What matters in Making and Cloth(ing)-led Facilitation in healthcare? Towards a practice framework for enhancing participation and collaboration.

(Volume 1 of 2)

By Rhian Eve Solomon

University of the Arts London

London College of Fashion

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ABSTRACT

Facilitation is an established profession that holds its origins in systemic and rapid organisation change and technological advancement occurring since the 1980s. It is a practice that accompanies strategic planning, performance management and public consultation initiatives and is used in individual and group settings to foster participation, behaviour change, and to enhance collaboration. Within the UK health sector, Facilitation has become increasingly drawn upon to respond to significant changes occurring over the last 25 years, catalysed by market-based reforms, technological innovation and financial pressures. And accompanied by a rise in long-term conditions, an ageing population and growing expectations of an increasingly informed population. Professional Facilitators are, today, employed in this setting to support the alignment of services with patients' values and in the Co-Design of health services. These practices use a range of tools and methods to facilitate the contribution of different sets of ideas, cultural customs, languages and standpoints. This PhD reviews Facilitation practices in healthcare with a specific methodological approach - Making and Cloth(ing)-led Facilitation – which is used by the researcher herself, and by other Facilitators in complex health contexts. A review that convenes examples of this type of practice is yet to be conducted.

This study examines contemporary Making and Cloth(ing)-led Facilitation practices in healthcare and uses a New Materialist lens to analyse their materiality – to understand how they *work* and what they *do*. Two distinct types of Making and Cloth(ing)-led Facilitation are reviewed in the thesis: 1. A Facilitated Workshop: Semi-structured interviews with selected Facilitators, accompanied by reflections on the researcher's own practice, examine the mechanics of workshop methods. 2. A Wardrobe Probe : The design and deployment of a Wardrobe Probe, by the researcher, provides insight into the role of self-directed methods in the context of breast cancer care. By detailing 'What matters in Making and Cloth(ing)-led Facilitation in healthcare?' this study provides an enhanced understanding of this approach to Facilitation. And presents practice and ethical frameworks to inform future facilitators working in health settings.

Overall, this piece of research provides insight into Making and Cloth(ing)-led Facilitation in healthcare, consolidates examples of this facilitative approach and presents opportunity for its wider application.

KEYWORDS Clothing, Collaboration, Complexity, Healthcare, Individual and Collective Creativity, Making, Making and Cloth(ing)-led Facilitation, Materiality, New Materialism, Participation, Wardrobe Probe, Workshop Facilitation.

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PREFACE

This research positions a distinct approach to Facilitation in healthcare - Making and Cloth(ing)-led Facilitation. Arriving at this subject, has been informed by a number of professional and personal experiences, pre-dating and during the early phases of this PhD.

