative activities offering motivation and autonomy, and opportunities to learn new artistic skills, that enabled people to take pride in their artworks as their confidence developed. Although the research states that participants experienced social, psychological and occupational benefits, there is a call for continued evidence to demonstrate the effectiveness of Art on Prescription programmes to build a case for support for future projects and to secure more funding from public bodies, and trusts and foundations supporting work in arts and health (Stickley and Hui, 2012b). In contrast with this study and its focus on the referrers (most common in social prescribing literature), my study interviews the women, and the artists facilitating the sessions to draw attention to why

their perspectives matter and are of value, to ensure that socially prescribed spaces are equipped to support the women.

The evidence-base is growing to evaluate the impact of participating in the arts and how it can effectively support health and wellbeing, such as Jensen et al's (2024) study that discusses how arts on prescription have been recognised as a way of bringing together people in communities. This study is the first to bring together international studies to determine the impact of the arts on health and wellbeing. It offers a narrative review of qualitative studies of different arts activities in Australia, Denmark, Sweden, the United Kingdom, and the United States was conducted, examining data from projects located in community settings, arts venues, GP surgeries, primary healthcare settings, and one school. Themes identified in the study included social benefits, psychological benefits and progression opportunities. The study demonstrated that arts on prescription programmes showed significant improvement of wellbeing for attendees, more specifically reductions in anxiety and depression. It highlights the importance of considering barriers to participation (physical, psychological and social) and how lack of stigma, being in a room with others with similar experiences can lead to sharing and supporting difficult issues collectively. The study concludes that offering critical perspectives on art and prescription can support improvements in public health.

Participatory art projects for people with mental health needs typically claim outcomes such as improvements in confidence, self-esteem, social participation and mental health (Hacking et al., 2008). Hacking et al's (2008) study used questionnaires with new art project participants attending twenty-two art projects in England to assess these claims. Arts participation increased levels of empowerment and had the potential to impact mental health and social inclusion. Participants who engaged with UK arts programmes while experiencing issues with their mental health reported that it had impacted them by significantly reducing their social isolation and exclusion, giving them greater empowerment and improving their well-being (Hacking et al., 2008). I build upon these studies by exploring the benefits, and the accounts of a specific group of women reporting experiences from their attendance of socially prescribed workshops at a community art centre in an area of multiple deprivation. The

study aims to identify commonalities in the women's lived experiences and how social prescribing can support their specific needs for health and wellbeing.

Percy-Smith and Bailey (2023) research with people with lived experience, focuses on the value of creative health approaches in improving health and wellbeing in Yorkshire, England. The study reveals evidence from people with lived experience on the value of approaches to engagement, and what makes a difference to how creative activities are delivered and sustained to support communities to live well (Percy-Smith and Bailey, 2023). The research references wider social inequalities, including poor housing and living environments, low income and employment levels, lack of access to transport, limited social and cultural capital, and community safety issues. The resulting impacts of these inequalities are increased levels of loneliness and isolation, leading to mental health issues and impacts on physical health (Percy-Smith and Bailey, 2023). The identification of feelings of stress, trauma, vulnerability, despair and hopelessness, reducing confidence and self-esteem due to these inequalities are of relevance for my study as this is an acknowledgement of the impacts on emotional health. There are several challenges found to be blocking creative health approaches in communities in this study, including a lack of resources to support partnership working across health, social care and community sectors, and the allocation of funding to leading arts organisations (national companies, major galleries) rather than smaller charities delivering creative projects to poorer communities. Percy-Smith and Bailey's (2023) study advocates for improved communication and outreach for creative activities to make them accessible to all and the authors believe that the NHS should continue progress to move away from non-medical approaches. Currently, they feel that culture, community and health sectors are not linking up, and that arts and health are not prioritised in local strategies and targets. The study suggests that change needs to be driven by a response to the needs of people in the community, and to engage with their health and wellbeing to deliver sustainable change. My work seeks to identify these needs for marginalised women and in addition I will explore the role of the artists in creative health approaches, to engage with their perspectives of how socially prescribed can become more effective in their support of these groups.

Summary

This chapter highlights the work that has informed my study and identifies gaps in the specific exploration of the 'social and emotional needs' (NHS England, 2023) of women, and their voices and experiences in this health intervention. This work addresses these gaps in the social prescribing literature, by bringing together the perspectives of the women participating, and the artists facilitating socially prescribed art workshops, to examine existing levels of support for health and wellbeing. Furthermore, I have highlighted how my research contributes to an emerging body of literature that focuses on the prioritising of community and health inequalities in communities of multiple deprivation by questioning the extent to which the health and wellbeing of these communities are being met through social prescribing (Percy-Smith and Bailey, 2023; Thomson et al., 2024; Munro and Dayson, 2025).

My study also connects with broader discussions around how social prescribing in its current form and with its plurality of approaches is changing focus towards the holistic model that engages with improved health and wellbeing and addresses the causes of health inequalities, and aligns with my work (Kimberlee, 2015; Davis-Hall, 2018). It is also key for my study to engage with new definitions of social prescribing that consider adverse social determinants of health, health inequities and non-medical, health-related social needs, factors that are noticeably absent from earlier definitions and that clearly reject medical paternalism (Muhl et al., 2023). New approaches that interrogate the role and benefits of creativity in social prescribing are also important for my research as they support community conversations and the telling of stories of lived experience, and recognise the role of community in health interventions to allow people to live well (Russell, 2017; Percy-Smith and Bailey, 2023; Thomson et al., 2024; Munro and Dayson, 2025). My work connects to a call for change in creative health approaches, including for creativity to help the sustainability of support services and the creation of safe spaces, increased visibility of the support available, and a focus upon the impacts for people engaged with creativity for health (Percy-Smith and Bailey, 2023).

My research changes the focus from processes of referral and the role of LW, to the delivery of socially prescribed art workshops in the community. This research is important as there is a gap in social prescribing literature around what can be learnt from existing social prescribing initiatives, particularly in relation to the women who populate arts sessions, and the artists who lead them. My study addresses, through the women's accounts, a lack of detail on women's lived experiences in the literature, including gaps in their perceptions of support in the art workshops and whether they feel adequately supported by social prescribing, and specifically by the art workshops. The research also addresses a gap in literature as it considers the views of the artists facilitating the art workshops, to better understand how their approaches are received by participants, and whether they feel equipped and trained to support the health and wellbeing of the women. My study seeks to explore one gap in social prescribing, yet I also acknowledge additional gaps in social prescribing practices that need to be addressed. These include that social prescribing is unsuitable for those who require more intensive support (South et al., 2008), and the lack of research around the engagement and experience of social prescribing for ethnic minority communities (Wildman et al., 2019; Darnall Well Being, 2024; Armitt et al., 2026).

My research seeks to add detail to the experiences of the women (their journeys to, and during the art workshops) to promote more understanding and contribute to new ways that social prescribing can offer improved structures of support through creativity and specifically what engagement in art can offer that other activities cannot, by using the knowledge of the women and the triangulation of the views of the artists facilitating the group. The next chapter outlines the theoretical framework I applied to achieve this.

Chapter 3 Theoretical Framework

My theoretical framework draws on feminist theories to construct a framework focused upon experience, emotion and empathy, to discover the current effectiveness of socially prescribed practices, and the tangible support the group offers for the health and wellbeing of women, through a focus on their voices. The theories I draw on are from the wave of feminism and address issues of discrimination and equality, such as standpoint theory and intersectionality (with a focus on class), and are used to effectively identify patterns and references in the women's accounts including family lives, sexism and gender roles in families. Applying this focus in my work, gives the women's experiences and emotions value, and places an emphasis on their voices and experiences that is currently missing in social prescribing practices. By revealing the personal stories of marginalised women characteristic of this wave of feminism, my framework for analysis is specifically employed to focus on the voices of the women with the purpose of adding their accounts to literature on health and wellbeing that shapes this health intervention. Additionally, my research includes women's perspectives and the perspectives of artists facilitating these groups and how this can contribute to knowledge on how vulnerable groups can be better supported.

Section one offers an overview of second wave theories (3.1) and discusses those that are employed in my theoretical framework, through the subthemes of (3.1.1), 'Standpoint Theory' and (3.1.2) 'Intersectionality'. I highlight how these theories are used to analyse my findings and support the amplification of the voices of marginalised women in the research process (hooks, 1981; hooks, 1989b; Mulinari and Sandell, 1999; hooks, 2000), and how an understanding of their experiences can inform more effective structures of support for the women (Campbell, 2001). In the following three sections I demonstrate how my framework employs these feminist theories, with a focus on the three key elements for my analysis, (3.2) 'Experience', (3.3) 'Emotion' and (3.4) 'Empathy'. I explain the relationship between these three lenses and how they form part of feminist theories and contribute to answering the aims of my research. My focus on the women's lived experiences and issues in their daily

lives seeks to know and give voice to these experiences as a way of understanding existing support structures in socially prescribed art workshops and how they can be advanced to be more supportive. The final section of this chapter details how I intend to use my framework, outlining its usefulness in my study and how it will be used to analyse the accounts of the women as participants in (3.5) 'Framework to Analyse the Accounts of the Women' and the artists in (3.6) 'Framework to Analyse the Accounts of the Artists'. This also includes considering the implications and limitations of the framework in the study. I will begin this chapter by discussing the theories of the second wave of feminism that contribute to my framework.

3.1 Feminist Theories of the Second Wave

Feminist theory, particularly theories addressing issues of equality and discrimination developed in the second wave of feminism (from the 1960s to the 1980s), provide guidance for my research of women seeking support for their health and wellbeing in socially prescribed art workshops. The theories of this period were founded in the belief that women should have the same rights as men, such as being able to engage in public life, and be entitled to social, economic, and political equality. This liberal and consciousness-raising feminism rejected the confines of patriarchy that confined women's roles in the home, and limited their opportunities and rights (Friedan, 1963; Steinem, 1983). The second wave was a new movement in feminism which began in America and extended to other Western societies. Crucially for this research study, the feminist theory of the 1970s saw the development of the concept of experience, and the 'personal is political', a notion that linked male dominance to the challenges women faced in their everyday lives (Hanisch, 1970).

By the 1980s criticisms of the feminist movement emerged, including how the experiences of white, upper and middle class, heterosexual women were represented as universal for all women (Lorde, 1984). By centring the experience of this dominant group of women, 'other experiences had been made marginal and peripheral to feminist thought' (Mulinari and Sandell, 1999, p.290). Challenging this narrative saw the emergence of black feminism, and the feminism of marginalised groups (poor, working class women and lesbians), and

the articulation of their experiences (Lorde, 1984; Hill Collins, 1990; hooks, 2000).

hooks (2000) details how feminism's move in the 1980s into academia was important for legitimacy. However, it also created issues of accessibility, as ideas were developed by an elite group who produced literature exclusively for an academic audience. hooks (2000) states that people outside of academia were not seen as important, hence theory and thinking were no longer tied to the broader feminist movement, or the world outside. Her response was to write an accessible book 'Feminism Is For Everybody', to teach feminist thought and theory more widely. This work also encourages feminist scholars to reflect upon differences between women, specifically how feminism relates to race and class, and the need for feminist studies to be community based (hooks, 2000). Her perspective introduced a more collaborative feminist thinking and theory to reshape, engage with change, and be more inclusive. In building my framework, I assess how these theories have been applied by others in similar contexts to represent the voices of women, their experiences and feelings (Hochschild, 1983; hooks, 1989; Skeggs, 1997), and what they inform in my research study.

The work of hooks (1984, 2000), particularly her argument to advocate for a feminism of social change, that shares resources and harnesses power to improve the lives of women of all classes and races, helps to understand the factors that matter for marginalised women. Her vision encourages women, 'to courageously examine our lives from the standpoint of gender, race, and class so that we can accurately understand our position within the imperialist white supremacist capitalist patriarchy' (hooks, 2000, p.116). To encourage critical consciousness for women to challenge class elitism and construct a feminism offering opportunities for all, ending domination, eradicating oppression and recognising their own self-worth and importance. Threadcraft (2019) discusses how hooks' message is as powerful as ever and continues to capture the conflict for women and the intersectionality of patriarchal power and its privileges. She notes how hooks (1984) can newly inspire scholars with her account of power, a theory of power that she builds from analysis of black women's praxis, and by recognising how many people have failed to acknowledge these power differences highlighted by hooks. She also believes that hook's definition of feminism as a

fight to destroy all forms of oppression, is still key to this struggle. She goes on to echo the sentiment of hooks, in acknowledging the continued feminist struggle and the special vantage point that the experiences of marginalised women can offer. Only by using this perspective, can women who are marginalised continue to challenge the dominant racist, classist, sexist hegemony, to move towards a counter-hegemony supported by feminists who can reach a larger audience (Threadcraft, 2019).

In Skeggs' (1997) study of women and education, she also examines abstract structures and concrete specifics of everyday life when, 'the women constantly enter implicit trading arenas where their sexuality, femininity and respectability are judged in terms of values in which the rate is established by others' (Skeggs, 1997, p.12). She argues that feminism can provide frameworks of interpretation of everyday experience and injustice. Skeggs (1997) calls for more responsible knowledge and representations; she asks for the unfamiliar experiences of women to not be dismissed as illegitimate because they are not known or experienced by those that hold power.

My research is concerned with amplifying the women's voices and centring their experiences of oppression within the context of developing meaningful and supportive social prescribing practices. By using feminist theories that allow the study to pay attention to the conditions of the women's lives, these theories can help to identify the parts of the women's lived experiences that social prescribing structures need to acknowledge to offer effective support for health and wellbeing. Women's experiences are gendered but they are also embodied in class, race and sexual identity. I will discuss in the following two sections how these considerations are employed in standpoint theory, and intersectionality (acknowledging class), and how these theories shape my framework for analysis.

3.1.1 Standpoint Theory

Standpoint theory argues that knowledge is always situated and thus the perspectives of marginalised groups can offer a unique insight into social worlds (hooks, 1989). To specifically challenge misrepresentations of black women, lesbians, and poor and working-class women as sharing the same experiences as

privileged white women- personal narratives and autobiographies of oppressed groups emerged. Feminism needed to acknowledge other structures of oppression at play, which included class, race and sexuality, all categories not previously considered by the movement. By acknowledging when marginalised women were placed in a position of struggle through the powers of oppression, standpoint theory asserts that all knowledge results from these experiences (Hartsock, 1987). Hill Collins, (1990) elaborates on this theory by emphasising the importance of black women's voices as victims and survivors of objectification and control. She highlights why the standpoint of black and marginalised women needs to be articulated, through the following quote, 'I like to say what I think. But I don't do that much because most people don't care what I think' (Gwaltney, 1980, p.156). Hill Collins (1990) discusses 'survival' and how standpoint can voice 'self-definition' and offers 'demystification' by showing the everyday experiences of black and marginalised women.

I focus on specific aspects of standpoint theory in my framework, namely personal stories (Lorde, 1997) that allow a focus upon the emotions and feelings of oppression rather than on 'sociological investigation of how these exclusions were structured' (Mulinari and Sandell, 1999, p.290). Through reclaiming their experiences (Bartky, 1990) and attaching importance, value and meaning to these experiences, enabling groups of marginalised women were able to speak about what was happening to them and reveal their stories. My study draws on this focus in personal stories and autobiographies that detail the experiences of oppressed groups in feminist theory, by representing collective and individual experiences in feminist literature and sociology (Mulinari and Sandell, 1999). I apply this focus to a group of marginalised women, living in a community of multiple deprivation. My research pays specific attention to the factors that have led them to seek support for their health and wellbeing in socially prescribed art workshops, as well as their experiences of support within these spaces. By focusing on women who live in areas of multiple deprivation, my study amplifies the voices of women who have not otherwise been a focus of social prescribing literature. Therefore, the research connects to feminist theories of voice, which recognise the value of the testimonies of participants of socially prescribed art workshops, to encourage the demystification of their lives to inform how they can be best supported in groups.

Skeggs (1997) acknowledges criticisms of standpoint theory, such as Bar On (1993), as granting authority to the experiences of certain groups, whilst silencing others. She does not believe that one must experience something to be able to express an opinion and warns against the resulting hierarchies of knowledge. The assertion that experience had to be lived to be researched, is also contested by Mulinari and Sandell (1999), who highlight problems when knowledge and claims to truth were based on researchers' identities as lesbians, black or working-class women. I also acknowledge how standpoint theory recognises systemic structures of oppression, such as racism and homophobia that need to be acknowledged by the feminist movement and in feminist research. I take the position that those without direct experience of oppression can still discuss it; however, the experiences of marginalised groups of women can provide particular and insightful knowledges and understandings (Hill Collins, 1990). This stance acknowledges current gaps in social prescribing literature that excludes women's experiences and focuses on other factors, such as Link Workers and referral systems (Mulholland et al., 2025), that, as will be argued, are not always applicable to the women attending socially prescribed art workshops.

My work is influenced by feminist research of the second wave that recognises how bringing women together to share experiences and understanding, is key to the realisation that these experiences were not individual and are experiences of subordination (Clisby and Holdsworth, 2014). hooks (1989) views these processes of recognition and change as beginning with action and urged oppressed women to articulate their experiences. She discusses telling stories and sharing truths, whilst challenging perceptions of what women should and should not be discussing. She also acknowledges how feeling deeply can be a powerful process. Themes are identified around feminism and silence, women's submission to patriarchal authority, and spaces of domination, oppression and exploitation. hooks argues for dialogue, for the sharing of speech and recognition, especially for black women,

> 'For us, true speaking is not solely an expression of creative power; it is an act of resistance, a political gesture that challenges politics of

> domination that would render us nameless and voiceless' (hooks, 1989, p.8).

This movement from silence into speech allows new life and new growth to become possible, and the movement from object to subject leads to a liberated voice. hooks believes that working together and using voice can begin the process of education for political consciousness. This liberatory voice can, 'confront, disturb, demand that listeners even alter ways of hearing and being' (hooks, 1989, p.16), and can challenge structures of power led by dominant groups. These understandings guide my framework as my study seeks to develop new perspectives on socially prescribed art workshops. By bringing women together to discuss the conditions of their lives, and more specifically to identify common factors that may affect their health and wellbeing, this work highlights that the voices and perspectives of women are currently missing from approaches to social prescribing. Standpoint theory provides a valuable framework for my analysis to begin to understand the perspectives of the women, on their lived experience before they enter the group, their lives outside of the group and what tangible support the group offers for their health and wellbeing. I connect to hooks' (1989) view of violence against women and a greater cultural awareness of domestic violence. This highlights sexism, sexist thinking, male domination and control, and the emotional damage this can cause, including impacts for women and children around what they have witnessed and experienced, and the continuation of these damaging patterns throughout their life course. Applying this focus in my work, gives the women's experiences value in socially prescribed practices, and places an emphasis on their voices and experiences that is currently missing in social prescribing practices.

Standpoint theory and intersectionality are distinct but related concepts, as both acknowledge social location and how it impacts knowledge and experience. I use them to bolster my study's appreciation of the extent of the pressures the women face and how these pressures are accepted within their environments and communities. Intersectionality was a response to, and an acknowledgement of the failures of the second wave of feminism. American law professor Kimberlé Crenshaw used intersectionality to describe how different systems and patterns

of oppression —race, gender, and class—intersect and reinforce social hierarchies (Crenshaw, 1989). Crenshaw formalised the term intersectionality, yet discussions of intersectionality began in the 1970s/80s, when writers such as hooks (1984) and Lorde (1984) were speaking of, and writing about the issues of the second wave's singular focus on gender that ignored the multiple oppressions of sexism, racism and classism. They believed that by allowing feminism to centre on the struggles of white upper- and middle-class women, it effectively masked the privilege of these white women and highlighted that the situation was more complex than second-wave feminists recognised.

By viewing oppression through the single lens of gender and equality, hooks states that the intersectionality of multiple forms of discrimination cannot be recognised (hooks, 1984). She suggests that ignorance can also play a role here, as women with no knowledge of the lived experience, challenges, or intersecting systems of oppression faced by marginalised women, can lack understanding - as their experiences are not the same. Thus, hooks used the term intersectionality to describe how the different systems of oppression, race, gender, and class, can intersect and reinforce social hierarchies, and highlights how interlocking oppressions can disproportionately impact marginalised communities. Third-wave feminism emerged shortly after the term intersectionality was coined, and this movement used it as a guiding framework to continue to address the lack of attention given to race, class, sexual orientation, and gender identity in earlier feminist movements.

Intersectionality differs from standpoint theory by emphasising the interaction of multiple social identities, including race, class, and gender, and how these factors come together to create 'layers' of oppression and privilege (Crenshaw, 1989). Intersectionality was developed primarily within black feminist thought, to understand the complex and multifaceted experiences of individuals within systems of power, discrimination and marginalisation that reinforce social hierarchies (hooks, 1981). In this study race is not acknowledged as all the participants are white women, as discussed further in my methods in chapter 4. I also acknowledge intersectionality as a structure to reveal the perspectives of marginalised groups, particularly women. Intersectionality builds upon and

extends standpoint theory by recognising that individuals experience multiple forms of oppression and privilege based on their intersecting social identities. Whilst these theoretical perspectives view the complex nature of individual identities and consider gender, race, sexuality and class, as noted earlier my participants are white working-class women and so my focus remains on gender and class. I expand upon this in more detail in the following section.

3.1.2 Intersectionality

In this section, I discuss how the perspectives of gender and class contribute to my framework. The focus of this study is white, working-class women living in areas of multiple deprivation, who are not currently in employment, and have been facing challenges with their health for many years. I recognise the importance of class in understanding inequalities and demonstrating the pressures experienced by working-class women living in areas of multiple deprivation, including low incomes, bad housing, poor education, health issues, and crime (Scottish Government, 2020). These factors have been considered in the research to enable a more complete picture of how these pressures impacted the women and can therefore offer insights into patterns of behaviour the women have identified due to the positions and environments that they occupy. This highlights the experiences of a marginalised group of women engaging with social prescribing and identifies how their experiences can differ from other women from different backgrounds and social positions.

Skeggs (1997) asserts that feminism can be a useful interpretive device for women to understand their positions, especially after bad experiences. She questions how accessible feminism is for working class women when class is not recognised by those who have the privilege to ignore it (Skeggs, 1997). She also addresses the masking of inequalities, the negative representations of working-class people contributing to devaluing and putting up more barriers to the accumulation of capital. Although Skeggs acknowledges barriers to capital, power and security, she also recognises local cultural value for women when it is positive to be part of a working-class community. Her writing aims to, ‘establish a challenge to the complacency of theories which make working class women

invisible' (Skeggs, 1997, p.14), which, through her own experiences, she believes is due to ignorance and assumption.

hooks (1981) recognises how acknowledging where gender and class intersect can make feminism more accessible and applicable to marginalised women. She discusses how work as a leveller, and a key to liberation was irrelevant for so many women and thus marginalised groups felt that due to this focus, feminism was not a space for their empowerment. Work was not liberating any working-class women from sexist oppression or offering economic independence. Thus, hooks viewed the contemporary women's movement as class-bound, linked to the white capitalist patriarchy, and constructed to gain economic status, money, and power (hooks, 1981). hooks describes this as, 'totally narcissistic, classist and racist' (hooks, 1981, p.145). White privileged women appropriated feminism to advance their own cause as part of mainstream American capitalism, and they decided the feminist issues most applicable to them. 'They are talking about women's rights but which women?' (hooks, 1981, p.148). hooks (2000) discusses hierarchies in the feminist movement and how class existed as a dividing issue long before race. As white privileged women gained access to economic power, these 'gains rarely changed the lot of working-class and poor women' (hooks, 2000, p.41), leaving working-class women feeling betrayed. hooks (1981) felt that white feminists chose who would be excluded, this included black women and poor women, as 'white upper- and middle-class women in America suffer from sexist discrimination and sexist abuse, they are not as a group as oppressed as poor white, or black or yellow women' (hooks, 1981, p.145). This relates to my study as it highlights factors that are relevant to who is included or excluded in current social prescribing practices, specifically in relation to white working-class women and the ways they feel supported, or not in socially prescribed art workshops.

My study is primarily concerned with the women's voices to increase understandings of their perspectives on their lived experiences and to identify the complex challenges they face in their daily lives. I consider class in the application of my framework to the data, to recognise the area where the Art Centre is located and where some of the women live (further discussed in 4.6). This includes how the women discuss the impacts of living in an area of multiple

deprivation, to enable an understanding of specific aspects of the women's lives, 'politically, culturally, economically and spiritually' (Bunch, 1983, p.250). Therefore, my feminist lens also pays attention to examples of the intersection of gender and class that emerge in the women's accounts, such as in gender roles and the limiting of opportunities (education, employment and quality of life). This perspective in social prescribing literature is beginning to be acknowledged in studies based in communities experiencing inequalities, in a move for socially prescribing to proactively engage with marginalised communities (Percy-Smith and Bailey, 2023; Thomson et al 2024). My research builds on this engagement by specifically highlighting the value of the women's perspectives and how this contributes to knowledge on how vulnerable groups can be better supported. This will be achieved by forming understandings of the women's experiences, their resulting needs and listening to what currently works for the women in the art workshops and where they are calling for change. In the following section I discuss the theories of experience that influence the construction of my framework.

3.2 Experience

This section will explore how the theoretical concept of experience was developed, and specifically how experience is discussed in feminist theory. The first wave of feminism, from the late 19th century focused, upon the rights of women to vote, women not as property and the right to work; the third wave of feminism in the 1990s focused on reproductive freedom, combatting sexual harassment, assault and domestic violence, addressing the pay gap between men and women and LGBTQ rights; and the fourth wave, to the present day, sees the continued growth of feminism, mobilising people to take action against sexism, misogyny or gender-based violence against women, such as MeToo in 2017 (a social media campaign in response to sexual abuse of staff in the film industry). I acknowledge the continued complexities of the current feminist movement and its continued neglect of the experiences of marginalised women, and also its exclusion of the trans community. Therefore, I have grounded my framework in feminist theories of the second wave, that specifically give priority to the accounts of the marginalised women who are participating in my research. I do this by adopting an accessible version of feminism that gives prominence to,

> ‘a more inclusive social science and a feminist perspective that claims it is possible to produce knowledge about the world which can and should be used to name, illuminate and overcome social inequalities’ (Mulinari and Sandell, 1999, p.294).

Additionally, my study highlights how listening to the voices of women and paying attention to what they discuss when they are together, can illuminate how experience impacts the lives of women.

Experience as the property of an individual was developed as a concept in the seventeenth century and was later adopted by the bourgeoisie (Abercrombie et al., 1986), examining the ownership of experience as constituted by the individual and what made them unique. Only the male bourgeois were perceived to have the requisite knowledge and access to discourse to be individuals, as solely their depth of experience was seen as real or valid (Watt, 1957). Skeggs (2011) highlights how the theory of experience of the individual, and its influence on political theory from the seventeenth century onwards, mobilised, ‘class and gender exclusions in terms of who can and cannot occupy the position of the (possessive) ‘individual’ (Skeggs, 2011, p.498). Cohen (1994) also makes the link between experience and the individual, specifically that men through birth or achievement had the right to express their experience and be themselves. This point is reiterated by Harding (1983) who discusses how male experience was seen as the human experience and was prioritised (Oakley, 1974; Daniels,1975) and that there are still gaps, that do not adequately reflect the experiences and interests of women. Lazreg (1994) also supports issues around the definitions of experience and highlights how loose definitions of the concept can lead to the value, the depth and the realities of experiences being lost (in this study in social prescribing literature). De Lauretis (1988) states that feminism ‘began the moment women started talking to each other about their experiences’ (Skeggs, 1997, p.25), as discussed in section (3.1.1).

As discussed earlier in section 3.1, the misrepresentation of the experiences of white, middle-class, heterosexual women as universal for all women is critiqued (Mulinari and Sandell, 1999). Stanley and Wise (1983) emphasise how so much continues to be omitted in the research of women’s experiences in the world,

and the ways women continue to be excluded from what has been seen as knowledge. I expand on how I plan to apply this insight to the analysis of the women's accounts and my focus on their voices in section 3.5, which includes my consideration of several factors in exploring experience, including how experience is located in social, historical, cultural, economic and political processes (Skeggs, 1997).

Skeggs (1997) discusses descriptions and classifications of experience constructed from male experience, and how contemporary analysis of experience needs to connect to race, gender and class. To acknowledge challenges within the development of feminist theory, where experience and interpretation were informing each other, as 'the concept of experience itself gained validity for feminists' (Skeggs, 1995, p. 25). I am guided by her discussions on issues linked to different meanings of experience in feminist theory. She explains,

> 'Sometimes it refers to external events experienced, sometimes referring to the way those events are registered by people, and it is very common to slide between these meanings' (Skeggs, 1997, p.34).

Skeggs (1997), uses the examples of motherhood and femininity, exploring how women are defined by these experiences. This aligns with the view of women's experiences as not fixed, and instead continually in production (Riley, 1987). I employ this understanding of how women position themselves in the world, and the ways behaviours and expectations are formed and interpreted based on these experiences. Considering this, my framework highlights experiences for the women on their journey to join the group, and experiences inside the group. The viewpoints of the artists are also included in the study, in relation to their knowledge of the women's experiences and whether their facilitation styles consider these experiences. Experience helps to understand women as, 'a category which is classed and raced and produced through power relations and through struggle across different sites in space and time' (Skeggs, 1997, p.27). Mulinari and Sandell (1999) also discuss how experience should be located in structures, in time and place and in power. For this research, to understand the position that women feel they occupy in the world according to their

experiences (where they feel others place them and where they place themselves), offers insights into how they enter the space of the art workshops, and highlights the support they need and the treatments they seek to avoid.

To further this aim and create a more well-rounded study of the women's lives, my work also employs a focus on emotions and feelings as a means of highlighting women's oppression and exclusion and begins to address the gaps identified in feminist research approaches. Therefore, this framework calls for an acceptance of the experiences of others, of their emotions, their feelings and the validity of these (Hochschild, 1983; Skeggs, 1997; Campbell, 2001). This aligns with my feminist approach, and a definition of feminist consciousness that, 'is deeply and irrevocably connected to a re-evaluation of 'the personal', and a consequent refusal to see it as inferior to, or even very different from, 'science' (Stanley and Wise, 1983, p.6). This is useful as my focus is upon the testimonies of the women as participants; what their experiences have been, and how they have come to join this socially prescribed group. Mulinari and Sandell (1999) emphasise the need to reclaim the concept of women's experience for the creation of knowledge, and I take the position that these approaches to understanding women's experiences need to be embraced in the processes and delivery of social prescribing. The following section explores how theories of emotion inform my framework for analysis.

3.3 Emotion

Here, I outline how women connect with and regulate emotion in their everyday lives, to demonstrate how developing understandings of the women's relationship to emotion can help the evaluation of women's health and wellbeing needs in the context of social prescribing practices. I also acknowledge the analysis of the complexities of emotion and how it is regulated in social life (Elias, 2000). This expression of emotions, particularly for women, is often, 'inhibited, deemed unacceptable - particularly in public spaces' (Chandler, 2016, p.73). Dickson-Swift et al (2009) view emotion as central to the research process, and that emotion and 'knowing', and cognitive functions are connected.

By including emotion in my framework, I can highlight how experiences have impacted the women's health and wellbeing, to discover the women's feelings as part of the group and offer insights into the effectiveness of current social prescribing practices as a space to process these emotions. This includes paying attention to how the women discuss their perception of inappropriate or appropriate expression of emotion (Stanley and Wise, 1993), which could include expressions of pleasure, but more often expressions of feelings of sadness, anger or fear. Stanley and Wise (1993) state that, 'emotion, then, is a social and cultural construction regulated in and through social engagement; and is seen as 'appropriately' conditioned by age, class, race/ethnicity, gender and indeed sexuality' (Stanley and Wise, 1993, p. 203). Their exploration of which behaviours and characteristics women held responsible for, and others that are perceived to be out of their control are relevant to the lens for the data as they offer insights into factors that need to be considered specifically for socially prescribed creative groups engaging with marginalised groups.

Hochschild's (1983) research investigates flight attendants and their day-to-day experiences on the job, with a focus on how the exploration of emotions has a special relevance for women and describes more of their experience. 'As traditionally more accomplished managers of feeling in private life, women more than men put emotional labour on the market, and they know more about its personal costs' (Hochschild, 1983, p.11). She states that more women than men traditionally have jobs that require emotional labour, and more working women interact with people in their work, leading to gender and class patterns in the use of human feeling, both in civic and commercial fields. In her work Hochschild clearly demonstrates how social context shapes emotional experience and expression through her discussion around 'emotional labour' and 'emotion work'. 'Emotion work' as a lens is applicable to the women, as it can highlight perspectives in the home and private spaces, with reference to dealing with other people's emotions. 'Emotional labour' is work done for a wage (James, 1989), that in the context of this study, is a lens more applicable to the artists. Hochschild (1983) focuses upon the role of emotion to understand the social context and to locate peoples' viewpoints and how they display their feelings. Her term 'feeling rules' analyses how the expression of negative emotions is discouraged, and the impacts of not knowing what to do with strong negative emotions. She also highlights the work that people feel they must act and mask

their emotions to maintain social order. To explain the 'emotion work' that women undertake, and how society uses feelings, Hochschild (1983) identifies three emotion regulation strategies: cognitive, bodily and expressive. Cognitive strategies work to change the image of something and therefore the feelings associated with it, bodily strategies work physically to create an emotion (for example deep breathing to reduce anger), and expressive strategies involve using expressive gestures to change inner feelings, such as smiling to make you feel happier. She explores what emotion work and emotional labour are, in terms of the costs and benefits of managing emotion (masking/display of feeling), in private life and at work, and believes, 'from feeling we discover our own viewpoint of the world' (Hochschild, 1983, p.17). Her approach is key in guiding my study as it can harness the emotions of the women to reveal insight into the pressures of their lives.

Hochschild (1983) asserts that emotional work and labour can impact social classes differently in relation to differing lived experience and this notion challenges how social prescribing can be effective without an understanding of the experiences and needs of participants, (as I have acknowledged in my discussions on standpoint theory, and intersectionality in sections 3.1.1 and 3.1.2). I argue that structures and expectations in society, communities and families that dictate women's roles and acceptable behaviour, is key to understanding the best support for the health and wellbeing of women which is why it is vital to include these lived experiences and voices in the development of socially prescribed practices. Hochschild's approach to the processing of emotion, and how this can impact women and society's 'feeling rules', plays a pivotal role in my research study as it can be applied to the analysis of the data in two ways. Firstly, it can be instrumental in revealing the pressures that women face and the resulting emotions that they choose to show or mask, and the reasons why. This work is still valuable as the devaluing of emotion disproportionately continues to affect women and perpetuates inequality in the women's lives. This raises questions centred around care, emotions in the home, and in communities, and can often involve putting the feelings and needs of others ahead of their own (Zimmerman, 2015; Hackman, 2015). Secondly, Hochschild's focus on 'emotional labour' at work can offer insight into how artists report the extent to which they are able or unable to support health and

wellbeing of women attending socially prescribed art workshops. This emotion lens also complements the differences between women's and artists experiences, highlighted by the role occupied as worker.

Wouters (1989) argues against Hochschild claiming that society is more tolerant of emotional expression, in her critical account of the 'authentic' emotional self and 'false' emotional self of capitalist settings, contrasting emotions (fake) versus emotions (genuine). Jaggar (1989) critiques the outlook that emotion is viewed with suspicion and hostility and highlights, 'the myth of dispassionate investigation' (Jaggar, 1989, p.161). I adopt the position that emotions are necessary for theoretical investigation, as to think and to feel inform a unique understanding of the world. This supports the focus of my study, that the ordinary and extraordinary events of women's lives are worthy of critical reflection, and that everyday experiences and emotions can make valuable contributions to knowledge. As will be discussed in the next chapter, in transcribing the women's words my methodological approach further supports noting their actions, facial expressions, and interactions and with others in the group (in creative sessions) to support my processes of thematic analysis.

Chandler (2016) in her critical view of emotion and self-injury acknowledges how emotions can be narrated differently by researchers, from a sociological perspective (society and emotion), from a psychological perspective (individual and emotion) or from a biological psychiatry perspective (physical and biological). My research study will focus on the sociological view. Chandler's study records participants' accounts of the lack of emotional expression in some families, as 'repressing or invalidating emotions' and that, as the research was conducted, she found, 'interpersonal, family-related factors increasingly identified' (Chandler, 2016, p.96). Chandler believes that due to the identification of these factors, it is important to consider broader social and cultural factors as identified by the participants. They reported a culture of not wanting to burden people, or to worry people with their problems, and Chandler interpreted these 'feeling rules' in families as reflecting wider cultural norms of expression of emotion, and how the ability of women to manage and control emotion is culturally valued (Frith and Kitzinger, 1998). She also argues that, 'cultural narratives circulate about the precarious and questionable nature of

emotions; they can be faked, 'put on', or exaggerated to 'get attention'. Such narratives, I would argue, contribute to the enduring devaluation of 'mental health', as compared to physical health' (Chandler, 2016, p.103), and these are factors to consider in my study to determine if the environments of the socially prescribed art workshops offer a nurturing and supportive space for the women, and if so how they feel their experiences are validated.

3.4 Empathy

In my study, empathy is key for appreciating mechanisms of support for the women in socially prescribed art workshops, and to understand the artists experiences of facilitating the groups. This section elaborates on these connections as well as how I employ empathy alongside experience and emotion.

Empathy as a term is often interchangeable with sympathy, imagination, understanding, kindness, intuition, pity, compassion, rapport building, spirituality, emotional intelligence, and intimacy (Davis, 2003; Hugman, 2005; Dowling, 2007; Hemmerdinger et al., 2007; Howe, 2008). Empathy can support shared experiences and cultivate relationships. It can also be useful in finding similarities and dealing with differences where something can feel impossible to relate to (Letherby and Zdrodowski, 1995). Alma and Smaling (2006) clearly linked empathy in practice and research, noting that empathy is conveyed in words, but can also be reflected in tone of voice, facial expressions, posture, and gestures. They discuss how empathy cannot be taught. In contrast to this, Arnold (2005) and Howe (2008) believe that empathy is a learned skill. Phan et al., (2009) feel that empathy is a key 'rule of engagement' in helping professions, especially when the participants are from marginalised groups. These are the varying definitions of empathy, and currently there is no absolute definition.

In contrast to positive interpretations, Lather's stance (2009) is against empathy. She also rejects other elements of feminist research, like voice and authenticity to be 'imperialist and violence' (Lather, 2009, p. 19). Lather instead feels that the focus should be upon 'disidentifying' and 'defamiliarising', and, 'difference rather than sameness' (Lather 2009, p. 19). I dismiss this

alternative view as my thesis is specifically focused upon highlighting the voices of women and demonstrating the value of their lived experiences and sameness, specifically within the exploration of existing socially prescribed practices. In qualitative approaches, Liamputtong states that studies should 'capture the lived experience', be 'emotionally engaging', 'make a difference' (Liamputtong, 2007, p.184), and, 'enable people to feel empowered to improve their lives' (Liamputtong, 2007, p.174). Leading with empathy, in this case is about sameness. It can help to understand experiences that people have not been through; and to listen and be kind can break down the barriers of difference (Letherby and Zdrodowski, 1995). I take the position that empathy is key to assessing and supporting the health and wellbeing needs of women, and this thesis will explore the levels of empathy inside the socially prescribed art workshops. The inclusion of empathy in my framework is essential in understanding how informal and formal structures in the groups can value the experiences and emotions of the women in ways that can impact positively on their health and wellbeing. These insights around empathy, from the perspectives of both the women and the artists, seeks to fill gaps in the literature around structures of support in the groups to advance alternative practices in social prescribing. To expand on my application of these frameworks of experience, emotion and empathy, in the closing sections of this chapter I explore how the theories I have selected will be used to analyse the data of the women, and the data of the artists.

3.5 Framework to Analyse the Accounts of the Women

In this section, I discuss my theoretical framework for analysis and how it enables the study to discover the extent to which the women believe their health and wellbeing is supported in the art workshops. Within the framework, I am employing the lenses of experience, emotion and empathy with a focus on women's voices, to consider how existing social prescribing practices can be enhanced by knowledge of how the women's experiences can be best supported in these groups.

