

‘What I need my hands to talk about’: reflections on the Graylingwell Heritage Project.

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Abstract

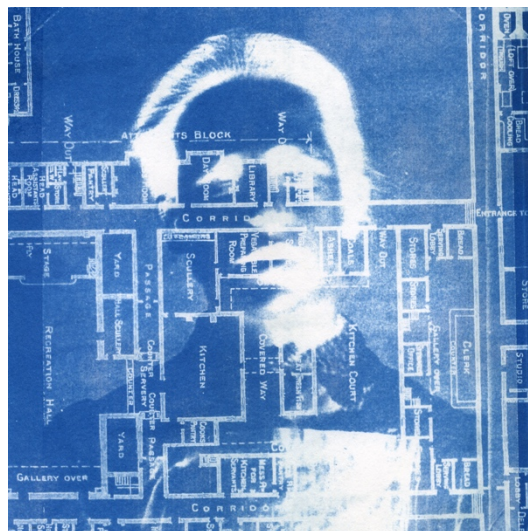
“craft’s relationship to time is complex ...When the potential of this temporal structure is realized, craft can be a powerful mediator between the present and the past, and therefore between the individual and the collective.” (Adamson, 2013, 210) *“What I need my hands need to talk about”* are words taken from an archive of art therapy made in 1952 and are a reflection on the power of art and making by a patient during her recovery from illness. The archive emerged during the course of the HLF funded Graylingwell Heritage Project (GHP) a collaboration between local organisations which aimed to research the social and cultural history of the former West Sussex County Asylum in Chichester. This paper will reflect on the art and making processes used in this project and the ways in which research into patterns of craft and making from the past might allow us to consider what might be of value in the present. Rosy-tinted nostalgia has no place in a consideration of the history of mental health care and then, as now, those with mental health issues were often pushed to the margins of society. The GHP aimed to challenge preconceptions and stigma around mental health, using a reflection on the past and engaged activities in the present to allow stories to become visible. From its foundation in 1897, making activities were embedded in the day-to-day life of Graylingwell Hospital and we drew inspiration from these historical processes in our work with patients, staff and the wider community - making magic lantern slides, knitting and planting were used to explore contemporary experiences of the mental health care system and to gather stories. The resonances between past and present were constantly under scrutiny - the conversation began in the past, but the personal narratives and artwork that arose existed very much in the present. The activities were led by artists who had their own experiences of the mental health system and who had received training in workshop delivery through Outside In’s ‘Step Up’ scheme based at Pallant House Gallery. As Michael Polanyi (1966) says, *“We can know more than we can tell”* and the value of making experience visible is nowhere more apparent than in working with art in mental health care settings. In *‘The Invention of Craft’* (2013), Adamson describes the perception of craft in the era after industrialisation as *“ameliorating”*, but says *“we should embrace it as a dynamic cultural force in which claims to cultural memory... are intermingled with more active, self-consciously modern, and therefore potentially disruptive forces.”* (Adamson, 2013, 210). Often making and art are seen as peripheral to the main activities of care, but a reflection on the past during the GHP brought into focus the importance of engaged activity; a profound sense of need and a desire to be connected to the self and to others through the tangible processes of production emerged - to make *“touches on something at the heart of our embodied experience.”* (Leader, 2016), or perhaps *“what my hands need to talk about”*.

'craft's relationship to time is complex ...When the potential of this temporal structure is realized, craft can be a powerful mediator between the present and the past, and therefore between the individual and the collective.' (Adamson, 2013: 210)

The process of making objects or images has value as a connection to who we are, to a need for activity and to be engaged in the tangible, tactile processes of production, 'keeping hands busy is not a matter of whimsy or leisure, but touches on something at the heart of our embodied experience.' (Leader, 2016: 3) The immediacy of the making processes may allow for reflection upon personal and collective experiences and the drawing out of a narrative. This community heritage project focussed on the life of Graylingwell Hospital and worked with people in the local area who had been resident there, as well as staff and patients in some of the remaining wards around the site. In using making based meaningfully in the practical and therapeutic processes of the past, a space for connection and for conversation about mental health in the present was created. The project evolved as a series of 'moments', experiences that took place in physical and temporal spaces that were loaded with history - the visual and verbal narratives that arose bridged time, creating a temporal 'to and fro' in which past and present resonated with each other. The moments of connection between participants and their artwork and between the individuals involved in the project negated the hierarchies of illness and language that defined the institutional context from which the project had grown. In using art processes to create a space for exchange, the nature of art, craft and making as a force for change came into question.