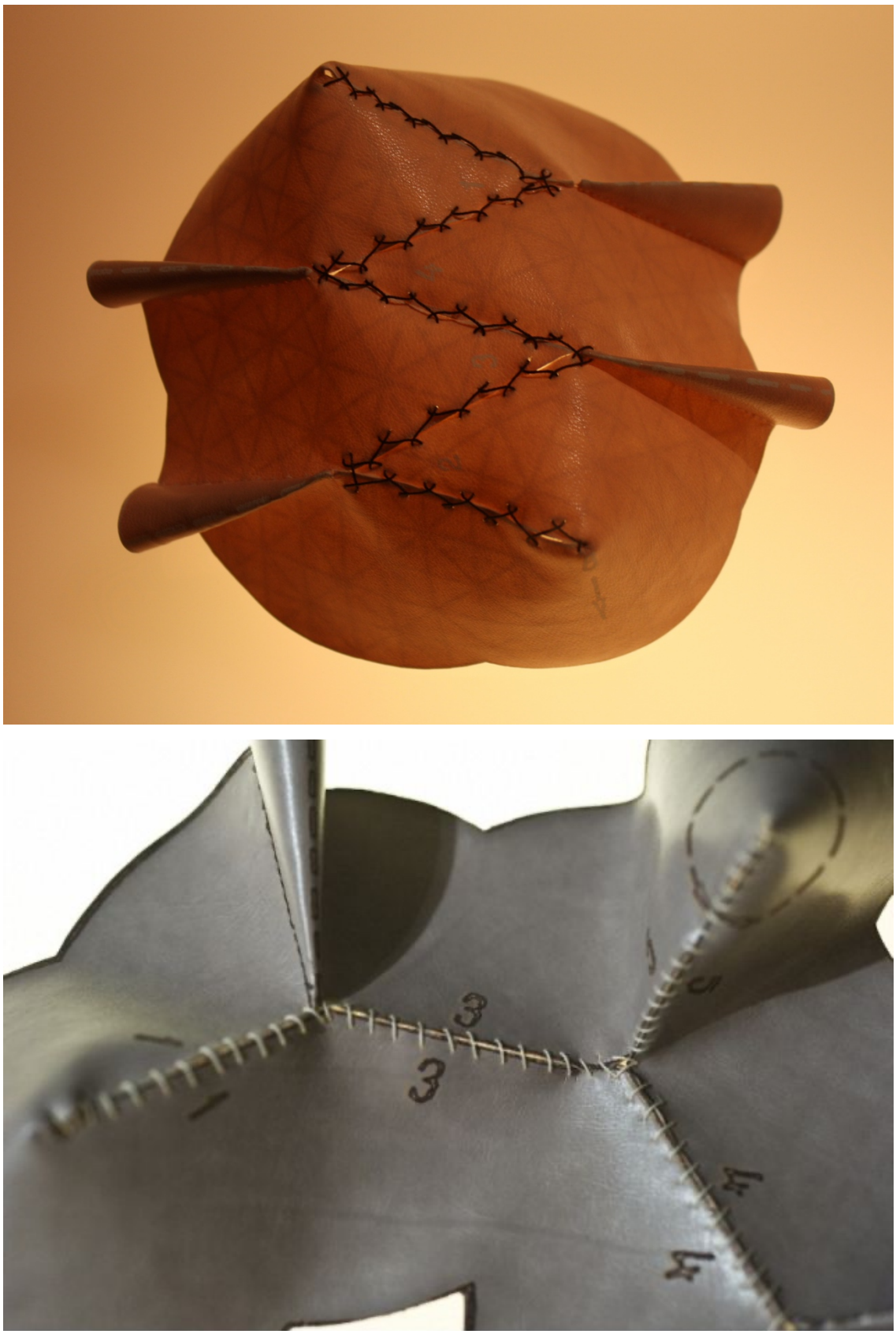
The researcher has adopted and honed a Making and Cloth(ing)-led approach to Facilitation over the last 20 years. And holds a breadth of materials and making knowledge that she has accrued in formal craft education (studying a multidisciplinary crafts degree at Brighton University), through undertaking a series of Artist Residencies - situated in Printed Textiles studios and hospitals (The London Printworks Trust, University for the Creative Arts, Morriston Hospital) and whilst practising, professionally, as an Artist. Her curatorial and editorial interests exploring *bodies in dialogue* (Crafting Anatomies, 2015; 2020) equally have underpinned her Facilitation practice.

The intimate relationship between skin and cloth, our bodies and dress, also underpins much of her creative and Facilitation process. In arts projects, she has explored women's daily rituals of dressing and wearing to understand personal experiences of transformation or visible difference attached to cosmetic and reconstructive surgery, age and weight gain and loss (Solomon 2005; 2008; 2015). In later phases of her career she has fostered interdisciplinary collaborations between medical and design specialists - including reconstructive plastic surgeons, tailors and couture pattern cutters, footwear, knitwear and jewellery designers (sKINship, 2012-15); combining technical knowledge associated with the crafting of skin and clothing (ref. Figures 0.1-0.3) to inform innovation in garment construction and footwear design (Papastavrou, Ciokajlo & Solomon, 2020; Sissons, 2020; Solomon, Sissons, 2013). In research in healthcare settings, she has also worked closely with patient communities (Reconstructing Ourselves, 2014-15, Reboot @Kings College London, 2017) whereby she has advocated for women who have undergone breast reconstruction - supporting complex conversations on cancer treatment and care through artworks and creative workshops. And has facilitated the involvement of people living with Epidermolysis Bullosa (a rare

and debilitating skin condition) in multidisciplinary Co-Design research projects. A drive to enhance participation and collaboration is core to her Facilitation practice.