This framework of experience, emotion and empathy can highlight the conditions of the lives of marginalised women, and the trauma linked to their

health issues and lived experiences, to offer a deeper assessment of their needs. It can reveal their experiences of subordination in spaces of domination, and the subsequent silencing of their voices (hooks, 1989). In recognising their trauma, isolation and their struggle, this framework can develop understandings and knowledge of the lives of women on the margin (hooks, 1984), within the practices of social prescribing that currently lack this wholeness. hooks (1984) highlights oppression for marginalised women as an absence of choice, and how living daily in oppressive situations (with subordination, domestic abuse, coercive control and emotional damage) is impacting their behaviour, thus leading women to ignore the areas in which they are exploited or discriminated against, and to therefore ignore their oppression. By highlighting the views and voices of the women, this framework can draw attention to constraints of sexism and class, worsening economic conditions for marginalised women, and how this is impacting on the women's freedom. This framework offers the focus to listen to the women in relation to their everyday lives, and to recognise the environments and structural pressures they must navigate (Hills-Collins, 1990).

Drawing on feminist theories that amplify the voices of marginalised women, such as standpoint theory and intersectionality, the study pays attention to the aspects of the women's lives that they prioritise. Women speaking about what has happened or is still happening to them allows the exploration of pivotal experiences in their lives. As Maria Lugones stated, 'but since your language and your theories are inadequate in expressing our experiences, we only succeed in communicating our experience of exclusion' (Lugones and Spelman, 1983, p. 575). Lugones calls for the need to listen but also for feminist theory to do more for women who are marginalised. My research engages with this assertion by identifying shared aspects of the women's experiences to capture what they prioritise, which allows women to begin to exist in their own frame, and not the frame that society forces them into, and this will be considered in the context of current socially prescribed practices. As Belenky states to,

> 'construct knowledge… a type of knowledge essential to resolving contradictions', women must learn to speak in an, 'unique and authentic voice, women must 'jump outside' of the frames and the systems

> authorities provide and create their own frame' (Belenky et al., 1986, p.94-5).

Allowing insight into the women's emotions, highlights how the women wish to be treated, how they do not want to be treated, and which treatments are triggering and do not feel respectful to them. This focus also highlights how marginalised groups may need more than for people just to listen.

Through the lens of experience, my analysis will pay attention to how the women discuss the conditions of their lives, including their family lives, sexism and gender stereotypes, limits to opportunities in education and employment, and domestic abuse (hooks, 2001). It will also acknowledge the location of their experiences in structures of society and structures of health, to highlight that this may not be the universal experience for all women and instead focuses on a narrative of oppressed groups. Accordingly, I position my framework within literature and theories that look at the personal stories and voices, of those who are marginalised (3.1).

Concentrating on how experience and emotion intersect in the analysis, allows me to include the specific experiences and treatments for the women that have led them to the workshops, how these experiences have formed aspects of their lives and identify the resulting impacts on their health and wellbeing. This research seeks to identify structures, norms in society, experiences (relationships with others, views on the world, and how these have influenced behaviours and how they feel about themselves) that the women feel have impacted the ways they express emotion. Through the exploration of the emotions they recount, real and hidden, they inform how structures and aspects of socially prescribed art workshops can be reconsidered to best support participants and increase their comfort. New knowledge can develop from understanding situations and environments (life events, pressures linked to the roles they have been assigned, patterns of negative treatment) for the women and where they feel that they need to act in certain ways, are not able to express their true emotions and are instead hiding their feelings. This research also explores whether the emotions and feelings of the women change during their engagement with the art workshops and whether current social prescribing

practices are supporting this. The final lens of the framework considers empathy, including the women's references to empathy (the lack of or receipt of) on their journeys to the art workshops, or currently in their lives. Empathy will also be used as a lens to view interactions with other women in the socially prescribed group, and how it links and interacts with theories of experience and emotion, either to enhance or diminish the experiences of women.

Feminism brings a distinct set of values to the research, and I acknowledge the role of my feelings, values, and preferences, which will be discussed further in my writings on positionality in chapter 4 (4.3). Through the adoption of feminist epistemology I seek to ensure that the 'experiences and dislocations' of the women are understood through 'socially constructed frameworks of understanding', and that the participants in the study are identified as subjects and that I as the researcher do not consider myself superior to the women who are part of the research study (Stanley and Wise, 1993, p.197). In the following section of the chapter, I will discuss how I apply this unique framework to my analysis of the artists accounts, which seeks to better understand how they view the current support structures in the art workshops.

3.6 Framework to Analyse the Accounts of the Artists

In the analysis of the accounts of the artists, the framework of experience, empathy, and emotion is applied in different ways. This is because this analysis aims to reveal how the artists view their roles in the group to support the women's health and wellbeing, as it relates to the research aims of prioritising women's voices and experiences. To do this, I ask artists how they view the current structures in the socially prescribed art workshops, and how their approaches to facilitation either support or detract from creating a positive space for the women.

My study acknowledges that within the theories of experience, the artists facilitating the art workshops will not be sharing the same standpoint as the women who are attending the group. Instead, this framework can be used to identify what the artists know of the women's experiences and how they know it, to shed light on existing practices. The theories of emotion and empathy are also useful in combination for analysis of the artists accounts in the

consideration of jobs with emotional labour. For example, Steinberg and Figart (1999) define emotional labour to have two elements: to work face to face and with voice interaction, and to experience the emotional state in another person while managing your own emotions. With reference to the theories of emotion, in (3.3), as discussed, Hochschild's focus on 'emotional labour' offers insight into how artists interact with the women, to help support their health and wellbeing inside the socially prescribed art workshops. To further assess how artists feel able to support the women, I also take account of Campbell's (2001) study which explores not only the impacts of trauma on women, but also the impacts on those who hear the stories. Campbell examines the emotions experienced by the researchers in response to hearing accounts of trauma. Campbell's view is useful for my research as I am interviewing women as participants, and artists who are facilitating the art workshops (and hearing discussion of sensitive subjects by the women). I apply her approach in my analysis by paying attention to how the artists describe hearing the stories of the women in the art workshops and, in some instances, supporting them to process their emotions through the creation of art. Campbell (2001) also highlights why mechanisms of support are so important, and in my research in the context of social prescribing this will be primarily considered for the women to avoid harm. However, through the discussion of sensitive subjects in the art workshops it also considers the potential of harm to the artists through inadequate support structures (Dickson-Swift et al., 2009).

By exploring how the artists feel impacted by the facilitation of sessions where the discussion of sensitive subjects can arise, my study reveals the complexities that are involved in offering support for health and wellbeing for women who are vulnerable. I will also explore the use of empathy in the sessions, and how the artists choose to employ this. I have referenced frameworks of empathy that find connection due to similarities, but crucially for my analysis of the artists' data I apply a lens of empathy that acknowledges differences and can engage with the women when their lived experiences can feel impossible to relate to (Letherby and Zdrodowski, 1995). This is another way to uncover how the artists feel their work in the socially prescribed art workshops impacts the participants. In short, the frameworks of experience, emotion and empathy, in the context of the artists, will be used to assess if the current support structures of socially

prescribed art workshops are able to support the health and wellbeing of women, and to determine if the artists feel equipped to do this.

Summary

In this chapter I have discussed the feminist theories and perspectives informing the construction of my framework for analysis. This framework is designed to highlight the value of the testimonies of marginalised women, who may be experiencing issues with their emotional, mental and physical health which are not being considered by existing social prescribing practices, which are, thereby, ignoring the voices of the women and diminishing their power. This can also limit the advancement of wellbeing in this context. My framework addresses this by drawing on feminist theories of the second wave, with a focus on the lenses of experience, emotion, and empathy. I use these lenses to assess how the women's accounts reveal personal realities, and to determine how the current language and structures of social prescribing are arguably not paying attention to women's voices by employing approaches directed by policy that are more rooted in generalised perspectives, in ways that are marginalising the women and their lived experiences. The application of these lenses offers important insights through the voices and experiences of the women and the perspectives of the artists, to create new knowledge in development of socially prescribed practices. It effectively begins to fill the gaps of how and why the women's experiences have led them to seek support in socially prescribed art workshops, and this can develop better understandings of how the women wish to be supported and what their needs are inside the art workshops.

In my research design, discussed in the next chapter (chapter 4) I employ methods to support women to articulate their lived experiences, in relation to 'collective identities' and 'structures of domination', to enable the production of knowledges that can challenge inequalities (Mulinari and Sandell, 1999).

Chapter 4 Methodology

This chapter outlines the methods I have employed in the collection and analysis of the data, including the ethics of the study and the analytical approaches applied in the exploration of marginalised women's experiences, and the artists' experiences of socially prescribed art workshops, specifically my use of thematic analysis. As I have made clear throughout this thesis, my work draws on a combination of arts, social and health-based research to critique how existing social prescribing practices are engaging with the voices and experiences of women as participants in art workshops. Importantly, I have noted the lack of female voices in the development of social prescribing in the UK, which may be detrimental to providing adequate supportive structures for the health and wellbeing of women specifically. To address this omission, I aim to find ways to bring these voices back to the fore in my own research to contribute more broadly to enhanced understandings of how social prescribing can support wellbeing. To do this, I have engaged with empirical work, such as semi-structured interviews and arts-based methods that seek to make the voices of the women central to this study, and that have supported the women's care throughout the research process.

I begin this chapter with my ontological (4.1) and epistemological (4.2) positions. I outline constructivism as my ontology and my feminist epistemology, explaining how this influences my research study and engagement with participants. I refer in my positionality (4.3) to my work over the past twenty-five years with communities on art, film and craft projects, and my work as a community development practitioner. Following this (4.4), I discuss the qualitative methodology I adopt in the study. I outline my specific methods for data collection (4.5); interviews (4.5.1), arts-based methods (4.5.2), creative sessions (group interviews with art making) (4.5.3), and object interviews (4.5.4).

The following sections detail how I engaged with the research setting of a community art centre, and with my research participants (4.6), highlighting the inclusion criteria for the women as participants in the study. I also explore the

challenges involved in the data collection (4.6.1), and how they were mitigated. I outline the ethical procedures the study engaged with to ensure that my participants were informed of all aspects and risks of the research process. My consideration of ethics is explained (4.7), highlighting my focus on the support of the women as participants and the consideration of sensitive subjects. This is further discussed in relation to my engagement with the Do No Harm Principle (4.7.1). Finally, the section on Thematic Analysis (4.8) outlines how and why I have employed this analytical framework to analysis. I begin this chapter with the discussion of constructivism as my ontology.

4.1 Ontology

Constructivism suggests that there is not one singular positivist truth. This is a particularly useful way of understanding knowledge as historically and culturally constituted, in contrast to the positivist view of knowledge as based on evidence and facts existing independently of human actions. I approach my research with a constructivist view of the world as socially constructed through human practices, which can create meanings and understandings of what we know of the world, changing from person to person, in different situations and through time (Eisner, 2002). I align with beliefs that there is no reality outside of these human actions, and all that exists is built through these experiences and how we act in relation to them. Crotty (1998) outlines how reality is constructed by people in and out of their environments and is developed in social contexts, thus truth or meaning arise out of the realities in our world. I align with this ontological view that seeks to understand the way that people make meaning within their own worlds and shows how the self emerges in different cultural environments (Bruner, 1990).

Constructivism lends itself to addressing issues of social definition and is an important approach that directly addresses social problems (Silverman, 2013). As a constructionist thinker, I take the position that our knowledge and experiences remain limited, highly subjective, and that we interpret and understand the world through our own experience and interactions. I align with scholars like Wellington (2000), who understands the ways that people may construct meanings in different ways in the same world or social context, by highlighting

how each person adopts their own personal beliefs and perspectives. This approach allows my research to offer space for the women to express themselves and talk about their experiences without judgement. It equips me with a sensitivity to hear the words of the women and see what they have created, whilst maintaining a respect for what they have been through.

4.2 Epistemology

My feminist epistemology connects with how gender and experience shape understandings of knowledge and reality, and I align with theories that are linked to body, mind, and emotions (Stanley and Wise, 1993). Therefore, I view the women's experiences and testimonies as the starting points for knowledge, influencing how their worlds are shaped, through experiences, and the everyday, to highlight the oppressions and exclusions of power and gender (Mulinari and Sandell, 1999). Feminist epistemology explores how gender, class, race, ethnicity, location, sexuality and physical capacities play a role in forming what we know and limiting what we can know or are permitted to know. As Harding (1983) states, 'starting off research from women's lives will generate less partial and distorted accounts not only of women's lives but also of men's lives and of the whole social order' (Harding, 1983, p.56). Building on this, I acknowledge that all accounts from participants, should be viewed as a construction of events, and a meaningful way to generate knowledge which will be 'subject to critical feminist analytical inquiry' (Stanley and Wise, 1993, p. 201). I use constructivism, with feminist epistemology and research methods, to challenge biases in research, to amplify the voices of marginalised women, and highlight their experiences and perspectives on the creation of new knowledge.

My study engages with research projects and structures that support women and highlight the importance of their voices, their experiences and that acknowledge the discomfort of researching sensitive subjects for the participants and the researcher (Moran-Ellis, 1996; Campbell, 2001; Skeggs, 2002; Camacho, 2016). I also engage with issues around gender evident in the women's accounts, including rigid roles, experiences that were influential in early life, gendered ability and the ways in which women are underestimating their own abilities and worth, social relations, and being overwhelmed by complex life situations that

can all be linked to identity formation (Rosaldo, 1974; Miller, 1976; Gilligan, 1982; Chodorow, 1992). In recognition of my overarching research aims that focus on the testimonies of the women, these approaches offer a solid foundation guiding my approach to data collection and analysis.

4.3 Positionality

I have carefully considered how much of my own life to include in this thesis. As a feminist practitioner-researcher with a grounding in community development, I have worked for the past twenty-five years with communities on art, film and craft projects. My focus is upon empowering practice and using creativity to encourage positive change. I am aware of the need to examine my own position, and life experiences to evaluate how this could impact my research design choices and data analysis. This is not an autobiographical work, but to not disclose my own experiences would feel dishonest and would emphasise my position of privilege and the power that I hold in the research (Ledwith, 2015). During the study I have engaged with women who have also experienced trauma. It is important to acknowledge that I am also a woman who has experienced trauma, through multiple bereavements of close family and friends, and difficult experiences linked to my pregnancies. I have asked the women to share their experiences with me, and I have also shared my own experiences of trauma when appropriate. I therefore acknowledge that my lived experiences and emotions have played a part in my analysis of the data. Referencing Duelli Klein (1983), Moran-Ellis (1996) writes that a consciously feminist methodology, 'has to include a means by which the researcher can incorporate her own experiences as a woman and a worker into both the doing of research and sharing of her subjectivity with research participants' (Moran-Ellis, 1996, p.177). Although I share some commonalities with the women, as mothers, with some shared experiences, I recognise how I occupy a different economic and social position as a researcher. I also acknowledge how being employed as a community development worker to facilitate workshops before my research could impact what the women share in data collection, and how they may feel obliged to participate. I discuss further in sections 4.6 and 4.7 how I took steps to prevent this by clearly outlining my role as a researcher, explaining their role as

participants in the study, and emphasising that they should not feel compelled to participate and could exit the study at any time.

Campbell (2001) views ‘feelings’ as a natural and essential part of the research inquiry. She studies the emotions experienced by women who have recounted their stories in a research setting, and additionally how emotions affect the research and how our research affects us emotionally, from the point of view of a researcher. She discusses Krieger (1991) and the traditional dismissal of the emotions of the researcher in relation to the researched. Krieger (1991) and (Reinhardt, 1979) discuss feeling and emotion; what we are not supposed to feel as researchers and the hierarchy of thinking and feeling. There were points in the research during my processes of data analysis when I cried, connecting to the emotions of the women. This empathy resulted from some understanding linked to my own personal experiences, or trying to understand the trauma of experiences outside of my knowledge. I did not cry with the women, but when analysing the data and listening to accounts of the trauma they had experienced. Krieger asserts that the self cannot be separated from the processes of research or essentially from knowledge, and that it is key to understand the nature of our participation. Rather than a focus upon the researcher’s impact on evidence, she, ‘considers that the traditional dismissal of the self may hinder the development of each individual’s unique perspective’ (Krieger, 1991, p.30). Reinhard (1979) believes that the personal elements of research, values, beliefs and emotions contribute to knowledge, ‘the sociology I would do, therefore, would stem from my personal values as much as from my understanding of methods’ (Reinhardt, 1979, p.9).

From April 2019 to May 2022, I project managed and worked in a community development role on socially prescribed art workshops. I worked with artists and makers to deliver weekly workshops for vulnerable participants across seven community venues in a Scottish city, including the Art Centre. Due to my existing relationships with the women, I have a greater concern that the research works for them. However, I do acknowledge my role in the research encounter and that my analysis of the data has dictated the final research study. Working in any community in whatever role, is engaging in a political act and should not be dictating facts or telling people how to do things and how to think (Ledwith,

2015). Engaging in this behaviour reinforces social inequalities and fails to address problems of oppression and power. Instead of cultural invasion (Freire, 2017), it is important to develop liberating practice that leads to change through encouraging communities to examine a history of prioritising certain voices, and its impacts. My research approach was to ensure that the voices of the women are heard, and that they were the focus, even when interviewing the artists.

4.4 Qualitative Research

This section details the qualitative methodology I employed to support research around sensitive subjects with women who have experienced trauma, and who seek support in socially prescribed art workshops at a community art centre. The focus of my research questions has influenced the selection of the methods used for data collection and analysis. I used qualitative research as a focused approach which is best suited to what I, as the researcher aim to discover about the women (Punch, 2013), namely their lived experience and the extent to which they feel the art sessions are supporting their health and wellbeing.

Silverman (2013) describes qualitative research as a way to understand others and explains how, 'if you are concerned with exploring people's life histories or everyday behaviour, then qualitative methods may be favoured' (Silverman, 2013, p. 11). The qualitative research process should be approached with an open mind, to allow the researcher to look at the information emerging from as many angles or standpoints as possible (Marvasti, 2011). The open and evolving processes of qualitative research are key as they allow adjustments throughout the research process, which enables the identification of the significance of features in the women's lives (Silverman, 2013). This, in turn, supports my aim of focussing on the voices of the women and exploring their standpoints on their journeys to socially prescribed art workshops, and their engagement with the group, whilst also considering the views of the artists as facilitators of these sessions. More specifically, my research does this by connecting to the idea of 'local knowledge', understood as perceptions and beliefs that people hold about the world around them (Alasuutari, 1995), and the specific new knowledge this can create.

The qualitative research approach I applied has proven effective for other researchers. For example, in studies such as Skeggs (1997), connecting with women and their experiences, Back (2007), focussing on voice, Chandler (2016), on mental health and suicide, and Clisby and Holdsworth (2014) on women's health and wellbeing, and Feeney (2018) on women's groups. Qualitative research methods were the most effective for the exploration of how socially prescribed art workshops can best support the health and wellbeing of women. Employing qualitative approaches allowed me to record the circumstances of the women's lived experiences and their perspectives on the support the art workshops can offer, including the views of the artists on current social prescribing structures and the levels of support offered for the women. Additionally, my qualitative study is designed to elicit rich data from a relatively small number of participants, to reflect the complexities of their experiences, perspectives, and realities (Silverman, 2013). Thus, a quantitative research design posing questions that ask how many or how much and is tested against theory and data that already exists (Tashakkori and Teddlie, 2010) was not appropriate for this study. In my research context, the combination of the two methods in a mixed methods approach would not effectively complement, inform or expand the results from the data (Palinkas et al., 2011; 2019). In the following sections I will detail the specifics of the research design and how I have applied this methodology.

4.5 Methods

In the following section I explain the methods that I used in my research design. As noted, I adopted a qualitative approach to data gathering, particularly through my use of interviews. In the next section I outline my combination of semi-structured interview and art-based methods in my study.

The breakdown of the qualitative methods I employed in my study are detailed in the table overleaf. I conducted my data collection between November 2022 and December 2023, totalling twenty hours of engagement with the women and the artists. In these semi-structured, open interviews, seven of the women participated in-person and one of the women participated through video and phone calls. All the artists were interviewed in person. Although I had written

topic guides, participants were encouraged to talk at length about the group's impact on them, in the ways that they found most meaningful, rather than solely based around the structure of the topic guides. The creative sessions, object interviews and interviews were recorded with permission, and I used field notes to document my observations and in order not to miss important information. I made these field notes during breaks within sessions, immediately after sessions or on public transport on the way home from the Art Centre.

Qualitative Methods	**Length of Sessions/ Interviews**	**Total Amount of Sessions/ Interviews**	**Participants**
Creative Sessions (group semi-structured interviews with art making)	2 hours	4 sessions (December 2022 to April 2023- one session per month)	8 women
Object Interviews (individual semi-structured interviews with artwork/ objects)	40 to 60 minutes	2 interviews with each participant (December 2023)	7 women
Interviews (semi- structured)	Up to 60 minutes	1 interview with each participant (November 2022)	4 artists

Table 4.1 Qualitative Methods and Participants.

4.5.1 Interviews

Firstly, interviews perform a range of functions in the research process. For example, they allow the participants to be heard, offer the opportunity to be listened to, and for their words to be documented (Campbell, 2001). Interviews are a source of; first person testimony (I saw this../ I did this..), embodied knowledge (I felt….), of life experiences, and of expert opinion and analysis (Greer, 2023). As the researcher, I acknowledge how repeating the same questions to different participants in interviews can create new knowledge, and this knowledge is formed by asking questions not asked before (Greer, 2023). I view the interviews as offering corroboration, as one interview confirms, verifies or challenges another, and that this can produce experimental data to dispute a dominant discourse. Interviews can highlight intersectional perspectives and

different experiences of the same situation, such as social identities linked to class, race, gender and disability. Of particular importance for my study, is recognising the use of interviews in qualitative research as contributing significant insights to literature due to the rich data this method can generate (Wengraf, 2001).

With this in mind, I employed semi-structured group interviews with broad questions developed in advance (topic guides) to prompt discussion (Dornyei, 2007; Wengraf, 2001), and to allow the conversation to flow (Appendix 6 and 7). I align with Brinkmann and Kvale (2014) and their assertion that the researcher is a traveller together with the participants to produce knowledge. I also connect to Brinkmann's (2007) description of semi-structured interviews as having the purpose of producing knowledge and obtaining descriptions of how participants view the world. Therefore, I see these interviews as offering more direct contact with the women and the artists, as well as giving them freedom to express their views on topics in their own terms. Additionally, this open approach offered opportunities to explore themes arising in participants' responses to my questions (Brinkmann, 2007), and allowed me to stray from the topic guide when appropriate or when seeking more detail. My interview style used prompts for embodied recollection of the emotions that women felt in relation to their experiences and acknowledged the context of anything that was also happening for them during these periods of time. My approach to interviews is not concerned with a focus on accuracy (establishing a given set of facts or chronology) and instead looks at the operation of memory and is concerned with how the way something is remembered forms part of its meaning (Greer, 2023). This particular approach was adopted as it aligns with and supports the feminist framework I employ, of experience, emotion and empathy, as discussed in chapter 3. The semi-structured interviews with the participants also included creative group sessions (group interviews with art making), and object interviews (asking questions in combination with artwork and art objects that the women have created as points of reference and inspiration).

I asked for permission from the women to record all interviews on an audio recorder, and to take notes. I used fieldnotes and memo writing to record my interpretations in real time, including participant observation, direct quotations

of what was said, and noting key words to aid my memory of what happened during my data collection. Greer (2023) supports this notion to recognise how first impressions can sometimes be insightful, as it may be difficult to bring these things to mind later in the research process. These notes recorded what I saw, what I heard and captured my ideas, (Patton, 1990). I conducted and manually transcribed on a computer, all interviews as the sole researcher. I was engaged in data collection for a prolonged period of time (periodically over three years), so was able to ensure consent throughout via consistent communication channels, discussed further in 4.7.

4.5.2 Arts-based Methods

The arts can form connections with aspects of life and being human that may not be able to be addressed in the same open way by other methodologies. Greenwood (2019) praises the power of art to offer an understanding of different experiences, and its special ability to be able to represent something without words. Art in research offers a truthful way to investigate and represent a research topic, to collect and create data that can be interpretated in verbal and non-verbal ways. Using art as a method to explore social issues aligns with my constructivist and feminist approach, as art can create a space for dialogue around experiences and emotions to provoke further discussion. This is particularly relevant in the representation of experiences which can link to creativity in socially prescribed art workshops. This open approach of the arts and its associated tools such as drawing, painting, textiles or ceramics, can lead to an understanding of people and give an insight into different worlds. Greenwood (2019) also clarifies that this approach can offer options that can be applied to specific issues and can allow participants to feel more comfortable to express themselves through art, rather than verbal or written communication. This highlights how creating art allows time for reflection and ‘self-editing’. This space for time and reflection can result in the creation of more honest and complex accounts than data immediately produced in an interview. In this study, art was used as a reference point for life experiences, to help recall events and provide more detail on when things happened and how the women felt. This was specifically employed in my creative sessions and my object interviews with the women.

Pain (2012) advocates the use of arts-based methods as a way of allowing people to participate and express themselves more fully. Pain views the use of visual methods such as images, images and text, viewing and creation, as more democratic methods than traditional interviews and resulting in levelling the relationships between researcher and participants. Matarasso (1997) discusses the meaning that the arts hold as an activity, process and object, and that is crucial for how people can experience and understand their worlds. These approaches matter for my research as they recognise the visual language that the women as participants engage with each week as artists. Kara (2022) views creative methods as more inclusive than other traditional qualitative methods such as interviews and surveys, as they allow experimentation. In my study the creative methods and art materials were not specified, and the women were free to choose. In the following sections I explain how my research combined semi structured interviews and arts-based methods.

4.5.3 Creative Sessions

From December 2022 to April 2023, I facilitated four creative sessions (group interviews with art making), with participants seated around a round table in a room at a temporary venue for the Art Centre (during the building of a new centre). Sessions lasted up to two hours, which is the standard time for art workshops at the Art Centre. In the creative sessions the women responded to open ended questions, drawing on support from their peers when difficult and sensitive subjects were being discussed. Alongside these group interviews, participants were offered the option to make art with materials of their choice which I provided, including materials for drawing, painting, collage, clay, printmaking and textiles. The participants have explored their creativity over several years and are acutely aware of the art techniques they prefer. As I was working with women who identify as a group of artists, I approached the creative sessions in a very open way, through being mindful of my body language and avoiding actions that could be perceived as superior or condescending. Instead, I allowed the women to share their knowledge during the research process, always emphasising that this research was about capturing their testimonies and their voices. Art is a language that this group of women already use; it is part of their practice and how they express themselves. It allows

expression through many different media without words and offers a sense of freedom. This freedom must always be considered in relation to barriers and preferences that exist for the participants, such as their gender, their health conditions, their class, their living situation and their relationships. I considered ethics in every interaction, with specific concern for the sensitive subjects discussed, and when exploring topics in more detail this was always measured by an awareness of what the women may find upsetting, as discussed in sections 4.6 and 4.7.

In the creative sessions, I encouraged participation based on Freirean practice (Freire, 2017), to avoid actions that could be interpreted as coercive or leading. Brookfield (1991) states six key principles for effective group work which reflects Freirean practice including: participation in learning is voluntary, effective practice is characterised by the respect amongst participants for each other's self-worth, facilitation is collaborative, praxis is based at the heart of effective facilitation, and the aim of facilitation is the nurturing of self-directed, empowered adults. Freire's critical pedagogy is a form of liberating education that is linked to culture and the experiences of people's everyday lives. In a community development context, it is important to get to know people, to listen and to build trust so that they feel comfortable to share the knowledge of their lives, and the issues affecting their wider community, whilst identifying where the energy lies to challenge injustice (Freire, 2017). I agree with the assertion that in popular education we should not lead people but instead use the process to discuss issues that will generate passion and release energy to begin a dialogue that is relevant to people's everyday lives (hooks, 1994).

The women as participants were encouraged to steer the creative sessions to issues and topics of discussion that they felt were important. This includes what works for them in the art workshops, and areas of improvement to increase support in the group for their emotional and physical health. Like Back (2007), I argue for the importance of collecting stories, and specifically collecting the stories of people who are usually not noticed or listened to. To do this I engaged with people in the ordinary circumstances of their life, hearing how they felt about their lives, their health, their daily routines and where the socially prescribed art workshops fitted into their lives. I agree with Back's assertion

that participants should always be part of the public conversation and the importance of bringing them into spaces where work is shown and discussed. The questions that I asked during the object interviews were structured in response to the topics in the creative sessions prioritised by the women. This included supportive aspects of the group and the impacts of engaging in creative processes (Appendix 5). In the next section, I discuss the specific design of my object interviews.

4.5.4 Object Interviews

Two object interviews were conducted with seven of the eight women participating in the research. These semi structured interviews included open-ended questions followed up with probes, prompts and clarification on what they had said. Prior to the individual object interviews, I asked each participant to bring in an image, artwork or art object to support their accounts and recollections (this was optional). Open questions were posed asking why, what and how. I did not ask questions that could be answered with yes or no, and my aim was to be as non-leading as possible to try to capture the authentic voice of the women and their reality. Interviews lasted between forty minutes and one hour. Interviews were viewed as a collaboration rather than pure data extraction. Participants were also given the option to write a couple of sentences about artworks included in the research (which they had chosen), to title their work, or to offer a verbal description of the work if they wished to do so (chapter 6).

Thorpe et al (2022) discuss object interviews and combining semi-structured interviews with objects or images chosen by participants. When the researcher asks questions, the participants can focus on how the object can illuminate a person's experiences in connection with wider cultural ideas, before, during and beyond the interview. Thorpe et al (2022) reference the use of approaches that use objects within the interview process to increase connection in feminist studies through a new materialist ontology. Although my approach is constructivist, I also believe that objects can enhance connection, and specifically in my research I connect with the lively and agentic nature of art works and art objects and how they can sharpen the focus on human experience.

This is further supported by Humphries and Smith (2014), who, through tracking their encounters with a redundant 914 Xerox copier, examine how objects can give voice. They state that, 'objects can be used to enhance and even change narratives elicited from people, evoking stories that may have otherwise remained unspoken' (Humphries and Smith, 2014). They continue to suggest that physical objects should be viewed as, 'not mere accessories to narrative that stand-in for meanings', instead they can be agentic, expressive, and they, 'also act through their material relations to bodies, events and time' (Humphries and Smith, 2014, p. 485). Importantly, these views support my focus on experience, emotion, empathy (further discussed in chapter 3) and the exploration of thinking, feeling and knowing. Nordstrom (2013) in her work on family histories references how the entanglement of human histories and experiences allows the object interview to be a space where, 'objects entangle together and occupy the past, present, and future' (Nordstrom, 2013, p.238). This approach links to my study specifically as my participants were able to use their art works to narrate their experiences, and to express how engaging with art made them feel, and whether this engagement changed during difficult or more positive times in their lives.

By considering an exploration of emotion and experiences my work aims to disrupt hierarchies of power to ensure that the voices of the women remain central in the research. Thorpe et al (2022) offers some useful guidance as to how object-based interviews can help to advance this aim, through their research of the potential and messiness of object interviews to explore women's wellbeing during the pandemic. They explain the complicated process of producing knowledge with the participants, with the objects, and of learning/unlearning together to shift the focus from the familiar structure of narrative interviews to allow a process of becoming. The focus of their research is on the process, including reflections on object interviews with participants rather than the product. Their study also offers insights into what the object interviews did to facilitate understandings of wellbeing. This research also highlights how their new materialist approach raises questions and challenge hierarchies of power that have traditionally influenced how we know, think and act (Revelles Benavente and Cielemecka, 2016). This is an important aspect of my research and is key to shaping my constructivist approach and my choice of

methods. The inclusion of artworks the women had chosen in the object interviews (and arguably art works made in the creative sessions) were instrumental in the knowledge that the women chose to share and gave a specific focus to the particular experiences and emotions they revealed. Seven of the eight women who participated in the object interviews brought along artworks that they had created during the research period. All these women chose to include artworks in the thesis. Building on the insight gained by the above scholars, my research questions interrogated the themes of art, group, and health and wellbeing.

I also interviewed four artists who facilitate sessions with the women. These interviews explored the views of the artists in relation to the support of the women in socially prescribed art workshops. The interviews lasted between forty minutes and one hour. In all interactions around data collection with the participants (in creative sessions, object interviews, and interviews with the artists), I continued to ask permission to turn the tape on and take notes and reiterated that the participants could choose to leave the study at any point. I employed a flexible approach that led to amendments as the research evolved. I continually assessed how to respond to new information in the creative sessions, object interviews, and interviews with the artists. Drawing on Freire (2017) and hooks (1981, 2000) my research design and approach to the creative sessions, object interviews, and interviews with the artists were sensitive to the social and cultural contexts of the participants' everyday lives and challenges.

4.6 Setting and Participants

As referenced in chapter 1, this is a collaborative doctorate with the Art Centre as my research partner. The Art Centre is based in an area of Scotland that is facing numerous challenges linked to poverty and disadvantage, as recorded in the Scottish Index of Multiple Deprivation (Scottish Government, 2020), this is exacerbated by trauma, and the complex and often multi-generational impacts that can inhibit the ability of community members to realise healthy lives. The Art Centre seeks to respond to local need and remove barriers to engagement, inspired by the holistic approach of the Bromley by Bow centre in London (referenced as the instigator of the holistic model of social prescribing in 2.3.1).

The Art Centre is governed by a Board with community members as trustees to encourage local people to be involved with the strategic direction of the organisation, and to identify specific issues related to health, employment and education. The Art Centre aims to offer accessible and affordable community spaces to begin to tackle individual loneliness and isolation, and to combat negative perceptions of the area. In addition to creative groups and socially prescribed art workshops, they also offer archery, gardening, ADHD groups, photography groups, recovery groups, textile and cooking groups. They also run a community café. During the period of this research the Art Centre was closed due to the COVID pandemic and continued to be closed for refurbishment of their new building. Most of their activities continued in other community venues. Twelve months into the research period, my contract managing the socially prescribed art workshops at the Art Centre ended, therefore, during the research I engaged in the data collection purely as a researcher. In the following section I acknowledge my relationships with the women and artists in roles as both worker and researcher.

As previously discussed, my research focuses on the voices and experiences of women participating in socially prescribed art workshops, with an emphasis on how their personal stories and experiences of the groups can inform the ways that social prescribing can support the health and wellbeing of marginalised women. The women attend at least one art workshop at the Art Centre each week. The selection of participants could be seen as convenience sampling (Silverman, 2013), as I have conducted research with women I already know and who I have previously worked with in the art groups. Due to these existing relationships, some of the women were available and willing to take part in the research. I have worked with six of the eight women for over six years, prior to beginning this research. Back (2007) outlines the positives of working with people that we know, the responsibility of care of the participants, and advises to write as if they were reading our words and hearing our arguments. He also discusses an awareness that participants may assume that you know things about them and that you are aware of their beliefs, so they do not tell you as much, as they already think that you know their story. To combat this, I followed Back's writings to engage with research participants in ways that avoided leading any the women to fit an agenda, by avoiding biased questions, and using new ways of

qualitative representations of the complexities of the women's lives (use of art in my study), and crucially by just listening to the women. I also continued to challenge the assumptions I had prior to conducting the research to ensure that I did not include details not revealed during the research period, and to avoid shaping the data to fit with my beliefs.

My approach to participant recruitment aligns with Robinson (2014), who justifies the use of convenience samples in qualitative research, and defines the inclusion criteria as, 'demographically and geographically local and thus restricting generalisation to that local level, rather than attempting decontextualised abstract claims' (Robinson, 2014, p. 32). I acknowledge the limitations of this approach, crucially that convenience samples can introduce a sampling bias, and I remained aware of my prior relationships with the women and the artists when interpreting my findings (Silverman, 2013). The inclusion criterion for this study (Patton, 1990; Luborsky and Rubinstein, 1995), for women is that participants have attended socially prescribed art workshops at the Art Centre. Their referral routes were varied; either referred through a social prescription, or by self-referral, commonly through attending other Art Centre activities and being told about the group by an artist, worker or friend. For the artists, the inclusion criterion for this study is that participants have facilitated socially prescribed art workshops at the Art Centre. The name and location of the Art Centre is not revealed in the research and pseudonyms were used for the women to protect their identities. Women were participating in the research of their own free will. I acknowledge studies that discuss compensation in kind for participants, including gifting as common courtesy rather than formalised compensation (Hall, 2017). Hall (2017) explains that instead of cash, vouchers, gifts and food do not compromise social security payments. Payment in kind also reflects a feminist attentiveness to care that acknowledges the time given by the women (Warnock et al., 2022). Accordingly, to compensate the women for their involvement in the research, they were provided (through research grant support) with art materials of their choice, with lunch at each creative session, with refreshments and snacks during the object interviews and were also given a shopping voucher for their participation. The table below outlines the demographics of the women as participants and circumstances of their lives.

Age	30-39	3
	40-49	0
	50-59	3
	60-69	2
Gender	Female	8
Ethnicity	White	8
Employment	Unemployed	8
Marital status	Married	1
	Divorced/ Separated	5
	Single	2
Mothers	Single Mother	5
	Grandmother	1
Carers	Carer for adults	2
	Carer for children with additional support needs	3
	Supported by a carer	1
Health	Issues with physical health and managing long-term conditions	8
	Issues with mental health (including grief, anxiety, depression and isolation)	8

Table 4.2 Participant Information for eight women involved in research.

Two women who were previous attenders of the group, were also asked to participate in the study. One participant is house bound, and another participant had relocated to another area of the UK. As they were no longer able to physically attend the art workshops, they were offered the opportunity to participate in the research through online and phone interviews, to be informed of discussions in creative sessions, and to produce their own art works in response. Only one of these women was able to participate, as unfortunately the other woman had to drop out due to serious family illness and issues with her own health. This woman was the only participant from an ethnic minority background.

Most of the women participating in the study are aged between 30 and 59, and all come from white backgrounds. One woman moved to the area where the Art Centre is located as a child, two of the women are from a different part of Scotland but have lived in the area for over five years. Two women moved to the area from another part of the UK and have lived here for over five years. Five of the eight women are regular attendees of the Art Centre, attending at least one session per week. One woman can no longer physically attend the group due to a deterioration of her health and took part in the study and participated remotely through Zoom video calls. When planning data collection with the women, I consulted with them to find suitable times to conduct creative sessions and object interviews. This was to limit any inconvenience for the women participating in the research, and to schedule data collection on a day of the week when they were already attending the Art Centre.

The table overleaf outlines the demographics of the artists as participants and how long they have been facilitating socially prescribed art workshops.

Age	30-39	3
	40-49	1
Gender	Female	2
	Male	2
Ethnicity	White	4
Facilitating socially prescribed art workshops since	2016	1
	2017	1
	2018	1
	2019	1

Table 4.3 Participant Information for four artists involved in research.

As I have discussed, due to my role managing socially prescribed art workshops at the Art Centre, I had relationships with the artists prior to embarking upon the research, as both colleagues and friends. In a similar way to my data collection with the women, I paid close attention to only including knowledge obtained from the artists during the research period. All four artists

participating in the research have, and continue, to run socially prescribed art workshops at the Art Centre.

In the following section, I detail challenges that arose during data collection.

4.6.1 Challenges of Data Collection

As I was conducting research in a community art centre and not a controlled setting, I always remained aware that I was engaging with the unpredictable nature of research, and dilemmas could, and did arise. It was not possible to predict every challenge that arose, yet I aimed to respond sensitively to maintain the autonomy of participants. During the period of the research various things happened that had an impact on the collection of the data. As I had previously supported six of the eight participants as a community development worker, I had anticipated that there could be challenges that the participants would face. One of the participants was in hospital for over two months. Another participant was struggling with their health and did not attend sessions. A participant who was regularly in contact, discussed her intention to attend the research sessions but due to her health was only able to attend one of the creative sessions. A woman engaging in the research dropped out due to issues she was experiencing with her own health and supporting her children. She also withdrew from the socially prescribed art workshops for a period; she has now returned.

During the data collection period there were several breaks in the research. The social prescribing group stopped over the summer period from the end of June until September 2022 (further discussed in chapter 6). Despite not being a research participant, an active member of the socially prescribed art workshops at the Art Centre suddenly died leaving a huge gap for the rest of the group. This was a very popular member of the group who had been attending for many years, with a very kind disposition and a brilliant sense of humour that was appreciated by all. Due to this sad loss, it was not appropriate to continue with my planned schedule of research interviews, and I consulted with the women on when they would be happy to engage with the research process again. I also experienced the bereavement of a close family member, and this impacted on

the schedule for the data collection. Data collection resumed after a period of three months.