Blueprints

The room on the ward is bright and sunny. I am sitting on the floor with one of the workshop participants and we are resting our hands on the blueprint paper and talking, hoping to capture the moment with a cyanotype print. We have already made some prints by layering acetates with images from the Victorian casebooks onto the light-sensitive paper. The casebooks have formed a starting point in this project; one page shows a picture of a female patient and a nurse photographed with her baby. We look at the historical blueprint produced in 1897 for the Graylingwell Hospital (originally the West Sussex County Asylum) by architect Arthur Blomfield. It maps out the vast hospital with rooms that cover all requirements - from boot room to bacon store. Through the project we use maps to frame our questions; what is on the map? What was there in reality? What is there now? By definition a blueprint is a proposition, a plan for something not yet made.



The depth and quality of the blue in the prints we make that afternoon varies according to the strength of the light, setting the process absolutely in the here and now – you couldn't get the same result on any two days. The transformative quality of the process and the almost 'magical' emergence of a pale image onto a blue background draw other people in and there is more talk of the hospital and its past. Some weeks later, we lay leaves and plant material gathered from the garden just outside the art room onto paper to make cyanotypes. Although the main residential hospital is now closed, the site where the ward is located still has some of its collection of exotic trees planted when it opened in 1898. Anna Atkins' famous botanical illustrations using the cyanotype process come to mind. The symbolic resonances of time and the seasons, as well as the site, are not lost. It's an overcast day and the resulting images are misty-looking and diffuse and it's hard not to relate these images to emerging memories. The past and present are not always separate, the here and now is continually shifting, 'For the pattern is new in every moment, And every moment is a new and shocking, Valuation of all we have been.' (Elliot 2001: 15)

History

In her writing around the possibilities for art as a catalyst in building community relationships, Suzi Gablik says, 'Social context becomes a continuum for interaction, for a process or relating and weaving together, creating a flow in which there is no spectatorial distance... Within a listener-centred paradigm, the old specializations of artist and audience, creative and uncreative, professional and unprofessional ...begin to blur.' (Gablik, 1995: 86)

Beginning with the rigid structures of the Victorian asylum and moving towards 'care in the community', itself "a curious mix of valid optimism, economic expediency and ideological rigidity" (Solomon, 2013: 314), the social context for this project is one that is continually shifting. Opened in 1898, the West Sussex County Asylum, later Graylingwell Hospital, provided care for local people with mental illness, moving them from workhouses into asylums following the 1890 Lunacy Act. Designed in the mould of other Victorian asylums with parks and a farm to be a self-supporting community the 'General Rules for the Government of the Asylum' stated that 'as a principle of treatment, endeavours shall be continually made to occupy the patients, to induce them to take exercise in the open air and to promote cheerfulness and happiness among them.' (Porter, 2015: 16) Workshops for the trades were provided including a blacksmith, masons and bricklayers and upholsterers and patients worked in the laundries and gardens. Making activities were embedded in the day-to-day life of the hospital from the outset. Therapeutic making in Victorian institutions was perhaps not incidental; clearly designed to be an earthy reminder of everyday life it addressed, perhaps, a fear of losing skills in the face of growing industrialisation and the isolation and fragmentation of society that grew from this, 'Craft was invented as having positive qualities of creativity, rootedness and authenticity'. (Adamson, 2015: xvii).