Personal motivations for conducting this study are also significant for the researcher. Whilst working as an Artist in Residence in a breast reconstruction clinic (Solomon, 2015), her mum was diagnosed with breast cancer. Through observing doctor/patient consultations as part of her professional role, and talking, privately with a close family member about illness and treatment, she has been motivated to explore how individual narratives of illness and recovery can be carefully documented and shared in complex Facilitation contexts in healthcare.

Each of these experiences has led the researcher to consider the potential for Making and Cloth(ing)-led Facilitation in healthcare - to document the core qualities of this type of practice and identify other professionals who work in similar ways. There is a growing community of Making and Cloth(ing)-led Facilitators operating in complex health settings, and this piece of research conducts a review of select examples. In turn, this study convenes an understanding of Making and Cloth(ing)-led Facilitation in healthcare and presents opportunities for how it may inform established, professional Facilitation practices within this setting.



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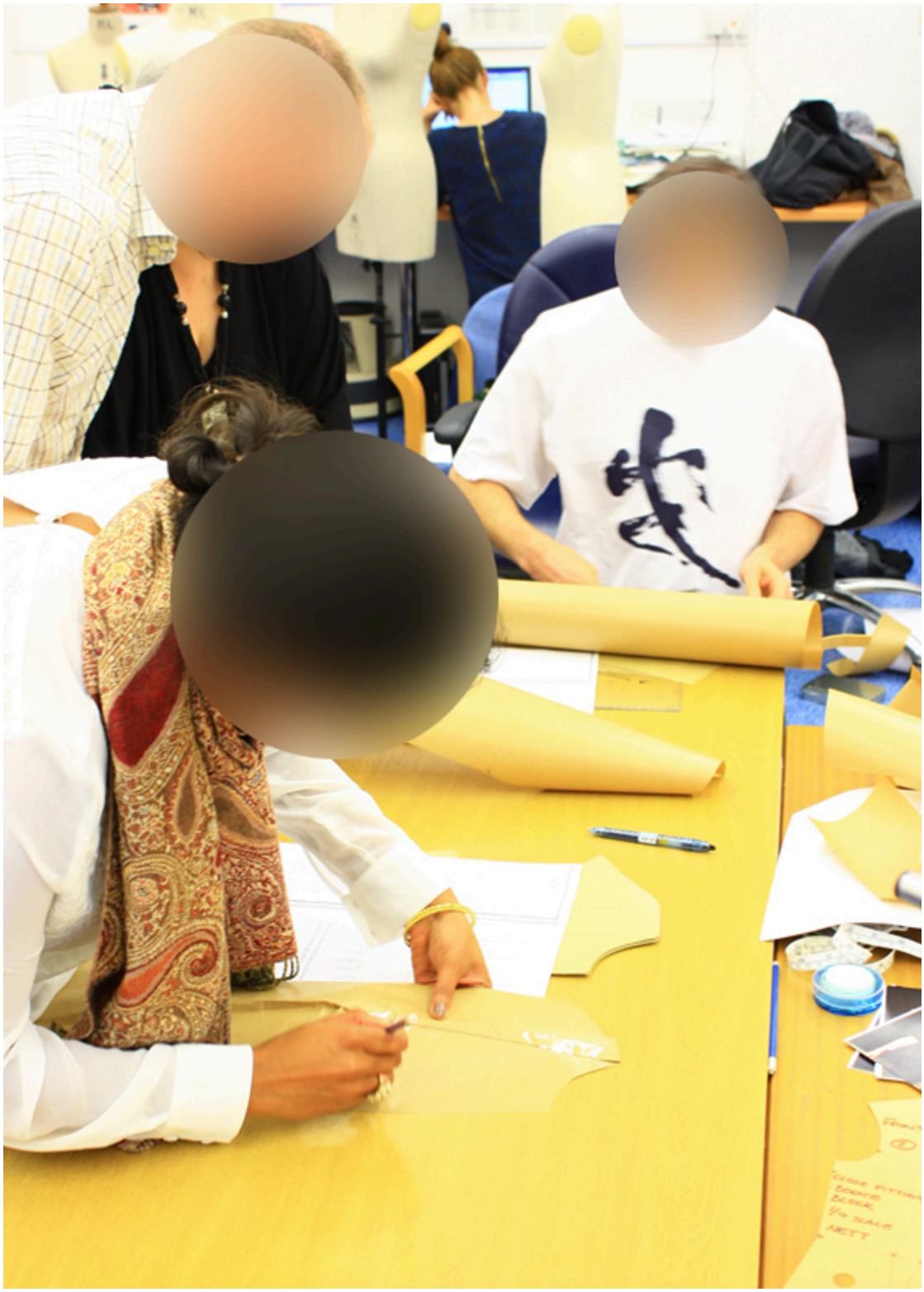