The focus of my research is women and, accordingly, all participants in the study are women. Women are the dominant group (80%/20%) attending socially prescribed art workshops at the Art Centre, as confirmed in studies on art and social prescribing (Stickley and Hui, 2012a). I also acknowledge the limitations of the study, and that I have not included the one or two men in my data collection who infrequently attended the socially prescribed mixed art workshops. Women and men chose to sit separately in the art workshops. My focus on the women in the group was a deliberate decision in my research design, to allow my study to identify specific needs relating to women's health and wellbeing and explore how the socially prescribed art workshops were able to engage with these needs. I advocate for the health and wellbeing needs of all groups to be considered in future health interventions of social prescribing.

In the following section I detail my ethics procedures, including informed consent, protections for the privacy of the women and the artists, and ensuring a supportive research environment for the discussion of sensitive subjects.

4.7 Ethical Considerations

Following the university's ethics procedures, I gained the necessary approval (Appendix 1) to begin interviewing my participants. My primary considerations for the ethics process were to obtain informed consent from the women, to include their accounts and artwork in the study, and to include the interviews of the artists. Written consent was given by the participants prior to commencing the creative sessions and object interviews, and interviews with artists. This also included permission to audio record responses and take notes. Written permission for the women included participation in three creative sessions. In addition, verbal consent was requested from the women for a fourth creative session to allow them to identify key themes as the research seeks to represent their experiences (Appendix 5). Permission to use the women's artworks was also included in the consent form and was also confirmed verbally in the creative sessions and object interviews. At the time of data collection, relevant sections

of the consent form were read out, and verbal consent was also recorded. I outlined that sensitive topics would form part of the research, and how the disclosure of any issues of concern would be managed (discussed in Do No Harm, 4.7.1). I specified future use of the research, and that all testimonies and artwork would be anonymous. I also emphasised the right to withdraw from the study at any point. To support this, I created a Plain Language Statement (PLS) also known as Participant Information Sheet (PIS) (Appendix 2 and 3) which clearly identified the purpose of the study and what was required of the participants. This included detailed information for any potential participant to be able to make an informed decision on whether they wished to take part. The PIS also outlined what the study was about, who was involved, why the person was being asked to participate, and what would happen if they took part. All the information given to the participants used simple, clear and non-technical language, and a statement on confidentiality and privacy. This statement on data protection offered information on how the data would be stored, for how long and when it would be destroyed. Lastly, it detailed who gave approval for the research, who to approach for more information, or to raise issues, and a timeline for when the project would be completed. To ensure the participants (women and artists) were fully informed, I explained the research processes in person and clarified these details during the data collection.

4.7.1 Do No Harm Principle

As discussed, the research engaged with sensitive topics in the women's lives, such as participants' health problems, issues linked to their mental and physical health, and other challenges that they face in their lives. I recognised that emotional or social distress could occur in the interviews with the women and mitigated these potential risks by engaging with training courses with Women's Aid, and interview training. All women in the study were enduring ongoing life stresses that they managed on a day-to-day basis, and these courses offered strategies to identify and minimise these potential risks. This included identifying when participants (women and artists) were feeling overwhelmed, triggered and returning to previous events and trauma.

Throughout the research, my focus always remained upon the care of the participants, and the Do No Harm principle was present in all aspects of my

methods. The Do No Harm Principle was first reported in America in the Belmont Report in the 1970s as way to articulate how research participants should be protected. The report emerged from a commission that considered research ethics principles and called for researchers in any study to demonstrate non-maleficence (the principle of not doing harm) and to ensure that they would protect both their participants and their data (US Department of Health, 1979). By employing the Do No Harm Principle researchers can decrease the potential for risk or harm through a careful study design; this can also include providing support services to participants during or after data collection; sustaining confidentiality and anonymity in data collection, and in analysis and reporting. For example, Campbell's (2001) study with women who are victims of sexual violence and the researchers conducting the study, highlights how researchers can employ the Do No Harm principle with participants. She discusses, 'how important it is to be human to these women. It is not okay to 'move on to the next question.' We must pause, affirm and encourage,'(Campbell, 2001, p. 68). She believes that the focus should be on the wellbeing of each woman. This focus allows the creation of a safe and personal space where women can confide their personal and lived experience to researchers, expressing their experiences in whichever way they wish to represent it, be it crying, sobbing, whispering or yelling. Being close to women during the interviews and the research process is described by the researchers as a 'consciousness-raising experience' (Campbell, 2001, p.73). These priorities should never be sacrificed for the sake of the research. This approach is vital as my study asks questions on sensitive subjects, including negative experiences and trauma in the women's lives. Practical application of this principle was used during the creative sessions and object interviews. I remained aware of discussions that could trigger a participant, such as a sensitive topic like abuse being too stressful. During the data gathering period, I made a clear distinction between my role as a practitioner on a previous project and as a researcher for this study.

Participants engaged in the study were explicitly informed that they could withdraw or redact any portion of their data during the study. We also discussed confidentiality in the group, and the women established their own ground rules to minimise distress if differences of opinion arose. Participants were informed that sensitive information would have to be shared if there were any risks to

safety and they could discuss issues with a worker at the Art Centre. I also referred to the Art Centre's Safeguarding of Vulnerable Adults Policy to protect participants whilst they were in receipt of services from the Art Centre. As the sole researcher, I considered the potential risks of engaging with the research of sensitive subjects, and the Art Centre offered me access to a support worker. My exit strategy for the research included clearly communicating the timeframe of the research to all participants.

4.8 Thematic Analysis

My research aims to understand specific lived experiences in the data leading the women to seek support in socially prescribed art workshops, and to explore the experiences of the women and the artists inside the art sessions. Thematic analysis is perfectly positioned to do this as a method of analysis that can be used to answer a range of research questions and engages with varying epistemologies. It is a method that finds, recognises, organises, reports and analyses themes in data collection (Braun and Clarke, 2006). Braun and Clarke (2006) argue that despite its wide use, thematic analysis is not considered an analytical tool in its own right as it provides core skills that are adaptable to other forms of qualitative methodology (grounded theory, ethnography, or phenomenology) (Braun and Clarke, 2006; King, 2004; Leininger, 1992; Thorne, 2000). When using thematic analysis, scholars argue, that researchers need to be clear about what they are doing, why they are doing it, and include a clear description of their analysis methods (Thorne, 2000; Malterud, 2001; Braun and Clarke, 2006). Thematic analysis offers a flexible approach that can be adapted for the requirements of many qualitative research studies and can offer a comprehensive and complex analysis of the data (King, 2004; Braun and Clarke, 2006). Thematic analysis imposes a structured approach to the handling of data, to support a clear and organised report for research studies (King, 2004). In thematic analysis it is important to show how the data has been analysed and to highlight any assumptions that may have informed the analysis. Without this the reader may find it difficult to evaluate the research process (Nowell et al., 2017). This method is viewed by Braun and Clarke (2006) as a more accessible form of data analysis for early career researchers, as it can be easier to grasp and learn than other qualitative approaches and their procedures. They also

view this approach as key for evaluating the testimonies of participants to produce rich findings, to evaluate sensitively where there are shared experiences and where there are differences, and how surprising insights can emerge. Thematic analysis can be strengthened by combining this method with the adopted theoretical framework being applied in the study (Nowell et al., 2017). Labra et al (2020) in their application of thematic analysis to social work research define the method as one that enables identification and organisation of emerging themes and sub themes in studies, whilst supporting familiarisation with the data and providing the opportunity to explore what develops in participants testimonies. Below, I outline my use of Braun and Clarke's (2022) six phase process for reflexive thematic analysis, including familiarising oneself with the data, generating codes, constructing themes, reviewing potential themes, defining and naming themes, and, finally, writing up the findings of the data collection. I moved between different environments for data analysis, home, university spaces and coffee shops to engage with the data and analysis, to discover how quiet and busy environments impacted my reflections and focus, and to identify the most productive spaces for analysis.

Phase One (Appendix 8) included my opening analytical observations and interpretations; these were initially inductive and shaped by loose ideas that allowed me to identify the latent meanings underlying participants' words. I had strong emotional responses to some of the women's accounts, which resonated due to the length of time I had known and worked with them, and some connection to my own lived experiences (including type one trauma and difficult experiences in pregnancy). This forced me to take note of my own subjectivities in the reading of the data. With this in mind, I refer to Camacho's (2016) reflexive approach to detail his experiences as an 'emotionally aware caregiver'. He details 'outing' himself and how this connection to his emotions is used during his research process. He writes, 'as social work practitioners, paying attention to our patients' and our own emotions is a critical component of effective practice and overcoming exposure to difficult human experiences,' (Camacho, 2016, p.688). He highlights that empirical attention considers the emotional toll on workers in support roles and acknowledged that there has been little research around the impacts of emotions on researchers. He concludes that an emotional awareness can prove useful in engaging with participants and in

the creation of knowledge. I acknowledge that in my own data analysis, strong emotion was an element of all the women's accounts, and by paying attention to an analysis of the women's emotions as part of my theoretical lens (3.3), I was able to create distance and separate the participants emotions from my own.

The second **s**tage (Appendix 9) of analysis applied a more rigorous approach to the data. I began with the initial coding of the creative sessions whilst I was starting to conduct the individual object interviews with the women. During this phase I was seeking ways to capture the complexities of the data. This was supported by my theoretical framework, based in feminist theories that draw on the voices of marginalised women in the second wave of feminism (3.1) with a focus on personal stories and bringing women together in consciousness-raising groups to identify collective oppression. Maintaining a focus on the lived experiences of the women and an empathetic awareness of how the participants described them, I was able to be subjective in my analysis without losing connection to the affective quality of their accounts. Through grounding participants' experiences in their world view and perspective, participants' narratives were given primacy in line with my feminist and emancipatory principles (hooks, 1989; Stanley and Wise, 1993). This bottom-up approach to analysis through a broad and reflexive approach, connects to my community development values, and allowed the participant's voices, views and experiences to be at the centre of the research process, reflecting and linking to the social prescribing mantra of 'what matters to them'. A reflexive approach to coding aims to avoid topic summaries that offer underdeveloped analysis that simply describes everything that was said. This approach offers space to reflect on assumptions and to acknowledge where knowledge is situated and whether it is partial or subjective (Braun and Clarke, 2022). In consideration of the constructivist approach of the research, there was a concern for the everyday and the practical activities that people continually engaged with. This includes exploring how creative activity fitted into this, and how social realities are sustained in everyday life, in social worlds through action, interaction and discourse (Silverman, 2013). I describe how I applied this in the following sections as I highlight the subsequent phases of coding.

As I moved into phase three, I coded of all the data, including creative sessions and object interviews with the women, and the artists' interviews. I identified candidate themes and began collating relevant data extracts, noting that the same themes might contain data extracts that on the surface felt dissimilar. Steered by the data, I returned to the field as the themes were captured. Braun and Clarke (2013) take the view that themes are actively produced by the researcher, through identifying explicit and implicit data, as well as uniting data that could appear disparate. I created larger portions of the data, built from smaller meaning in units or codes. This method of analysis allowed the opportunity to expand meaning and explain themes that reoccurred across different data domains, between the women and the artists. The themes were generated from the women discussing the lived experiences that led them to the socially prescribed art workshops, the women's accounts of being inside the art workshops, and artists' accounts of supporting the women in the art workshops, including their adopted styles of facilitation.

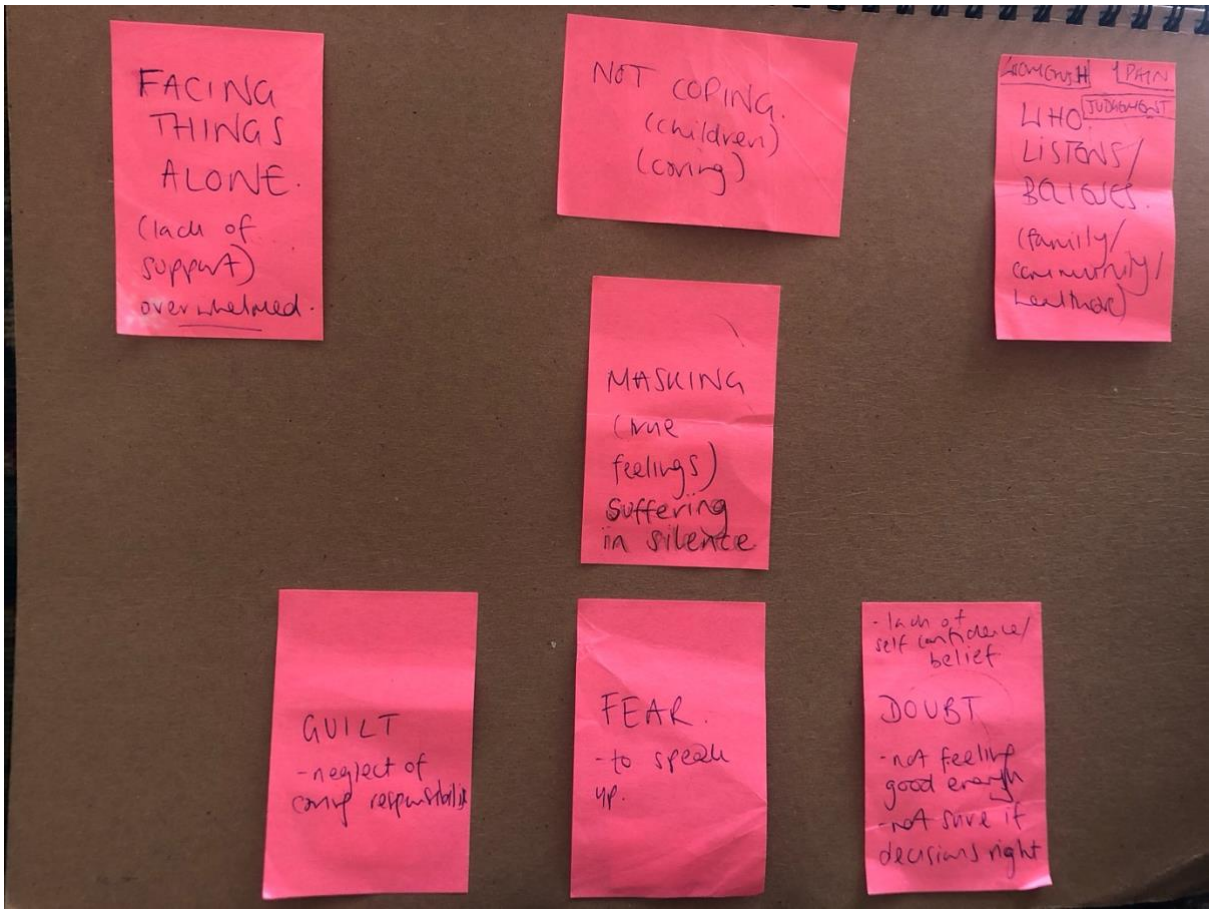


Figure 4.1 Phase Three of Thematic Analysis
Photograph by author (2024)

Alt text: Seven pink post it notes on a brown background with handwritten notes identifying themes.

Braun and Clarke (2022) discuss that analysis is not a passive process and highlight the visible role of the researcher in the process, hence the active voice that I adopt, and my preference for writing in the first person. Watson (2006) recognises that the researcher is the narrator in qualitative research, and this truth always needs to be admitted, 'Our role as researchers did not exempt us from feeling empathy, and it went a long way toward allowing our respondents to see us as real people in the real world who could relate to them as human beings' (Watson, 2006, p. 510). My research is concerned with a feminism that aims to, 'reclaim, validate and provide space for women's experiences,' to enter a battle over what and whose experiences 'count' as knowledge (Skeggs, 1995, p.24).

Phase four consisted of reviewing, revising and recoding. This included trying not to get too attached to early development themes and finding ways to let go of some of the data (Braun and Clarke, 2013). The use of visual mapping for theme generation (Braun and Clarke, 2022), helped to identify themes, sub themes, and interconnections with recurrent features of the data. Through drawing thematic maps, I explored how themes related to each other, I viewed provisional themes in their own right and explored possible layers of analysis through mapping the complexity of the data. Through the development of the themes, with Figure 2 (below) forming a starting point for themes represented in Chapter 5 on the women's journey to the art workshops, I was aware of avoiding a question-and-answer approach to analysis. Instead, I kept the research questions loosely in mind but did not seek to directly answer them in the phases of reflective thematic analysis.

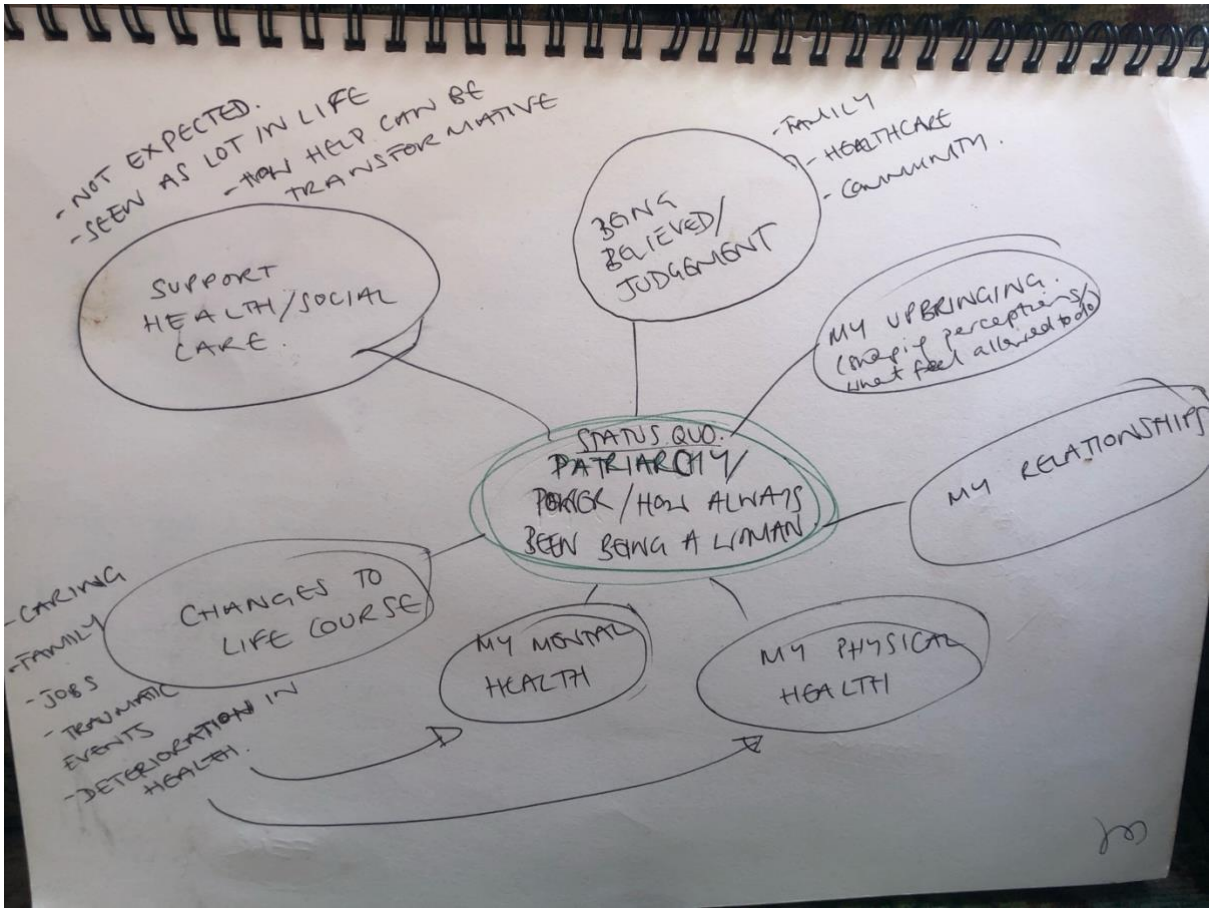


Figure 4.2 Thematic Mapping

Photograph by author (2024)

Alt text: Spider diagram that outlines developing themes noted through the thematic analysis.

These reviewing and mapping processes continued into phases five and six, as I defined and named the themes. Thus, I started to shape the analysis presented in chapter 8, through considering what the data themes meant and why they mattered, and how collectively they were able to answer my research questions and effectively tell the overall story of the data. Each phase offers the opportunity to engage with the data, to deliberate different choices that are active and reflective, to offer a foundation to be able to make certain claims of the new knowledge created from the research. Thematic analysis is the best fit for this research study as it allows the examination of the local context, explores the context of the participants, whilst acknowledging the researcher as the listener who will construct the data.

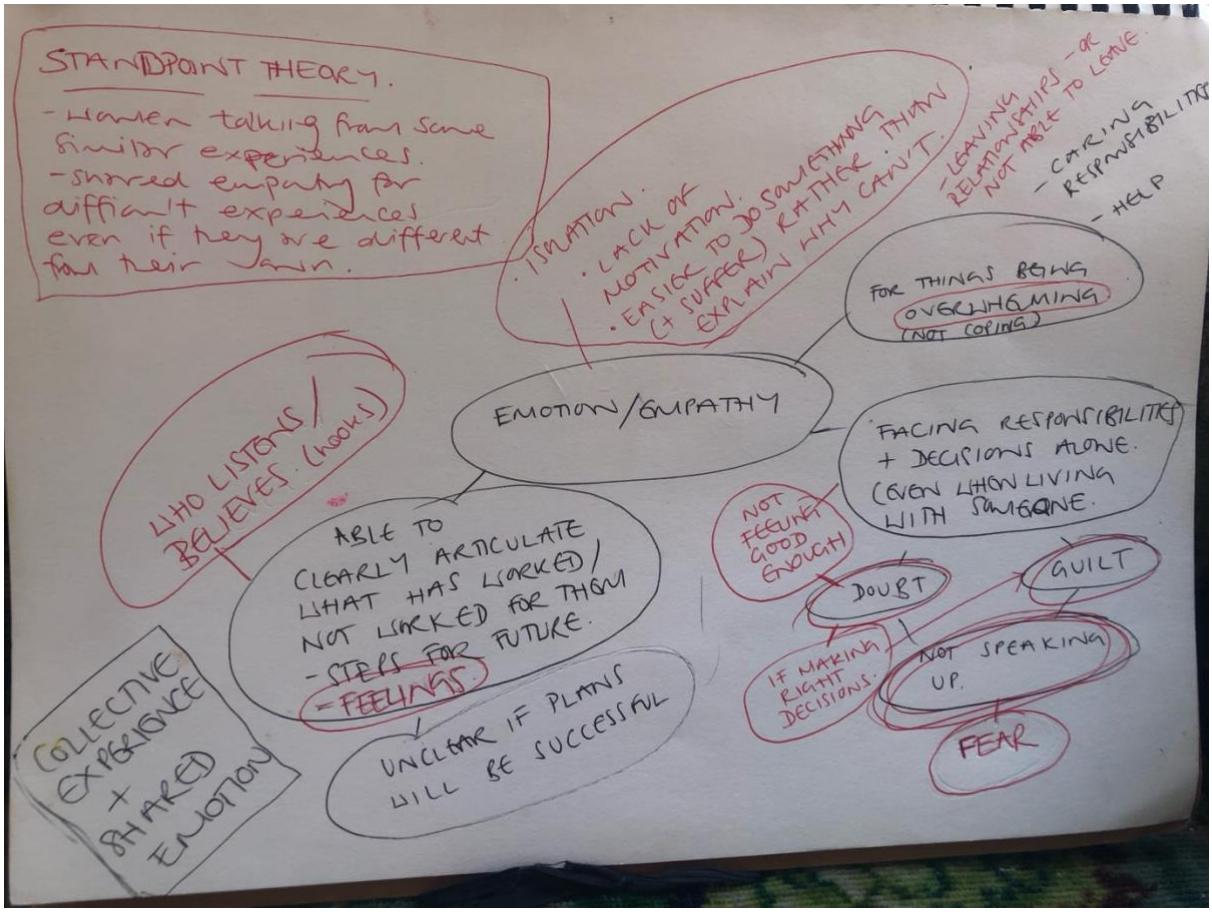


Figure 4.3 Thematic Mapping Using Theoretical Framework

Photograph by author (2024)

Alt text: Diagram that links experiences of the women to the lenses of the theoretical framework.

I acknowledge the challenge in constructivism of translating my findings and linking it back to the research questions, with a focus upon the 'how' questions of constructivism. As I have discussed earlier in this section, like Back (2007) my research will be driven by participant's testimonies to build a picture of the women taking part in socially prescribed art workshops, and to document themes identified in their journeys and experiences.

Having highlighted the many advantages of using thematic analysis, it is also important to address any criticisms and disadvantages of this method. The application of thematic analysis has been proven to extract insightful data, although disputes still exist around how this method can be rigorously applied (Braun and Clarke, 2006). There are criticisms of the lack of literature that specifically addresses the process of effectively applying thematic analysis in qualitative research which could prove daunting to new researchers. This

contrasts with the extensive literature on grounded theory, ethnography, and phenomenology. The current literature on thematic analysis describes the method (Aronson, 1995; Crabtree and Miller, 1999; Attride-Stirling, 2001; King, 2004), rather than how to practically apply it. The advantages of the flexible nature of this approach can be viewed as a negative due to a potential lack of consistency when developing themes and possible irregularity in the research data (Holloway and Todres, 2003). This inconsistency can only be avoided by clearly stating an epistemological position that will strengthen the aims of the study (Holloway and Todres, 2003). Terry et al (2017) join other scholars in questioning whether thematic analysis is a developed method that can stand alone or is instead a device that forms part of many different qualitative approaches using themes (Gibson and Brown, 2009; Willig, 2013). Different approaches to thematic analysis include; deductive (defining themes prior to analysis), inductive (themes emerging during the data collection process), or often a combination of these two approaches. I have created a strong position to engage with my reflexive thematic analysis, by clearly outlining my constructivist position and how combining this with a feminist approach in the research of sensitive subjects can support my research aim of focussing upon women's voices and experiences. All these factors were considered throughout the processes of revising the themes of the thesis.

Summary

The aim of this chapter was to offer an overview of how and why I have used these approaches and to highlight what they can offer in terms of the qualitative and analytical methods applied (interviews, creative sessions, object interviews, artwork produced and thematic analysis), crucially to locate what is important to the women in relation to their health and wellbeing. My overall objective is to give the words and artwork of the women primacy, and this research design is based on an acknowledgement of the care required to engage with participants around the research of sensitive subjects. In accordance with this, participants were well informed of the aims, objectives, methods, anticipated benefits, potential risks, and discomfort in the research. In doing so, this study is beginning to fill these gaps of what is left unsaid or open to interpretation, and the subsequent minimising of women's experiences, and thus answers calls

for the inclusion of voice and experience in the development of socially prescribed practices.

Although this research focuses upon the experiences of a small group of women creating artwork, and the artists facilitating these groups in a community art centre, this research is also concerned with how their commonalities and differences could resonate in other settings, to support other researchers, artists, practitioners, workers, facilitators and policy makers. Crucially the findings of the data collection should contribute to establishing what is currently in place in socially prescribed art workshops and what the women believe needs to be in place to best support their health and wellbeing. My partnership with the Art Centre allows my research to have a practical outcome, and for the new knowledge produced by the study to be employed by artists and workers at the Art Centre. This practical application is very important to me as this can support positive change for women attending socially prescribed art workshops in this venue and may also support activities in other community settings engaged in socially prescribed activities. This chapter has outlined my methodological approach which informs my empirical analysis. The outcomes of my data collection will be discussed in the following three chapters, chapter 5, chapter 6 and chapter 7.

Chapter 5 The Journey to Socially Prescribed Art Workshops

My research explores the experiences and perspectives of women who attend socially prescribed, community-based art workshops to access support for their health and wellbeing. This is the first of three findings chapters discussing the lived experiences that have led women to seek support in these groups. By exploring their experiences and personal stories, this new knowledge contributes to wider understandings of why the women choose to participate, and the best ways to support them in the socially prescribed art workshops. As outlined in the previous chapter in sections 4.5 and 4.6, eight women who attend socially prescribed art workshops at the Art Centre were research participants. All the women engaged in four creative sessions, semi-structured group interviews with art making, and seven of the women also participated in two individual object interviews, semi-structured interviews with artworks or art objects, during the data collection period from December 2022 to December 2023.

Following my thematic analysis of the accounts of the women, this chapter will unpack the three themes, and associated sub-themes identified. These themes are (5.1) ‘Bottom of the Pile’, (5.2) ‘Facing Things Alone’, and (5.3) ‘Masking of Feelings’. Each theme focuses on a core idea explicitly and implicitly evidenced in the data. I begin by exploring the first theme, ‘Bottom of the Pile’, which focuses upon how pressures and gender roles position the women in their lives. This is also discussed through the two sub-themes of ‘Emotional Abuse’ and ‘Role as a Carer and as a Woman’. The second theme, ‘Facing Things Alone’, highlights the lack of support networks for the women. This is further shown in the sub-theme of ‘Guilt’, demonstrating the relentless pressure that the women face in their everyday lives and their resulting emotions. I then move on to discuss the third and final theme of ‘Masking of Feelings’, where the women recall traumatic events in their lives, and how their voices and feelings have been suppressed. The sub-theme, ‘Beginning to Formulate a New Perspective’, details additional negative experiences and treatments, and reports how the women are starting to recognise damaging patterns, and notes their move towards seeing things differently. The chapter concludes with a summary of how the themes interweave together to represent key elements of the women’s stories. This,

importantly, draws attention to the many traumatic experiences and life changing events that have impacted the women's health and wellbeing.

5.1 Bottom of the Pile

'Bottom of the Pile' reveals experiences and events that the women recount as traumatic and disrupting their lives. This overarching theme and the sub-themes of 'Emotional Abuse' and 'Role as a Carer and as a Woman' reveal where the women see themselves in the pecking order of their lives, and more specifically in their own families. These insights will be key for the analysis as they offer a deeper understanding of the relationship between the women's lived experiences and their experiences in the socially prescribed art workshops.

Through recounting pivotal experiences in their lives, all the women participating in the research express that their needs have been neglected. Feelings of not being important, not being considered or cared for, have been compounded for the women at home from an early age and have continued to be enforced throughout their lives. Importantly, the theme of 'Bottom of the Pile' demonstrates how the impacts of negative life experiences manifest in the identity of the women and impact their health and wellbeing, thus it begins to reveal why they have sought support in socially prescribed art workshops. Low self-esteem and a lack of belief in themselves is demonstrated in their accounts. Here, Wendy expresses how difficult it was to grow up in her family.

> 'I feel as if I was brought up in a pack of lions… I was in the middle and I was the runt of the litter I feel because I was always ill. My mother had terrible mental health. My father was one of thirteen children and he knew I had a brain tumour cos it was him that took me ken. My mother was busy with my sister and my brother. And of course, my mother used to push me and say "Is there anybody in there" and when I used to speak it was like, "Oh for christ sake" with the hearing, "Oh can you not hear." She ruled me. She brain washed me [crying]' (Wendy, aged 69).

Wendy discusses her family as animals, as a metaphor to convey how tough things were. Significantly, Wendy felt that her illnesses and her deafness were always a factor in how she was treated. She was bullied by her mother for this,

and expresses feelings of being undermined, humiliated and controlled by her. She is expressing how she felt worthless and less than everyone else in the family. She also alludes to physical and emotional abuse, further discussed in the sub-theme of 'Emotional Abuse' (5.1.1). As Wendy identifies feeling inadequate in childhood, Ellie echoes similar feelings later in her life with her husband and her children. The title of this theme, 'Bottom of the Pile', comes from her account.

> 'I mean I was at uni when he started to become ill and I had three kids going through school. And after that I got a funded place to do social research and I did the first semester and then it was almost like I can't cope, [husband] had about five heart attacks. I had three kids one at primary school and one at high school and they needed me as well and I just couldn't cope with everything so I stopped. I just threw the towel in you know. I just, I just couldn't do it. And to be honest now I'm a lot older I don't really miss it. I don't wish I'd still done it you know. My priorities changed and that was fine. And being a mum, to me that was, that came number one and [husband] a very close second and I was somewhere down in the bottom of the pile and I still am' (Ellie, aged 59).

Ellie explains the pressures of the caring responsibilities required for her children and her ill husband. These pressures were compounded by the responsibility of looking after her children whilst juggling a university course, and she was unable to cope with the impact of her husband's ill health in addition to her existing responsibilities. Importantly, Ellie felt compelled to look after everyone else, stopping her course and continuing to make sacrifices for her family. Despite arguing that she had no regrets as her family is her priority, there is a slight contradiction when she indicates that by undertaking the university course she was prioritising her own needs, and by giving it up to look after others she went to 'the bottom of the pile' where she remains.

In this theme, the women discuss how family relationships, responsibilities, illnesses and isolation, and the environments that they find themselves in have compounded their feelings of worthlessness. All these factors continually put a strain on the women and contribute to their low mood and depression. In the

next sub-theme the women report how emotional abuse has affected how they feel about themselves, impacting their behaviour and increasing their isolation.

5.1.1 Emotional Abuse

Through reflexive thematic analysis I have identified 'Emotional Abuse' as a sub-theme. Seven of the eight women interviewed comment on experiences of emotional abuse and the impacts of this abuse. Although they describe physical abuse, sexual abuse (both referenced in 5.2.2), and emotional abuse, their discussions around emotional abuse were most prevalent. The analysis explored shared similarities across the women's lived experiences. Through the telling of their stories (Back, 2007), the women identified which incidents and treatments they deem as having significantly impacted on their health and wellbeing.

Five of the eight women, when discussing their family lives and childhoods, identified family environments as the site of this abuse. Here, Ellie describes a home where she was bullied, undermined and insulted by her father and her older brothers.

> 'I got bullied a lot at home by my dad and my two brothers. You know "you're stupid", "you're not going to amount to anything", "all you're good for is to have babies", "all you're good for is to keep house" and this is what I got all the time. And he'd beaten my mum down so much that she couldn't kindof stand up for herself, nevermind stand up for me. Erm but I loved her to bits you know. Yeah, he made things really difficult. When you've had somebody like that all yer life and they're giving you all this negative stuff- it's bound to affect you. So, err yeah pretty rough but you just have to get on with life' (Ellie, aged 59).

Ellie's account draws on how the men of the house were responsible for emotional abuse. She suffered for many years with her father and her brothers constantly undermining her. This is clearly apparent when she recognises how her mother had faced similar abuse and was consequently unable to challenge the men in the house to adequately support herself and her daughter. She realises that her mother could not express her feelings on her daughter's

treatment as she, like Ellie, was also positioned at the bottom of the pile, yet Ellie still loved her. Here, Ellie is acknowledging the degrading treatment of women in her household, how wrong this was and the negative impacts it had upon the formation of her identity and the destruction of her self-esteem. She felt humiliated and pressured to do what she was supposed to do and was told repeatedly that this was her lot in life and all she was 'good for'. Ellie connects the abuse she has experienced in the family home to her gender, being 'shouted at and reduced to tears', 'called stupid and talking rubbish'. All the women identified issues with their self-esteem due to similar experiences of being bullied inside and outside of the family home. The women also discussed these negative interactions and recall their feelings of being humiliated, angry, frustrated, and the subject of gossip, 'all that shit that people talk about yer is rubbish' (Wendy, 69).

The frustration and anger resulting from these damaging experiences are echoed in the following account from Nina.

> 'They take advantage of a good nature- you know them people. You just want to do your best and you do that erm, and they take the piss. Yeah and if we could all feel that a bit earlier in life.. but we can't- it's just how it is isn't it? If you could have all those years back and just think no I'm not going let you treat me like that but you don't and it's just nice natured people are prone to people being abusive [towards them]- like power and just keep going and going and going because they know they can you know' (Nina, aged 55).

Nina has become aware that the way she and other women are treated, and the emotional abuse they continue to experience is not acceptable. Her comments also show that she is angry and frustrated at the many years that she has felt exploited. She has felt that her best was not good enough for others. This impacted her at the time, and these frustrations have continued throughout her life. Nina also echoes the sentiment of the other women in rejecting the judgement of others and their power. She recalls how her sister has treated her, 'because she knows she can and nobody's going to say anything because she'd say "oh you can't see the grandkids." She'll always hold something over you.'

Such comments represent the women beginning to acknowledge, individually and collectively, the ways they have been affected by trauma and the realisation that their lives could have been different. I discuss this in more detail in the third theme of 'Masking of Feelings', (5.3).

This sub-theme of emotional abuse begins to chart how the women have been positioned and how they position themselves in relation to others in their lives. As expressed by Wendy, '…it's the first time in my life that I've had control cos I was controlled with my mother and then when I got married my husband controlled me, my kids controlled me and so now enough's enough'. The women have recognised the negative consequences of the ways they have been treated, including their low self-esteem and challenges with trust that continue to impact their life course. Consequently, they discuss their wish to embrace change as they are beginning to understand how these experiences have impacted their health and wellbeing.

5.1.2 Role as a Carer and as a Woman

This next sub-theme 'Role as a Carer and as a Woman' demonstrates the huge burden of care for the women. This includes how the women are continually seen as responsible for caring for family members and children. For many of the women, their accounts reveal the expectation that they should care for others. Here Lexi, one of the younger members of the group, recounts how she felt when she was growing up.

> 'Because I was a female like basically my only purpose was that I was supposed to look after someone. I felt lost. Like after leaving school it was like if I'm not looking after something what am I supposed to do, with, with my life. And I didn't feel like I had a purpose and that was kind of part of that. I mean obviously now I can see a little bit differently but back then…. I didn't like realise the kind of environment I was growing up in. Erm, I didn't realise how neglected like my emotional needs actually were as well. And then there was a lot to unpack after I had the kids [nervous laugh]' (Lexi, aged 33).

Lexi believed her only role was as a carer and, 'to look after someone'. If she failed to follow this expected pathway, her life would lack purpose, and she would be left 'lost' after leaving school. This highlights that her time in education also failed to offer her opportunities, such as qualifications and job prospects, for a future outside of traditional gender roles. It is this understanding that informs what was normal for her in her own family, and in her community. She feels that this has affected the course of her life and the opportunities that were open to her.

More than half of the women also identify how their caring responsibilities had to be prioritised over their own education and employment opportunities. They perceive their importance as very low down and the needs of all of those around them take precedence. Bianca discusses how caring for a family member also diverted her from opportunities in education.

> 'I was twenty-five (planning to go to college) but then I looked after my gran for three years. And then it's like I just took a break cos looking after somebody with cancer is hard. Thirteen years later I'm looking at going back… Like I need to ease myself back in or I'll not cope' (Bianca, aged 38).

Bianca now has her own family, but here she expresses how her caring role took her away from her immediate plans as a young woman to pursue courses at college. Crucially, she has become aware of how managing this caring role has affected her life, and how the impacts have lasted significantly beyond her three years as a carer. She is discussing caring for a family member and how the damage linked to this experience made her fearful to be in new environments. This caring role has had enormous repercussions for Bianca's confidence and how she interacts with the world. The experiences of the women show how normative processes of gendering continue to have a negative impact on women's wellbeing. As discussed by Clisby and Holdsworth (2014), this demonstrates that traditional gender norms are often still enforced in families, educational settings and in communities. This continues to limit opportunities and points to the structural pressures these women are fighting to overcome.

Ellie has been caring for her husband for the last sixteen years. In the account below she acknowledges the universal work that women do as carers, and how her needs and the needs of other women as carers are not respected.

> 'Yeah it's a long time and he's not going to get better because there's no cure. The majority of carers are women whether it's children or other family members and unfortunately that pushes you even lower down the list of who's important. I think when it's your child it's still bloody difficult but when you're dealing with a grown person who's got their own mind and they can argue back with you it's very stressful.' (Ellie, aged 59).

Such comments suggest that the women also put the expectation to care for others upon themselves. They have been brought up to believe that they are not as important as their husbands or their children, linking back to the overarching theme of 'Bottom of the Pile'. Above, Ellie clearly articulates the stress she feels every day as a carer. As there is no cure for her husband, she is aware that there is no relief from this very difficult role. She minimises her role as a carer by explaining that other women experience the same stresses, yet she now has the confidence to speak out about how difficult her life is. Nina (55) also confirms feeling the same way when she acknowledges all the work that she does for others, 'you don't realise you're not doing it for yourself'. For the women this is just the way that things are and have always been.

Through the sub-theme of emotional abuse, the research highlights how the impacts of these early forms of abuse have been detrimental for the participants. The women express how they feel they have been programmed to put up with things, such as being shouted at, or the subject of gossip, and that they have no expectation of joy or happiness. The theme offers insight into the experiences of the women and their caring roles. It highlights the impact on their lack of self-worth, the humiliation they suffer, their low self-esteem, their self-doubt, anxiety and challenges with trust. This information is important as it can indicate how the women may feel when they enter the socially prescribed art workshops and provides valuable insights for the artists leading these groups to shape more supportive approaches to facilitation. In the next theme of

'Facing Things Alone' I expand upon how the women acknowledge isolation as a significant factor leading them to seek support in the socially prescribed group.