During the 1940s and in keeping with current thinking, an occupational health department was opened at Graylingwell including a photographic department and print works, knitting and textile workshops and a woodworking enterprise. These activities provided useful work for some patients and began to take the place of the everyday tasks performed in earlier times. 'There is something important about being actively creative as opposed to being a passive recipient of a destructive force such as an illness or traumatic event.' (Corkhill, Hemmings, Maddock, Riley, 2014: 41). Over the years, however, some of the purposefulness of this activity was lost: during the project a former nurse described how knitting made by elderly women on the wards was unravelled at night and the yarn reused until it was degraded and disgusting. Elaine Showalter (1987: 82) likens this scenario, common to many hospitals by the time 'care in the community' overtook them, to "the mythic task of Psyche" where patients are condemned to a life of futile endeavour, displaying a lack of value placed on artwork and a consequent seeming lack of respect for the patients. After the Graylingwell Hospital closed in 2001 and the remaining residents were housed in the community, this embedded activity was lost,

'The notion of a totalized system, of which everything is always already somehow a part, is not helpful (to say the least) in the effort to approach a weighted and reeling present.' (Stewart, 2007: 1)

Map

The map was our starting point: an empirical measurement of the place and beautiful in itself, but which tells us nothing of the people whose lives were there. The first maps of the area show a farmhouse and pond with a well. This is where it all began, the establishing of the first settlement and finally the building of the hospital with all the personal and political consequences that followed. By 1911 the hospital is defined on the map, its distinctive outline next to the pond and well. Set outside the city walls, this division of hospital and city was further reinforced within the hospital boundaries by the separation of the sexes into male and female wings – kings and queens – maintained by a prickly hedge which ran down the centre of the outside space. The notion of boundaries and the hierarchies suggested by them – the seemingly known facts and the unknown stories that lay buried underneath the words and documentation lay at the heart of this project and finding ways of going beyond these constrictions to open up spaces for communication was our aim, 'What remains unspoken need not be left unvoiced.' (Ingold, 2013: 109).

The project

The solid presence of Graylingwell Hospital in the community and the sense of stigma and embarrassment that lingered around it were a catalyst for this project, initiated by Marc Steene, then Director of Pallant House Gallery and now Director of Outside In and Mark Stables, a social worker based in West Sussex and with links to the Immanuel Chapel on the Graylingwell site. Set on the edge of the city, Graylingwell Hospital's sense of 'otherness' was tangible. The Water Tower still looms above the trees, locating the hospital in the landscape: "from a distance a landmark, but always a reminder" as one participant described it in an artwork for the project. The Graylingwell Heritage Project was a collaboration between local organisations: Chichester Development Community Trust, West Sussex Records Office, the University of Chichester and Pallant House Gallery and supported with a grant from the Heritage Lottery Fund. It brought together different strands of historical research, including oral history, and an art project. In the role of lead artist I worked as part of the Creative Team with artists Kate Simms, Tess Springall, Lynne Firmager all members of the Pallant House Gallery Community Programme, who had received training in workshop delivery through Outside In's 'Step Up' scheme.¹

We organised and delivered a series of workshops and open sessions with patients at the remaining wards around the site, now part of Western Sussex Hospitals NHS Foundation Trust, as well as with community groups, former patients, relatives, staff and the wider public, 'a taking up of others' thoughts through speech, a reflection in others, an ability to think according to others which enriches our own thoughts.' (Merleau-Ponty, 2002: 208)



The aim of the project was to create a permanent record of the social and cultural history of the former asylum in Chichester and to give people who had experience of the hospital in whatever way a chance to tell their story, 'to turn a mythologised past into a credible history and a liveable present.' (Taylor, 2014: 19). The art element of the project, led by Pallant House Gallery provided a key strategy in allowing this to happen, using imagery and making to embody those stories and to be the catalyst for conversations around the history of this very particular place.