Figure 0.2. sKINship Network (2012-2015) Bringing together medical and design specialists to explore craft as a relational practice. Pattern cutting combined with plastic surgery workshop at St Thomas' Hospital, London, Plastic Surgery Department (2015).

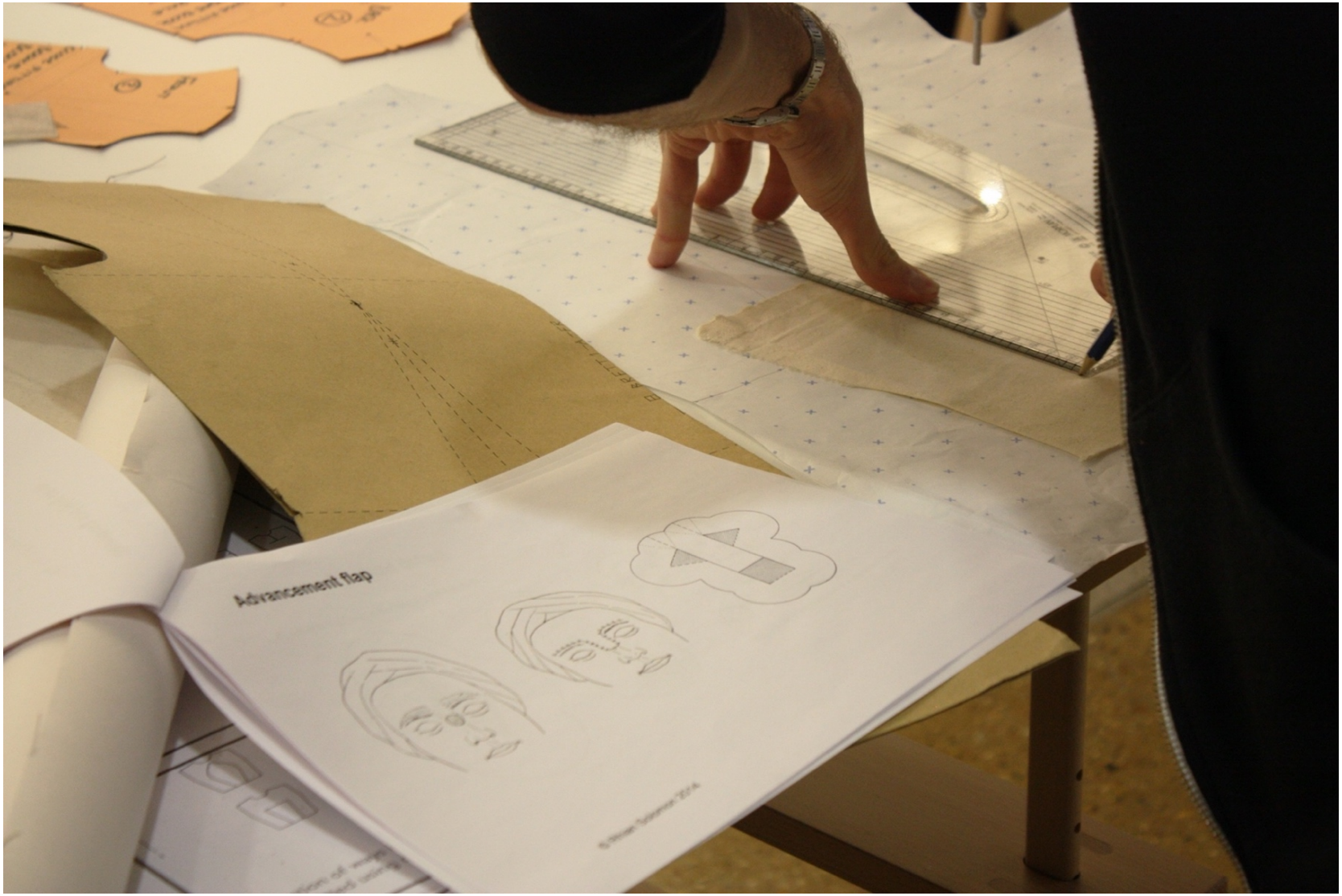


Figure 0.3. sKINship Network (2012-2015) - Bringing together medical and design specialists to explore craft as a relational practice. Pattern cutting combined with plastic surgery workshop at The Institute of Making, University College London (2015) by Rhian Solomon.

STUDY TITLE

What matters in Making and Cloth(ing)-led Facilitation in healthcare? Towards a practice framework for enhancing participation and collaboration.

STUDY AIMS

- To advance knowledge of Making and Cloth(ing)-led Facilitation practices in healthcare.

- To consolidate these forms of practice and open up opportunities for their use in future Facilitation contexts in healthcare.

STUDY OBJECTIVES

- Conduct a review of Making and Cloth(ing)-led Facilitation practices in healthcare.

- Design Making and Cloth(ing)-led Facilitation practice research methods using workshop and probe scenarios.

- Establish a theoretical position to support Making and Cloth(ing)-led Facilitation practices in healthcare.

RESEARCH QUESTIONS AND CONTRIBUTIONS

Knowledge Gap 1

A review of Making and Cloth(ing)-led Facilitation practices in healthcare.

Research Question 1 - What can we learn from Making and Cloth(ing)-led Facilitation practices in healthcare?

This research outlines examples of Making and Cloth(ing)-led Facilitation practices in healthcare.

Contribution 1 – Positioning Making and Cloth(ing)-led Facilitation in healthcare

This research convenes an understanding of Making and Cloth(ing)-led Facilitation practice in healthcare through a New Materialist lens.

Knowledge Gap 2

A set of frameworks to consolidate Making and Cloth(ing)-led Facilitation practice in healthcare.

Research Question 2 - What kind of frameworks can support the design and ongoing delivery of Making and Cloth(ing)-led Facilitation in healthcare?

The research reviews selected examples of Making and Cloth(ing)-led Facilitation practice in healthcare and applies Affect Theory to document and discuss how these practices work. In doing so, the study presents detailed frameworks that consolidate this facilitative approach.

Contribution 2a – Making and Cloth(ing)-led Facilitation practice framework

The Making and Cloth(ing)-led Facilitation practice framework evolved through this study presents a set of 55 Facilitation Approaches to enhance participation and collaboration in future Facilitation practices in healthcare settings.

Contribution 2b – Ethical best practice framework

The ethical best practice framework developed through this study can support future Facilitators in their ethical framing of Making and Cloth(ing)-led Facilitative practices in healthcare.

Contribution 2c - A framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare, applying a New Materialist lens.

The study also provides a framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare using a New Materialist lens. It demonstrates the feasibility of this approach to evolve new understandings of materiality in this practice context and supports different approaches towards future research.