5.2 Facing Things Alone

Theme two, 'Facing Things Alone', identifies the sources of pressure for the women. More specifically, this theme explores how these pressures impact their health and wellbeing through the sub-theme of 'Guilt' and begins to reveal how the women may be feeling when they have made the decision to access support in the art workshops.

There is a consistent narrative about the relentless pressures faced by the women. Indeed, all but one respondent in the study mentioned experiencing a lack of support in their lives, even though the women occupy varied positions. Five of the eight participants are mothers and have experienced issues around birth and motherhood. In addition to being mothers (and one grandmother), some women are the sole carer for family members, and three of the women have children with additional support needs. Most of the mothers are single parents, and all the women are struggling with their physical, mental and emotional health. Some of the women are separated from partners, and some have remained with partners for most of their lives and are only now leaving these relationships now. Only one woman viewed her husband as supportive, and the few women who are still in relationships express that they do not have the support they would hope for, and that their partner's behaviour is not conducive to supporting family life. Women either have little or no support, or they have lost the support of family members. Bianca explains this realisation following the death of her mother.

> 'If I had problems I'd go to my mum and I'm going…. erm I've got nobody. I've got a sister but it's quite hard cos our kids have special needs so we're trying to bounce off each other and we're going we've got nobody to go to. I'm literally having to go right it's just me' (Bianca, aged 38).

Bianca and her sister have received support throughout their lives from their mother. Following her death, Bianca now has no one else to go to for advice. She

does not want to bother her sister as she is aware that she is dealing with similar pressures with her own children. Bianca is now left alone.

Nora‘s account offers a different perspective on how she believes her physical health conditions have impacted and isolated her.

> ‘I was isolated at home, having been a nurse I was a very social person and I felt really isolated from life really being in this house. I became so debilitated with ME that I just wasn’t fit enough to do much anymore. Even just getting down the stairs… to do my basic routines and things- I’m struggling to get to a stage where I can do that … And the added pressure on the body trying to get in and out of the car, to put TENS machine on- you know do all the extra things that you have to do to manage your pain and fatigue to go out- even if it’s just a short distance to go you know.’ (Nora, aged 63).

Nora is discussing how she became house bound due to the worsening of her health, her lack of access to care and how this led to feelings of isolation. She is giving an insight into the challenges of her everyday routines by describing the struggles that she faces, physically and mentally. Nora discusses her ‘pain’ and ‘fatigue’ and the inability to perform the simplest tasks. Her failure to leave the house is in stark contrast to the life and responsibilities that she once had as a nurse. She makes it clear how her physical conditions have isolated her. Lexi reflects upon how the pressures of raising her children on her own have impacted her.

> ‘I have three kids. It’s just me. There’s a lot of pressure and it can be really overwhelming because well two of us have been diagnosed with autism and ADHD and the other two kids are on the waiting list. But the GP just said the other day that they think that my middle child has schizophrenia as well so there’s always just so much going. It is really overwhelming. Sometimes I’m not sure how to navigate or what’s the right thing’ (Lexi, aged 33).

Lexi is a single mother of three children without support from family and friends. She is struggling with her own health and support needs, and those of her young family. She repeats the feelings of everything being 'overwhelming' in response to these struggles, and she has no one to share this burden with. Although she is doing her best, she cannot escape the pressures of her life and her responsibilities. Here, Nina discusses the breakdown of her relationship with her child's father and how it impacted her.

> 'His dad's been rubbish since he was born basically…. He [child] doesn't know this like. When [child] was born I nearly put us in the sea at [local harbour]. But when you think you're on your own and you can't think in any you know…. cos my husband was having an affair when I was pregnant. And then he wanted to carry on even when we were bloody living in the house. So that was him, his emotionally twisted help.' (Nina, aged 55).

Nina is describing how she was treated by her partner and the shock that she experienced when she discovered that the family unit she had envisioned for her child had gone. She had not planned to be a single parent, and the breakdown of this relationship was very damaging. During one of the creative sessions, she discussed feelings of desperation and disclosed that she had considered suicide. Two other participants, Wendy and Ellie also revealed that they had been in this vulnerable position at least twice. Despite this, Polley argues that, 'most social prescribing schemes are not set up to take referrals of people who are feeling suicidal' (Polley et al., 2020, p.44). The following sub-theme (5.2.1) 'Guilt' uncovers how the women emphasise certain feelings as a response to facing things alone.

5.2.1 Guilt

This section details the different ways feelings of guilt impact the women to make them feel constantly responsible for decisions they have made and how they have affected their families. When the women talk about how they feel, the pressure of 'Facing Things Alone' impacts them, they regularly reference feelings of guilt. Lexi comments on how she feels caring for her three children.

> ‘Sometimes I’m not sure how to navigate or what’s the right thing. I never feel good enough honestly so there’s just really a lot of pressure’ (Lexi, aged 33).

Trying to navigate the complexities of challenges for her children and her own health (5.2), Lexi not only implies that these issues make her feel inadequate, but she also doubts if she’s doing things in the right way. This increases the pressure for Lexi and her guilt. The women also discussed how they must try to make things better in times of chaos. In this example, Nina articulates below the guilt that she feels.

> ‘I think sometimes you feel powerless and you feel I can’t do any more. I don’t know how I can make things better.’ (Nina, aged 55).

Nina describes her feelings of powerlessness, and how as a single parent (5.2) she feels guilt for not being able to make things better. She cannot ‘do any more’ for her child or herself. For both Lexi and Nina, their guilt is attached to feelings of letting people down and not having the ability to improve circumstances for their children.

Wendy also acknowledges overwhelming emotions of guilt when she recalls her inadequacy as a mother and expresses how she is surprised to have lived to see old age.

> ‘Some of it was my problem because I wasnae a great mother [crying] because of the way we were brought up. I’m coming up for seventy, it’s easier to make a life for yourself but it’s harder because of the guilt. [talking through tears- long pause] Naebody can feel yer guilt, and I know that I couldnae stick up for my kids because I couldnae stick up for me. People say “oh let it go, let it go”. If you’d been in my shoes show me how to let it go but you cannae be. And I’ve let my husband get away with things when he used to say to me that I’ve done something wrong. I’ve not done nothing wrong. The only thing I just metaphorically died because I didn’t think that I would survive. I never ever thought that I would see

this day and its erm, it gets clearer. So, I just feel guilty about all this stuff' (Wendy, aged 69).

Wendy discusses feeling that she has disappointed her children as she lacked the strength to support them. This lack of strength resulted from treatment in her own childhood, and an absence of love and care that continued in her adult life through the continued neglect of her husband. Although she is now able to recognise that she was treated badly and her survival offers a glimmer of hope, the guilt that has consumed her throughout her life remains. Through the women's personal stories, these experiences highlight how these events and issues fuelled guilt and left the women in vulnerable positions where they were pushed to a crisis point and felt compelled to seek help.

In the theme of 'Facing Things Alone' the women are expressing how they have always been in an isolated position either through not having a support network or losing the support they once had. The sub-theme of 'Guilt' offers an insight into the overwhelming feelings that the women must contend with daily. The women report that they have little or no support in their families or wider social networks and discuss their engagement with other women in the art group and to address these gaps in their lives, further discussed in chapter 6, (6.1). These insights into the lived experiences of participants contributes new knowledge on how the socially prescribed art workshops can be shaped to offer better support, and how these lived experiences might inform social prescribing practices will be considered later in this thesis.

5.3 Masking of Feelings

Theme three, 'Masking of Feelings', continues to discover the experiences that the women mark as pivotal. It pinpoints how the women have suppressed their true emotional responses in relation to these experiences, impacting negatively upon trust, confidence and opportunity throughout the women's life course. I begin with Wendy's account of the damaging effect of her daughter's traumatic birth and how this experience has impacted her life.

> ‘I wished I could have come out of the other side forty-two years ago cos that was when my daughter was born and I didnae have a good birth. I was prepared for a normal birth and it didnae happen so they said they would give me a casearean. I eventually got one but I was never the same after that. And now well it’s a bit kind of late to be yourself but… aye that’s it. Well, I’m getting to the fact that I know what I’m saying is the truth- it’s my reality. I used to laugh- I had to laugh as I didnae ken any other way to deal with my feelings- I couldnae feel them… I brought up my grandchildren as I didnae ken how to say no. I still didnae have my feelings then- what I was entitled to in life. But erm the reality is I shouldnae ever have had children and I know that for a fact’ (Wendy, aged 69).

Wendy’s experience profoundly influenced how she felt as a mother and a woman. She struggled to connect to any of her emotions. She could not feel, and she was not able to express what she ‘was entitled to in life.’ She hopes that now she can prioritise herself, yet questions if it is now too late at the age of sixty-nine. After a traumatic birth she did not seek help, and becoming a mother did not bring her happiness. Instead, it compounded the feelings of inadequacy that were repeatedly enforced on her in childhood. As a mother there was more pressure and more people for her to care for. She also cared for her grandchildren as she did not have the strength to refuse. Like Wendy, the weight of responsibility and pressure have proved too much for some of the women, and they are not able to cope with the role of being a mother whilst battling their own physical and mental health issues. Not only do the women have to fulfil a role they are uncomfortable with, as Wendy has illustrated here, she must also prioritise the needs of others (as discussed in theme 5.1 ‘Bottom of the Pile’). Accustomed to masking her own feelings to fulfil the traditional role that was expected of her, she can now find the strength to admit she did not want to be a mother and to express how this role has detrimentally impacted her health and wellbeing.

Bianca talks about reaching a crisis point following the trauma of sexual assaults, and how this has dictated her interactions with men since her teenage years.

> ‘I can get better with it but that’s about it. I was a sixteen-year-old. It was in my mum’s friend’s house that I was attacked, and it happened again when I was twenty-one so it’s not just once. I was at a work experience when I was 21 and was attacked in the kitchen and I was training to be a chef at the time and I wouldn’t go back to train to be a chef, to finish it off cos I only had a year left… If I’m in a room with men I can’t have my back to the door as I start panicking. Doesn’t matter if I know the men, I can be friendly with them but I just don’t trust them. I went it’s never going to leave me- it’s never something that I’m fully going to get over.’ (Bianca, aged 38).

Bianca does not trust men, and she cannot be alone in a room with them. She will never fully recover from what has happened to her and it has affected all aspects of her life, including her family and her career opportunities. She is fearful in the company of all men, even men that she knows and her own relatives. Although she cites the stress and panic that she feels when she must interact with men, she feels compelled to act ‘friendly’.

The following example shows a traumatic event that has changed the course of Lyse’s life.

> ‘I think I went off people [laughs] there were some instances in life in [city]. I was a witness to a murder and I was assaulted as well. That kind of changed my brain as well- I was unconscious so maybe I was a bit brain damaged or something I dunno. But I just didn’t want to work with people anymore and I’d worked as a massage therapist and I didn’t want to do that anymore- I just didn’t feel trust of people any longer or trust of myself cos I was having quite a lot of bad sort of violent nightmares, [nervous laugh] I didn’t trust my own hands anymore’ (Lyse, aged 51).

Lyse describes the traumatic event of witnessing a murder and being physically assaulted. She explains how this experience altered her life and forced her to change her job. She talks about losing trust in all humans, and not trusting herself, or her hands to work with people anymore. After this violent

experience, she felt that something had altered her brain and that she could not mask her true feelings any longer.

In contrast to this, Ellie's comments below clearly demonstrate how women often mask their true feelings as a means of keeping the peace.

> 'I'm like a people pleaser, I really don't like confrontation and I will bend over backwards to avoid it. And you're like living in that state that you're always worried that someone's going to kick off and I'd not even realised that that was a thing. This has come from the way [I] have been brought up and being less than the boys you know. You're just a girl, you know you're a throw away sort of thing. So that's really helped me sort of try and understand why some of the behaviours that I do, I do' (Ellie, aged 59).

Ellie describes how she has been passive throughout her life, and how the abuse and trauma she has experienced make her fearful of any confrontation, and always anxious that difficult situations could arise. She recognises the connection between her gender and how she has been brought up as a girl, which has confined her to certain roles according to society's rules. She occupies these roles uncomfortably and tentatively. She is aware that no one views her as important, and this is why she feels unable to speak up and afraid to disrupt situations for fear of the repercussions. During the data collection, all the women told similar stories of constantly being worn down, never being able to fight for themselves, and lacking the energy and strength to make themselves heard. All these accounts from the women demonstrate aspects of how the women are regularly interacting in environments where they must hide what they are truly feeling.

5.3.1 Beginning to Formulate a New Perspective

'Beginning to Formulate a New Perspective' is a sub-theme of 'Masking of Feelings', and in this section the women describe issues in their lives and the beginnings of a process of realisation related to their negative experiences. As reflected in the earlier comments from the research participants and their

discussions of emotional abuse in sub-theme (5.1.1), the women highlight very difficult family lives. Under this sub-theme, they are speaking out about how they have endured damaging relationships that they were scared to leave, and their fears that they continue to unwittingly repeat negative patterns from their own childhoods. This in turn exacerbates their fears that similar challenges and pressures are happening all over again. Partner relationships are identified by the women as an area where their self-esteem continues to be undermined and they feel silenced. Here, Wendy describes the only relationship she ever had.

> 'I was married for 28 years. I eventually got divorced- I should have done it earlier but I could never speak up for myself. Well, I couldnae cope with my kids and I was trying to make myself feel my feelings. And then eventually he went away with… I did try to toss him out a few times but he came back again like a bad smell… I was a dead person for years and I know that for a fact. My sister and I are very close. She got help a long time ago and she knew how to get her voice cos her husband was a good guy and he used to say to her "you dinnae have to act like that" (Wendy, aged 69).

Wendy is sad and frustrated that it took her so long to leave her husband, and she regrets not ending the relationship sooner. She has seen how things could have been different through the life course of her sister (who had experienced some shared issues with her in childhood) and was able to lead a different life due to the help of a good man, and supportive husband. Her sister got help to support her mental health and she did not. Maybe similar help could have supported her.

Below Bianca also discusses having been with her husband for twelve years and now going through divorce proceedings. She has two young children who have complex support needs (referred to in her quote in 5.2), and additionally she revealed in her interviews that within a twelve-month period she has lost four close family members. Bianca describes the unhealthy parallels she has come to identify between her relationship with her husband and his lack of interaction with their children, and the dysfunction of her own childhood.

> ‘I’m having to take on both roles and I think it’s not really shocked me cos my mum brought me and my sister up on her own… My dad was an alcoholic so he wasn’t really physically there… I literally went if you want to choose drink you’re not getting to see the grandkids. My sister backed me up cos we seen too much when we were little. He was physically and mentally [abusive] towards my mum. I think because I stepped in one day in front of her he just kind of just moved out. I’ve seen too much for a child should have seen. My mum said to me when [youngest] came along “you do know that you can do it on your own… you’re already doing it”. He’s [her husband] just never really shown an interest. He's living there at the moment, but I literally said to him you’re causing too much stress in the house- I went you need to find somewhere soon. Yes it’s about taking more control of how I’m feeling instead of going no - just leave it. I think not having my mum around now it’s just like I have to try and control it myself and just go right I’m not happy- why stay?’ (Bianca, aged 38).

Bianca wants to avoid the patterns of her own childhood. Her father was an alcoholic and abusive towards his wife and children. She has let him know he cannot see his grandchildren unless he changes his ways. However, her comments also tell us that her husband does not treat her well. This is a moment when Bianca is recognising her own worth, including the support she single-handedly offers her children and how she does not need her husband in their lives. For Bianca the loss of her mother and the absence of this support, has made her focus upon trauma in her own childhood and recognise the changes she must make in the dynamics of her own family unit. She sees the lack of support from her husband and links it to her own father’s abuse, and men not being present. Her action to break free from this relationship shows her need to exert some power and feel that she can have control over her family and her life. A common thread in discussions between the women, and in their individual object interviews, is the lack of partnership in their romantic relationships.

More than half of the women speak of men as partners who want it all, a family but also their freedom. The women’s testimonies detail partners who were having extra marital affairs, ‘I think he’s always done it since [eldest] was about five years old - cheated- either speaking to other women or doing something’

(Bianca), -and who were not sharing the responsibility of their children. Partners were not supporting the women in any areas of their lives, 'I knew he wasnae good for me but I didnae know how to speak up for myself and everybody else knew but naebody would help me' (Wendy)- and instead their partners were increasing the pressure that the women felt. There was little or no sharing of responsibility, and instead the women's role was to care for the children, to care for other family members, and to deal with all the complex issues associated with this work on their own. The quotes above reveal that the women are beginning to realise that they do not want the damaging patterns of their childhoods and family lives to continue.

The last theme of 'Masking of Feelings' is important as it tells us how the women may enter the workshops, with low self-esteem, feelings of self-doubt, shame, and lack the ability to recognise boundaries, factors that social prescribing literature is not currently recognising. This data highlights how the women have suppressed their true feelings in relation to the negative experiences and bad treatment in their lives. It is also clear in the women's accounts that there is no time to take a pause to reflect on the hardship they have experienced and the trauma they have suffered. The women have been expected to move on from adversity to maintain their roles and responsibilities and continue to survive their lives, silently and without complaint. Many of the women reference wasted time and how they do not want to continue to pretend or live in this way and instead they wish to express their true feelings. In 'Beginning to Formulate a New Perspective', they have emphasised how they have felt unable to break free from damaging patterns from their own childhoods, and how their hopes for a supportive partner and more robust structures of support for their own children have not been realised. However, they are beginning to articulate their intentions to make some positive changes and address these negative cycles. They are now looking for a safe space and for support to allow them to improve some of the circumstances of their lives. This will be unpacked in the following chapter (6.1), where the women discuss their engagement with other women in the socially prescribed art workshops.

Summary

This chapter outlines some of the issues that the women have faced during their lives, from their childhoods, to challenges they are facing in their everyday lives. Crucially, the women highlight the lived experiences and oppression that have led them to socially prescribed art workshops designed to support their health and wellbeing. Theme One (5.1) 'Bottom of the Pile' captures where the women feel they are positioned in their families, in their lives, and offers further exploration through the sub-themes of 'Emotional Abuse' and 'Role as a Carer and as a Woman'. This allows the unpacking of experiences reported by the women in their families, their early lives and crucially the way that this has impacted how they feel about themselves. As well as reporting low self-esteem and trust challenges, the women do not expect to live happy lives. Theme Two (5.2) 'Facing Things Alone' expands on this by discussing the lack of support in the women's lives and through the sub-theme of 'Guilt' specifically identifies where the women feel the pressure comes from, and how this compounds the experiences that they have described in Theme One, 'Bottom of the Pile'. Theme Three (5.3) 'Masking of Feelings' digs deeper into how specific events have had a detrimental effect upon the mental and emotional health of the women. This theme charts how they have hidden their true feelings to conform to the societal norms expected of their gender. The sub-theme 'Beginning to Formulate a New Perspective' marks a move for the women to begin to challenge their previous acceptance of the difficult conditions of their lives.

The themes that I have explored in this chapter effectively allow for greater insight into my research question, 'What lived experience has led the women to the art workshops?'. The themes identified commonalities in the women's experiences, including how they have been neglected since childhood and the continuation of treatment in their adult lives, including bullying, not being believed and not being viewed as good enough. The combination of all these factors has led to feelings of desperation, acknowledging the injustice they have faced and has prompted their journey to seek help. By charting the journey of the women to the socially prescribed art workshops, this research expands on the existing and often vague terms used in social prescribing literature to represent issues related to women's health and wellbeing, and that does not

encompass what the women are describing here. Engaging with this new knowledge can also inform how the women desire to be treated in socially prescribed workshops and can offer an opportunity for the women to view their own needs as equally important as the needs of others.

In the next findings chapter, the women discuss their experiences of participating in the socially prescribed art workshops. This includes the peer support in the group, the women's views on the artists facilitating the sessions, how they report on the space of the socially prescribed sessions, and the creation of artwork. This chapter specifically focuses upon finding answers to my next research question, 'How the women engaging with the art workshops perceive its impact on their health and wellbeing?'

Chapter 6 The Art Workshops

This second empirical chapter focuses on how the women experience the socially prescribed art workshops. Specifically, this chapter explores how the women engage with the workshops, including how they interact with the space, the facilitation, the art, and the other women in the group. The women's discussions in this chapter address my research question of 'how women engaging with socially prescribed art workshops perceive the impact of the workshops upon their health and wellbeing?'. These insights can develop understandings of how the women feel the sessions can offer help, and where they are calling for better support in these groups. These insights are vital, as they highlight both the positive and negative ways the women are experiencing the workshops.

Specifically, this chapter explores the revealed themes of (6.1) 'Shared Problems', (6.2) 'Connection through Art' and (6.3) 'Kindness in Facilitation', collectively to establish the supportive elements of the sessions and where issues can emerge. My thematic analysis of the women's views on the workshops also gives insight into whether the reported reasons for engaging with social prescribing, such as long-term health conditions, loneliness and isolation ring true in the growing body of social prescribing literature in the UK (Mossabir et al., 2015; Polley et al., 2017; Chatterjee et al., 2018; Wildman et al., 2019; Polley et al., 2020).

The first two themes of (6.1) 'Becoming part of the group' and (6.2) 'Connection through Art' demonstrate how the socially prescribed art workshops offer the women a place where their health and wellbeing can be supported through identifying connections. The first theme, (6.1) 'Becoming part of the group', builds upon the issues in the women's lives identified in chapter 5, and details how they find connection in the art workshops through the commonalities in their experiences, identifying barriers to attending the group, and how it feels when the group is not operating. This theme also offers insight into how shared issues in the group can be perceived, in positive and negative ways. The second theme, (6.2) 'Connection through Art' explores the women's view of, and connection with, artmaking, and how art can contribute to the women's

experiences of the group. The third theme (6.3) 'Kindness in Facilitation', discusses the approaches that the women are met with in the art workshops and details how expressing care and sensitivity can impact the women. The findings identify the nuances of what the women are describing and how this engagement makes them feel. As well as exploring the approaches the women feel are the most beneficial for them, this theme also reveals facilitation styles (outside of socially prescribed art workshops) that are not supportive, and how these impact them negatively. These findings offer the women's point of view on the most effective facilitation in socially prescribed practices to support their health and wellbeing.

6.1 Becoming part of the group

Theme one, 'Becoming part of the group', explores the aspects of what the women find in the group, and how the women highlight in their accounts factors that either increase or decrease their comfort in the socially prescribed art workshops. This begins to develop an understanding of the factors that the women identify as the most beneficial. This theme opens with the discussions of what the women must overcome to join the workshops and connects with the negative impacts of their lived experiences as identified in chapter 5.

The quote below from Lexi gives an insight into the anxiety she felt prior to joining the art sessions and offers insight into how she hoped the group may be able to support her.

> 'I started off with just the café because I was too scared to interact with anybody or ask what was going on. Then one day I had a support worker and they asked [artist] hey she wants to do it can you like send us some information. After I'd been doing it [other art group] I realised about [socially prescribed] art group and thought it would be a good thing for me to go to. Just a creative space. Art is like my self-care, so it was important to have as much of that time as possible' (Lexi, aged 33).

Lexi displays her fear to make the step forward from attending the centre as a customer in the café to engaging in activities. She explains that rather than

feeling able to ask for information herself, her support worker was needed as the catalyst for her to join the group. This highlights barriers to accessing groups, even for people who are familiar with the Art Centre building, and the need for additional support to access groups. Lexi is searching for a space to be creative and for some time for herself, and by finding time and space to create artwork she can practice 'self-care'. Her account also highlights the differences between various groups at the Art Centre, as she outlines how the socially prescribed group would be a better fit for her needs and could offer her more support, which will be discussed further in (6.3) 'Kindness in Facilitation'.

Nora also felt apprehensive when she joined the art workshops. She is in a wheelchair; she needed support to attend, and assistance during the sessions to manage her physical conditions. Currently, she is no longer able to attend the group and is now housebound (referenced in 5.1). In the following extract, she describes her needs when she was able to attend the sessions and how she was treated by other members of the group.

> 'The other artists- is that what we call each other? - they were very supportive whereas I thought they would be very territorial with their spaces. They were very understanding, and on the whole, I was able to get a position that was good for myself and my personal assistant. She would sit right next to me to help me with my art and also with reminding me to stand up- to stretch for my backpain, to manage that and making sure I was taking my medication, drinking, eating everything I should do while I was there you know. And if I did have excessive pains with my neck I would have creams there and she would be able to apply that, you know reapply that for me' (Nora, aged 63).

Nora had preconceived ideas of how the group would react to the conditions she has to manage. This demonstrates how she feels nervous about the reactions of others when she enters new spaces, unsure how people will react to the routines that she has to maintain and the space that she must occupy to participate in the group. Although the other members of the group understood and accommodated her, Nora's accounts tell us that she expects very little empathy

for the conditions she struggles with and seems surprised when people are kind to her in the socially prescribed art workshops.

I continue my discussion of 'Becoming part of the group', with the ways that the participants describe interactions with the other women in the group, beginning with Kathy's account.

> 'It relieves me from the other things that are going on in my head at the time which can be a helluva lot. My head can be absolutely buzzing so just like sitting down in a space where everyone's in the same situation. Because if you're in your own home… it's crazy around you still and you can be distracted with everything still. Whereas if you're here and you're with other people that are in the same space you can just focus on the actual thing and just like escape from it all so it is really good' (Kathy, aged 35).

Kathy explains that sitting in a physical space where there is understanding and empathy from others is very important for her, as it offers some respite from all the pressures she faces in her life, which are difficult to escape in her home environment. Throughout the study there is a constant narration by the women of the pressures of responsibility. Kathy is relieved to be in a space away from the burdens of home, but crucially to be in a place, 'where everyone's in the same situation.' This acceptance and desire to help each other stems from shared problems in the women's lives. This is evident in the way that all the women discuss at length the value of the peer support in the group. Specifically, the women reference the comfort offered by being in a room with others who are sharing similar experiences to their own, and how this allows understanding amongst the women. Wendy describes how it feels to be part of the group and how she interacts with the other women.

> 'There's a room full of other people who are struggling as well, and we've got a really nice art group and everybody talks to each other which is lovely. I think that helps me a lot, people that you can trust and that you can feel vulnerable with' (Wendy, aged 69).

For Wendy this understanding, shared empathy and the opportunity to talk to other women, who are kind and can relate to her struggles, is a comfort. This has allowed her to recognise the value of this support and develop trust. She feels safe enough in the space with the other women, to express her feelings and vulnerability. In the following quote Lexi discusses the acceptance that she finds in the group.

> 'I mean people are really gentle with me, like the other members. Sometimes I talk, maybe another week I'm just like quiet. I still sit with them and do the thing. They might talk to me and I might answer or not, but they don't take it personally which is a really big thing for me as well. Because typically in my past - it's kind of why I don't have friendships because people take everything personally. You know it's like you're rude or you're this or you're that and they just don't have the capacity like you know' (Lexi, aged 33).

Lexi recognises that being comfortable in the group is so crucial for her and it enables her to be herself. In previous situations, she has found it difficult to form friendships, she has felt isolated and has been judged for her behaviour. She has been labelled as rude, and this has put her under pressure to act in a certain way. In this group, taking away that pressure allows some freedom, she can come along even when she is not feeling good as she is accepted in the group, she feels at ease and is therefore able to return. She discusses how significant it is to belong and to be able to express her real emotions and how they can change. She acknowledges the contradiction of needing time on her own but wanting to be in a room with other people. All the participants articulate camaraderie in the group based on shared experiences and empathy, which could be described as 'friendly social connections' (Gauntlett, 2012).

Ellie similarly considers the specific support that she feels she gains from the group.

> 'Like a sounding board, to bounce something off somebody else and get a different opinion than your own. Sometimes when you're in your head a lot sometimes what you're thinking it's warped, it's not right. So, I mean

> just to have that sensible voice, it just really makes you think. We know now that we can talk to each other… and that happens while we're doing the art. It switches off some of the worrying about your disabilities… We don't always have to speak about what's happening, one of us might say oh I've had a really crap week and that's it' (Ellie, aged 59).

Ellie discusses how she seeks the opinions of others in the group to offer new and insightful perspectives. She feels they can understand as they are in similar positions, dealing with the pressures of family life and issues with their physical, mental and emotional health. This also indicates that Ellie cannot seek advice and support from friends and family, and that the group is able to fulfil this need for her. She enjoys the camaraderie and understanding she finds in the group, including an awareness of when she wants to discuss her struggles and when she does not. She values how the other women can identify with her struggles due to their own lived experiences. The artists also discuss how they view this support between the women in the next chapter (7.1).

In this theme of 'Becoming part of the group', the women express how they support each other to make the group a welcoming environment that encourages the sharing of experiences. Nina also values this peer group yet discusses her frustrations on some occasions when the women come together to talk about their problems.

> 'And I think oh I don't really want to hear about your problems cos I've got my own and I'm sick of hearing it… Well, we've both noticed in some of the groups, you know like if you're pregnant you're waiting to have your baby, and you hear all these nasty horror stories that people are waiting to tell- so it's a bit like who can tell you the worst birth story. It's the same thing with our disabilities. I might come in and say I've had a really bad week and I'm sore and this that and the other. And then somebody will chirp in, "oh yeah me…", and add more onto it so it's almost like they're worse' (Nina, aged 55).

This quote from Nina strongly expresses that the dynamics of the group are not always positive. Nina expresses, along with another participant, that sometimes

she is fatigued by the issues that the other women talk about due to the pressures of her own life. She notes how the sharing of experiences can contain triggers for her and other members in the group. She also comments on elements of one-upmanship, namely how some women could be perceived as trying to gain advantage over the others when comparing the problems in their lives. She also references having a 'really bad week' to indicate how the women have good weeks and bad weeks in the group, and how this can impact whether they are feeling negative or positive about engaging with others in the art workshops. Negative dynamics in the group from the point of view of the artists will be discussed in chapter 7, (7.3).

The women also discussed the times when they are not able to attend the group and the ways that this can impact their lives. Kathy discusses how she feels when she cannot attend the group.

> 'Yeah, it drives me insane cos I never know what I'm going to be like when I wake up in the morning. I'll be okay and I'll start to get ready and then I'll just end up falling asleep on myself or it's just actually too much. And I literally can't get out of the door. Even just trying to get myself breakfast and then even after that trying to get dressed and stuff it's just too exhausting and I just can't get it. But it absolutely drives me insane cos I'm like I really want to go to do it because it's the only couple of days that I get to go out and then my body is like against me and I'm like grrrrrrrrr' (Kathy, aged 35).

Kathy highlights the frustrations associated with managing the exhaustion of her physical health. On many occasions she has been unable to get up and dressed to attend the art workshops and is frustrated that she cannot manage to leave the house. This offers insights into the shared problem of isolation for the women and the impacts on their health and wellbeing. This also captures a perspective of women who cannot attend the art workshops and emphasises that for many this is the only reason they leave the house and to miss this opportunity can be infuriating. Nina and Ellie offer their own perspectives of spending most of their time at home and avoiding the pressure of getting up and getting dressed. The

women discuss how they are often in their nightwear all day; they do not get showered or dressed if they are not leaving the house.

> ‘You know to go to something out of our jammies. Apparently, that’s not normal (to stay in pyjamas) but to us it’s normal…. apparently it’s a sign of like you’re not motivated blah de blah’ (Nina, aged 55).

> ‘It’s a sign of depression. I’ve had a lot of health problems like with my bleeding and things and most of the time I’ve not even got dressed- not brushed my hair, my teeth, not showered for quite a few days then suddenly thought yeah you stink you need to get into the shower. But to be honest I know that’s part of how I go when I’m depressed… And I think because (group) has been off for a month, which is an awful long time for us you know the people who are coming to it we’re still looking for that connection and because there isn’t one then we think well we won’t go out. There are barriers to going out, we know it’s good for our mental health and because we’ve not had the classes on for such a long time it’s really had a big impact’ (Ellie, aged 59).

Nina states that staying in in her pyjamas is ‘normal’ for her, and that the art workshops offer the motivation to get up, dressed and out of the house. Thus, to know that the group is constantly running can offer some structure to the women’s lives, a reason to leave the house and it can offer some relief from the women’s everyday struggles. Ellie recognises that her physical health symptoms can affect how she is taking care of herself, and comments on the depression she feels during periods of isolation and how this is compounded over the holiday periods when the group is not running. These accounts clearly outline how it feels when the group is not operating and how this can impact members of the group. It is essential to consider this new knowledge, as it further highlights the importance of including voice and experience in the development and structures of more effective practices in socially prescribing.

Under the theme of ‘Becoming part of the group’, the data has suggested the comfort women find from being in a space where they feel their fellow participants can empathise with their past and current challenges. This can

include being distracted from and escaping their issues by participating in a group that offer a space for understanding with other women who are also struggling, and away from the pressures of their home environment. These shared struggles allow the women to articulate the negative ways that they have been treated. The women have discussed how their isolation increases when the group is not operating, and that they lack the motivation and purpose to leave the house. They also express frustration when their health conditions prevent them from attending, as the majority of the women state that the art workshops are the only activity that they attend regularly. This peer support has allowed some women to develop trust and confidence together, leading to the nurturing of relationships and friendships over time. It is important also to acknowledge that although the women's accounts are largely positive, Nina and Ellie are candid in describing how hearing about the issues of other women is not always welcome, especially at times when they are trying to navigate difficult issues in their own lives. This indicates that there are underlying issues in the dynamics of the group that may not always be openly addressed by the women in the art workshops. This is discussed further in the next chapter from the artists' perspective (7.3). The next theme of 'Connection through Art' explores accounts that focus upon the women's shared interest in art making.

6.2 Connection through Art

The second theme of 'Connection through Art' aims to uncover how a shared interest, or passion for art is a key element of why the women feel that they belong in the socially prescribed art workshops. This also links to an emerging narrative in social prescribing literature focusing on creative health. This theme explores how art is perceived in this group by the women, which gives insight into how art positively enhances these practices, the role it can play in them and how it contributes to the women's experiences. To support this section, I have included artwork created by the women during the research period to link to specific elements of their discussions, and a section at the end of the chapter with the women's titles and descriptions of their work.

All the participants discuss their engagement in art from childhood, and how art has been an important part of their lives before they attended the art

workshops. Here Lyse describes her early relationship with art and her engagement in the socially prescribed art workshops.

> ‘I like that idea of remembering childhood and the innocence of things, of making a mud pie. My dad asked me as a teenager why do I draw. I said because I had to at that age, but still now it’s just like a way of expressing myself… When I first came (to art workshops) I was in a really bad way. I was really just on the edge of boiling over all of the time… I think I was trying to find a bit of peace, and I was stomping about outside of the class and I was just drawn to it as everyone was making artwork and I just wandered in and was like what’s all this all about- can I join in?.. At a time of crisis when I needed to get some stuff out… it was a bit of a revelation’ (Lyse, aged 51).

Lyse describes how she felt compelled to draw from an early age, to relieve stress and as a means of self-expression. She also links art to an innocence before trauma. She conveys how much she was struggling when she first came to the Art Centre, her rage and not being able to keep still, and in her search for ways to escape her anger. She describes being in the Art Centre and ‘drawn to’ the activity in the art class, to a group where people shared an interest in art, and where she could enter a space to also support her health and wellbeing. This is about women seeking a place to feel safe in a time of crisis, to be able to process experiences through art and to share an interest in art with other group members and to belong.

Like Lyse, the other women discuss their love of art since childhood, how it is theirs and it offers them an escape. Nina feels she has created her best art whenever ‘something traumatic was happening’. Bianca feels, ‘Art has always been there for me, and it is an escape place especially with school where I struggled’. This highlights the comfort that art offers the women, as something familiar to them, prior to and inside the art workshops. Nina also explains how art has been vital for her since childhood.

> ‘I’ve always loved art since I was a kid… It gets you out of yourself, you just get into like your own little world. The time goes. You know you

> don’t normally get that much in life you’re usually just clock watching all the time… You talk to someone and they’re doing your head in and you start to draw… So, it’s obviously got comfort about it hasn’t it?’ (Nina, aged 55).

Nina’s quote highlights her love and passion for art throughout her life. Art, for her, is a distraction from stress and the irritation of others, to reclaim time for herself, and importantly a means of escape. This is highlighted in her artwork below that captures the beauty of Miami’s buildings, palm trees and beaches, although she has never been there.



Figure 6.1 Untitled (Nina)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Beach scene in Miami, with art deco buildings and palm trees.

When engaged in artmaking, Nina discusses how the pressure of time is alleviated, she can take a break from ‘clock watching’, offering rare opportunities amongst the pressures in her life. This time, in combination with making art, offers Nina comfort.

> ‘So, it’s probably a way, erm of having a bit of control. I thought I was quite good. I love it more than anything I’ve ever done, and I always come back to it’ (Nina, aged 55).

Nina can recognise her talent as an artist, and this offers her an element of feeling in control in the chaos of her life. More specifically, Nina wants to be able to express to others who might have undermined her that she is good at something, and she is useful. This can support her health and wellbeing by allowing her to recognise her value. Wendy offers additional detail on how she specifically processes her trauma through art.

> 'I've had to let go of a lot of stuff so it's my way of getting rid of it. Well, I have my upside-down tortoise, because I couldnae express myself, and I cannae get up. And erm it's like I'm an upside-down tortoise, called Bastardo (artwork below), cause it sounds nicer than bastard. And Columbo is my chicken, my headless chicken and Brian the scapegoat cos it's got brain in it and I felt that other people were just playing with my brain, you know, so they're the kind of things… Art keeps you sane' (Wendy, aged 69).

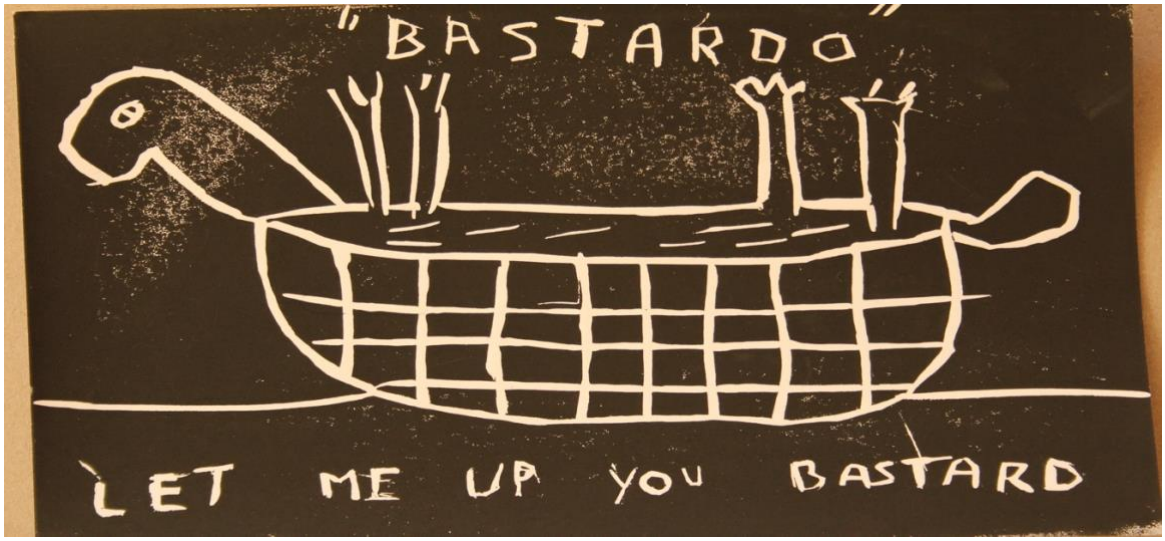


Figure 6.2 'Bastardo' (Wendy)

Photograph by Loren Slater (2025). Reproduced with permission from the photographer.

Alt text: Black and white screen print of an upside-down tortoise with writing 'Bastardo' and 'Let me up you bastard'.

Wendy is describing how she uses art to support her health and wellbeing. Specifically, she processes the trauma associated with damaging experiences through the creation of characters in her artworks and this can support her

‘getting rid of’ and to ‘let go’ of past experiences. To do this, she links characters to experiences and notes her feelings in response, such as feeling ‘upside down’, like a ‘headless chicken’ or a ‘scapegoat’. The creation of characters is unique to Wendy, yet the other women echo how they also use art to process what has happened in their pasts, such as Nina (‘get rid of the stress’) and Lyse (‘get some stuff out’). The women are making clear connections between how their engagement with art supports their mental and emotional health by offering a release from the pressures and stress of their lives. The women explain the different ways this is happening for them. Lexi discusses how engaging with art allows her to express her experiences visually to avoid becoming overwhelmed by life, ‘I dissociate … Art keeps me connected to here rather than disappearing completely into oblivion.’ Art can allow the women directly to process their trauma, like Wendy, or enable the release of stress through the physical act of making work, as expressed in Nina and Lyse’s accounts. All the women reference the comfort that art offers them.