Art Processes

Kathleen Stewart describes her book *Ordinary Affects* as 'an experiment, not a judgement. Committed not to the demystification and uncovered truths that support a well-known picture of the world, but rather to speculation, curiosity...' (Stewart, 2007: 1) In recognising that the process of making (word or image) is always speculative, then the art element of the Graylingwell project could be described in the same terms, 'ordinary affects are public feelings...They happen in impulses, sensations, expectations, daydreams, encounters... and in public and social worlds of all kinds that catch people up in something that feels like something.' (Stewart, 2007: 2)

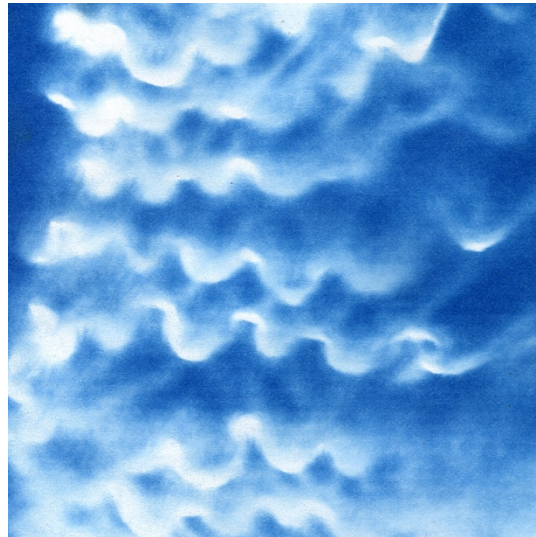
The aim of the workshops was to be with patients in existing wards and members of the community, providing them with an interesting experience and creating the space for a 'here and now' reflection on the lives of people with lived experience of mental health difficulties. We wanted the art workshops to represent a kind of free-floating space for exchange in which different techniques would provide a context for conversation and making. As practicing artists the Creative Team understood the value of uncertainty and openness essential in approaching work with materials, 'It is from this spontaneous toying and exploration that there arises the hunch, the creative seeing of life in a new and significant way.' (Rogers, 2004: 355)

Using the hospital's history as inspiration, using craft and making techniques drawn from Graylingwell's past we aimed to reflect on the present as 'a means of processing unsettled matters in history, always as that history is imagined from the present' (Adamson, 2013: 184). We used our understanding of the activities performed by patients from the earliest days of the hospital: planting, knitting, printing and working with clay to create several artworks.

Little was left from the hospital in terms of visual material and objects: the patient casebooks, a magic lantern, maps and blueprints for the hospital plus a few keys, some Graylingwell currency (tokens earned and used by patients to purchase items) and some textile items. The exploration of the space between empirical measures and lived experience lay at the centre of our approach; in the historical documents, maps, the medical language of the casebooks, the facts as they stood were described, but to find the stories of the people who had lived and worked in those spaces was our goal. Resonances between past and present were constantly under scrutiny - the conversation began with reference to the past, but the personal narratives and artwork that arose existed very much in the present.

Dishcloth

The cloth is a little bigger than my hand. Made of dry cotton, it is simply constructed using a plain knitting stitch. The making of dishcloths, to be used at the hospital and sold to the public, was a key activity. This one was made by a former patient and has been kept safe by a relative for many years.



In the workshop for people living with dementia, an elderly woman teaches a Creative Team member how to knit. The woman is in her element, the tacit knowledge associated with the knitting process is deeply embedded and she knits away, relating stories about various garments she had created in the past including a knitted skirt.

Making and repetition

'The potential stored in ordinary things is a network of transfers and relays' (Stewart, 2007: 21)

We used knitting with some of the project participants, but the Creative Team sometimes knitted whilst discussing plans and thinking together, 'when the brain is occupied with a background automatic task, conversations become easier, deeper, and more intimate. It is as if self-monitoring is switched off' (Corkhill et al., 2014: 41).

An embodied activity, the tacit knowledge that often accompanies such processes is deeply buried in our consciousness, 'symbolic value is inseparable from awareness of the material condition of an object: its creators thought the two together'. (Sennett, 2009: 129) In recalling the process and the bodily engagement it represents, we remember previous times and the stories that accompanied the knitting. As a medium, the symbolic connection between process, material and self is powerful – you untangle the threads, pick up the stitches, become involved in the rhythm and repetition. The knitting is strong and resilient, a thing that is familiar but outside yourself.