Contribution 2d – Making and Cloth(ing)-led Facilitation methods

This research has evolved a series of Making and Cloth(ing)-led Facilitation methods 1. Wardrobe Probe, 2. Facilitated Workshop, that have been piloted, tested, and evaluated by service users, clinicians and designers within the context of breast cancer care.

KEY BENEFICIARY COMMUNITIES

Breast cancer service users

The Wardrobe Probe and Facilitated Workshop methods developed in this study (phase 2) have the potential to therapeutically support people affected by breast cancer. These methods provide enhanced self-knowledge and awareness for self-care. They also provide a set of tools to support breast cancer recovery through clothing choices.

Professional Facilitators in healthcare

The Making and Cloth(ing)-led practice and ethical frameworks developed through this study could inform Professional Facilitation practices in healthcare to enhance participation and collaboration, as well as the ethical framing of facilitative practice. Healthcare Facilitation and Design Facilitation in health service design are tasked with evaluating and/or designing effective health services, yet rarely engage a Making and Cloth(ing)-led approach.

Practicing Making and Cloth(ing)-led Facilitators in healthcare

The Making and Cloth(ing)-led frameworks generated additionally serve to benefit disciplines that have been reviewed in the thesis to locate Making and Cloth(ing)-led Facilitation including Therapeutic, Socially Engaged Creative Health and Wearable Technology communities. Making accessible the mechanics of these practices, through a New Materialist lens, and consolidating the findings into practice and ethical frameworks, provides a foundation for other Making and Cloth(ing)-led Facilitators to build upon.

Professional Facilitators outside of healthcare

There is scope for the practice and ethical frameworks developed through this study to benefit other Professional Facilitators operating outside of healthcare contexts whose practices are concerned with facilitating participation and collaboration in complex group settings. While the research has focused specifically on the application of Making and Cloth(ing)-led approaches to Facilitation in healthcare settings, the frameworks provide a resource for individual and collective working that can be tailored for other Professional Facilitation contexts.

THESIS CONTENT OVERVIEW

Chapter 1 of this thesis presents the research context and theoretical framework for the study. The profession of Facilitation and catalysts for its emergence are clearly defined and specifically outlined in the context of healthcare. As are, accompanying professional facilitative roles (Healthcare Facilitation/Design Facilitation) that are currently applied in this setting. The purpose of this opening text is to demonstrate what Facilitation is and how it is currently, formally recognised and practised in healthcare.

To position the specific methodological approach to Facilitation with which this study is concerned - Making and Cloth(ing)-led Facilitation in healthcare - the researcher presents examples of her own Facilitation practice by presenting a series of projects, predating and occurring at the beginning of this study, that adopt this particular approach. In doing so, she is able to identify core qualities and capabilities of this facilitative methodology which she has used to locate other practitioners operating in a similar vein in healthcare.

To further situate Making and Cloth(ing)-led Facilitation in healthcare, the researcher demonstrates how this practice is currently engaged by these other Facilitators. In Therapeutic contexts, under the guise of Body-Mapping practice and Art Therapy; In Socially Engaged Creative Health, whereby facilitative methods are used in community cohesion projects in healthcare. And in the Design for health sector, in both the design of services, and, in the design and making of wearable health technologies. What connects these practitioners is their facilitative approach which combines making, cloth and considers material intimacy with the body. In reviewing her own practice alongside that of others, the researcher makes the case for Making and Cloth(ing)-led Facilitation as an effective approach to Facilitation in healthcare, necessitating a review of relevant practices.

Chapter 1 continues by setting out the theoretical framework for the study - New Materialism – which is presented as a conceptual lens and suitable analytical tool to conduct a practice review of Making and Cloth(ing)-led Facilitation in healthcare. A clear set of research questions defining the intent for the study concludes the chapter.

Chapter 2 of the thesis sets out the methodology for the study – describing how Making and Cloth(ing)-led Facilitation practices will be evolved and analysed within the research. Here, the specific contexts of analysis are presented as two different Facilitation methods – The Facilitated Workshop and The Wardrobe Probe. The former is a setting of collective creativity, designed to catalyse collaboration. The latter, positioned as an intimate activity completed by participants independently. The chapter continues with outlining the rigorous ethical framework engaged when conducting the study, alongside processes of sample selection, recruitment and data collection that are applied. It concludes with a detailed description of the analytical approach used in the research – drawing on Affect Theory - to analyse the mechanics of Making and Cloth(ing)-led Facilitation practice in healthcare.