Through their creative activity the women also share skills. The following comments from Lyse in the creative sessions highlight the inspiration the women can gain from other members of the group and how they learn from each other.

> ‘Yeah, because it’s about how you learn not just from the facilitators but from others in the group. (Addressing other participants) Some of your artwork recently has inspired me to start using words as I never used words in my artwork- I never have done before. I started to get what I’m feeling out and it’s thanks to you. You taught me to use blanket stitch, and you encouraged me to sew, cos before I couldn’t for the life of me so that’s your inspiration and the words from you (Wendy)’ (Lyse, aged 51).



Figure 6.3 ‘The Croft’ (Lyse)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Highland rural landscape blending archive photographs with words.

Ellie has taught Lyse how to sew, and others in the group commend her for the gentle approach she employs.

> ‘And if I can help anybody and you know if they need any, not inspiration you know, or be shown how to do something. If I can help somebody with something they’re not sure how to do -that makes me feel really good. I do like helping people’ (Ellie, aged 59).

Lyse discusses the inspiration she gets from other members of the group, how they have impacted her creative processes (demonstrated in her artwork above that uses words inspired by Wendy’s artworks). She discusses how seeing Wendy making art with words inspired her to experiment with a new form of expression and enabled her to connect emotionally to her art. She has also benefitted from Ellie’s encouragement and learnt new sewing skills.



Figure 6.4 Untitled (Ellie)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Colourful embroidery with close up of a duck's face and flowers.

Ellie expresses how it feels to help others in the group, and how offering support makes her feel happy, valuable and that she is doing some good. Support in the group for the women also includes praise for each other's artwork, allowing them to begin to view their art differently and take more pleasure in what they have created. This data sets the tone for the group and offers insight into how the women want to be treated, by observing how they treat each other. This is also discussed by the artists (7.1).

Art as a shared interest is another way that the women are brought together. All the women discuss art as something important in their lives, and that has supported their health and wellbeing since childhood. Through art making they can either engage with or escape their lived experiences, they can allocate time to their needs, can be distracted by, and find joy in the physical act of art making. This highlights how art has supported their health and wellbeing and that the women's engagement in artistic practices was overwhelmingly positive. This positive interaction with art continues for the women within the socially prescribed art workshops. The next section will explore the care that the

facilitation style of the artists can offer the group, which will also be discussed from the artists point of view in chapter 7 (7.1).

6.3 Kindness in Facilitation

Theme Three, 'Kindness in Facilitation' discusses how the women view the running of the socially prescribed art workshops. This reports how the women refer to the artists' approach in the sessions as gentle, thoughtful and considerate, and explores specifically how the women receive this engagement. Although the data analysis identified styles of facilitation that the women felt supported them, they also describe approaches in other (not socially prescribed) art workshops that have impacted them negatively. This new knowledge from the participants can inform reimagined structures that allow social prescribing to better support women who have experienced trauma. Here, Wendy explains why she continues to attend the art group every week.

> 'And I used to feel bad about being who I am. But being in the art group I do love it because I used to wonder why I was turning up for things- I was just doing as I was told. But now I want, I want to just be me and what's left of me. I come every week aye- I like (artist). I'm more in control of myself because I didn't think I could do things whereas now ken I can do them' (Wendy, aged 69).

Wendy is discussing coming regularly to the group and how the kindness in facilitation and support from the artist is one of the factors that encourages her to return to the workshops each week. This extract also highlights a reoccurring narrative in the women's accounts of many wasted years without focusing on themselves, and now moving towards feeling free, able to be themselves, and of recognising their own needs. As seven of the eight study participants have self-referred to the socially prescribed art workshops, this indicates that they need to find something to support them and that they have found a space that offers encouragement. Wendy has begun to take pleasure from seeing progress in her artwork and this has improved her confidence. The open approach of kindness, encouragement and how the artists set no expectations for participants in the

socially prescribed art workshops is also discussed by Lyse, '(Artist) doesn't mind what I do as long as I'm invested in it and she'll support in some way.'

In the next extract, Nina clearly assumes that the artists facilitating the socially prescribed sessions are receiving specialist training to manage their interactions with the group.

> 'Obviously you're all trained in being even more empathetic with people you know and how they behave and that. And [the] reason for that is because they've got problems and that… They don't have to be experts in mental health but I think they should be more like- well these people are here for a reason like otherwise most of these people are of working age- you know there's a reason why they're here. They're probably not just here because they fancied just doing a bit of art…' (Nina, aged 55).

Nina's comments demonstrate that she finds the artists in the socially prescribed workshops interact with her and other members of the group with care and sensitivity. This highlights the dual purpose of the group for the women, and how they are attending for the combination of engaging with art, and for support. To have someone, in this case the artist, acknowledge the challenges that the women face, to believe them, to consider their feelings and to meet them with kindness, is valued by the women. It is important for the women to see the artists recognising that they are facing struggles, and to acknowledge that these pressures have limited opportunities for the women. The artists discuss their understanding, or lack of understanding of the women's struggles in chapter 7. Ellie describes the ways that the artists support the participants in the socially prescribed art workshops.

> 'Just be able to have a couple of hours where all I need to do is sort of shout a name across the room- I don't need to get up and do anything because I know somebody else is there to do it- it just really helps me to switch off and just do what I'm doing' (Ellie, aged 59).

Ellie enjoys the freedom of the group as this allows her to focus on creating artwork, to take a break from looking after anybody else, and instead engaging

with artists and volunteers who are offering help to her. She indicates that this support is unusual in her life. Additionally, the ability and freedom to do anything that they want to artistically is confirmed by all the women in the group. The women are strongly opposed to feeling pressured into doing anything in art that they do not want to do, or that may not bring them joy. Lyse explains how the artist offers encouragement to try different and new forms of art, and 'if you don't think you're very good at it… it doesn't really matter.' Lyse feels the environment of the group created by the artists, allows the group to feel comfortable to experiment with new techniques. If her attempts are not perfect, she feels safe enough to explore different art materials without pressure.

The women highlight how the supportive approach of the artists can benefit the group. This also includes the choice to engage or not engage in the art, depending on how they feel that day as Nina discusses here.

> 'I think we've all been coming here for such a long time as well that when we're having our bad moments or bad weeks or whatever we can just come here. Sometimes you don't really want to do anything you're just happy to go and sit and that's okay too. And I think that's really important you know to realise that. You know it's a different thing to other groups' (Nina, 55).

Nina is acknowledging the benefits of attending a long running socially prescribed group, where she can find solace from the difficult things that are happening in her life. This is fundamental to how she feels about having the workshops available as a weekly activity that she knows she can attend. The socially prescribed art workshops provide a space where she has the freedom to engage in art when she feels up to it, or to just sit and be with the group. She is echoing what the other participants told us in the previous section on how important it is to just be together. She wants to make clear how important it is to have these options available and how this is different from other groups that are focussed on activity and outcomes. Linking to Lexi's previous account, the women find it stressful, in other art workshops, to be directed by a set activity they do not wish to engage with. This highlights the comfort offered through

social prescribing that is not available in other art workshops. Lyse also comments on elements of the workshops, including 'social support' and the 'safe space', and the flexibility to connect with this support as well as engaging with art.

In the socially prescribed art workshops, there is a clear importance placed upon the health needs of the participants, and this is valued by the participants, as Lexi demonstrates in this account.

> '(There is) consideration that you can't move today so let's help with that and take it into consideration which is quite a big difference. In (socially prescribed group) what you do is yours- it goes in your folder and that's it… An exhibition, that can happen, but if you don't want to, it (artwork) can stay there for eternity or whatever- it doesn't matter. Whereas (in other groups) it's like we're going to exhibit, we're going to paste up, we're going to do this, we're going to do that. Sometimes mentally… it's just too much for me and my brain. If I start feeling pressured then I can't attend and stuff like that so…' (Lexi, aged 33).

Lexi feels cared for in the socially prescribed art workshops for her health needs. She contrasts this with how she can feel in other art groups, where she feels bound by outcomes, and specifically a reluctance to share art that is personal in public. She notes a lack of pressure, and a choice of what happens to her artwork in the socially prescribed art workshops. The outcomes required in other (non-socially prescribed) art groups feel like a production line to her; this has impacted negatively on her mental health and discouraged her attendance. Lexi notes here that these approaches do not prioritise the needs of the participants. Bianca discusses some of the specific needs she and other members of the group have, and how they feel these needs being neglected in other (non-socially prescribed) art groups that they attend.

> 'I said I can't do it - I don't understand it. You have to treat us as a group- go through things step by step. Like there's three of us in that group who are dyslexic- if you give us a piece of paper we're not going to know what to do with it unless you show us each step at a time' (Bianca, aged 38).

Bianca demonstrates the difficulties that arise when the facilitator is not aware of the various learning abilities in the group and how this can undermine the confidence of the women. They do not want to be rushed in the groups, they want to use the time, and they want to be reassured that they will eventually get the hang of a new technique. There is a sense from the women that they believe that not all the artists or facilitators that run the workshops they attend are suited to working with women who are experiencing issues in their lives. Ellie advocates for facilitation styles from artists, 'without belittling you', and for artists to consider when demonstrating new skills, 'that everyone is different' and asks artists facilitating all art workshops, 'to try to not put your own agenda around it'.

The women also discuss tasks that they believe is sometimes expected of them in other (non-socially prescribed) art groups. This includes kneeling or sitting on the floor during activities, standing up for extended periods of time, lifting furniture and carrying equipment. Five of the eight participants describe this as something to be expected of more able-bodied people.

> 'There was a lot of kneeling on the floor…, carrying stuff about so it's more for like able bodied people' (Nina, aged 55).

> 'You can't get up- you're sitting on the floor-if you've got a disability if you're sitting on the floor how long is it going to take you to get back up' (Ellie, aged 59).

Asking certain things of participants is not viewed by them as a deliberate act, instead they believe that sometimes the artists and facilitators can forget their needs, and the women continue to try to go along with what is required in the workshops and stay silent.

The theme of 'Kindness in Facilitation' is key to the rethinking of a framework for socially prescribed art workshops. In this section I have identified how the women discuss how a gentle approach to facilitation can support them, how it can increase their comfort in the workshops and thus encourages regular attendance. Although the women appreciate the care offered by some artists,

they also recognise that the main job of the artist is to deliver the workshops and support art making. When Ellie says, '[the artist] I love her but to me she's there to do the art', she is conveying the differing expectations of levels of support amongst the women and that there are also times when people need more support than can be offered by the artists. However, the level of care and consideration for the health and wellbeing needs of the women in art workshops (specifically referenced in their accounts to support their mental, physical, and emotional health), is shown to be significantly greater in socially prescribed art workshops when compared to the structures and treatment the women feel at other art workshops at the Art Centre. This allows the research to draw attention to the styles of facilitation that the women reject in the art workshops and to develop new knowledge from these accounts to enhance the level of comfort for the women in the art groups.

Summary

The two themes of (6.1) 'Becoming part of the group' and (6.2) 'Connection through Art' matter for the research as, through their testimonies the women are clearly outlining beneficial aspects of the group for their health and wellbeing. Through the theme of (6.1) 'Becoming part of the group' they express the positives of the peer support of other women in the workshops, including developing bonds through a common understanding of life experiences, and becoming comfortable to be open about the challenges they face through the care, empathy and, largely, lack of judgement in the space. The women discuss their relationships and friendly connections that they have formed, and how they support each other. Although these issues are generally met with a shared understanding and compassion in the art workshops, there is an indication in the data that, particularly on days when the women's struggles are more acute, there may be tensions in the group around having to listen to the problems of other women. Under the theme of (6.2) 'Connection through Art' it matters that the women have engaged in creativity since childhood, and specifically for all these women, art is something that is established in their lives, that they have previously used as comfort, as an escape and/or to process trauma. All the women discuss a shared, lifelong passion for creativity, and highlight the positive

ways that art continues to support their health and wellbeing as part of the socially prescribed art workshops.

The third theme (6.3) ‘Kindness in Facilitation’ shows us how a sensitive approach to group work can further support the women to feel comfortable and keen to return to the group on a regular basis. This insight is aided by the women’s discussions around approaches that the women reject as unhelpful in other art groups (non- socially prescribed) at the Art Centre. Through these discussions the women show an awareness of the differences between the socially prescribed group and other art groups and specifically reference structures and treatments that they describe as impacting negatively on their health and wellbeing. By focusing on the importance of linking to the voices and experiences of women as participants of the art workshops, this chapter highlights the elements that the women feel support them and the ways in which they want to be treated, to inform supportive alternatives to socially prescribed practices.

Participants Artwork

As part of this chapter, I am including artwork that the women created during the period of the research. This is to demonstrate the way in which the women speak in a different, and freer voice when discussing their art. Thus, I have chosen not to apply my reflexive thematic analysis in this section of the chapter and instead allow the women's description of their artworks to stand alone to highlight the experiences and feelings that they have identified in the processes of their artmaking.



Figure 6.5 'Freedom' (Bianca)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Multi coloured background with a butterfly at the centre of the image.

'I was thinking of colours of moods, like how I was feeling that day. And then a butterfly just kindof reminds me of being free. It's all pen and paper. It was just how I was feeling that day. It was mixed as I was just going through so much at the same time. I totally forgot all about it…for me it's old now as I have so much other work. It's actually nice to see my old work as I'm actually designing a tattoo with a butterfly to cover up some tattoos… So its now been a year since

me and the kids' dad broke up and it's actually being me. Being in a new relationship but being more happier and being free, not being tied down. And its seeing the kids more happier, it's been a total change from last year. I'm going back to college, going back to finish off my art and design. Then I'll take steps towards being an art therapist but for kids- that's my end goal. It might be in ten years…cos there's nothing I can find for my kids that they want to do.'



Figure 6.6 'My Friends' (Wendy)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Three black and white screen prints of animals. Far left image of a monkey. Top right image of an upside down tortoise with writing "Bastardo' and 'Let me up you bastard'. Bottom right image of a chicken.

'Brian the monkey is the scapegoat. The upside-down tortoise is Bastardo. Columbo is the heedless chicken. I did these things to make me feel as though I'm feeling something at the time, in a sarcastic way and it just sort of helps me. People used to laugh at me, and they thought I was stupid. But now I know that

it helps me… They say that leopard's dinnae change their spots and of course I wrote a bit about this and I went on and on. I'm in a better place now cos I know I cannae do nothing with my daughter. And I've got to where I am. I never ever thought I would see this day. People dinnae understand me. I dinnae have anyone, just always by myself and I always come back to that and I dinnae mind.'



Figure 6.7 Untitled (Nina)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Beach scene in Miami, with art deco buildings and palm trees.

'It's just Miami. Hope you don't want it I've binned it now. Was great fun to do - learning about perspectives.'



Figure 6.8 Untitled (Lexi)

Photograph by Loren Slater (2025). Reproduced with permission from the photographer.

Alt text: Ballerina in a black leotard and ballet shoes, is in a ballet pose with arms outstretched and a bent leg.



Figure 6.9 ‘The Croft’ (Lyse)
Photograph by Loren Slater (2025). Reproduced with permission from the photographer.
Alt text: Highland rural landscape blending archive photographs and handwritten words, featuring two women and one man.

‘I am not really that bothered by the piece of artwork itself but more the feelings I was exploring while making it and processes I had to learn as I was working on it over a few months and sorting through my irritation at it not being as I would have liked. In the end I did like it and enjoy looking at it in my home as the morning light hits it and flickers with shadows of plants through the window. The place and people depicted in it are part of who I am or rather the bleak landscape, and outdoor work that helped to form me. I have many voices, sounds, fragrances and sensations of the elements embedded in my memory that can't be captured in an image but I am glad I made it.’

‘The croft itself is in Caithness and the land there has many relics on it from bygone ages, like Pictish standing stones, a ruined broch, a Viking grave and signs of recent human occupation disappearing into the moorland with time. My mother always said we didn't really own the land but were just caretakers of it for a short time. I used copies of old photographs of family members who would all have seen that view of the mountains countless times along with a few pics I took on my last visit there. My grandpa was born almost 100 years before me and this timescale of my family members living there is so tiny and insignificant really in the vast expanse of time and the surroundings.’



Figure 6.10 ‘The Phoenix’ (Ellie)
Photograph by Loren Slater (2025), Reproduced with permission from the photographer.
Colourful embroidery of a phoenix on a white background

‘So I decided to embroider ‘The Phoenix’ as I’d been ill for such a long time and this was me now coming out of sort of the ashes…And being reborn and renewed and I felt that I was working towards getting back to myself. So that’s why I decided to do ‘The Phoenix’ really. It’s all embroidery thread and it’s on cotton. And I want to talk about the colours, I did them so that the red and the orange were at the top because that’s where I feel like you’re sort of blooming again. Whereas you’re coming from darker colours at the bottom erm and that’s why I sort of picked the colours in the way that I did.’



Figure 6.11 ‘Poppy Power’ (Nora)
Photograph by Loren Slater (2025), Reproduced with permission from the photographer.
Photo of a women with her face obscured in a field surrounded by giant poppies.

‘Feelings: excitement, freedom, magic manifestation, sense of adventure Materials/tools used included phone camera, cardboard, photographic paper, glue and an assistant to place mini me in position.’

‘Beginning of mini me's adventures. This poppy parasol and some imagination took her then into the rowan tree in back garden where she could look around and enjoy the views. From there she did some sight-seeing in Scotland then off to the English countryside, London and then flew to Scandanavia, Malta, Italy and her journeys continue.’

Chapter 7 The Artists

My previous findings chapters have presented data from women attending socially prescribed art workshops. Chapter 5 offered insights into the collective life experiences (past and present) that led the women to the workshops, whereas chapter 6 offers insight into how the women view supportive elements of the sessions. This includes peer support, the comfort of the space and the women's perspectives on the care they have received. In this chapter, the focus shifts away from the women and instead considers the experiences of artists leading the workshops, which addresses my question of, 'how artists facilitating the art workshops perceive the impacts on the health and wellbeing of the women participating?' All four artists participating in the research facilitate socially prescribed art workshops at the Art Centre. As outlined in chapter 4 (4.5 and 4.6), the artists each participated in one individual semi-structured interview at the beginning of the data collection period in November 2022.

The findings from the artists offer insights into their delivery approach and how they view the impacts of these workshops upon the women attending. Furthermore, it considers whether there is a shared approach to the structures that the artists employ in art workshops and explores the challenges of facilitating these groups where no specific frameworks exist in creative health approaches to social prescribing (Percy-Smith and Bailey, 2023). The data demonstrate the role which the artists play in the health intervention of social prescribing, and how they view art forming part of the women's experience of the group. Unpacking this data is key because it allows for a triangulation of participants' and facilitators' accounts of the workshops, and it also offers new perspectives on some aspects of the art workshops from the point of view of the artists that contrast with the largely positive accounts of the women. By engaging with the viewpoints of artists facilitating community groups, this research gains a deeper understanding of the barriers and challenges involved in existing socially prescribed arts practices from the artist's perspectives that contributes to current gaps in studies on art and social prescribing.

More specifically, I unpack the following three identified themes: (7.1) 'Creation of Nurturing Space', (7.2) 'Supportive Elements of Art' and (7.3) 'Challenges', each highlighting various aspects of the artists' facilitation process and the perceived impact of their workshops on the women's health and wellbeing from the artists' point of view. The first theme, 'Creation of nurturing space' explores how the artists see the women caring for each other, and how the artists feel their approaches to leading the workshops promotes positive engagement with the women. The second theme 'Supportive Elements of Art' presents the artists' facilitation of the workshops and how they use art in the group. This is key to offering insights into how the artists develop their workshops to meet the creative needs of the women. The final theme, 'Challenges,' focuses on the artists' experiences as facilitators of these art workshops. This theme highlights the practical and emotional challenges these artists face, including the need for more support, and, for some, a call for more training to work effectively with vulnerable groups in socially prescribed activities. I begin by exploring the first theme of 'Creation of Nurturing Space', and to reveal how the artists interact in the space.

7.1 Creation of Nurturing Space

'Creation of Nurturing Space', highlights the various elements that impact how the artists facilitate their workshops. This theme reports how the artists engage with and observe the women, and how this impacts their facilitation processes. It offers insight into how they view their role (Appendix 10), and the factors they prioritise in their approach to the sessions. By highlighting the skills they employ in the socially prescribed art workshops my research can ascertain how the artists feel they effectively respond to support the health and wellbeing of the women. This reveals how the artists choose to structure their approach to socially prescribed art workshops, when no definitive frameworks to lead the groups exist. By presenting such examples, my research considers the approaches the artists employ and how the women respond to them.

When the artists were asked about their role in the art workshops, they often articulated the importance of creating a nurturing and safe space, with trust as a foundation, open communication and respect for confidentiality. Gus refers to

creating a space with ‘no hierarchy’, a non-judgemental space where ‘people can choose to concentrate on themselves for an hour or two.’ Keira discusses how the women use the space, and their interactions with each other.

> ‘They can empathise, they can sympathise with each other and…when someone says “oh I couldn’t get out of bed last week.” You know it’s also not a big deal and quite a safe space for that to be discussed’ (Keira, aged 33).

She comments on the understanding she has observed between the women, to create a space to reveal what is happening in their lives and the issues they face. These challenges are understood by other women in the group who are facing something similar. Through these interactions Tara also believes that the women, ‘can explore what’s going on with them in their own way and only have to respond to their needs…’ This helps the women to feel free to use the space as they wish to.

The artists also discuss an awareness of the trauma and the needs that have led the women to the socially prescribed workshops. They have become aware of these challenges by either being told by women directly, or by overhearing discussions when the women have shared their experiences with each other during the sessions. Marcus comments that all the women are dealing with several issues in their lives.

> ‘It reminds you that pretty much every person in there has got BAD stuff going on in their lives some of the time if not all of the time at home… [I] can’t really do much other than offer sympathy and an ear and know and believe in the fact that them getting a wee bit of time in a nice place to do some art is maybe as much help as can be given’ (Marcus, aged 37).

Marcus articulates that whilst he recognises the complex lives the women experience and the pressures they face, the only positive support he can offer is to provide a source of escapism, a ‘nice place’ to do art. This indicates that his focus is upon the facilitation of art in a comforting and sympathetic space. This is the limit of the support that Marcus feels he can offer the women.

Keira describes workshops with up to twelve women attending each week. Here she discusses how the women offer each other practical and emotional support.

> ‘They will support each other in terms of saying “oh you’ll get through it”, or “it's not a reflection on you it’s just the system.” Their economic situation is quite similar so they help each other and will bring in food for each other every week. There’s no shame in that it's just a support system. This group is really good as I think a lot of them can identify someone that is struggling… no one blinks an eye when someone says “oh I couldn’t get out of bed last week.” They can empathise, they can sympathise with each other and I think for some of them they’ve never really talked about it (issues) that much’ (Keira, aged 33).

She describes the group as a ‘support system’ and her observations of the women interacting with each other offer insights into how the women wish to be treated. She sees kindness and empathy between the women and recognises that this contributes to the comfort of the space and enables the women to feel able to discuss their lives and challenges with others who can understand. She identifies that often these workshops are the only spaces where the women feel able to express themselves (for the most part) without feeling judged. In this account Keira focuses on how the women are supportive and understanding towards each other. This demonstrates how group dynamics can influence the feel of the space and how artists’ approaches, such as empathy, can complement this peer support. Below, Tara discusses the ways she supports the women in the socially prescribed art workshops.

> ‘My job is to listen and to chat with them… maybe something practical or just to chat about what’s been going on with their child you know. I am happy to do that because often that means that it’s part of using the space in the way that they want to… and to provide something to alleviate [stress], away from their everyday lives. To give them that couple of hours where they don’t have to think about that. Also to provide encouragement and reassurance that this is their space and make sure that it is free. So, they get to choose… they can explore what’s going on with them in their own way, be completely led by themselves. I think that

sometimes, and in a lot of their life that choice and that autonomy might not feel it's there' (Tara, aged 31).

Tara explains the values of respect and freedom that she believes are important in the workshops. By always being respectful, Tara discusses how she listens to the women, offering space to talk about what matters to them. Freedom in the sessions offer the women options on how they wish to use the space, including how they can engage with the artist, with creativity and with other members of the group. This highlights how socially prescribed art workshops offer choice for the women that is not available in other areas of their lives. Tara is 'happy to chat' with the women about their lives, but her reference to 'what's going on with them', poses questions around whether the artists feel equipped to facilitate groups when sensitive subjects are discussed. This also highlights, at least for some facilitators, that these workshops are much more than simply facilitating the creation of art. This will be explored further in theme three, (7.3) 'Challenges'.

Marcus also discusses the free and flexible structures he employs when leading the workshops.

'It's definitely a casual and relaxed approach and I don't know if that comes from that's the only way that I know how to do it erm I'm not really a very structured person in my life and I just feel that works best for art. I really do believe that flexibility is the most important thing in these social prescribing sessions. I try to adapt whatever I have planned to what people are asking me for' (Marcus, aged 37).

Marcus approaches his facilitation intuitively, which indicates an absence of training and a lack of recommended structures for socially prescribed art workshops. Primarily, he is led by what he feels works best for art. He continues to be flexible as that helps him to accommodate the requests of the group. This approach to structuring the workshops is echoed by Keira.

'Now, erm, the way I facilitate it's quite erm, there's a kind of loose plan to every session, so it's not, I don't want it to be like a school session so

> that it's like well today we're doing this. It's erm, people pick and choose what they want to work on and erm I think the feedback I get, and obviously I know that people sometimes say things to please, but they say that they really enjoy it and I think that's evident in the fact that there have been regulars for a long period and the day has changed and they still came' (Keira, aged 33).

She has employed an approach that avoids the structure of 'a school session' and which instead offers opportunities for the group to be free to choose. This highlights that despite the lack of a suggested framework for artists facilitating socially prescribed art workshops, all the artists in this study adopt person-led approaches rejecting teacher and student structures.

All the artists discuss that the socially prescribed art workshops have been operating for over five years on a weekly basis at the Art Centre, largely with the same facilitators working with the group. A core group of women have attended for over five years, with some women joining the group as new attendees and a couple of women who have left the group due to relocation and illness. The artists also acknowledge other women who have not continued to attend the group due to difficulties engaging with the style of the art workshops, or with other participants. The long-term nature of the group is a positive aspect that is identified as preserving a nurturing space for the women who do regularly attend, which has led to benefits for both the women and the artists. These data matter as most socially prescribed activities run for a short amount of time, most commonly for a few weeks or a couple of months, with research in social prescribing reporting the negative impacts of taking an activity away (Aughterson et al., 2020). Below, the artists discuss how they view the impacts of the time that a long-term group can offer.

Keira discusses the positive impacts that can result from regularly attending socially prescribed art workshops.

> 'I think the main difference is time… A lot of beneficial outcomes have happened cos the group has had such a long time to really establish and embed itself. I think in other art groups I've run and other projects it's

> just been so short term… It's the same old, same old of relying on funding and getting it going and it disappearing… It takes so much energy to just kind of re-engage the community or let people know that it's happening, then it sometimes runs out of steam before it can begin… I think because I've worked with this group for such a long time there's a lot of trust been built and they know that if stuff's suggested it's because ultimately it will benefit them. These sessions are an important way to re-identify who they are, rather than just being someone else's carer, if that makes sense' (Keira, aged 33).

Keira discusses the positives of a long-term group as an artist and having the comfort of knowing that she has the time to develop a group and that it will not just 'disappear' due to common issues around the funding of the arts. She refers to the consistency that time can offer, including the time it can take for the women to build trust, especially women who have experienced trauma and who have been let down multiple times. Engaging with regular activities can help them to feel comfortable and to step outside of the pressures of their everyday lives. This can also offer space to define themselves as artists- not just as women who care for others, or who are struggling with mental and physical health issues. Gus also comments on this.

> 'There's a social element to it too and this is something that I've found over years. There is a long burn… the familiarity of seeing someone most weeks for four or five years, you do slowly, become friends in some way' (Gus, aged 34).

Here, Gus is outlining the time it can take for some women to form relationships in the group, to establish some common ground and shared interests. He believes it is the power in the longevity of the socially prescribed art workshops that allows these bonds to form, and that camaraderie can emerge from this familiarity.

Theme One, 'Creating Nurturing Space', has explored factors that impact how the artists facilitate their workshops and influence their aim to create a supportive space. This includes considering the issues that the women are

facing; observing peer structures and how this can inform how the women wish to be treated, using the values of respect and freedom in their styles of facilitation. This theme also begins to explore the benefits and challenges of long running art workshops in community spaces (most commonly venues managed by the voluntary and third sector), how this can impact group dynamics and raises issues around who is included and excluded. The facilitation approaches the artists employ are empathetic, kind and open, and are designed to create trust, an understanding of the challenges the women face, and a comfortable, free and safe space to engage with art making. Although art is clearly their focus, the artists observe how the women support each other and this care and kindness influences their approach in discussing issue with the women and complements the peer support in the group. The following theme discusses how the artists view creativity for the women, and more specifically how they see participants using art in the group and how they perceive both the positive and negative impacts of this engagement.

7.2 Supportive Elements of Art

Theme Two 'Supportive Elements of Art' discusses how the artists approach their facilitation of the sessions, how they use art and how they view the women using the space for artmaking. This highlights their perspectives on understanding the ways in which arts and creativity might help to support the women. By reporting the factors that the artists consider the most important for effective facilitation, the data reveal how creativity is used in the sessions. This includes the artists assessments of what the women hope to achieve creatively in the sessions, and how they respond by offering assistance and guidance on the use of materials and artwork for each individual. This enables the research to highlight the differences in the ways that the women engage with art, as understood by the artists, and how they respond to these various needs.

When asked about the structure of art activities in their workshops, all the artists referenced the various ways the women choose to engage with art, and how they have designed their facilitation to support this. They do this to enable the women to develop confidence in their work. Gus references the open studios approach he uses to facilitate art workshops that are participant-led.

> ‘To be proud of certain things in their own right. Developing really self-directed stuff, to be like I want to do this. That’s a big thing for me and it’s a thing lots of other people don’t do in their classes, like I think if you [women] have interest in something and you have to pursue something, that’s like a super fragile flower. It’s really easy to like, to stamp on that to be like, “oh no we’re actually doing print making so let’s wait until next week before you do your painting”. You’ve got to preserve that feeling as much as possible and if someone wants to do something go and support that. You know sometimes people will ask for demonstrations or things like that. So, in that sense then we’ll do it and it gets things moving and it gets things going. But traditionally we try and move that student teacher thing’ (Gus, aged 34).

Gus discusses how he wants the women to be able to speak up about the artwork that they wish to create. He does this by limiting demonstrations of artistic techniques that the women are not interested in, and instead he wishes to increase the confidence of the group by allowing the development of creative techniques that the group are drawn to. Offering freedom in the creative process and supporting the individual passions of the women within the group dynamic is important to encourage a growing confidence in creativity. This is an approach that is adopted by all the artists in this study, yet as Gus comments above, not all art workshops, or artists are participant-led. Here, Keira outlines the other benefits that can emerge from focusing on the art and interests of the women attending.

> ‘You’re not just the expert, lots of people bring their own stuff into it. So that’s been really good and I guess that some of them are really quite ambitious. At times they see it as a way to gain skills and others see it as a way of touching base in a space that’s just for them and it’s a bit of down time for them, erm and decompression as I think a lot of them have challenging home lives’ (Keira, aged 33).

Keira is offering an insight into how the women use the space. She explains that employing a participant-led approach allows broader learning, not just from the artist but from the other women in the space. Creating together, support and

skill sharing within the group can also encourage others and lead to a progression of the women's work. Keira also references that for some of the group art is a way to escape issues at home. Tara describes another approach for women who choose to confront issues through their artwork.

> 'Some people come to directly deal with those issues, with me, or other participants, or other staff in the sessions. Or they deal with it through their work, confronting things that happened in their lives that they're starting to understand had a huge impact. It's often around family dynamics, or experiences of trauma, and there's a lot around caregiving and identity, things like that' (Tara, aged 31).

Tara sees the women in the group confront their negative experiences and explore the challenges they have faced through their artwork. By engaging with these experiences through artmaking, the women are also developing new understandings of what they have been through. This also highlights that the artists must employ skills to be adaptable to each individual and their specific needs in making art. Tara expresses in more detail what these processes can involve.

> 'It can take quite a lot of emotional kinda, I guess work for both of us to find the best way to express it but also you know to find the mental space, the emotional space, to explore it… If that's what they want to do and that's what they feel they need to do, then I'm there to facilitate that and to kinda suggest different ways that we can use artwork and techniques and development to explore those things' (Tara, aged 31).

Tara indicates that the mental and emotional impacts of supporting the women through this creative journey can be exhausting for both parties. As an artist, she feels it is her job to facilitate what the women need in the sessions. Here, her focus is on the art but her lack of training to explore the sensitive issues some of the women may seek to address can place both the artist and the women in difficult and vulnerable positions. This hints at some of the challenges the artists face which I will address in more detail in the next theme.

Marcus expands on the different structures the women want in the art workshops.

> ‘Socially prescribed art [workshops] will not work for every single person. It can be a problem for someone who has worked up the courage or been persuaded to come along and then it ends up not working for them. Art sessions can also remove people’s confidence because of where they are in their lives. They can’t seem to get what I feel that art is all about- the interest, the joy of the art materials and the hugely diverse things that can be done with art. They find it stressful. A couple of people have stopped coming because they haven’t been able to relax into trying to create. They need a step by step guide every week and they don’t have the skill level to be able to achieve what it is they want to achieve, a photo realistic portrait or whatever. I can’t achieve a photo realistic portrait – that’s not what art is about. I think that if you are doing that step-by-step thing every single session or the majority of sessions, I don’t think that participants get nearly as much out of the art as they do when given the freedom to properly express themselves and create’ (Marcus, aged 37).

Marcus is discussing negative experiences when women come and discover that the workshops are not for them. He believes that the women can sometimes join with preconceptions of how the group works and how they should interact with the art, the artist and other people in the group. Rather than finding it a relaxing and nurturing space, they have found being part of the group stressful and have not continued to attend. Marcus is expressing his frustration that some women who attend are unable to effectively engage with the flexible structures that he employs in the sessions. He wants them to be confident and to feel free to engage with art; some women cannot do that or do not want to do that. They want to attend an art class with a clear hierarchy of the artist as teacher. He knows that it can be stressful for women who need this, and this means that they cannot fit into the group or Marcus’ idea of how art can be most beneficial. He is much more comfortable with women who arrive with a shared love and background in art (discussed by the women in 6.2), as he states here.

> ‘People who are attending already knowing that art is their passion, their thing that they do to enjoy and to relax and stuff… it was obvious that just any time that they have the thing that they do is art. It’s obvious that it means so much to them… and they can show each other so much’ (Marcus, aged 37).

The ways that each artist interacts with the group is also dependent upon their character and the extent that they feel equipped to navigate complex situations. Tara feels equipped to support the women in more directed artwork, she feels, ‘confident enough in my professional artistic abilities… to find something together’. As I have discussed, all the artists feel that a participant-led (sometimes referred to as ‘open studios’ approach) facilitation style with limited demonstration works best for most of the women, rather than step by step guide every week. This discussion highlights two distinct points; firstly, how common facilitation styles are employed differently by each artist even within the adoption of the same loose framework. Secondly, this demonstrates how some artists can lack confidence when presented with new situations, such as a new woman requesting something different from the session that they have planned. An inability to accommodate new members of the group is problematic, and I acknowledge that the experiences of those who attended and did not return are missing from my data, and this calls for the further examination of supportive pathways to engage with social prescribing.

The artists also discuss the positives of a participant-led approach and how it can help the women to move to a more positive place.

> ‘You know like from being timid, anxious, worried and so gripped, sometimes like in a mental health crisis and that creativity, and that journey and that direction has brought them to being like a completely transformed version of themselves. And they are so much happier and so much more kind of knowing’ (Tara, aged 31).

Tara offers her perception on how the women’s identities as artists are evolving in the art workshops with their art works becoming stronger and more expressive. She suggests that improving the quality of their technique can lead

to improved confidence for many of the women and to positive changes in their emotional health. This growing confidence is further illustrated when Gus discusses how he directs the women to fellow group members to demonstrate using materials and techniques.

> ‘So if it’s something like pour painting, a couple of our participants are really interested in. So, if someone’s asking about it I’ll tell them go speak to [woman] and [woman] and it does change the dynamic. You know and I think that’s quite handy, … People with their own knowledge and you can give over a tiny touch of, you can give over some of that power dynamic, you can share some of that responsibility’ (Gus, aged 34).

Here, he is explaining how recognising expertise and skill-sharing can change the dynamics of the group, and how this can positively impact the confidence of the women. Specifically, he acknowledges in the group that with some techniques the women are more knowledgeable than he is, and he is showing them that they are artists like him. Keira further discusses the women beginning to recognise a new identity through creativity.

> ‘I think a lot of them identify maybe a lot of the time as being someone that is struggling. Whereas I think when they are producing their artwork, erm, they err kind of have, they have a new identity as a maker. You know they’re not person A that has full on depression; they are person A that produces a beautiful stitched piece and that get recognised in the group, and they get recognised as being someone with talent and worth’ (Keira, aged 33).

Keira is discussing that the women often feel defined by negative experiences in their lives and by their health conditions. To be part of a creative group where they are making artwork allows the women to be recognised for something else in their lives. Notably they can be seen for their ‘talent and worth’ something that they may not be recognised for outside of this space.

In combination with the themes discussed in chapter 6, ‘Supportive Elements of Art’ enhances our understanding of how the women use the space for artmaking

to support their needs, and how they engage with art. The artists all adopt styles of facilitation with the aim of promoting confidence and allowing the women to follow their own direction. The artists see themselves as facilitators with a knowledge base that can be tapped into for when people need it. They have a loose plan for every session that remains flexible and relaxed to adapt to the specific techniques that the women need support with. The workshops are well resourced with materials and participants get to choose their artform in the sessions. Step by step demonstrations delivered to the entire group are limited, and instead the artists move around the room to engage with members of the group individually so they can choose what they need from the artist. The focus of the artists is to equip the women with the skills to be able to create artwork themselves, not to do things for them or teach the participants in traditional teacher/ student roles, but instead to help them to move forward and allow them autonomy in the space. Sometimes this is about what the women are working on, or it can be a discussion about what is going on in their lives, and some artists are more comfortable about offering this support than others, as further discussed in section 7.3. The artists' accounts have revealed the benefits of a participant-led approach, including allowing the women to express the artforms they want to work with, and how skill-sharing can be beneficial for the women. This theme also demonstrates how the artists can feel frustrated in new situations that do not fit into the loose structures they have envisaged, and how this could cause potential damage and exclude new members of the group. The discussions of the artists also highlight how the art workshops accommodate the women using art in different ways, either to escape or to address challenges in their lives. Working with the women to explore issues in their lives through their art can be a huge responsibility and the artists can feel ill equipped to support the women, as I will explore in theme three.

7.3 Challenges

The final theme, 'Challenges', outlines issues in the group and the extent to which the artists feel able to cope with the complexity of need that the women can present at the art workshops. By exploring if artists feel equipped to do their jobs, the research can begin to identify steps forward that could support both the artists and the women. This is vital as this theme directly addresses if

the artists feel they have adequate training to support women experiencing issues in their lives (as outlined in chapter 5).

The previous empirical chapter (chapter 6) suggests a focus on the positive elements of peer support in the art workshops, such as the benefits and understanding that comes from being in the space together, with some minor comments regarding listening to the problems of others. However, this theme highlights occasions when group dynamics are not always positive, as Keira explains.

> 'There have been a few women who don't get on particularly well with each other so you might set the room up in a certain way or invite them to sit somewhere else. You can kind of dilute that potential tension. I think it's about keeping everyone safe' (Keira, aged 33).