Knitting and embroidery were encouraged amongst soldiers returning from the Crimean and the First World Wars 'with the idea that a constant repetitive activity would have a calming effect on the nerves.' (Leader, 2016: 57) In his book *The Invention of Craft*, Glenn Adamson draws an analogy between making processes and Freud's proposition that through repetition trauma is continuously reproduced 'not as a memory but as an action; he repeats it, without, of course knowing that he repeats it' (Adamson, 2013: 185) distracting and drawing the mind away from the traumatic event. The use of repetitive 'formulaic and mnemonic' techniques such as knitting may be a way of deflecting focus on the trauma, 'As Walter Benjamin noticed, their very forms create the impression of something being remembered' (Adamson, 2013: 187), but this repetition may also mean concealment, forestalling an encounter with the self, keeping a distance between past and present.

Repetitive activities may have kept the patients grounded in the everyday, but there is an inescapable sense of control lurking under the benign appearance of such activities, 'To knit is to make, to create, to share, to participate, yes, but it is also to ward off, to block, to keep in check and, perhaps, fundamentally to bind'. (Leader, 2016: 58)

We learned from the casebooks that many of the earliest patients were poor, underfed and in a state of constant stress. For the women who did the laundry and knitted dishcloths the activity may have recalled their former lives and their well selves, but may equally have acted as a reminder of denied ambitions, trapping them in routines of domestic labour, reinforcing their gendered identity and the return to troubling thoughts.

'This Proustian image of craft, as a memory that haunts the present, is an inextricable aspect of its extraordinary cultural power... craft simultaneously gives shape to our desire for continuity and reminds us of the actual, tragic discontinuity of our experience.' (Adamson, 2013: 184)

Tactile, experiential activities that take place in the present create moments that serve to reawaken autobiographical memory giving space for an individual's stories to be heard. 'it is through my body that I go to the world ...I am able to touch effectively only if the phenomenon finds an echo within me, if it accords with a certain nature of my consciousness' (Merleau-Ponty, 2004: 369). When things coalesce - personal interaction, place, activity, fleeting connections are made between artist and collaborator and the memory of the conversations that take place remains powerful, 'Their significance lies in the intensities they build and in what thoughts and feelings they make possible.' (Stewart, 2007: 3). To plan for these moments is impossible as they are, by nature, unpredictable. Engagement with sensory materials may form a starting point. Art therapist Martina Thomson describes this quality of image or material consciousness that moves us away from ordinary experience of time, quoting James Hillman – 'It makes our experience into one of Kairos – "a point of time filled with significance – charged with past and future – an instance of temporal integration"' (Thomson, 1997: 107).

Marbling

The end papers of the Victorian patient case books are beautifully marbled, an almost fleshy-looking red and maroon. The formality of the book's contents, it's enumeration of peoples' illness and unhappiness, seems

oddly (and slightly grotesquely) contained by this pattern. We are set up in the dining room of the ward to experiment with some marbling. The pools of colour onto water are oily and we use combs, feathers, and sticks to trail the ink in the water. Paper is laid on the surface and the movement of the water and the moment is fixed into an image. You can make two or three images from an application of ink, each one a little fainter than the last,



'we are now absorbed in something, no longer self-aware, even of our bodily self. We have become the thing on which we are working.' (Sennett, 2009: 174)

Casebooks



The male and female casebooks, which document the admission and treatment of patients from the time the hospital opened in 1897, were made available to us as part of this project (with a 100 year embargo). In

studying them we hoped to find some understanding of who those early patients were, but what the archives showed us was that those patients had little agency in their care, their stories voiced by others. Shocking in their language and terminology: simple-minded, idiot and feeble, were all commonly used expressions.