Keira is speaking of times in the group when the women do not get on, where there are disagreements and how this can make people feel unwelcome. Keira discusses the fine balance that is sometimes needed to manage the group and how she must put in measures to make sure the women still feel comfortable in the space. The artists all state that they want as many people as possible to benefit from the socially prescribed art workshops. Keira discusses the 'tension' of negating the nurturing space that the artists aim to create if this is not sensitively managed. There are further difficulties associated with an established group where there is, 'ownership over seats and materials' (Marcus). This introduces discussion around who is welcomed and who is not and highlights that regular attendance and ownership of the group over many years can be beneficial for some but can also create barriers. In particular, the artists have expressed how the dominance of core groups attending the workshops can discourage new people from joining or returning to the group. Although not the focus of this study, I also acknowledge the fact that women predominantly attend the group, and how the bonds that are formed through the commonalities in their experiences (as discussed in Chapter 5) could impact negatively upon the men attending socially prescribed art workshops.

When the artists were asked about supporting the health and wellbeing of the women, they all described occasions when they felt out of their depth. In the following account Marcus discusses how he has experienced the distress of the women.

> 'In sessions I have had to go out of the room with participants when I shouldn't as I had all my other participants. I cannot listen to a woman or man who needs to just to talk about these things for an hour when I have another nine or ten people with their own issues who are there to get away for a couple of hours. As the artist I cannot do both things, and it makes me feel a bit useless because I kindof panic and freeze and don't know what the correct way is to handle these situations. I did not know what to do and I put my arm around her shoulders and I also didn't know if I was allowed to do that but I did it. I wasn't helping her with the actual things that were happening in her life. That sort of thing does come up a lot and the art is beneficial which it really is' (Marcus, aged 37).

Marcus identifies his skills as an artist and reveals that he does not feel equipped to deal with some of the issues that the participants can bring to the art workshops. He feels a responsibility to all his participants to offer a space where they come for peace, companionship, and an escape through art. Ultimately, he wants to offer the women some comfort as he is aware of the difficult challenges in their lives. As a male artist he is also aware of maintaining boundaries when women are dealing with sensitive issues. His confidence has been undermined by not knowing what to do or how to help in emotional situations. As a human being he sees that things are bad but he cannot address these issues as a professional. He feels inadequate; he is trained in art but is not trained in supporting the women, and this draws attention to the differences of male and female facilitators, and specifically differing levels of engagement, understanding and empathy. Tara comments on the regularity of art workshops and how this can 'develop bonds and trust' and lead the women attending these spaces to access help when they need it. Tara feels the pressure of this, as she explains below.

> ‘I think one of the difficult things with being an artist facilitator in mental health and wellbeing spaces is that often there is nowhere for me to hand over issues where I am perhaps not adequately trained to deal with, to someone who is. You know these people deserve to have somebody on hand who is professionally trained to be able to help them. As artists we’re often assumed that we can be therapists, social workers, sometime doctors, you know friends erm link workers, all these different things where actually the training that I have is in the creative facilitation. So the only support I can give is really just me being like as good a person as I can be. Often people need more support and it is a really big issue as people do come to us with these problems that are perhaps outwith our training and our capacity because we are some of the only services that are there weekly and regularly. It can really affect us and it also can affect the person’ (Tara, aged 31).

Tara is discussing her relationships with the women and how she cares about them and wishes to support them. She would love to pass them on to services that can help them but that is not always possible. She worries about people if she feels she cannot help them as they might not be talking to anyone else or finding any support outside of the sessions. She has extensive training and experience as an artist, but she is not trained to support women in very difficult periods of their lives or in times of crisis. She cannot meet all the expectations of the women, but she engages with them as much as she possibly can. Her empathetic approach comes from being ‘as good a person as I can be’ rather than from specific training to support trauma. Gus does not feel the same responsibility to the women in the group as he explains below.

> ‘I don’t know if it’s just my character or if I’ve just been lucky, but it’s never really tipped over the edge. It’s never been a wave that’s got too big. I could see how it could be and I can see how you would look on that as being a different responsibility and how boundaries were having to be set. And more responsibility for the artist. Maybe I’ve got my own clear, defined boundaries of what needs to go home with me and what doesn’t. So, I tend not to take a lot of that home’ (Gus, aged 34).

Gus is the only artist participating in the research who describes interactions with the women around sensitive subjects as manageable. The other three artist express, even without extensive training, how they attempt to connect to the difficult experiences that women have been through and how this has affected them. This could be interpreted as being about personality and character, and this should be noted, but most importantly this is about what the artists are able to cope with versus what they do not feel prepared to manage without adequate training. Keira suggests some of the skills she feels are required for the role of artist in this group.

> ‘You can be a great artist but that doesn’t necessarily mean that you have the appropriate skills to be in a room of people with profound trauma. It’s important to have frameworks of practice and training for artists working in these spaces or who want to work in these spaces’ (Keira, aged 33).

Keira is concerned that the focus for the employment of artists is heavily weighted towards artistic skills. Keira has engaged with more training than the other artists. This training included mental health first aid (offering insight on mental health conditions and how to respond appropriately, non-judgemental listening and how to comfort someone who is in distress), trauma informed training (offering a basic awareness to recognise trauma and to avoid re-traumatisation), and disability awareness and accessibility training (breaking down barriers and promoting inclusion). These training courses were designed for workers to build confidence, reduce stigma, support wellbeing and refer to appropriate support. Keira discusses the tools she uses to underpin her practice.

> ‘I’ve done mental health training and I’ve had training around trauma, erm through another project. And so I feel like I’ve tried to equip myself as much as possible, in terms of I guess the official frameworks to work with those who are very vulnerable. And in the previous job that I worked with an arts and disability centre and I got quite good training in those terms… You have to be quite strong in your own mental health to facilitate a group of people with trauma, with complex needs and life situations. There is almost like a group agreement like, about confidentiality and triggering other people. You have to be clear with

> boundaries and lay down some ground rules at the start. I think you've always got to be there in a professional capacity and you're not if you take too much on. It's really important to be empathetic and kind, you know all the things that you'd want someone to respond to you with if you came in feeling very fragile. But equally I think it's also really important to keep it in the session and keep strong boundaries in place. So, if anybody does disclose stuff that I feel is not in my kindof toolbox in that session I will happily signpost erm, because I think that's about keeping people safe' (Keira, aged 33).

She discusses tools to keep herself and members of the group safe, such as establishing 'ground rules' or creating a 'group agreement' as a way of marking clear boundaries. Furthermore, she also highlights the sensitive approach that she employs; using emotion, empathy and kindness to treat others as she would wish to be treated in difficult and sensitive situations. She is aware of protecting her own mental health and through training has more knowledge on how to source external help. With this knowledge and maintaining more of a professional distance she believes she can keep everyone safe, yet she is still calling for more support. She comments that, 'it can become quite tiring to always have to be you know upbeat and always challenging the negative behaviours.' Keira also raises concerns around other artists working with vulnerable groups without training.

> 'I think what would be really beneficial for artists working in these spaces is to have someone that can come in and do some regular supervision… When you're working with these groups you do get to know the people really really well, and I think there's a danger sometimes of becoming a bit complacent within the relationships. I don't see how it's any different from a health setting or an education setting where there would be supervisors. Otherwise, it can be quite isolating, or sometimes you're kind of muddling a little bit in the dark' (Keira, aged 33).

Keira is very clearly highlighting the lack of resource and lack of training for the artists. She calls for supervision to navigate difficult situations, that are made even more complex due to long running relationships with the women attending.

She is comparing her work in a community setting to a health setting or an education setting where similar challenges and sensitive subjects can arise. Without supervision she can feel lost and has found it difficult to maintain boundaries with the women. Marcus expresses how he feels in the sessions faced with the difficulties in the women's lives.

> 'The reason that I don't think that I'll ever be great at that is because it's not what I do, I'm good at listening to people, but what I'm trained in and what my passion is in is the art… I feel more comfortable or happiest by far if I know that in the room with me is somebody who works for the organisation and who knows how to respond when terrible things are happening in people's lives. That is definitely not always the case and it's worrying when it's not. But we'll have plenty of sessions when these issues don't come up at all but when they do come up it's good to have someone there' (Marcus, aged 37).

He is emphasising that he is an artist and this is where his training lies. Instead of calling for additional training or supervision, he believes that the only way that he can feel completely comfortable in the room is to have another staff member working alongside him. The way he refers to the experiences as 'terrible' indicates that he cannot relate to the issues the women are facing and that he is always fearful that something may come up when he is facilitating alone, and that he will not be able to deal with the situation. Steps forward in training and supervision must be carefully considered for artists as these opposing viewpoints highlight. This could be aided by a clear definition of the role of 'community artist' and of 'artist' with additional community support in the room.

Theme three presents the artists testimonies around how it feels to be facilitating groups of women who have experienced trauma when they do not feel adequately trained to support them. It reports occasions when the artists have faced difficult situations and have not known where to turn. It charts the impacts on the artists, their feelings of inadequacy to be unable to meet the expectations of the women, and their concerns for the challenges the women continue to face. This theme also identifies various potential steps forward for

training and supervision that could be considered for artists in socially prescribed art workshops, which will be discussed later in the thesis in chapters 8 and 9.

Summary

The focus of this chapter is to discover how the artists feel the socially prescribed art workshops impact the health and wellbeing of the women. Theme One, 'Creation of a Nurturing Space' addresses if there are shared approaches in the ways the artists lead art workshops to support health and wellbeing when currently no specific frameworks for facilitation in socially prescribed activities exist. The artists outline that they believe a nurturing and safe space for the women needs to be non-judgmental, encourage open communication, develop trust and be free of pressure, yet also recognise this does not always work for all women.

Through the development of these aspects of the art workshops the artists aim to create a comfortable space where the women can take time for themselves and are not responsible for anyone else's needs. The artists recognise that all the women attending the group are there due to complex life experiences and specifically experiences of trauma. The artists observe structures of peer support and understanding between the group, and how this forms a key element of support for the health and wellbeing of the women. This demonstrates how the art workshops, in some instances, may simply be providing a listening ear, a nice place to create art and a space where women can express themselves freely in discussions. All the artists also comment on the strengths and weaknesses of running a weekly, long-term group.

Theme Two, 'Supportive Elements of Art' explores the ways that the artists view how the creation of art can support the women, through art making and being in a space together to create art. The artists believe that structuring the group as participant-led (sometimes described as an 'open studio' approach), allows the women to develop confidence in their work and in themselves. This approach includes limiting the demonstrations of techniques, helping the group if and when they need it, offering the women opportunities to engage with what they

want to create, and thus identifying what brings them joy. The lack of structure and specified outcomes in art making, recognises the pressures the women face in their lives and avoids exerting more pressure by giving them additional tasks that they need to complete. Engaging creatively shows the women what they can achieve, which in turn enables them to see themselves differently, as artists and makers and not just as someone who has problems. Offering choice in supporting the women with what they represent in their artworks is another way that the artists can support them, allowing the women to either confront or escape their experiences through art making. The artists refer to the emotional impacts and fatigue of processing trauma through art, both for the women, and for them as the artists supporting them.

Theme Three 'Challenges' outlines that the artists' concerns that they are experts in art and consequently do not feel adequately trained to support many of the issues the women are experiencing. Most of the artists want to try to support the women but often feel overwhelmed by the weight of the dual responsibility of having to respond to the needs of a group of women beyond art making. They also identify that as relationships develop and trust grows; the artists can often be the only confidants for the women. The artists also discuss how this impacts their own mental and emotional health, impacting some artists more than others, depending upon their own boundaries, their life experiences, and their individual personalities. All these factors influence how different artists facilitate their workshops to support the health and wellbeing of the women.

In this chapter, the findings demonstrate what the artists feel they can manage in the groups, and where they are calling for more support. The themes emerging from the accounts of the artists offers several insights, including how the artists are very aware of their responsibilities to support vulnerable women, but ultimately that the art is their focus and where their expertise lies. Crucially, this chapter highlights the challenges that socially prescribed art workshops present, with an admission from all artists that currently some approaches to facilitation in the socially prescribed art workshops may only be working for a small number of women. In doing so, this chapter identifies that engagement could be extended to other women who could benefit from support.

The accounts of the artists demonstrate problems with dynamics in the group where interactions are not always positive. This can raise concerns related to the inability of the artists to support the complexity of issues in the lives of women seeking support for their health and wellbeing in the socially prescribed art workshops. These accounts also offer some insights that contrast with the largely positive accounts of the women.

Chapter 8 Discussion

This chapter analyses the data discussed in the previous three chapters, to address my overarching research aim of how socially prescribed community-based art workshops impact on the health and wellbeing of the women who attend them, from the perspectives of the women and the artists as facilitators. By drawing on my theoretical lens of experience, emotion and empathy I offer insight on two key elements. The first is to draw attention to the women's journeys to socially prescribed workshops which highlights their lived experiences and their personal stories. The second is to develop an understanding of the emotions of the women in relation to these experiences, which will contribute to insights on past and current pressures in the women's lives, and identifies missing structures of support and empathy. My work considers the extent to which the challenges in the women's lives can be supported in these art workshops and highlights the areas where both the women and the artists are calling for improved structures of support.

Firstly, I summarise the findings of the empirical chapters of this thesis (8.1). My framework is specifically employed to identify how the women's experiences have impacted their lives and how they feel in the space of the socially prescribed art workshops. In 8.2, I begin by applying my theoretical lens of experience, which, as noted, draws on feminist frameworks of standpoint (hooks, 1984; hooks, 1989b; Hill Collins, 1990; hooks, 2000) and intersectionality (Skeggs, 1997) in order to better understand the struggles faced by this group of women seeking support in art workshops. This includes identifying key findings on the negative experiences in the women's childhoods (8.2.1). The disproportionate burden of care the women have faced throughout their lives (8.2.2) is explored, including the challenges of the women's intimate relationships with parents, partners, children and extended family, and the lack of support this offers. I also explore the traumatic events that the women have experienced that demonstrate additional factors in their lives that have contributed to these relentless pressures. This analysis of the women's personal perspectives on their lived experiences explores the specific impacts of negative experiences on their health and wellbeing to highlight the factors that have

motivated them to seek support. As outlined in chapter 3, I apply Hochschild's (1983) theory of emotion to the women's accounts. This acknowledges the emotion work that women perform (the cognitive, bodily and expressive responses they enact principally in the home environment) and pays attention to the emotions the women have suppressed. This provides new insights into how the women want to be supported in socially prescribed art workshops and the treatments that they wish to avoid, to inform more supportive structures in social prescribing practices. The subsequent section presents analysis on the women's experiences inside the art workshops (8.3), including their interactions with the other women, and their engagement with the art and the artists (8.4), which also demonstrates findings related to the artists' accounts. Throughout these sections I clearly outline how specific theories of experience, emotion and empathy are applied separately and in combination, to the women, and to the artists accounts to recognise that they do not have the same standpoints.

8.1 Research Summary

Before exploring new insights from the women's personal stories and the artists' accounts, it is necessary to briefly highlight the findings from previous empirical chapters because they will be used in the analysis to answer the research questions. I also acknowledge that in the early stages of the research (2022), I reflected upon my experiences of trauma and loss, and my own challenging engagements with health services. This process aligns with Lincoln and Guba's (1985) view of the 'researcher as instrument', and the importance of keeping a reflexive journal with personal notes and recording thinking throughout each stage of the research process. Although my personal experiences were a motivating factor in embarking upon this research, as outlined in my positionality (4.3), I made the deliberate decision not to include this detailed reflexive account in the thesis for two reasons. Firstly, the focus of my work is to highlight the voices and experiences of marginalised women whose views have often been ignored or overlooked, and whilst acknowledging my positionality, my experiences of trauma were not central to this study. Secondly, I used pseudonyms for the eight women and the four artists participating in the research to protect their identities. Both the Art Centre, as a location for the socially prescribed art workshops, and the artists who participated in the

research were also anonymised for the same purpose. I, as the researcher am the only person named in the study and I chose not to reveal the details of my personal experiences in a public document.

Chapter 5 presents the women's narratives on their journeys to seek support through the art workshops. These data capture the women's lived experience prior to joining the art workshops. In 5.1, the women discuss how they have historically neglected their own needs, including long-term physical and mental health issues. It also recounts the negative life experiences, pressures and treatments - from being controlled to being bullied - that have led them to seek support. They also discuss their family roles, revealing how their gender and role as carers are felt to define them as inferior to others. In 5.2, the findings highlight the complexities and pressures within close family relationships and partner relationships, as well as fears of repeating patterns from their own childhoods – such as domestic abuse, struggles as mothers, and as single parents. The final section of this chapter (5.3) sheds light on significant experiences in their lives, such as sexual assault, violence and the witnessing of traumatic events, and crucially demonstrates how they have suppressed their true emotions in relation to these traumatic experiences.

In chapter 6, the women discuss their involvement in the art workshops. Here, the participants note how they find connections within the group through shared experiences and the understanding that this can foster (6.1). While connecting through shared experiences was noted, later themes did reveal tensions, such as that group dynamics were not always supportive, particularly when the women had to listen to the problems of others whilst struggling to manage their own issues. It also revealed how they connect through a shared love of creativity (6.2), enabling them to express themselves, relieve tensions and stress, and to escape from the pressures of everyday life, and also revealed through their artwork in this chapter. The final section (6.3) offers the women's perspectives on the facilitation styles that the artists employed in socially prescribed art workshops. The women describe approaches to facilitation as gentle, thoughtful and considerate. This enables the women to have the freedom to experiment without pressure or specific outcomes, including exhibitions or engaging in group work.

Chapter 7 describes the artists' accounts of facilitating the socially prescribed art workshops, to establish how they feel the health and wellbeing of the women are currently supported. The findings uncover how the artists interact with the women, and the methods they employ in the workshops to foster positive connections within the group (7.1). This also includes how the artists see the women caring for each other, while recognising that group dynamics are not always positive and highlighting issues around inclusion and exclusion. In 7.2, the discussion describes how the artists utilise art to meet the creative needs of the women and to support them through their participant-led and open-studio approaches. This includes observing the women engaging with art in the workshops, with the space for artmaking, and how their enhanced technique and the quality of their artworks, positively impacts their mental health and their confidence. The final theme (7.3) highlights the challenges faced by the artists in supporting vulnerable women in discussions around sensitive subjects, in a community setting where consistent structures of training and support are lacking.

8.2 Developing understandings of women's experiences

To answer my research questions that emerged from the gap I identified in the social prescribing literature on women's experiences, as outlined in chapter 2, my application of the feminist lenses of experience, emotion and empathy will demonstrate the personal realities in the women's accounts, both individually and together. By employing this theoretical framework (chapter 3), my study analyses how socially prescribed practices can develop key knowledge by including women's experiences and voices. This unique combination can assess specific impacts for the women and is useful for several reasons. Perhaps the most important of these is that it brings focus to the experiences of women living in areas of multiple deprivation, it does so by paying attention to the factors that the women identify in their accounts as leading them to seek help.

To begin to understand the negative, gendered experiences of home life for the women, from childhood to adulthood (hooks, 2001), the framework of emotion intersects with experience in a movement from silence to speech (hooks, 1989). By which I mean in order to take steps to access help, the women must reach

the realisation that the ways they have been treated throughout their life course are wrong. My theoretical framework also allows this work to amplify the voices of marginalised women, to provide key information of why the women seek help, through the evaluation of the women's experiences from a feminist perspective of the 'personal being political' (Hanisch, 1970) and through the analysis of their personal stories. This includes how the impacts of their social location and gender relate to their everyday experiences (hooks, 1984), and to their lived experiences (Skeggs, 1997). The findings highlight that all the women reached a crisis point, when their challenges became so overwhelming that they were forced to take the first step to access support. However, despite seeking support they continue to prioritise the needs of others, and express feelings of guilt for taking the two hours of the socially prescribed art workshops as time for themselves. In addition, the women very slowly come to the realisation, often over a period of many years, that they can expect something better from life, that their needs are as important as the needs of everyone else, and they are deserving of help and support to improve their lives. When they initially stepped into the group, the women did not yet know this, and their oppression was only revealed when they heard the stories of other women in the group, and as they drew parallels between these accounts and their own damaging experiences. Ony after hearing the personal stories of others and moving outside of their own environments, prescribed roles and expectations, can women begin to view their own lived experiences as unacceptable and wrong. The women can only continue to stay in the space when they recognise their oppression, when they continue to be together and share their experiences, which enables them to move from silence into speech. To feel deserving of help and support, the confidence and self-esteem of the women needs to be built. In this group their confidence grows through developing connection with others, benefitting from the safe space, accessing regular activity and through a growing confidence in their art making. This is a valuable insight for socially prescribed practices because currently these personal stories, and consequently women's voices and experiences are not being considered.

NHS England (2023) describes social prescribing as offering positive physical and mental health outcomes and reducing health inequalities. In the field of social prescribing, literature outlines in broad terms why participants engage with

socially prescribed activities, such as to treat long-term conditions, and social problems, (issues with housing, food, employment, income and social support), that can lead to ill health (Polley et al., 2020; Muhl et al., 2023). Studies also highlight benefits for those with 'mild-to-moderate' mental health issues (Polley et al., 2017; Chatterjee et al., 2018), or experiencing loneliness, complex social needs, and who are frequent health service attendees (Brandling and House, 2009; Wildman et al., 2019). By answering my research questions through the analysis of women's experiences, both leading them to and within the art workshops, my work contributes more specific detail on the lived experiences of white working-class women to generalised NHS descriptions. This proves valuable to socially prescribed practices by highlighting the weight of responsibilities, histories of abuse, and health issues of marginalised women living in an area of multiple deprivation.

With reference to my framework of experience, emotion, and empathy, standpoint theory plays a central role in my analysis due to its emphasis on the distinct perspectives of marginalised groups, particularly in illustrating the issues that white working-class women face (Skeggs, 1997), offering valuable insights into their daily lives and worldview (Hill Collins, 1990). As noted in chapter 3, the inclusion of intersectionality allows my framework to appreciate the lived experiences and traumatic events for these women in my analysis, by paying attention to the complex and multifaceted experiences of gender and class (Crenshaw, 1989). Charting the women's journey to the socially prescribed art workshops can demonstrate the inequalities around gender and class for the women, and how systematic and structural inequalities, such as barriers to education, employment and healthcare, are negatively impacting their health and wellbeing. This can help to develop an understanding of the support structures of socially prescribed groups as spaces for processing strong negative emotions, further discussed in 8.4. Furthermore, theories of empathy are applied to both the accounts of the women and the artists. In relation to the women, empathy is about understanding and sameness (Liamputtong, 2007), particularly when engaging with their peer group, and in contrast empathy for the artists is about offering support for experiences that are different to their own lives and may be difficult to relate to (Letherby and Zdrodowski, 1995).

In my data analysis I pay attention to the women's telling of traumatic events that were pivotal in their lives. Aside from shared experiences of bereavement, most of the women faced traumatic events that were different for each woman. Wendy details the lifelong crippling impacts of a traumatic birth that she has never recovered from. Lyse's mental, physical and emotional health was severely damaged when she was witness to a murder and simultaneously experienced a violent attack. Following two devastating sexual assaults as a younger woman, Bianca does not trust men, she fears being in a room with them, does not turn her back and identifies how she can get out of the room. 'Feeling rules' (Hochschild, 1983), demonstrate how women hide feelings according to pressures in society linking their sex to assigned roles and behaviours. Through the application of the lens of emotion and by paying attention to society's 'feeling rules' that dictate acceptance and survival for marginalised women, my analysis highlights that the women are facing complex traumas that build to a point of crisis. Although the traumatic events and experiences of the women vary, they all consistently hide their feelings in response as nobody is interested in what is happening to them. Clisby and Holdsworth's (2014) study on women's lived experiences recognises the trauma associated with experiences and events and how it can contribute towards women becoming more prone to issues with their mental health. Three of the eight women who participated in the study identified occasions when they had considered suicide. These points of crisis were highlighted as desperate times by the women and the culmination of multiple pressures that they could no longer hide, and not their constant state of being (Aughterson et al., 2024).

The analysis of the findings, further discussed in sections 8.3 and 8.4, demonstrates how the women feel able to reveal more of their true emotions in the art workshops, and expands upon the ways that this can be beneficial for the women in the group, yet also notes the risks and the impacts for the artists. As discussed, this is shown through both the lenses of experience and of emotion, and by connecting to insights on pressures building to the point of crisis, this can indicate how the women might be feeling when they enter the room. Specifically, I argue that this knowledge is vital for the artists as it can inform them on issues and behaviours that may arise in the groups and can contribute to

socially prescribed practices by demonstrating the value of engaging with marginalised women's voices, perspectives and experiences.

My participants clearly demonstrate how traumatic events have impacted their emotional and mental health and how this has compounded feelings of mistrust for the women. The women revealed traumatic events in their lives in their individual object interviews, rather than in communal discussions in the creative sessions (group interviews). These were also cited as instrumental in the women making the first step to access help in social prescribing. hooks (2001) views trust for women in marginalised groups as a means to maintain self-protection. In relation to experiences and events in their lives, the women express how they have lost their trust in everyone, and even themselves, and this is an important factor to be aware of in social prescribing practices as it demonstrates high levels of vulnerability for the women, both when entering and continuing to attend the group. For all the women, these points of crisis in combination with their complex lived experiences, specifically histories of abuse and damaging treatments, could result in distress and negative experiences within the art workshops if not properly addressed. It is important to note that although the experiences of marginalised women may be known in other fields, such as social work and community development (Duffy and Hyde, 2011; Agenda Alliance, 2023), they are not, as noted in chapter 2, currently known in socially prescribed practices. This study seeks to addresses these gaps and offer improved support for marginalised women as participants of socially prescribed art workshops. It does so by connecting to the experiences, voices and perspectives of the women, to inform the ways that their health and wellbeing is being considered and supported.

In my positionality (4.3) I have acknowledged my role as a community development worker facilitating socially prescribed art workshops and noted the existing relationships I had with the women and the artists before the research began. In sections 4.6 and 4.7 I have explained the practical steps I took to mitigate impacts on the study, such as participants feeling compelled to take part, and potential sources of bias (Lincoln and Guba, 1985). I discuss how I reaffirmed my role as a researcher and their roles as participants in the study. However, I also recognise that the research engages with sensitive subjects and

as I already cared for the women, the recording and analysis of the women's accounts was even more impactful and upsetting when I saw the distress of their experiences. As a feminist researcher and considering personal experiences prior to, and during the research period, I connected to and empathised with the challenges of their lives. The research was particularly emotionally demanding when I suffered a close family bereavement in April 2023, and I had to take a break from the research and from data collection. My work has drawn upon emotionally demanding research, including Camacho (2016) and Campbell (2001) and their exploration of emotions in research. Campbell echoes my experience during this thesis when she discusses connection to the emotions of women recounting their personal stories and how these experiences impact the researcher (Campbell, 2001), and I was in tears on numerous occasions. Although I applied my framework of analysis as a means of creating distance between the women's experiences and emotions and my own, a conscious feminist methodology includes the experiences and the emotions of the researcher (Duelli Klein, 1983) and I was not desensitised in my engagement with the women. During the periods of data collection when listening to and transcribing the women's words, it would have been beneficial to have accessed more support as a researcher exploring sensitive subjects. I was offered support from the Art Centre for any issues that arose during the research in relation to the women. I did not engage with this support personally as it was offered when I was grieving and supporting my family.

To deepen understanding of the women's lives, the following sections highlight the complex experiences of the women's pasts, as uncovered in the findings and analysed through my theoretical framework combining the theories of experience, emotion and empathy. In line with Hill Collins's (1990) perspective on the standpoint of marginalised women, my framework and the lens of experience specifically considers relationships with family, partners, children, community, self and women's relationships with each other. These areas were the focus of the women's discussions in both the creative sessions and the object interviews. I have employed my theoretical framework to reveal how women's experiences have not been valued, shedding light on the underlying reasons for the women's isolation, and the ways that oppression during their life course has prevented them from accessing support.

8.2.1 Negative Experiences as a Girl

My theoretical framework incorporates the lens of experience and draws on hooks' (2001) view of women who have experienced damaging childhoods and continue these patterns into negative relationships in their lives (further discussed in 8.3.2). This highlights the treatment the women experienced included bullying, mocking behaviour, the use of derogatory words, being put down with hurtful names, labelled as worthless and made to feel guilt around how issues with their health were making their families' lives even more difficult. Clisby and Holdsworth (2014) argue for the importance of looking at how the experiences of women both enable and erode self-confidence and self-esteem, and the damaging effect, 'that growing up as a girl in particular gender regimes can have on women's sense of self' (Clisby and Holdsworth, 2014, p.55). The findings further demonstrate how since childhood the women have been judged for their mental and physical health and have not been believed when they have expressed issues related to conditions such as childhood cancer, operations and being deaf. Wendy explains this neglect, describing herself as the 'runt of the litter'. For Hill Collins (1990) the damaging treatment that the women highlight within their experiences have a direct connection to their voices. They do not feel able to speak out and if they do, they feel ignored and disregarded, following many years of people not caring what they say or think.

In the context of my findings, there are insights into how gender identities have been forged in the women's early years (Clisby and Holdsworth, 2014), according to the women witnessing and experiencing too much at an early age. This included domestic violence, parents who were alcoholics, and experiences of physical and emotional abuse. Ellie observed her mother's inability to stand up to her husband and sons to protect her daughter, as she had experienced similar derogatory treatment herself. Consequently, this demonstrates how Ellie's fear of confrontation, anxiety and not being able to speak up stems from childhood. All the women told similar stories of constantly being worn down, never being able to fight for themselves, and lacking the energy and strength to make themselves heard, to essentially accept their lot in life without complaint. As expressed by Lexi, 'I didn't like realise the kind of environment I was growing up in.' Viewing their mistreatment through the lens of experience, the women's voices have disappeared as victims and survivors of objectification and control

(Hill Collins, 1990). This is useful when considering socially prescribed practices because in addition to highlighting a lack of voice, it demonstrates how the women experienced feelings of inadequacy and neglect that eroded their self-esteem. They felt misunderstood and judged which resulted in detrimental effects on their mental health over many years in the environments they occupy. Here, it is useful to bring in theories of emotion in my framework which will support understandings of how the women seek support and the barriers to this.

Furthermore, relationships with other women in the family unit emphasise negative patterns of not being cared for, and some women also discuss other damaging treatments from female family members. Here, Wendy describes her difficult relationship with her mother - 'My mother used to push me… She ruled me. She brain washed me (crying)' - while Nina describes her sister's controlling behaviours impact her: 'She'll always hold something over you.' These behaviours by mothers and sisters, of either silence or aggression, demonstrate how women can be influenced in different ways by the oppression they face, and how they can sometimes imitate the controlling and damaging behaviours that they themselves have witnessed and experienced. This could possibly be to allow them to feel some level of control in their environments, without recognising the further damage that they are causing. Either through the silence of women in the family unit experiencing similar persecutions, or abusive behaviour by other female family members, the women participating in this study have been silenced. This further demonstrates how they have been afforded no opportunities to use their voices, or to speak about what is happening to them, or to reclaim their experiences (Bartley, 1990).

Here, the theories of experience and emotion intersect, as the women begin to reveal how their ideas of self have been formed by the perception and treatment of others, particularly family members. Through the lens of emotion, hooks, (2001) details how the way that the women learn to love is dependent upon a loving environment, without this it is difficult for women to discuss self-love or give themselves the love that they have been seeking from others. hooks defines love as, 'a combination of trust, commitment, care, respect, knowledge and responsibility' (hooks, 2001, p.54). She asserts that in an ideal world women would learn both self-love and to love in childhood, 'we would grow, being

secure in our words and value….' (hooks, 2001, p.68). As demonstrated in the analysis above Nina feels immense anger and frustration, as the women had not recognised the mistreatment and unjust nature of what was happening, and she wishes for herself and all the other women that they could have had the strength to fight for themselves earlier. This indicates how a lack of love and care shapes a negative sense of self and identity and limits the women's strength to seek support. This can be linked to both a reluctance and inability to articulate what the women have experienced (Wilson and Read, 2001). The above analysis shows women have experienced a neglect of their needs in childhood, the outcomes of this are low self-esteem, a lack of trust and being shaped by the perceptions of others and can offer more nuanced understanding of the vulnerabilities of women. It also highlights how the women are connecting negative impacts upon their health and wellbeing to early experiences and emotions. Thus, by engaging with these vulnerabilities revealed by the women, and how current practices may not be accommodating them, this study expands upon the general terms currently employed for referral to socially prescribed activities, for long term conditions, complex social needs, loneliness and isolation (Wilson et al, 2025), or to address mild-to-moderate depression and mental health issues (Polley et al., 2017; Chatterjee et al., 2018), and instead contributes a more nuanced understandings of the needs of women who join these groups. The focus in the women's accounts demonstrates a lack of voice throughout their lives and how situations were made even more difficult by their experiences of neglect and abuse in childhood.

The women need to begin to address a lack of trust in themselves and others. The analysis demonstrates that the women are beginning to identify how their experiences have damaged and silenced them. They are developing new perspectives of what they have endured and that these abusive treatments were wrong. By taking the step to seek support in socially prescribed groups, the women are rejecting the neglect in their lives and choosing to focus on themselves, often for the first time. This section has provided more detail on women's experiences in their childhoods and family environments. In the following section I will explore the women's discussions of responsibilities and care in relation to damaging relationships and the repetition of destructive patterns in their families.

8.2.2 Burden of Care: Continuing Pressures in Families and Intimate Relationships

This section continues to explore the women's experiences, to develop greater understandings of their perspectives and determine the reasons that they seek support in socially prescribed art workshops. The women's vulnerable starting point in childhood is discussed above in 8.3.1, and this lack of support and care continues from childhood to the women's identification of the home as the site of abuse and pressure in adulthood. This section demonstrates, by applying theories of experience, emotion and empathy, how roles and responsibilities in the women's daily lives, and specifically the ways the women have faced oppression throughout their life course, has further hampered their ability to seek help.

South et al (2008) discuss that social prescribing engages with people who may be considered vulnerable or at risk due to a lack of training (education/ employment), family issues, feeling useless, disabilities and bereavement. Momsen (2009) discusses the broad term of 'family issues', through the exploration of how women perform and take responsibility for reproductive work. This includes childbearing, the early nurturing of infants, and outlines how women must also be responsible for the health education and socialisation of children, and to care for ill, elderly and disabled family members.

The findings indicate that all the women are unable to work and consequently spend much of their time in the home. As noted in 8.3.1, it is key to understand how values or beliefs are learned as children in the home and it is the continuation of these cultural norms that dictate rigid gender roles and expectations in family lives, and in life in general. My analysis found that these pressures caused significant challenges for women's health and wellbeing. When Lexi, who is amongst the youngest in the group, expresses, 'if I'm not looking after something what am I supposed to do, with, with my life…', she confirms the same pressures across generations to only occupy roles as mothers and carers (Skeggs, 1997). Through my theoretical framework, the theories of experience, standpoint, and intersectionality for marginalised women highlight how gendered experiences of struggle (Skeggs, 1997), including neglect of the women's own needs to care for others even when they are dealing with serious

health issues themselves, are normal and accepted by all the participants in my study. Crucially, the women's standpoint has been developed by what they know according to their experiences and environments (Hartsock, 1987).

Lynch et al (2009) in their study on care found that women's caring responsibilities became a key feature of their personal identities, and this burden of responsibility impacted upon women's access to, or progression with, opportunities in education and employment. This is echoed in Skeggs' (1997) calls for the unfamiliar experiences of marginalised women to not be dismissed as illegitimate because they are not known or experienced by those that hold power. What is shown specifically through this view are the limits of employment and educational opportunities due to the women's social location as working-class, and their lack of access to cultural and economic capital. In chapter 5, Bianca, Ellie and Wendy also discuss obligations of care, and how this has created barriers to opportunities in education and employment. hooks (1981) asserts that working class and poor women were not working towards economic independence or power as these options were not available to them. These barriers in the women's lives need to be understood and represented within social prescribing literature for the women to be able to challenge the negative perceptions of being useless that they feel have always been associated with their lives. For this to be known, also encourages empathy and can allow women to walk into socially prescribed groups without being judged by other women and facilitators, which I will discuss further in 8.5 'The Art and the Artists'.

Narratives of the women in the findings as mothers, demonstrate the balancing act of dealing with issues of their children and the complexities of their children's health (Lexi and Bianca), and with the health of family members, and the care of others. The women express worries that they are perceived as bad mothers and sometimes they perceive themselves as bad mothers. Lexi comments that she, 'never feels good enough', due to all the pressures she contends with. Because of struggles in her own childhood, Wendy explains that she feels a crippling guilt for not being able to be a good mother. She continues to resent that others saw her suffer, judged her and did not offer help. Nina discusses how as a single mother, she feels powerless and unsure how to make things better as all the responsibilities in life have fallen to her. The women see

and feel a judgement of letting their children down (discussed in 5.2.1) and being a disappointment. They recall their feelings of being humiliated, angry, frustrated and the subject of gossip. Hackman (2023) discusses how the centring of women's lives around care, emotions in the home, and in communities, can often involve putting the feelings and needs of others ahead of their own. This is key information because the women are beginning to recognise the neglect of their own health. The theoretical framework allows us to dig deeper into the constant sacrifices that they have made and continue to make for others, having either received very limited or no external help in their lives, and to question how these experiences have impacted them. There are opportunities to develop new understandings on how the women do not feel important or considered or cared for. Through the combination of the theoretical lenses of experience and emotion, not only are the pressures, such as the burden of care, traumatic events, abuse and damaging treatments throughout their lives, that the women face revealed. It is also clear how these inferior positions are accepted within the women's environments. To acknowledge where the women have been positioned, and consequently where they position themselves, begins to inform how the structures of socially prescribed groups need to offer supportive and nurturing spaces. I now dig deeper into the emotion lens of my framework to make this even clearer.

As discussed in the theoretical chapter, Hochschild's (1983) work identifies the emotion work performed by women to manage emotions in their private lives, specifically in the three areas of cognitive, bodily and expressive. I have used her work to further explore the role of emotion for the women in negotiating the barriers identified in analysis, to locate their viewpoints and how they display their feelings. Hochschild's review of these emotion regulation strategies and the feeling rules that demonstrate how people hide and display feelings is clearly employed by the female participants in my study, and in their daily lives to help them to survive (Hill Collins, 1990). Through the lens of the 'cognitive work' (Hochschild, 1983), the women tell themselves to accept circumstances that they know they should question, such as accepting that they are not as important as everyone else, and that their role is to look after others as mothers, as carers, and as family members. They do feel injustice, but they have worked to suppress the feelings associated with this, and although there

are moments in the data where they begin to challenge how their needs are disregarded by others, there is still doubt. This further helps to understand how women are conforming to the expectations in society formed due to their gender, that they should act in particular ways in the environments they are in, and this relates to keeping their emotions in check. The 'bodily work' (Hochschild, 1983) that they have undertaken has allowed them to not display the anger they feel, and to instead stay silent. This is highlighted when the women outline their fear of confrontation, and when Ellie refers to herself as a 'people pleaser'.

The women also describe times when they are conducting 'expressive work' (Hochschild, 1983), such as being polite and submissive, rather than expressing their true feelings. One example of this is when they describe feeling uncomfortable in other art workshops (not socially prescribed) that they feel are not interested in supporting their physical and mental health needs, or differing learning styles. They recognise this but do not feel able to speak up. This highlights further negative impacts on their lack of self-worth, resulting in self-doubt and feelings of anxiety. This demonstrates that the women can enter the socially prescribed workshops in a very fragile state, as Wendy clearly expresses, she has not been able to connect to her real feelings. As referenced in 8.3.1, it is clear through the findings from the women and the artists that the women enter the art workshops having never or rarely spoken of what has happened to them.

While many participants may enter these spaces in vulnerable states, my analysis has offered insight into how women living in areas of multiple deprivation may be more prone to these specific states of vulnerabilities resulting from relentless pressures in their lives and experiences of abuse. Understanding this by listening to the voices of women can be first steps in helping socially prescribed practices to be more informed of the lived experiences of the women, and of the levels of support and empathy to meet their needs effectively is useful for social prescribing. This is discussed from the point of view of the artists later in the chapter in 8.5, as they present the extent to which they feel competent to support the women, within their facilitator roles and the current practices of social prescribing.

My analysis pays attention to how the women's experiences and emotions, and the identification of broader social and cultural factors that have contributed to their isolation are identified by women from marginalised groups (Chandler, 2016). This neglect of the women in childhood as discussed in 8.3.1 extends to when they become partners, wives and mothers, and partners. All these relationships have fostered a lack of trust for the women, leaving them feeling abandoned and insecure. The women were in relationships with men who disregarded the responsibilities to their children (Morris, 1992) and treated their partners abusively. This clearly demonstrates that women have accepted damaging treatment in relationships, viewing this as their reality, with no possibility to change it. It also highlights the ways that the women feel intimate relationships have damaged them (Skeggs, 1997; hooks, 2001). They identify how these relationships with partners repeat the patterns of early childhood experiences, as these are some of their closest relationships in terms of intensity, dependence and neglect (hooks, 2001; Clisby and Holdsworth, 2014). This begins to form a picture of how women have been negatively impacted by the multiple pressures they face, and highlights the layers of oppression the women have experienced throughout their life course (Crenshaw, 1989).

It is also evident that due to their own upbringings, the women have not experienced that intimate relationships can be loving, respectful, happy and offer support (hooks, 2001). Thus, women can believe that it is better to have someone than no one, in order to conform with societal norms (Skeggs, 1997). Skeggs' (1997) frame of the intersection of class and gender highlights the masking of inequalities for working class women, and their acceptance of the conditions of their lives to survive. When the women choose to reject a lifetime of acceptance, is when they can begin to seek help. Wendy demonstrates this here: 'And I've let my husband get away with things when he used to say to me that I've done something wrong. I've not done nothing wrong.' Wendy's close bond with her sister has also led Wendy to support as she has seen her sister get help and support from Wendy's caring brother-in-law. This is in stark contrast to the derogatory treatment Wendy has experienced in her own relationship where she was constantly undermined and ignored. She is frustrated that she has not experienced the same care as her sister, but, most significantly, she has come to realise that she deserves to be supported and cared for. My theoretical

framework and specifically the feminist theories of experience and standpoint (hooks, 1981; hooks, 1989b; Hill Collins, 1990; hooks, 2000) and intersectionality (Crenshaw, 1989; Skeggs, 1997), demonstrate that the women do not expect their voices to be heard so they keep silent. My framework combines this with the lens of emotion, to understand how these lived experiences have placed the women in a vulnerable state of supressed emotion (Hochschild, 1983). Additionally, the lens of empathy highlights a lack of empathy to the experiences in their lives, and that by accessing support in socially prescribed groups they can find a nurturing space to express their emotions and make connections with other women who understand (Liamputtong, 2007; Gair, 2012), and artists who offer kindness (Letherby and Zdrodowski, 1995).

The personal stories of the women demonstrate the extent of the pressures they face, and my study offers a first step towards understanding how and why the voices and experiences of marginalised women should be included in social prescribing structures. This is because the experiences of women have not been valued or considered, and consequently women have lacked the opportunity to have their voices heard or to develop trust, confidence or self-worth. All these challenges for the women have created barriers to seeking help prior to their engagement with socially prescribed practices and indicates of similar barriers for other women. In addition, the theoretical lenses combined in my framework of experience, emotion and empathy, demonstrate that the women's situations, in terms of their family environments, and the pressures of their lives, offer no expectation or opportunity to experience joy, happiness, comfort or safety. I also highlight through the analysis how the women bear their caring responsibilities alone, without a support network.

These new understandings must recognise the trauma in the women's lives from childhood to their daily lives, and how their experiences and emotions created initial barriers to access support, and how these issues of trust, voice and worth impact the women when they enter the socially prescribed art workshops. This can help to widen the general terms, to support mental health, long-term conditions, loneliness and isolation (Dixon and Polley, 2016; Polley et al., 2017), employed to outline the reasons for engagement with social prescribing. This study is specifically designed to develop understanding of the lived experiences,

and challenges that white working-class women may be experiencing because of relentless pressures in their home environments, histories of abuse and neglect. By connecting with these understandings, as well as widening the definitions of the reasons for seeking help in socially prescribed art workshops, my work aims to centre the voices and needs of the women who are intended to be the beneficiaries of this health intervention. I also highlight that current practices, specifically in communities and through a self-referral pathway, may not be able to effectively support the health and wellbeing of marginalised women and the pressures they face. The next section reviews what the women find in the socially prescribed art workshops and assesses the extent to which current structures can support their complex needs.

8.3 Women supporting each other

In the next section of the chapter, I analyse the current structures of support the women highlight inside the socially prescribed art workshops. In chapter 6, I explored the views of the women and their engagement in the art workshops, where it was demonstrated that they are not only attending the group to make art, but also to seek support for their health and wellbeing.

By viewing the women's articulation of shared stories and shared truths through the intersection of the frameworks of experience and emotion, my analysis will explore the support structures of the art workshops that the women discuss as key, namely the other women in the group, the art and the artists. They discuss their use of the space to just be together (creating art, chatting, drinking tea and eating biscuits), without judgement, to be listened to, believed, and to help each other. By applying the lens of experience, and specifically standpoint theory (Hill Collins, 1990), the analysis of the findings highlights through the engagement with other women facing similar issues (6.1), that the women have found acceptance and understanding in the group, forming connections and sometimes friendships, although, this positive view is not always the case for all women, as will be discussed later in this section, and from the point of view of the artists in section 8.4. My theoretical framework combines the lenses of experience and empathy, to highlight the benefits of the peer support that the women discuss. Here, the use of empathy between the women is about

sameness, and this is where the understanding from the women is located (Liamputtong, 2007; Gair, 2012). This position links back through the lens of experience and standpoint theory, and how the women find connection through the similar perspectives and experiences of their lives.

The accounts of the women help highlight the benefits of sharing their problems with other women who can understand their issues, and who have endured similar experiences. This is arguably offering the women much more than just a social space to create art; it offers an acceptance of their experiences, their emotions, and validates them, in the knowledge that others are facing similar struggles (Hochschild, 1983; Skeggs, 1997; Campbell, 2001). These connections with the other women can also offer the social networks that the women are lacking in their lives (5.2), helping to combat social and emotional isolation, depression and anxiety (Feeney, 2018). The women discuss the care and empathy that they find in the room, including different opinions and advice, such as how to access support for different issues they are facing (housing, benefits, food, care), or simply finding out about other creative groups, community and social events. This is key to enabling the women to reevaluate the negative experiences of their lives. While Feeney (2018) found that attending the 'Tea in the Pot' (socially prescribed/ third place) group offered purpose to its members to attend the group, to get up, get dressed and leave the house with intention, it also provided a space where women on low incomes could socialise when their lives offer limited opportunities and funds to be able to interact with others.

In Feeney's (2018) study, the women and volunteers report positive effects for the health and wellbeing of group members and the benefits reported by the women include a sense of belonging and trust between the women that they have not found in other groups, feeling heard and able to share personal stories. The group gives confidence and hope, in seeing the journeys of others and offering support to other members of the group. This is echoed in my study when the women indicate how important it is for the group to be available for them, and this is specifically shown when they explain the impacts upon their lives when the group is not operating during the school holidays (summer holiday for six weeks, October half term for one week, Christmas for two weeks, February

half term for one week). When the art workshops are not running the women describe that they can lack motivation to leave the house, they do not get up and get dressed, and their depression can become worse. This finding is important for social prescribing as it offers insight into how the women come to rely on the regularity of the group as a supportive space in the community and a reason to leave the house. This makes the case for longer term and continuous activities and acknowledges the variations in the existing structures of social prescribing, from eight weeks to eighteen months (O'Sullivan et al, 2024). The women draw attention to the negative impacts on their health and wellbeing when the art workshops are not running.

In the interviews, the women are largely positive on the supportive peer networks they find in the group (Gauntlett, 2012). They discuss realising that the socially prescribed art workshops are the right place to be after these difficult lived experiences because the acceptance and understanding of the other women validate their experiences and makes them feel visible again, in contrast to a lifetime of hiding their feelings (5.3) according to societal norms (Hochschild, 1983). This includes an acceptance in the group that they have not found in other settings, enabling them the freedom to discuss their experiences and emotions in the group. This indicates, once again, that the continued attendance of the socially prescribed sessions can offer the women shared empathy and comfort that are not afforded to them in other areas of their lives. When occupying the space of the socially prescribed workshops together, through their shared love of art, the women also share creative techniques.

Throughout their lives the women have always been conditioned to care for others. What is different here is that the women are not caring out of obligation, they are not feeling coerced; instead to care (often for those who have experienced similar things to them) and feel empathy for others is their choice. Viewed through the lens of empathy, it is clear that the women are able to help others and offer support to other women who have faced similar pressures (Liamputtong, 2007; Gair, 2012), and want to try to understand even when the experiences of the other women are not exactly the same. For the women, largely speaking, it feels good to help others as they are supporting each other

to feel comfortable, safe, to feel appreciated, to be encouraged and to find time and peace.

Not only does being part of a peer support network allow the women to combat isolation, and to feel useful by sharing knowledge of other groups, but they also signpost each other to services which might be able to offer support. The lens of empathy as sameness (Liamputtong, 2007; Gair, 2012) allows the women to feel confident to offer support as they may have experienced similar barriers. Therefore, I argue that to some extent, the women are filling these gaps themselves and forming their own consciousness raising groups (hooks, 1994; hooks, 2000), offering support to each other for the issues they face. There is no access to external referrals for more specialised help and support and access to services in health and social care through the socially prescribed art workshops (identified by the women in chapter 6, and by the artists in chapter 7). As the women have discussed they are facing a range of complex issues in their lives and to be in the room at the socially prescribed art workshops indicates that they have taken steps to access support. For many of the women this is the only group that they attend, as they discuss that they find these groups more understanding of their physical, mental and emotional health needs compared to other (non-socially prescribed) art workshops. They appreciate the kind facilitation and freedom, as opposed to the structure, perceived demands and less nurturing facilitation styles that they have found in others art workshops at the Art Centre and in other venues that are not socially prescribed. The women also note that they have not either been offered or engaged with support for their health throughout their lives. Only one of the women has accessed the group through a LW. Russell (2017) discusses how many people do not want to engage with institutions, and that this fear originates from previous negative engagement with health and social care services throughout their lives.

Although reported by the women as largely positive, group dynamics can sometimes have detrimental effects, due to bad days and fall outs between the women. Two out of the eight women raised concerns around how they tire of others sharing their problems; they discussed triggers, and their perceptions of one upmanship in the group. These are interesting revelations which demonstrate that some of the women are feeling the ‘emotion work’

(Hochschild, 1983) in their relationships with other women in the group, with regard to processing the difficult emotions of others and recognising the effect that it is having upon their own wellbeing. My work expands upon Chandler's (2016) study which discusses accounts of how seeking help has ended badly. She includes complaints of attention seeking, broken confidences, brutalising responses and the repetition of abusive treatments, which can further diminish wellbeing. My study highlights, through the intersection of the lens of emotion and empathy, that there can be limits to empathy in the socially prescribed art workshops. This 'emotion work' can be even more damaging for this group of women as they are also contending with struggles related to their own physical, mental and emotional health. This can overwhelm individuals and this is when the understanding between women stops. As the analysis demonstrates, the distress caused when there are difficult dynamics in the group, impacts both the women and the artists. This will be highlighted in the analysis of the artists' accounts in 8.4.

Although the artists make clear that they often do not feel trained, they are in the position of facilitator in a group labelled as supporting health and wellbeing, which could indicate an expectation for women joining the group, further discussed by the artists in the following section, 8.4. The women are demonstrating how in the socially prescribed art workshops, in their peer group and according to their shared standpoint, they are often facilitating their own consciousness raising groups (hooks, 2000), to share their personal stories, their true emotions and recognising how their experiences of oppression connect more widely to social structures. Feminist researchers of the second wave, such as (Hill Collins, 1990; hooks, 1994; hooks, 2000) (chapter 3), emphasise the benefits of women coming together to share their lives and formulate other ways of seeing and processing their experiences (Skeggs, 1997). However, despite a critical examination of the past being helpful for some women to allow them to identify where feelings of worthlessness and low self-esteem originated, hooks (2001), tells us that this first stage in the process towards recovery does not always immediately change things. With freedom from some factors in their lives, women can remain trapped in others, leading to difficult and overwhelming feelings that can be hard to cope with. hooks (2001) asserts that when the women are in what they feel is a safe place, they can begin to

acknowledge the resulting emotions, both good and bad. She also focuses on the liberatory voice and the move from silence into speech, acknowledging the processes of change that can result from the women's articulation of their experiences of oppression (hooks, 1989). This leads to the realisation that these experiences were not individual and are experiences of collective subordination (Clisby and Holdsworth, 2014).

My framework highlights, through the lens of experience, how the women can, for the most part, support and understand each other through a shared standpoint and the identification of commonalities in lived experiences. The standpoint of the women can be unfamiliar and difficult to comprehend for the artists facilitating the socially prescribed art workshops and they could benefit from more knowledge, to allow them to recognise the pressures for women living in an area of multiple deprivation. I will expand upon this through the analysis of the artists discussions in relation to the women's experiences in section 8.4, and how I view this specifically through the lens of empathy. It is also important to acknowledge that the levels of vulnerability for some of the women in the group can fluctuate, impacting the women's ability to listen to the issues of others. I will explore this further in the following section focussing on socially prescribed art workshops in relation to the art and the artists.

8.4 The Art and the Artists

The opening sections of this chapter (8.2) have explored the lived experiences and traumatic events that have led the women to seek support for their health and wellbeing. The women attending socially prescribed art workshops describe their connection to art as the reason they have come through the door of the Art Centre, to be together in a room with other artists with a shared interest. In Matarasso's (1997) study, some possible social impacts of engagement with the arts are outlined, including how they can be used to help people to question their own experiences, the experiences of others, and how they can offer space for critical reflection. In this thesis, the women comment on their reasons for connection with art (6.2), including how it makes them feel, and how they engage in creating artwork to either process their experiences and emotions, or to choose to escape from them. This connection with creativity is shown from

the perspective of the women (6.2), and from the perspectives of the artists (7.2).

The Inquiry Report Creative Health (2017) outlines the benefits that participants list following engagement with creativity, as improving communication, expressing feelings, developing social skills and memory, and improving self-confidence and self-worth, to try new things, to learn new techniques, and to move out of their comfort zone (All-Party Parliamentary Group on Arts, 2017). All the women in my study discuss their positive relationship with art since childhood, as something they are good at, and as a place of sanctuary. Additionally, viewed through my lenses of experience and emotion, the women's discussions focus on how their connection to art as a space of comfort has never left them. This has included using art as their self-care even when their experiences of trauma have been so acute that they have been unable to engage in creativity in general or with specific art techniques for periods of time (for example Lyse being unable to continue life drawing following a violent experience and losing trust in people). By applying a lens of Hochschild's (1983) 'feeling rules', which acknowledge societal pressures and how women should suppress their true feelings, can demonstrate how women are using art as a mechanism to either express or hide representations of their lived experiences, or escaping from lived experiences through artmaking. The Art Centre is also associated by the women with offering the mental and physical space and opportunities for creativity that are not available in their own homes or lives. The dual purpose of art and care that the socially prescribed sessions offer is what the women need. On some days their lives are so overwhelming that they do not feel able to be creative, yet being in a room with others can offer them comfort.

In terms of art and wellbeing, it is clear that the art workshops have value to those that wish to engage with this form of socially prescribed practices. However, I acknowledge that this familiarity and comfort does not necessarily extend to all women. My study highlights that art is working well for a limited number of women who have experienced trauma, yet may not work as well for those that do not have a grounding in art. To address the research questions, my analysis has demonstrated that the practice of art for these women has given

and continues to give them a space of escape. In addition, it also highlights the confidence and acknowledgement that the women get from the artists as facilitators of the workshops and how this plays a central role, especially as this is not something that they have received during their lives or in their home environments.

Matarasso (2019) asserts that in community art, a shared and collective engagement with people coming together to create the processes and the journey of participants are just as valuable as the artworks created. In my study, the artists note the relationship that the women have with art, their passion for it, their desire to experiment, to learn, to share skills with others, their talent, and how the artists have seen positive transformations in some members of the group and increased confidence or self-love (hooks, 2001). These observations corroborate the women's comments on the care and encouragement for their work which demonstrate that for these women art is a key part of the experience of attending the group. My data analysis has highlighted that this is the case for all the women participating in the research, thereby linking up to wider aims of the study of prioritising their voices to engage with how these spaces can be more supportive for their needs such as removing the pressures of specified outcomes, offering freedom and flexibility and approaches with empathy.

The creativity that the women engage in is not a purely individual and private process. There is a reflectivity on the development of their work, such as sharing skills, learning from the work of others and employing new techniques from other group members. The women feel empathy in the ways that others view their work and how they themselves view the work of others. In addition to this, empathy is shown in the freedom and flexibility that the artists promote in the art workshops that avoids the repetition of the damaging patterns in the women's lives. Yet this idea of care and the position of the artist as being able to make things better or just more bearable (Schrag, 2018), must be explored to identify its limitations. The analysis demonstrates that the standpoint of the artists participating in this study as facilitators is different from the women. The artists are conscious of the challenges that the women face but may lack understanding. Empathy in relation to experiences unknown can be linked to

sympathy, kindness, pity, compassion, building rapport, and emotional intelligence and intimacy (Davis, 2003; Hugman, 2005; Dowling, 2007; Howe, 2008). Phan et al (2009) feel that empathy is a key 'rule of engagement' in helping professions, especially when the participants are from marginalised groups.

However, the ways the women accept the burdens in their lives is further highlighted by the artists' reaction (7.1), to the mounting and relentless pressures the women face. They are surprised by the extent of the issues the women deal with, and this is in sharp contrast to the acceptance of other women in the group who occupy similar positions. The artists also view the women managing these burdens, understanding and supporting each other, and for the artists these observations further highlight that they are neither trained nor have the capacity to help. As I have demonstrated (8.4.1), the women in the group are operating some of the support structures themselves. The artists recognise the understanding between the women (as they share the same standpoint) and how this helps the group, they see the ways the women look after each other, such as sharing food parcels, advice and friendship. The artists also note how this care and kindness allows them insights into how the women wish to be treated. For the artists, hearing about the everyday struggles and the trauma the women have experienced draws more attention to the fact that they do not have the skills as facilitators to deal with the complexities of the women's issues, and this can make them concerned for the women. The artists acknowledge that the women are dealing with trauma (7.1), through overhearing their discussions with the other women or being told directly), and they respond by creating as nurturing a space as possible.

Research by Husk et al (2020) notes that a commitment to activities is often supported by a skilled and knowledgeable facilitator, yet still they highlight the lack of guidance to facilitate groups within the current structures of social prescribing. As a response to this, the artists are adopting their own approaches. In the findings all four of the artists in their facilitation have adopted a 'participant-led' or 'open studio' approach. This includes their primary focus of helping the women to engage with art techniques and materials of their choice, providing additional demonstrations and support when required whilst also

allowing the women to create freely without the pressures of outputs, timescales or upcoming exhibitions that they need to create artwork for. The artists also convey their hopes that they are offering the women a nurturing space, free from the pressures of their home lives, responsibilities and health issues, to concentrate on themselves both for art making and being in a workshop where there is kindness and understanding. Alma and Smaling (2006) identify how empathy can be conveyed in words, reflected in tone of voice, facial expressions, posture, and gestures, and these interactions between artist and group can help to support kindness and understanding in the space.

The issues and concerns raised by the artists throughout chapter 7, include not being able to help with issues facing the women, acknowledging they are not trained, and how they can freeze on occasion in response to the women's challenges. The artists also recognise that they cannot offer dedicated time to women in crisis as they must look after the whole group, and there is nowhere to find immediate support. These are all reminders of how the role of artist in these community groups demands more than just engaging the group with art making. Hochschild's (1983) focus on 'emotional labour' at work can offer insight into how artists report the extent to which they are able or unable to support health and wellbeing of women attending socially prescribed art workshops. Three of the four artists describe how the mental and emotional impacts that support women through their creative journey can have upon them as facilitators. Steinberg and Figart (1999) acknowledge how emotional labour is even more intense when working face to face, because of hearing of traumatic experiences and the emotional state of another person and the damaging impacts on your own emotions.

Campbell's (2001) view on the retelling of traumatic experiences, focuses upon how hearing directly from women about the negative impacts and the powerful emotions associated with trauma, can be shocking and evoke a range of emotions and reflections from those that are listening. Paying attention to this focus allowed the development of understanding on how the artists feel about engaging with women around sensitive subjects, and how they feel about doing this when they are also facilitating a group to engage with art making. Through the findings, the artists are clearly calling for more support, and they recognise

that the workshops can be exhausting for both the women and the artists. These observations help to demonstrate the challenges that the artists face, including women going directly to the artists in the sessions to gain support for the issues they are facing, and processing trauma through their artmaking. In response to this, it is critical to explore the ways that the artists are calling for more support. Training may seem an obvious solution but clearly the artists, and particularly the two male artists, do not wish to engage with this option. They do not feel qualified to offer broader support and instead require the help of another member of staff or volunteer in a support role to specifically engage with women around the issues they are facing in their lives. I will address this and other related challenges later in this section, referencing my framework of empathy and specifically the artists' use of empathy in their interactions with the women.

Schrag (2018) identifies the problematic link between artist and social worker (Kester, 1995), that assumes their shared purpose to make things better for people in need. Schrag questions art as a means of removing social stigma and educational barriers, and thus challenges the notion of art activities as accessible to all, and that engagement in culture leads to opportunities to engage in local democratic processes (Matarasso,1997; O'Connor 2024). Schrag's (2018) study interrogates the roles of artists as practitioners and facilitators working with people, to explore how and why they interact with the public and to what end. His description of participatory activities in the arts seeks to identify the intent of artists facilitating groups in communities. For Schrag, this process should be a more collaborative and egalitarian process that has no premeditated outcomes and instead is solely focused on participation in creativity. His study acknowledges that this is not always the case through the complicated history of art and participation since the 1990s (Bishop, 2012), which challenges art as a tool for social betterment and that has been co-opted by institutions as universally good for all. Belfiore (2006) cites limited evidence to support assertions that art groups for people in deprived areas are effective in improving the lives and opportunities of participants, yet it has been employed as a means to leverage funds. Schrag (2018) argues that artists are a cheaper option to proper and appropriate social work.

In the context of socially prescribed art workshops, the role and intent of artists operating in community settings, engages with the clear remit of social prescribing to support health and wellbeing. Schrag (2018) advises against the assumption that all artists have the same motivation when they choose to work with people in communities. All the artists in my study name their principal intent as supporting women in the group to make art, and they clearly state that they are trained in art and are neither trained nor part of support structures to care for vulnerable women, or to engage with women around sensitive subjects. Three of the four artists acknowledge that they do not and cannot take on the responsibility of supporting the women and they do not want to take on further training to be able to do this, they wish for art to remain their focus. The only artist who is the exception to this is Keira, who lists some of the training that she has undertaken, in supporting issues in mental and health and trauma informed training. She offers the different view that this training has enabled her to feel more informed and confident in her boundaries in her support of the women, and to signpost them to other services when she knows she does not have the expertise to help them.

Despite the benefits identified in the sessions, and an acknowledgement that these art workshops are more successful than other (non-socially prescribed) workshops in attempting to consider the women's health and wellbeing, both the artists and the women are identifying that the women sometimes need more support than is currently offered. These socially prescribed art workshops are categorised as safe spaces, yet there is no access to specialist support in the group, either through referral processes or in the facilitation of the sessions. One of women directly asks for more support in the socially prescribed art workshops for the issues she is facing in her life, whilst she also expresses a fondness of the artist who she knows is doing her best to facilitate the group. The artists state that the women deserve more support (7.3), and that more tailored support could be assumed in social prescribing settings as it is a health intervention supported by the NHS to address issues around health and wellbeing.

I argue that the women should be afforded the right support to safely process these feelings (hooks, 2001), and for their experiences to be validated, rather

than feel undermined when they reach out for support. There are indications from the artists accounts that this is currently happening in these groups, the artists and current services at the Art Centre cannot consistently offer this specialised support (Kester, 1995). As identified in the findings, largely, the women entered the group with a lack of trust due to the damaging experiences of their lives. Due to the long running nature of the group, a lack of engagement with health and social care, an absence of networks of support through family and friends, the women and the artists have developed trust. These are the reasons why they are reporting their issues to the artists, and the artists are not able to fix things (Schrag, 2018). The artists discuss letting the women down and recognising that the women are at the point of crisis and cannot access help. They are demonstrating how this negatively impacts the health and wellbeing of the women, and their own health and wellbeing as artists facilitating these groups. Currently no framework for supervision, specifically within current structures of social prescribing, to advise the artists how to navigate these difficult situations, exists (Schrag, 2018).

The framework of empathy is arguably more useful when applied as a lens to the artists' accounts than the lenses of experience and emotion, as due to their lack of training to support women around the discussion of sensitive subjects and issues in their lives, empathy is the only way they can try to interact with the women. They are just trying to do the best they can in the space. The artists reference a participant-led (or open studios) approach with freedom and choice for the participants. The women praise these approaches (6.3), as gentle, without pressure, stating that they improve their confidence and that make them feel more like themselves again. They discuss the use of art, and the workshop space to support their recovery away from damaging experiences, events and treatments, and the need of the participants to use the space of the socially prescribed art workshops to feel cared for and valued. Although, the artists are often not aware of the specifics of the women's experiences, they are aware of how the women's complex support needs negatively impacts on the women's sense of identity and their self-confidence. They are not coming from the same standpoint as the participants, as they do not occupy the same social economic positions, and they are not experiencing the everyday sexism and gender regimes that women live in (Clisby and Holdsworth, 2014).

Due to their long running relationships with the women, the artists express how they want to care for the group. However, they do not have specific training to support the women so they lead with empathy; they listen, offer sympathy, and treat the women as they would wish to be treated in difficult times. Due to an absence of specific structures in social prescribing that provide guidance for these approaches, the artists are using empathy, the levels of which varies for each individual artist, in place of training to support the women's issues as essentially, they are trained in art. In other words, the artists are applying their own choices to the design of the sessions. To demonstrate how the artists are employing empathy effectively, one of the women assumes that the artists are trained to be more empathetic in social prescribing art workshops. In addition to this, the women discuss that they do not always find similar empathetic ways in other art groups (not socially prescribed). Instead, they discuss that they find approaches to facilitation that they do not feel supported by, that exert pressure by specifying outcomes (such as exhibitions, pasting up art in the community), and they feel an obligation to engage in group work where their art work does not feel safe. They feel that these approaches do not consider their needs (physical needs and learning styles), and they have felt rushed and anxious. They reflect on how these factors were detrimental to their wellbeing and how they lacked the energy to challenge these factors. This highlights that the levels of care are higher in socially prescribed art workshops. I also note here that the women described themselves as people pleasers, and at the beginning of the research they were reluctant to talk about the facilitation styles that did not work for them (possibly out of fear that negativity might impact future funding for these programmes). The women's discussions on the approaches to facilitation that they reject offers an important contribution on the factors to consider for more supportive structures for women's health and wellbeing.

Although the artists are not fully aware of the extent of the women's challenges, they recognise the importance of creating a nurturing and safe space, with trust as a foundation, open communication and respect for confidentiality in a non-judgemental space. Additionally, the framework of emotion is useful as a lens to view how the artists facilitating the art workshops feel equipped to respond to this processing of emotion, through words and artwork, and the impacts of the

'emotional labour' required by the artists (Hochschild, 1983). Like the framework of empathy, this lens for the artists and its application is very different from the women, as it is about trying to form understandings of experiences that are not familiar to them (Letherby and Zdrodowski, 1995). Thus, these insights are useful for informing future practices in social prescribing as the triangulation of the data proves that employing structures of experience, emotion and empathy with vulnerable groups and being open to developing understandings of experiences that are different from their own helped the artists to fulfil some of the values that the women were looking for. Hewitt (2011) expands this notion and suggests that the social inclusion approach pre-conceives a 'correct way of being' that the art project is required to socially engineer and that this denies the agency of community participants, as well as any pre-existing, culture of the community involved (Hewitt, 2011). Again, it is important to highlight here that most of the women attending the socially prescribed art workshops are not engaging with external health and social care services outside of the Art Centre. These art workshops, for the majority of the women, is the only support that they are currently receiving to support their health and wellbeing, thus increasing the responsibility for untrained artists facilitating the sessions. It is important to understand the complexities of the pressures in the women's lives, and how engaging with marginalised women's experiences and voices, and considering their perspectives can advance more informed and supportive practices in socially prescribed groups.

Summary

This chapter explores, through my analysis of the accounts of women participating in, and the artists facilitating, the art workshops, how socially prescribed practices can develop knowledge from these perspectives. Through my framework of experience, emotion and empathy, I draw attention to the women's journeys to socially prescribed workshops. Here, I suggest useful insights into the women's lived experiences and their personal stories. My framework identified two key aspects in the women's accounts. Firstly, it reveals the experiences and traumatic events women that have led the women to seek help in the socially prescribed art workshops, including the women's histories of abuse, experiences in the women's childhood's, challenges in

intimate relationships, and the repetition of damaging patterns in their family homes. Secondly, it highlights the specific impacts of these experiences and treatments on the women, such as loss of self-worth, not feeling valued and a loss of trust, as a result of the relentless pressures of the women's lives. These pressures continue to silence the women and keep them in a low down position within their homes and other environments. In addition, their circumstances are exacerbated by the lack of a support network in the women's lives and limited or no engagement with wider health and social care services. As I have argued throughout this thesis, connecting to insights on past and current pressures in the women's lives can offer valuable knowledge for socially prescribed practices to improve structures of support in these groups that specifically address the vulnerabilities that the women reveal.

The second half of this chapter moves inside the socially prescribed art workshops to consider the perspectives of the women and the artists. My framework is effective in highlighting how the women discuss the positives of peer support and art making, and in particular how they benefit from the understanding offered by other women in the group who have shared similar experiences to them and can offer them advice and sometimes friendship. Bonds have also formed due to the women's shared love, and relationship with art. However, although relationships in the group are largely positive, I note that group dynamics can be affected by women tiring of hearing the challenges of other women in the group, and that those who do not have an established relationship with art may struggle in the workshops. Furthermore, these insights highlight how the women want to be treated in the art workshops and the treatments that they want to avoid.

In addition, I explore the role of the artist in the groups, focusing upon their ability to support the women with the issues in the lives that my analysis has identified. This highlights that, while the artists are trained, they are not specifically trained to support the women. My analysis through the framework of experience, emotion and empathy, demonstrates that, due to a formal lack of experience to support the women, the artists employ (varying levels of) empathy, and that the women form their own consciousness-raising groups to support each other. In addition to this, I argue that the artists are negatively

impacted by the lack of recommended structures within existing socially prescribed practices for the delivery of art workshops to marginalised groups, and the lack of formal mechanisms of support when the women are in crisis. Clearly, the relationship between the artist and the women is crucial in this health intervention, and the analysis demonstrates how trust has grown and confidences have been shared. I argue that to inform more nurturing and supportive structures for marginalised women, socially prescribed practices need to link to more understanding of the women's experiences and needs. Therefore, this study considers the extent to which the challenges in the women's lives can be supported in these art workshops. Both the women and the artists highlight the areas where they are calling for improved structures of support, and in my concluding chapter I will discuss recommendations based on my analysis to further support in socially prescribed practices.

Chapter 9 Conclusion

This chapter concludes this thesis by discussing key observations and recommendations resulting from the findings and analysis. Firstly in 9.1, I present key findings. Secondly, in 9.2, I articulate the answers to the research questions and outline my contribution to the field of social prescribing. In particular, I highlight the importance of the women's and artists' perspectives and their contributions to knowledge about how structures in socially prescribing can be improved to better support vulnerable groups. I then move on to 9.3, where I discuss the strengths and limitations of the study and to suggest other areas of research that social prescribing could consider. Finally, in 9.4 I present my concluding remarks.

9.1 Research Findings

My overarching aim in this thesis is to demonstrate how voice and experience can improve the development of social prescribing practices, with a particular emphasis on the underrepresentation of women's voices. Specifically, this work draws attention to the lived experiences women highlight as reasons for seeking support for their health and wellbeing through socially prescribed art workshops. In doing so, I aim to advance calls in the literature for this health intervention to better understand the needs of women as participants from marginalised communities engaging in social prescribing. Additionally, my study gives voice to the artists' experiences, using these alongside women's testimonials to gain deeper insight into how current practices advance or hinder effective support for participants. I explore women's and artists' perspectives on the benefits of the groups.

9.1.1 Identifying the lived experiences that have led the women to socially prescribed art workshops

The first research question my work has sought to address is 'What lived experience has led the women to the socially prescribed art workshops?'

As outlined in chapter 4, my motivation to begin this study stemmed from observing women in socially prescribed art workshops during times of crisis. From the outset, this research has been focused on amplifying the voices of the women to discover their needs and whether socially prescribed support could adequately assist them (explored in chapters 5 and 6). Initially, I assumed that providing more specialised support within the context of socially prescribed art

workshops would be beneficial, and this has proved to be a mechanism within the data that both the women and the artists are calling for. However, as the research has developed an understanding of the complexities faced by white working-class women living in areas of multiple deprivation it has become clear that more support mechanisms (expanded upon in 9.1.2) are required. Due to the relentless pressures the women encounter, more comprehensive support should include assessing their needs prior to entering the group, to enable routes for their voices and experiences to be heard.

Therefore, this thesis explores the women's personal stories, and their identification of the experiences in their lives that have led them to seek support for their health and wellbeing through socially prescribed art workshops. It sheds light on the factors shaping their everyday realities and places the women's voices at the centre of the study. In addition, developing knowledge of their lived experiences and the challenges of their daily lives is essential to demonstrate to the women that their experiences are valued, to begin to address their needs and to foster spaces with empathy and understanding. Existing literature on social prescribing in the UK does not explore support structures for women in current practices. Instead, it discusses, in generalised terms, how this health intervention aims to improve health and wellbeing through non-clinical, social support (Bickerdike et al., 2017). The literature also focuses upon the limited capacity of healthcare professionals to treat long-term conditions (Torjesen, 2016; Bertotti et al., 2017), and to address social issues, such as housing, food, employment, income and social support that can lead to ill health (Polley et al., 2020; Muhl et al., 2023). As discussed in chapter 2, social prescribing forms a key part of the wider NHS personalisation agenda, alongside community-based support, Personal Health Budgets and Supported Self-Management (NHS England, 2019b). This emphasis upon personalised care in the NHS is designed to allow people to have more control over their own care and to enable them to make choices based on the social prescribing mantra of 'what matters to them' and to identify the needs of the person, highlighting the NHS' move towards personalised care (Aughterson et al., 2024).

The social prescribing literature provides some examples of the issues people face in their lives, discussed further in 2.3. Specifically, mental health conditions and social isolation are the most frequently reported reasons for engaging with social prescribing (Brandling and House, 2009; Mossabir et al.,

2015; NHS England, 2019a; Wildman et al., 2019). This literature reports positive outcomes for those experiencing ‘mild to moderate' mental health issues (Polley et al., 2017; Chatterjee et al., 2018). It also emphasises the importance of recognising the role of the LW in helping to develop a plan with the individual to engage in community activities and to support those with social, emotional, or practical needs (Wildman et al., 2019; Tierney et al., 2020). However, while this information is valuable, key knowledge is lacking regarding women’s engagement with social prescribing and understanding the specific needs of vulnerable groups, especially as the current UK model aims to proactively involve marginalised communities.

My research highlights that the needs of the women in this study were not identified prior to their attendance or during their participation in the groups through any existing social prescribing structures, including referral to or facilitation of the groups. I argue that through my framework’s lenses of experience and emotion, it is evident that paying attention to the women’s social location and gender (hooks, 1984) as they relate to current issues in their lives and their lived experience (Skeggs, 1997), reveals that understanding their traumatic lived experiences is essential to providing effective support. This also highlights the weight of the women’s responsibilities (including care roles), histories of abuse, and health issues as marginalised women living in an area of multiple deprivation, who have experienced damaging intimate relationships resulting in limited or no support networks from family and friends. The women highlight how abuse in their home environments has forced them to accept negative treatment, continue their silence, mask their emotions and delay seeking help. My work suggests that the women rarely talk about previous help for their health, largely because they either do not expect it, feel unworthy of it, lack the capacity to seek it (Chandler, 2016), or feel ignored. This is important for the study of social prescribing practices because it demonstrates that the women could not speak up and thus their issues have often been overlooked by health and social care (Wilson and Read, 2001). This can be evidenced by highlighting that six of the eight women participating in the research self-referred to the art workshops, rather than joining through a LW.

The exploration of the lived experiences that have led the women to attend the art workshops can offer insight into the low self-esteem and neglect they may feel upon entering the room. They clearly express a loss of trust, indicate how their experiences have been undervalued by those around them, and highlight a resulting loss of identity and negative self-perceptions shaped by others alongside their hopes to escape these damaging treatments experienced throughout their lives. As I noted earlier in this section, much of this negative treatment is centred in the home, so they seek a space that does not exert pressure, is free of judgement, and offers the understanding, support and empathy that are often missing in their daily lives.

9.1.2 Exploring impacts on the health and wellbeing of the women inside the socially prescribed art groups

My second research question moves inside the art workshops to ask 'How do the women engaging with art perceive the impact of the socially prescribed art workshops upon their health and wellbeing?'

The socially prescribed art workshops are designed to support the women, and this work has highlighted some of the ways in which the women perceive these benefits. For example, I identify that the art workshops are beneficial and do offer some paths towards enhanced wellbeing. The women identify these benefits as; gaining time for themselves away from pressures and responsibilities, feeling comfortable with others in similar positions to discuss the circumstances of their lives, and benefitting from connections, relationships, advice and engaging with a support network that is otherwise absent in their lives. The women benefit from engaging creatively in the group, to learn new techniques, to be together and make art in a creative space, to be free to choose the art they engage with, to be encouraged and supported by professional artists in their art, and to be encouraged for their skills by other members of the group. Their regular attendance as part of the long term socially prescribed art workshops offers structure to their lives, and when the group is not running, they notice negative impacts on their emotional and mental health. They become isolated again, depressed, and some women note how they do not get up and dress, as they have nothing to leave the house for. The participants who have been attending the group for many years have become comfortable in

the socially prescribed space and their confidence has grown, both in their social connections in the group, and through their art works.

Through their engagement with other women facing similar issues, the women have found acceptance and understanding in the group, which offers new perspectives and helps them reevaluate the damaging experiences of their lives. My theoretical framework, and the combination of the lenses of experience and empathy, highlight the peer support between women, the care and empathy that they find in the room, including advice on challenges they face (housing, benefits, food, care), and how to access support, or join other creative groups, community and social events. Like studies such as Feeney (2018), my research underscores how providing a space where women on low incomes can socialise helps to combat social and emotional isolation, depression and anxiety. I further demonstrate how the women in the socially prescribed art workshops, according to their shared standpoint, are facilitating their own consciousness-raising groups (hooks, 1994; hooks, 2000), through the sharing of personal stories and other structures of support and are operating some of the support structures themselves. Aligning with my aim to show how focusing on women's voices can contribute to socially prescribed practices, I highlight how the women no longer mask their feelings (Hochschild, 1983) and instead embrace a liberatory voice and the move from silence into speech (hooks, 2001). As my work highlights, most women discuss the positives of the peer group. However, issues with group dynamics show that there can be limits to empathy between the women, and when the understanding stops, this can further diminish the wellbeing of the women. This knowledge is useful for the research as it demonstrates that in addition to the issues that women face in their lives outside of the groups, dynamics within the groups can also impact the women in negative ways. This can damage the nurturing space that the artists aim to create, and the artists discuss their limited ability to address these issues when they are not trained and need to support all participants in the group.

As well as the social space and the support from the other women, the women also clearly connect to and appreciate the freedom in the group, in their art, and all the highlight the importance of role of the artist, particularly as they have not always found similar empathetic ways in other areas of their lives.

9.1.3 Artists perspectives on the impacts on the health and wellbeing of women participating in socially prescribing.

The final research question my work addresses is 'How do artists facilitating the socially prescribed art workshops perceive the impacts on the health and wellbeing of the women participating?'

This study clearly demonstrates the dual purpose of art and care offered by the socially prescribed art workshops. Specifically, all the women have had positive relationships with art since childhood and throughout their lives and describe art as a means of either processing trauma, or of escape. The artists note the relationship that the women have with art, their passion, talent, and desire to experiment, to learn new techniques, and to share skills with others. They have seen the confidence of the women increase in the group over the years that they have supported them.

Within the existing structures of socially prescribed practices there are no recommendations for the facilitation of groups. Arguably, the structures of the group that the artists have employed (without guidance) to support the facilitation of the socially prescribed art workshops, are working for the women who regularly attend. However, when other members try to join, they are not always able to coordinate the established dynamics of the group, or are not able to navigate the participant-led and open studio approach, and they leave. This demonstrates that these art workshops are working very well for the few and raises questions within communities around who is being included and being excluded in socially prescribed practices. I will address this in my recommendations for future research.