'The nomenclature of mental illness deserves special scrutiny, for it can never be value-neutral. But I wonder whether one hundred years henceforth an onlooker to our own health care records wouldn't be pinpointing a similarly droll and value laden vocabulary.' (Varella, 2015: 6)

In her essay *Professions for Women* Virginia Woolf (1942) says that in order for women to talk about their experiences a new language must be found and there is, perhaps, an analogy here. Language can reinforce a hierarchy of illness – have you got the worst thing or the lesser thing? How bad does it have to be to count, alienating in its own way? As Barbara Taylor says, 'to name a thing is to tear oneself away from its individual and unique characteristics to see it as representative of an essence or a category' (Taylor, 2014: 204). As someone on the project noted, when you are ill there is a lot of talk and definitions are applied to you, but words are often the first thing you lose as a means of expressing yourself. The language of material process and imagery draws on knowledge that we can barely attach words to, but may provide a means of telling what is too difficult to articulate.

Stories

To listen creates empathy, 'Attention means attending to, tending, a certain tender care of, as well as waiting, pausing, listening' (Hillman, 1990: 18) and through listening we integrate our experiences with those of the storyteller. During the Graylingwell Heritage Project we looked at mental health in a historical context and in considering the stories of the past reflected on the present, bearing witness to the stories of people who had engaged with the system of treatment and care. To have your story heard may allow for a coming to terms with personal and communal histories and there was, for some participants, undoubtedly an element of catharsis in this telling. For others, however, revisiting the territory of their pasts, even through the oblique medium of art, was too painful. Some had fears, deeply embedded in their experiences, about telling their story and the consequences of making this public. To avoid a romanticised view of the past was essential and a few former patients were worried that real stories would be glossed over. As Barbara Taylor says in her book, *The Last Asylum* 'The lived past is never really past; it endures in us in more ways than we understand. Sometimes it doesn't even feel like the past; it just feels like life itself...' (Taylor, 2014: xii).

A critical overview of the system of care and treatment by current patients could not happen on the wards - people who were in hospital were, of course, unwell and in need of care. For community groups, however, some of who had received care at Graylingwell in the past, there was a longer view – a sense of critical distance from the experience of being a patient and the difficulties and traumas, as well as the support, which the hospital embodied. Working with such deeply felt issues is inevitably stressful and feelings ran high at times as shown in some of the language and imagery that arose.



The 'outside' nature of the Creative Team, the fact that we were not health professionals, was an essential factor in participants' willingness to engage - we were able to share stories and to use this sharing as a way of building trust. We never dug or asked people directly about their experiences, the stories arose through the shared task of sitting together and making, of not thinking about definitions and diagnoses, but just being in the moment.

'Storytelling is no simple form of time-passing. It mirrors a mode of processing and reconstituting experience. It intimates how experiences pass into and out of memory.... True experience is conceived as close and practised knowledge of what is at hand.' (Leslie, 2009: 387)

In *Ordinary Affects* Kathleen Stewart reflects on the proposition by Anna Tsing that we should allow the awkward, unstable, creative qualities of encounter to inform our models of cultural production. It is a testament to the openness and generosity of spirit shown by the Creative Team that those who had experiences of the hospital past and present were so forthcoming and willing to share their stories.

'The pearl starts off as a piece of grit, a neurotic symptom or complaint, a bothersome irritant in one's secret inside flesh, which no defensive shell can protect oneself from. This is coated over, worked at day in day out, until the grit is one day a pearl; yet it must be fished from the depths and pried loose. Then when the grit is redeemed, it is worn. It must be worn on the warm skin to keep its lustre.' (Hillman, 1990: 19)

Artwork

Hanging on threads, the mass of images resembles a vast cloud or an exploded map. The cyanotype blue gives the piece coherence and the inclusion of maps and photographs places it geographically. Around these most factual elements swirls the immediacy of individual narrative. A great mix of bold statement, inference, images, sensations and emotions pours from the work and empty medication packets form a kind of backdrop - a daily reality that clunks things back into the present. Images made by over one hundred people hang together. Pictures from the planting project at one of the wards show the progress from seedling to frozen winter leaves and give a temporal framework to the making of the piece. In exploding the original map and the making of a new one, reconstruction is suggested, 'what new social forms are brought into being through the act of remembering' (Adamson, 2013: 212).