Although experiences of the women who regularly attend the art workshops are largely positive, the artists are conscious of, and alarmed by, the challenges the women face. The artists view the ways that the women understand and support each other and acknowledge that they cannot deliver the same acceptance and understanding offered by the other women in the group who occupy similar positions. These observations, and accounts of women being distressed in the art

groups, further highlight to the artists that they are neither trained and have a limited capacity to help.

The artists acknowledge that the women are dealing with trauma, yet they are artists, trained in art and they are concerned for the women as they do not have the skills as facilitators to deal with the complexities of the women's issues. The artists have built trust with the women over several years, and through overhearing their discussions with the other women or being told directly, they are impacted by the trauma of the women. With limited or no training, they respond with empathetic approaches and try to create as nurturing a space as possible (Gauntlett, 2012), through open studios and participant led approaches that do not exert pressures, and by focusing on freedom rather than outcomes such as groupwork or the exhibiting of artwork.

I argue that it is key to acknowledge the existing informal structures of socially prescribed art workshops, and how artists are forming their own approaches to the workshops, when no advice exists. The artists are facilitating spaces with no prior knowledge of the women's complex needs, and where there is an absence in their ability to refer to more specialised help and support and access to services in health and social care. This raises issues around the safeguarding of the women and draws attention to damaging impacts to the artists from hearing the traumatic experiences and the emotional state of another person (Steinberg and Figart, 1999; Campbell, 2001b).

9.2 Research Contribution

My work contributes to wider discussions around socially prescribed practices, aiming to foster more nuanced support systems for marginalised women. In particular, this thesis makes two main contributions to social prescribing literature that is beginning to develop insights on how this health intervention is engaging with marginalised communities, and how this engagement can be enhanced. Firstly, it contributes knowledge by providing insights into the experiences of white working-class women engaging with socially prescribed art workshops in Scotland, charting their journey to the art workshops and their experiences as participants. This matters as it contributes detailed knowledge to

the generalised terms of why participants seek help in social prescribing, to allow response to specific needs. Secondly, it contributes to the social prescribing literature in community settings by providing an understanding of the existing structures in place to support women's needs in groups, and of artists' facilitation roles and their perspectives on their ability to support the group. This is important as the artists are a key mechanism in the group for the women, and their approaches are integral to how the women engage with the space in terms of supportive structures for their health and wellbeing , and guidance in artmaking.

9.2.1 Identifying women's perspectives on their needs in socially prescribed art workshops

My study has sought to move beyond narrow, medicalised concepts of health and wellbeing, by focusing on the factors women from marginalised backgrounds consider important, with the aim of helping inform future socially prescribed practices. Therefore, my research moves away from those looking at generalised perspectives of why people seek help and expands on social prescribing research looking at lived experiences and how they are beneficial in the improving approaches to supporting health and wellbeing.

As I have outlined in the previous section, the women's needs are not known before they enter the workshops. My existing relationships with the group, the women, and the artists prior to the research, allowed me extended periods of time with the participants. Therefore, I was able to develop a deeper exploration of the pressures they face in their lives. By engaging with the personal stories of the women, their complex and multifaceted challenges (originating in childhood), and the relentless pressure they have contended with in their pasts and that continue in their everyday lives, this research begins to identify the women's experiences and needs. There are clear benefits for the women attending these socially prescribed groups, however, my research draws attention to aspects of the art workshops that could be improved. The research findings highlight the complex nature of community when group dynamics are difficult, specifically when the women who are largely supporting each other, tire of hearing of the issues of other participants in the art workshops. The artists also highlight their lack of training to support vulnerable women, how

their facilitation styles might not always suit all participants, or that new participants are not always welcomed into an established group. These challenges need to be considered for social prescribing to engage effectively with marginalised women.

Russell (2017) advocates for social prescribing to look at what is currently operating and how that can be working more effectively before racing ahead to extend the health intervention. Studies are now beginning to pay attention to considering determinants of health and specific factors that are essential to supportive structures in social prescribing for communities (Percy-Smith and Bailey, 2023; Thomson et al., 2024; Munro and Dayson, 2025). My work contributes to these wider discussions by identifying specific factors in the lives of white working-class women living in areas of multiple deprivation and highlighting, through their voices and experiences, how social prescribing practices can employ their perspectives in reimagined structures. A key strength throughout the thesis, was the framework used to meet my aim of consistently centring the experiences and views of the women. I applied feminist theoretical lenses that focussed on experience, emotion and empathy to analyse the testimonies of the women, and to amplify their voices throughout the research. Crucially, my framework was able to dig deeper into the women's lived experiences, from childhood to the present day, not just to identify the damage of their home environments, histories of abuse and silence, but to highlight the barriers they faced on their journeys to seek help, and to determine how they can be nurtured and supported in socially prescribed spaces.

The inclusion of multiple perspectives is required to develop understandings of social prescribing, as a step towards this, my work includes the voices of the participants as well as the artists as facilitators with the aim of identifying the ways that the existing socially prescribed practices are impacting upon the health and wellbeing of the women in the art workshops. In some parts of the analysis, there were contrasting perspectives where the women discussed the positives of the groups and the artists are feeling overwhelmed and unable to offer the women the support they think they need. In the following section I

discuss artists' call for improved structures in the art workshops to prevent harm for the women, and to consider the negative impacts for the artists themselves.

9.2.2 Artists calling for more support to accommodate the needs of women in socially prescribed art workshops

As I have highlighted, the current structures, or their absence, in delivering socially prescribed art workshops at a community art centre do not adequately support the complex issues in women's lives, nor employ approaches that sufficiently engage with women's voices as well as they could. Through my exploration of the structures in place, including the facilitation of the workshops from the perspectives of the women and the artists, I demonstrate the benefits and limitations of the sessions to offer a more realistic representations of the levels of support available. This study can provide the artists with a comprehensive overview of the vulnerability of the women attending. Some of the artists interviewed do not want this information, as they are trained to deliver art workshops. This research supports the assertion that the artists need someone else who is trained to support women around the challenges of their lives. For artists who do want to follow further training, in recognition of the pressures of the women's lives and developing further understanding, according to my own engagement with courses throughout the research period with Women's Aid, this could also be beneficial for facilitators of this group and similar groups. Currently the emphasis is upon their skills as professional artists rather than their abilities to support vulnerable groups.

This research also highlights the importance of engaging with the lived experience of marginalised groups and considering their views and experiences of health inequalities in designing services to support their specific needs. This work also offers guidance to artists on facilitation approaches, namely open studios/ participant-led approaches, that have been successfully employed in these socially prescribed art workshops. Crucially, in the study I highlight empathy, used as a lens for the perspectives of the artists, to better understand their experiences facilitating these art workshops, the pressures they face and how this can inform the levels of support needed in the socially prescribed groups for the artists to support marginalised women. Although not addressed at length in this thesis, the lack of specialised support in the art workshops, or

access outside of them is linked to fragile funding structures that must be addressed by community organisations in future models of the delivery of socially prescribed activities Munro and Dayson (2025).

9.3 Recommendations for Practice

These findings can enhance the knowledge base for social prescribing by highlighting considerations for practice, and by drawing attention to the potential challenges of delivering support to marginalised women. The research demonstrates that women are facing structural barriers to be able to reach a place of accessing support; they are isolated in their homes, they have faced decades of abuse that have undermined their self-esteem and are also managing roles as carers, alongside their own debilitating health conditions. Venues such as the Art Centre offer a space where they take the first steps to combatting isolation and seeking support for their wellbeing, by visiting the café or attending drop-in groups or taster sessions. These pathways can allow the women the opportunity to develop an awareness of the groups available at the Art Centre and in their community and has specifically led the women to self-referring to the socially prescribed art workshops. For all the women in this study, art is a motivating factor for their participation in socially prescribed workshops, both their love for art and how it has always helped them to cope during challenging times in their lives. However, findings suggest the care of new members of the group needs to considered, including how they can be supported to continue to be part of the group, and offering time and space to understand if the existing styles of facilitation in the socially prescribed groups are right for them, or if adaptation is required for the groups to be beneficial.

The women outline the various ways that they have come to depend on the socially prescribed group, as motivation to leave the house, as a regular activity they know that they can attend that offers their week structure, and as a means of connecting with others to develop friendships and structures of support. I have shown how important it is for the art workshops to be available for the women, by emphasising the effects on their lives when the group is not operating. I therefore argue that the women have come to depend on the regularity of the group as an essential supportive space within the community and as a reason to leave the house. Some of the women discussed a

deterioration in their health wellbeing when the group was not running, including during holiday periods or when they are not well enough to attend. This highlights issues with how to manage the dependability the women have on the group, and advocates for a shift from the original model of social prescribing, which operates activities for a limited period, towards supporting longer-term activities, by recognising the negative impacts on health and wellbeing when the art workshops are not running.

I align with Aughterson et al (2024) and his recommendation of a nuanced approach to those who are experiencing more complex issues and I argue against their exclusion and in favour of considering if they can safely participate. However, the current structures of social prescribing does not seek this knowledge, nor do they consider the capacity of the community groups to support this. There are clearly risks associated with the group supporting very vulnerable women who experience constant challenges, points of crisis and have limited access to other specialist health services. The findings draw attention to the views of the artists on the support that they need to facilitate socially prescribed art workshops that can be beneficial for marginalised women. The artists suggest structures that have worked for them to support issues around group dynamics, such as introducing ground rules (values of the group, written by the group), to welcome and respect new group members, and to help with challenges around the difficult dynamics that can arise in the groups. They also call for supervision sessions in some form, that could support and offer a sounding board for challenges that arise in the art workshops and how to navigate them. For the artists facilitating socially prescribed groups, an awareness of the extent of the pressures and issues that the women are experiencing in their lives, could offer them a choice of whether they feel equipped to facilitate groups around sensitive subjects before they take the job, to offer clarity on the responsibilities of their role. All the artists discussed how they felt supported in the sessions by a support worker (community development/ peer worker) and the need for this regular role as a means to keep the women, and the artists safe. I acknowledge the funding implications of these support roles for the Art Centre yet for socially prescribing groups to be most effective and beneficial for marginalised groups, the findings suggest that these roles are essential. The research can be useful for other community

organisations currently operating or considering hosting social prescribing activities to present a more accurate picture of how engaging with marginalised groups might look, particularly engagement with women.

9.4 Recommendations for Future Research

Based on this research study, I argue for two areas of possible future research.

9.4.1 Referral Pathways in Communities

I have argued that through a community pathway to social prescribing the specific lived experiences of the women and the resulting needs for their health and wellbeing are currently being overlooked.

Previous research in social prescribing has discussed the structures of the referral processes (Dixon and Polley, 2016; Bickerdike et al., 2017), highlighting the role of the LWs, GPs, and other health professionals within the successes of the health intervention (Wildman et al., 2019; Tierney et al., 2020). More recently, a small number of studies have discussed social prescribing where a connecting role is not part of the referral process (Muhl et al., 2023). My study highlights that six of the eight women who participated in the study joined the group through a self-referral route. The women have joined the socially prescribed art workshops through community pathways, which included being curious about what the Art Centre might be able to offer, and how it might be able to help the women at a time in their lives when they were searching for space and time for themselves. Crucially, all the women have joined the group due to their love and passion for art, and their use of art throughout their life course to process trauma.

It could be helpful in future structures in social prescribing for LWs to have more of an understanding of how groups in the community operate, and to understand where there are gaps in support. On a wider scale, studies such as Munro and Dayson (2025), identify that relationships in existing social prescribing practices are most commonly between larger voluntary sector organisations and the health system, rather than smaller community groups, who may have limited visibility

or power in contributing to improvements in social prescribing. As this study highlights, when support for the women's traumatic experiences is missing, this becomes the responsibility of an under resourced Art Centre and untrained artists. This also calls for partnerships between community groups and wider local primary care networks, that are recommended in social prescribing but are not operational for the Art Centre, hence the artists feeling like they are taking on the responsibility. Future research in social prescribing should review the range of referral pathways and models and review structures of support, for participants and the facilitators of groups.

9.4.2 Further Research to Address the Needs of Other Marginalised Groups

To enable socially prescribed groups to be more open and inclusive, I recommend that future research connects to the voices, experiences and perspectives of other marginalised groups. In doing so, I recognise the limitations of this study as I am only interviewing white working-class women who do largely list the benefits of the art workshops and who attend regularly. Future research should consider the engagement of social prescribing with women from ethnic minority groups and the LGBTQ+ communities, as this study does not focus on sexuality or race. Studies with ethnic minority groups are exploring their engagement with social prescribing (Darnall Well Being, 2024; Armitt et al., 2026), yet does not specifically address the journey of the people within these groups to social prescribing or their experiences and needs.

In a deliberate omission in my research design, this study does not include the men in the group. Future research could consider why men are the minority in these socially prescribed groups, and explore the barriers preventing them from seeking help. Additionally, I have demonstrated that the socially prescribed art workshops are only working for a limited number of women. Therefore, it is important to consider the perspectives of those who leave the groups, and explore the reasons why, and to continue to ask for feedback from women continuing to participate on factors in the socially prescribed workshops that are supporting them, or that need to be improved, as their needs evolve.

9.5 Concluding Remarks

By exploring the extent to which the existing support structures of socially prescribed art workshops are supporting marginalised women's health and wellbeing, this thesis makes an original contribution to knowledge to the fields of social prescribing and creative health. It highlights the importance of including women's voices and experiences in the development of socially prescribed practices. My analysis has demonstrated how their perspectives add to these practices and how this highlights what is still missing and what can be further improved.

My study clearly demonstrates the challenges for participants and artists within the existing structures of support of social prescribing. The artists who facilitate these sessions, by their own admission, are not equipped to support the women with the complex challenges they have faced and continue to face in their lives. They can support them with a nurturing and empathetic space and can support the creation of their artwork. Although, as highlighted, gaps in support remain, the women appreciate a space to escape or engage with their experiences and their emotions, surrounded by other women who can understand, and share similar lived experiences. Through this engagement the women who are in the room clearly feel that their health and wellbeing is being considered, and as their engagement with other support structures is limited or non-existent, they are benefitting from time and comfort. When issues arise in the group, the women and the artists are calling for external structures of support that need to be addressed urgently by the existing structures of social prescribing. Thus, this research offers insights into the shortcomings of the existing structures of social prescribing to support marginalised groups, and how this can impact the women and the artists facilitating the groups.

I will provide my research partner, the Art Centre with a separate report to highlight my recommendations for their socially prescribed art workshops. I will also advise that they continue to engage in meaningful ways with the women and other participants in their groups, and the artists they employ. This could include ensuring that the women feel that their voices and experiences are

valued by engaging them in regular feedback sessions and making changes according to this feedback.

I hope that the women have felt listened to through the processes, and the outcomes of the research, and that they see that their voices matter in the future practices of social prescribing. I would like to thank them, and the artists, for bravely engaging in discussions around sensitive subjects. I hope that the structure of future socially prescribed art workshops and creative health groups will consider improvements based on the specific needs that they have highlighted through my research.

Acknowledgements

Firstly, I would like to thank my supervisors Prof Sinéad Gormally and Dr Elysia Lechelt. Sinéad, for sticking with me in difficult times, for your guidance, and for teaching me how to be a researcher, and Elysia, for your enthusiasm and belief, and for supporting me to become a better writer. Dr Dave Beck, Prof Dave O'Brien and Dr Lucy Weir, thanks for your contributions. Huge thanks to the study participants who made this research possible: the women who generously and bravely shared their lived experiences and personal stories with me, and the valuable accounts of the artists facilitating the groups. Thank you to the Art Centre, to the Director and staff for their partnership on this thesis.

Thank you to all my wonderful and supportive friends, particularly Cath and Loren for their amazing friendship always, and for drinks, swims and saunas. To my friends who have helped me on this journey and who hosted my much-needed writing retreats: Rosie (London), Fiona (Cellardyke), and Aida (Norway), thank you so much. And thank you to my great friend Ruth who sadly did not get to see me complete the thesis. Thank you also to friends Dr Alastair Noble - my champion proofreader, and Dr Euan MacDonald and Prof Rachel Baker, for their valuable guidance.

To my family: thanks to Andrew and the Donoghues, to the Duffs, to Gordon, and to the lovely Heather who is very much missed. To Dr Dee Lyons (aka Auntie Denise) for very useful research conversations, writing retreats, and to you and Uncle John for being so supportive. To my Mum and Dad, I miss you both every day and you continue to inspire me in everything I do. I hope you would be proud of this. To my amazing sister Liz (and Columbo the wonder dog)- thanks for everything! For your love and unwavering support, for Glasgow writing retreats, for Bravo, and for all your encouragement from the beginning until the days before submission and before my viva. You are the best sister ever! Lastly, to my wonderful husband Malcy, and my brilliant kids, Linus and Sissy, (and our rabbit Totoro), I could not have done this without you all! Thank you for always being my biggest supporters, for all the cuddles, and for always believing I could do it when I was not so sure. I cannot wait to be able to spend more time with you all as you are the greatest and I could not love you more. Thank you.

Author's Declaration

I, Louise Donoghue, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed:

Correspondence to this thesis should be addressed to my email
l.donoghue.1@research.gla.ac.uk

Appendices

Appendix 1 Ethical Approval



08 February 2022

Dear Louise

College of Social Sciences Research Ethics Committee

Project Title: What happens when artists are asked to cure structural ills? / Women's experiences as participants in socially prescribed, community-based art workshops

Application No: 400210107

The College Research Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Start date of ethical approval: 08/02/2022
- Project end date: 31/12/2024
- Any outstanding permissions needed from third parties in order to recruit research participants or to access facilities or venues for research purposes must be obtained in writing and submitted to the CoSS Research Ethics Administrator before research commences: socsci-ethics@glasgow.ac.uk
- The research should be carried out only on the sites, and/or with the groups and using the methods defined in the application.
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: (https://www.gla.ac.uk/media/media_490311_en.pdf)
- Any proposed changes in the protocol should be submitted for reassessment as an amendment to the original application. The **Request for Amendments to an Approved Application** form should be used: https://www.gla.ac.uk/colleges/socialsciences/students/ethics/forms/staffandpostgraduateresearchstudents/

Yours sincerely,

Dr Susan A. Batchelor
College Ethics Lead

Susan A. Batchelor, Senior Lecturer
College of Social Sciences Ethics Lead
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Appendix 2

University of Glasgow
College of Social Sciences

Participant Information Sheet (Women)

Study title

Women's experiences as participants in socially prescribed, community-based art workshops.

Researcher Details

Louise Donoghue
l.donoghue.1@research.gla.ac.uk

Supervisor Details

Dr. Sinéad Gormally
sinead.gormally@glasgow.ac.uk

You are being invited to take part in a research study. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. Take some time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The purpose of the study is to represent women's experiences of socially prescribed, community-based art workshops. To record the journey of women to social prescribing, their life experiences and the impact on their health and wellbeing. The study will also look at how women who attend community-based art workshops engage with and use art, and whether social prescribing meets their needs.

You are invited to participate in this study because you attend, or have attended socially prescribed art workshops at North Edinburgh Arts.

Do I have to take part?

No – it is entirely up to you. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

Interviews

You will be asked a number of questions on your journey to, and experience of socially prescribed art workshops. You will be interviewed up to three times. The interviews will take place in a safe environment at a time that is convenient to you. Ideally, we would like to audio record your responses (and will require your consent for this). The interview should take between 40 minutes and 1 hour to complete.

Creative Sessions

You are also invited to participate in three creative sessions with other participants involved in the study. These sessions will be centred around expressing your journey to and experiences of socially prescribed art workshops through any medium you choose. This could include drawing, painting, collage, clay, printmaking or textiles. Materials will be provided.

The researcher will facilitate discussion around what each participant has created. What are you representing in your art works that reflect your life experiences or your journey to social prescribing?

Data collection – the researcher will ask permission to record the discussion around the art works and to take notes during the sessions, in the consent form and again verbally in the sessions. Permission to use artworks will also be asked in the sessions and in the consent forms.

Proposed outline for first creative session:

Have a think back to the art workshops that you've participated in. Using any materials you like, can you draw an image, create a collage or write some words on this page that describes your experience?

Benefits and risks of participation

By sharing your experiences, you will be able to tell your own story and your journey to social prescribing in a safe space. There is very little writing that represents your voice in arts and health, and social prescribing and this is an opportunity for you to express how you feel about your experiences.

There are no significant risks associated with participation but some sensitive subjects may arise during the interviews. If this does happen the researcher can stop the interview if you would like to do that. The researcher can put you in touch with a qualified worker and signpost you to other support services.

Withdrawal from the research

Agreeing to participate in this project does not oblige you to remain in the study nor have any further obligation to this study. If, at any stage, you no longer want to be part of the study, please inform the researcher.

Your data will be processed in accordance with Data Protection Law. Your data will be referred to by a pseudonym. Your data will only be viewed by the researcher. All electronic data will be stored on a password-protected computer file. Your consent information will be kept separately from your responses in order to minimise risk.

Data

The results of this study may be summarised in published articles, reports and presentations. Quotes or key findings will always be made anonymous in any formal outputs. For direct quotes we will ask for your prior and explicit written permission. Information may also be kept for future research.

Confidentiality will be maintained as far as it possible, unless during our conversation or in our creative sessions I hear anything which makes me worried that someone might be in danger of harm, I might have to inform relevant agencies of this.

Please note that confidentiality may not be guaranteed in our group sessions as you will be speaking in a group with other participants.

Anonymised data will be securely stored for ten years following the completion of the research project, in accordance with retention and data access policies of the University of Glasgow and of Scottish Graduate School of Arts and Humanities. The research will be used for this PhD, for conference papers and journals.

This research is funded by the Scottish Graduate School for Arts and Humanities. Their mission is to work together to inspire researchers who are talented, caring, ethical and reflective professionals with a demonstrable commitment to generating and mobilising knowledge across a range of scholarly, professional and public communities.

This project has been considered and approved by the College Research Ethics Committee

To pursue any complaint about the conduct of the research: contact the College of Social Sciences Ethics Officer, Dr Susan Batchelor, email: Susan.Batchelor@glasgow.ac.uk

_____End of Participant Information Sheet_____

Appendix 3

University of Glasgow
College of Social Sciences

Participant Information Sheet (Artist)

Study title

Women's experiences as participants in socially prescribed, community-based art workshops.

Researcher Details

Louise Donoghue
l.donoghue.1@research.gla.ac.uk

Supervisor Details

Dr. Sinéad Gormally
sinead.gormally@glasgow.ac.uk

You are being invited to take part in a research study. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. Take some time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The purpose of the study is to represent women's experiences of socially prescribed, community-based art workshops. To record the journey of women to social prescribing, their life experiences and the impact on their health and wellbeing. The study will also look at how women who attend community-based art workshops engage with and use art, and whether social prescribing meets their needs.

You are invited to participate in this study because you are an artist or a worker linked to socially prescribed art workshops at North Edinburgh Arts.

Do I have to take part?

No – it is entirely up to you. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

Interviews

You will be asked a number of questions that explore the perspectives of artists leading socially prescribed art workshops, and workers at North Edinburgh Arts. How the artists/workers feel the women experience the sessions, and how they feel their support and the art workshops, meet the needs of the participants.

The interview will take place in a safe environment at a time that is convenient to you. The researcher would like to audio record your responses (and will require your consent for this). The interviews should take between 40 minutes to an hour to complete.

Benefits and risks of participation

You will have the opportunity to share your experiences in a safe space. There is very little writing that represents the voice of women as participants in arts and health, and social prescribing. This is an opportunity for you to express your experiences of socially prescribed, community arts-based workshops and how the sessions meet the needs of women as participants.

There are no significant risks associated with participation but some sensitive subjects may arise during the interviews. If this does happen the researcher can stop the interview if you would like to do that. The researcher can put you in touch with a qualified worker and signpost you to other support services.

Withdrawal from the research

Agreeing to participate in this project does not oblige you to remain in the study nor have any further obligation to this study. If, at any stage, you no longer want to be part of the study, please inform the researcher.

Your data will be processed in accordance with Data Protection Law. Your data will be referred to by a pseudonym. Your data will only be viewed by the researcher. All electronic data will be stored on a password-protected computer file. Your consent information will be kept separately from your responses in order to minimise risk.

Data

The results of this study may be summarised in published articles, reports and presentations. Quotes or key findings will always be made anonymous in any formal outputs. For direct quotes we will ask for your prior and explicit written permission. Information may also be kept for future research.

- Confidentiality will be respected subject to legal constraints and professional guidelines.

Anonymised data will be securely stored for ten years following the completion of the research project, in accordance with retention and data access policies of the University of Glasgow and of Scottish Graduate School of Arts and Humanities. The research will be used for this PhD, for conference papers and journals.

This research is funded by the Scottish Graduate School for Arts and Humanities. Their mission is to work together to inspire researchers who are talented, caring, ethical and reflective professionals with a demonstrable commitment to generating and mobilising knowledge across a range of scholarly, professional and public communities.

This project has been considered and approved by the College Research Ethics Committee

To pursue any complaint about the conduct of the research: contact the College of Social Sciences Ethics Officer, Dr Susan Batchelor, email: Susan.Batchelor@glasgow.ac.uk

_____End of Participant Information Sheet_____

Appendix 4

PRIVACY NOTICE

Privacy Notice for Participation in Research Project: Women's experiences as participants in socially prescribed, community-based art workshops. Researcher, Louise Donoghue.

Your Personal Data

The University of Glasgow will be what's known as the 'Data Controller' of your personal data processed in relation to your participation in the research project: Women's experiences as participants in socially prescribed, community-based art workshops.

This privacy notice will explain how The University of Glasgow will process your personal data.

Why we need it

We are collecting basic personal data such as your name and contact details in order to conduct our research. We need your name and contact details to arrange interviews and to let you know about creative sessions.

We only collect data that we need for the research project and we will de-identify your personal data from the research data (your answers given during the interviews and discussions/ artwork during the creative sessions) through pseudonymisation.

Please note that confidentiality may not be guaranteed in group sessions as you will be speaking in a group with other participants. Confidentiality will be maintained as far as is possible, unless during interviews or in our creative sessions the researcher hears anything which indicates that someone might be in danger of harm, they might have to inform relevant agencies of this. Please see accompanying **Participant Information Sheet**,

Legal basis for processing your data

We must have a legal basis for processing all personal data. As this processing is for Academic Research we will be relying upon **Task in the Public Interest** in order to process the basic personal data that you provide. For any special categories data collected we will be processing this on the basis that it is **necessary for archiving purposes, scientific or historical research purposes or statistical purposes**

Alongside this, in order to fulfil our ethical obligations, we will ask for your **Consent** to take part in the study Please see accompanying **Consent Form**.

What we do with it and who we share it with

All the personal data you submit is processed by: the researcher and staff at the University of Glasgow in the United Kingdom. In addition, security measures are in place to ensure that your personal data remains safe: through pseudonymisation, secure storage, and, encryption of files and devices. Please consult the **Consent form** and **Participant Information Sheet** which accompanies this notice.

We will provide you with a copy of the study findings and details of any subsequent publications or outputs on request.

What are your rights?*
GDPR provides that individuals have certain rights including: to request access to, copies of and rectification or erasure of personal data and to object to processing. In addition, data subjects may also have the right to restrict the processing of the personal data and to data portability. You can request access to the information we process about you at any time.

If at any point you believe that the information we process relating to you is incorrect, you can request to see this information and may in some instances request to have it restricted, corrected, or erased. You may also have the right to object to the processing of data and the right to data portability.

Please note that as we are processing your personal data for research purposes, the ability to exercise these rights may vary as there are potentially applicable research exemptions under the GDPR and the Data Protection Act 2018. For more information on these exemptions, please see UofG Research with personal and special categories of data.

If you wish to exercise any of these rights, please submit your request via the webform or contact dp@gla.ac.uk

Complaints
If you wish to raise a complaint on how we have handled your personal data, you can contact the University Data Protection Officer who will investigate the matter.
Our Data Protection Officer can be contacted at dataprotectionofficer@glasgow.ac.uk

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner's Office (ICO) https://ico.org.uk/

Who has ethically reviewed the project?

This project has been ethically approved via the College of Social Sciences Research Ethics Committee or relevant School Ethics Forum in the College.

How long do we keep it for?

Your **personal** data will be retained by the University only for as long as is necessary for processing and no longer than the period of ethical approval (date of ethical approval tbc). After this time, personal data will be securely deleted.

Your **research** data wi**ll** be retained for a period of ten years in **l**ine with the University of G**l**asgow Guide**l**ines. Specific detai**l**s in re**l**ation to research data storage are provided on the Participant **I**nformation Sheet and Consent Form which accompany this notice.

End of Privacy Notice _____

Appendix 5 Creative Sessions

Table 1- Creative Sessions

Creative Session 1

Theme One: Life Experiences

-What life experiences have led you to these art groups?

Theme Two: ART

- What is your relationship with art
- How you use art?

-Is your relationship with art complex?

Creative Session 2- Identifying what the women felt was important to them

Theme One: ART

-What is your definition of art?

- has it changed over the years?

Theme Two: GROUP

-How do you feel about the group (socially prescribed art workshops)?

-How do you feel about people in group?

-How do you support each other/ or otherwise?

- How do you feel about the space (art centre)? (this group/ in comparison to other groups women may attend at art centre)

Discussions emerging around health/ relationships etc.

Creative Session 3

Reflection/ discussion around what has emerged from previous session.

Theme: Art and Wellbeing

Art as expression

- How do you communicate through art?

Art as escape

-How do you feel when you make art?

-Has your view/idea of art changed through attending these art workshops?

-How do you feel about the way the workshops are facilitated?

-What are other peoples' perceptions of your art making and your artwork?

Creative Session 4

Reflection/ discussion around what has emerged from previous session.
Women reported benefits of group; no judgement, no expectation, no pressure on art making, feeling comfortable/uncomfortable etc.

How do you feel about an art group that doesn't have that health and wellbeing element to it?

How is that different? Are there differences in facilitation?

Themes emerging; pressures of relationships, responsibilities, motherhood.

In the first creative session my initial request to ask participants prior to the sessions (via email) to bring some artwork with them did not go to plan. This is not a controlled research environment and only two people brought artwork to discuss. In the second creative session, having listened to the transcripts where multiple themes were emerging from the women's discussions, it became clear to me that there could be a large body of data produced that could take my research in a number of different directions. In order to generate the research that I set out to produce I needed to look at methods that would allow the co-production of knowledge, which is why I adopted an open approach and used semi structured interview questions and prompts. It was important for the women to choose the importance of the key themes emerging in the data, rather than selecting them myself, as this research seeks to represent their experiences. So rather than continue with the three creative sessions as planned I had another 'in between session' that looked at the themes I had identified and asked if the women thought this was important, how did this chime with what they had thought were the outcomes of their discussion in the first session?

I found doing this was very helpful, the women often articulated key points as a response to themes in much better ways than I could, and this provoked valuable discussion. The women chose what they would like to concentrate on in the remaining creative sessions, and also the topics that they would feel more comfortable discussing in their individual interviews.

In the third creative session I tried to focus the discussion by talking about the theme we were going to discuss in that session. I reflected upon and read out some of the things that I had selected from the transcripts of the previous two creative sessions to try to encourage dialogue around representing experiences through art. The women did not feel comfortable with this approach and the conversation was stilted, where it usually flowed. It appeared that the women were not happy when they were being asked to specifically talk about something difficult, they were happier volunteering it themselves. I stopped the discussion after thirty-five minutes to have tea and biscuits, and to regather and return with more energy and discuss why they loved art.

In the fourth creative session the women discussed the difference between socially prescribed art workshops and other workshops at the Art Centre.
In the socially prescribed group women felt that there was no judgement , that you didn't need to do anything if you did not want to and that you could just be there. They highlighted differences between the socially prescribed group and other art/different activities. They felt pressure to do things in other groups- to perform and be part of group activities that they sometimes were not interested in. Sometimes they were asked physical stuff they were not able to do- like help or join an activity on the floor- then they could not get up easily. They felt judged in the groups for not being employed. They thought that people did not believing they were not well asking- why are you not you working if you can come to an art group. They felt different pressures on their health and wellbeing in other groups and found the socially prescribed art workshops more comfortable and kind- both the artists and the other participants. Although they did also identify some challenging group dynamics in these socially prescribed groups too.

Appendix 6

Topic Guide: Object Interviews with Women

Introduce self	Date/ time
Permission to record	Setting
Purpose of study	Respondent
	Observations

Open Discussion:

1. What life experiences do you think have led you to this workshop?
That's an enormous question – but what immediately comes to mind?
(we have discussed in creative sessions- (cue cards)- relationships- family- illness- mental health- emotional health – to be with people- to be out of the house- to have a break……) Childhood/ family

2. What are the most important parts of the art workshop for you?
How do you feel they can support you? Where do you need more support? Where do they fit in your lives- are they something that you attend every week? Are you attending other creative activities too? Are you creative at home as well as in this space?

3. What are you thinking about when you're making art- can you switch off?
Are you thinking about stressful things you need to process or are you escaping?
Maybe you can answer that question by chatting through your art work

Additional question?
How did you join the group- was it through a link worker – have you been in contact with a link worker- (not at Art Centre)

Appendix 7

Topic Guide: Artists Interviews

Introduce self	Date/ time
Permission to record	Setting
Purpose of study	Respondent
	Observations

Open Discussion:

- **How do you feel the women experience the sessions?**

- How women use art/ what is created/ materials etc.
- Structure of workshop- how it works
- How it supports their health and wellbeing?

- **Art workshops- how socially prescribed workshops differ from community workshops/ art classes?**

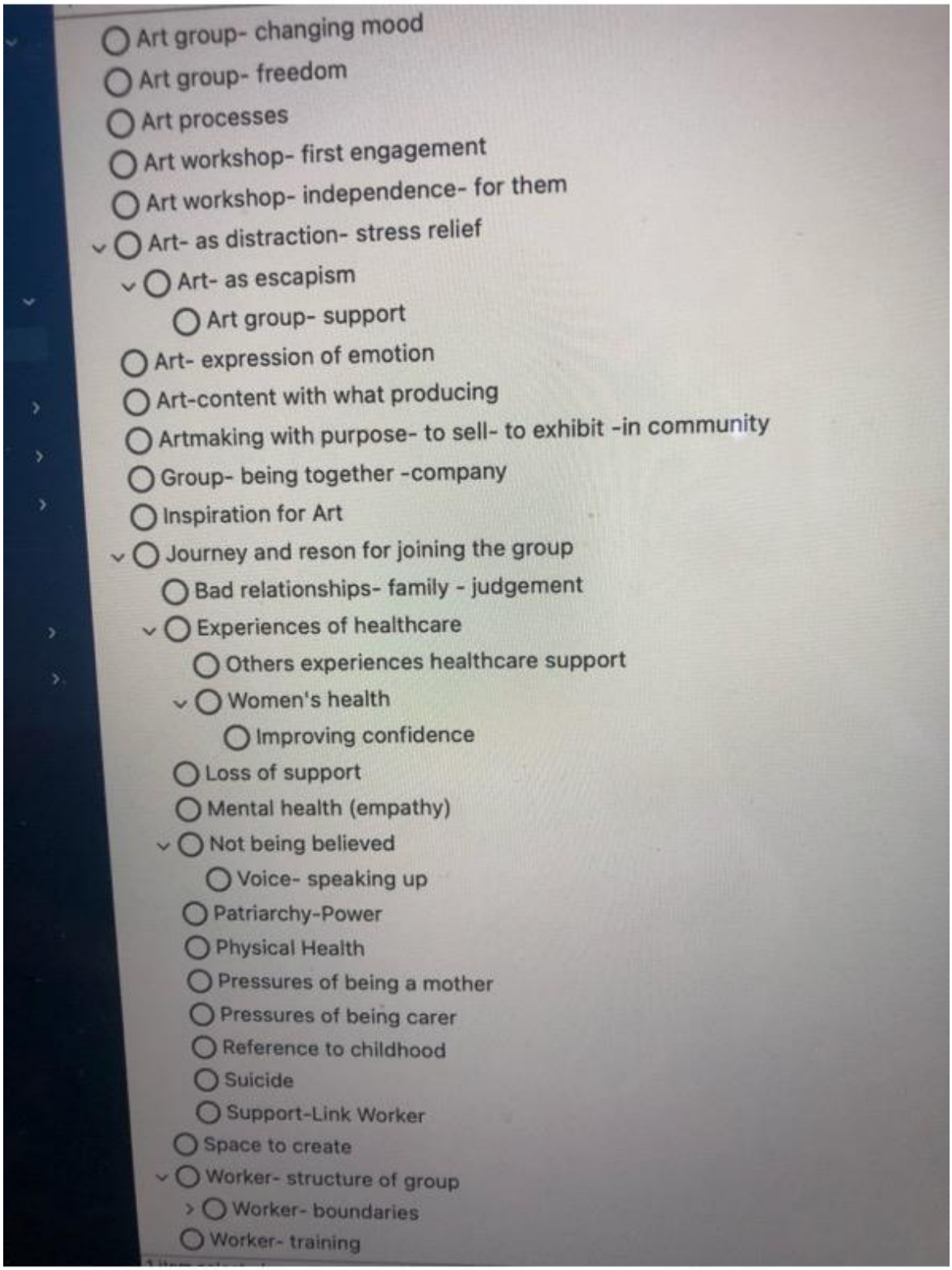
- Women who attend?
- Experiences that women share in the workshops/ lived experience
- Meeting needs of the participants?

- **How do you see the impacts of the art workshops?**

- On participants? (confidence/ relationships)
- Impacts for artist/ workers- positive and negative
- Role of Arts Centre- participants relationship with the centre

Appendix 8 Thematic Analysis

Coding Phase One (NVivo)

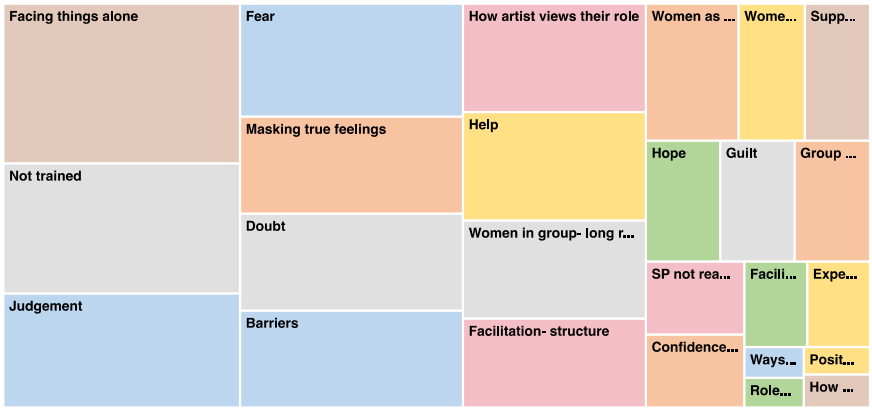


Appendix 9 Thematic Analysis:

Coding Phase Two (NVivo)

I used a mixture of coding of my data through NVivo and manual coding (labelling of text with code to identify themes.

The treemap below identifies the most common codes across creative sessions, women's object interviews and artists interviews in phase two of analysis.



Women in group - longrunning support

Women as dominant group

Women's issues- reported by artist

Support Art Centre

Group Dynamics

Social Prescribing not reaching everyone

Confidence (positives)

Facilitation (different to other workshops)

Ways forward

Role of community artist

Expectation of Attendees

Positive change

How Community Artists feel (inadequate)

Appendix 10 Artist Job Description

Freelance Artist Facilitator

Role Description

Title:	Artist Facilitator
Responsible to:	Outreach Manager / Chief Executive
Location:	Various; mainly based in …….. though opportunities may arise throughout …….
Rate of Pay:	£ p/hr for workshop delivery / £ p/hr for preparation and meetings
Contract:	Freelance

Main purpose of role

To devise, plan and deliver high quality participatory visual arts activities for a range of different audiences in health, care and community settings.

Additional tasks include:

- Attending meetings for planning and evaluation
- Purchasing additional materials for workshops
- Liaising with volunteers and partners, as relevant
- Contributing to evaluation and reporting as required
- Attending workshop celebration events
- Making use of the organisation's art collection as a resource to support the art workshop programme

Person Specification

- Educated to degree level in visual art or design
- At least 3 years' experience devising, planning and delivering participatory art activities
- Experience of delivering workshops in a range of different materials

- Experience of working in health, care and/or community settings
- Flexible and adaptable to the needs and interests of participants
- Ability to engage with and inspire a range of different audiences
- A good understanding and/or lived experience of health issues
- Experience of evaluation

Please send your CV and any relevant links or material relating to your experience to

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