The artworks made during the project were brought together to be 'authorless', in the sense that they were not identifiable as the work of named people. This was an essential quality that we looked for and achieved in the pieces produced - to subsume individual identity into a whole was seen as representative of the lost voices in the history of Graylingwell as well as the ongoing lack of voice for those who are part of the mental health care system now. We also wanted to demonstrate the genuine collaboration that the planning and making of the artwork represented. The public response to this piece was the outpouring of a new layer of stories - visitors to the exhibition at the Otter Gallery at the University of Chichester and Pallant House Gallery found the work with all its engulfing sensuousness to be a trigger for their own memories.



Conclusion

'When history goes, so do the people produced by it, whose stories evaporate into a rootless, unbegotten present.' (Taylor, 2014: 262)

During the first public workshop for the Graylingwell Heritage Project local people were asked to bring along items that remained from the hospital. Amongst the keys and Graylingwell currency, a visitor produced a black bin bag filled with art therapy work produced in sessions run by Dr Brian Vawdrey, a well-respected psychiatrist and the Senior Registrar at Graylingwell Hospital from 1954 to 1985. What emerged was a treasure trove that included artwork produced by a number of his patients. In his doctoral thesis, held at West Sussex Records Office (but not currently in the public domain), Vawdrey gives us an insight into the early years of art therapy and, perhaps unusually for the time, a voice to those he had worked with; the words in the title of this paper "What I need my hands to talk about" are a reflection on the power of art and making during one woman's recovery. The discovery of this work formed a backdrop for the project and a focus on the potential for using art and making as a means of exploring and reframing old narratives, generating new stories in the process. This was an art project that began with an understanding of the value of embodied activity and the profound connection between making and telling personal stories. We wanted to create an environment through making

that held the potential for meaningful interaction, moments of connection, looking at the past very consciously from the present. This was not an exercise in rosy-tinted nostalgia nor a story of Victorian asylum horror, but an attempt to allow real stories from people who had been patients, relatives and staff at the hospital to arise. We hoped that in doing so some of the stigma around Graylingwell and the secrecy surrounding discussion of mental health itself might be dissipated.

In the currently beleaguered mental health care system, art activities are often seen as a difficult to resource addition, but looking back into history we see that engagement in making activity was central to the care of the mentally unwell and embedded in the day-to-day life of the hospital. In getting rid of the system of residential psychiatric care (often for good reasons), had something valuable been lost? To lose the activity of making is perhaps to lose the potential to generate stories.

'Change happens only when you replace one story with another. When we develop the right story, and learn how to tell it, it will infect the minds of people across the political spectrum... It should resonate with deep needs and desires.' (Monbiot, 2017)

In the Graylingwell Heritage Project hearing both critical and positive voices allowed us to find common ground, thinking ahead to consider the ways in which new creative relationships between individuals and communities could be established. Activities that are devised, owned and championed by those who are, or have been, part of the system are powerful, challenging the status quo and acknowledging the potential for change. Craft, art and making can be part of this, 'we should embrace it as a dynamic cultural force in which claims to cultural memory... are intermingled with more active, self-consciously modern, and therefore potentially disruptive forces.' (Adamson, 2014: 210).

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All photographs by Rachel Johnston, Graylingwell Heritage Project

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Further details of the project including artwork, excerpts from oral histories and research papers are available in the project booklet 'Beneath the Water Tower', edited by Edom, Johnston, Rance-Riley, Slay and Wright ISBN 978-1-907852-34-3 (printed publication) available from Pallant House Gallery Chichester and the West Sussex Records Office or as an e-book version at the University of Chichester's chiprints: <http://eprints.chi.ac.uk/1695/>

Interviews with the Creative Team are featured in an article 'Therapeutic Endeavours?' by Marc Steene in the Pallant Magazine number 35, March-June 2015 pp36-39: <http://pallant.org.uk/join-support2/join-support/join-support/friends1/gallery-magazine/previous-issues1/issue-35--leon-underwood>

Endnotes

¹ Outside In is a charity that provides a platform for artists who face barriers to the art world www.outsidein.org.uk