Chapters 3 and 4 of the thesis form two independent discussion chapters, to describe the inner workings of Facilitated Workshop (Chapter 3) and Wardrobe Probe methods (Chapter 4). These chapters present and discuss the study findings - exploring how these Facilitation methods operate in the complex healthcare contexts that they're applied. Through the discussion, an extensive set of Making and Cloth(ing)-led Facilitation approaches are evolved which are presented as a practice framework for Facilitators seeking to engage this approach in future health contexts. This framework features as a schematic at the end of each discussion chapter.

The thesis concludes by outlining the limitations, study benefits and recommendations for applying Making and Cloth(ing)-led Facilitation in future healthcare Facilitation contexts.

CHAPTER 1 LITERATURE REVIEW

This chapter makes the case for conducting a review of Making and Cloth(ing)-led Facilitation practices in healthcare, using a New Materialist lens.

Select examples of Facilitation practice were identified based on criteria derived from the researchers own practice. These included Making and Cloth(ing)-led Facilitation,

- That arises in complex healthcare settings,
- That combines making, cloth/clothing in facilitative methods,
- That considers the intimacy of materials with the body in the design of methods.

In selecting practitioners that align with a Making and Cloth(ing)-led Facilitation approach, the researcher was able to generate a critical lens for the study and ground her own Facilitation practice in a contemporary facilitative field in healthcare. This also narrowed the scope of the research into a more manageable area of study.

Examples of practitioners that aligned and were selected for review were both established and emergent, providing a nuanced perspective on the research topic. Established practitioners included professionals who had a Making and Cloth(ing)-led facilitative practice that they had honed across a number of years, documented in peer reviewed journals and curated national exhibitions and projects. Emergent practitioners highlighted communities where a Making and Cloth(ing)-led approach to Facilitation is relatively new, with fewer examples to discuss. Whilst no date limit was set on selecting cases, the majority of examples had occurred within the last 15 years, a period in which Facilitation has become increasingly drawn upon in the health sector. The practices discussed in this chapter demonstrate a sample of both relevant and contemporary Making and Cloth(ing)-led Facilitators to position this specific approach to Facilitation in healthcare.

The researcher drew on a variety of sources to conduct this review which included peer reviewed academic sources from..

- Relevant journals from creative and medical fields (E.g. Journal of Applied Arts and Health, Journal of Arts and Communities, Journal of Textile Design, Research and Practice, Co-Design Journal, BMC Health Services Research, Fashion Theory, International Journal of Fashion Studies).

- Conference proceedings and workshops (E.g. Design Research Society, Making Futures, CHI conference in human factors in computing systems, Designing Interactive Systems, Design4Health).

- Book chapters (E.g. Embodied Perspectives in Psychotherapy, Craft and Design Practice from an Embodied Perspective, Thinking through Fashion, Handbook of Textile Culture, Routledge International Handbook on Practice Based Research).

- Publications by relevant research conferences (E.g. The Health and Care Research Cluster @ The Royal College of Art, Lab4Living at Sheffield Hallam University).

The researcher additionally engaged with grey literature, encompassing..

- Professional Facilitation methods libraries/networks that support facilitative practices (E.g. The Stitching Together Network, The International Association of Facilitators, maketools.com, servicedesigntools.org).

- Funding reports and supportive documentation produced by relevant organisations (E.g. Wellcome Open research, Crafts Council UK, Kings Culture).

- Individual Facilitator websites.

Through this literature review, the researcher 1. positions Making and Cloth(ing)-led Facilitation practices in healthcare, 2. defines a need to consolidate and review examples of this methodological approach. And, 3. presents a theoretical lens to advance understanding of these material practices.

Figure 1.1. provides a schematic overview of the literature review content and structure.

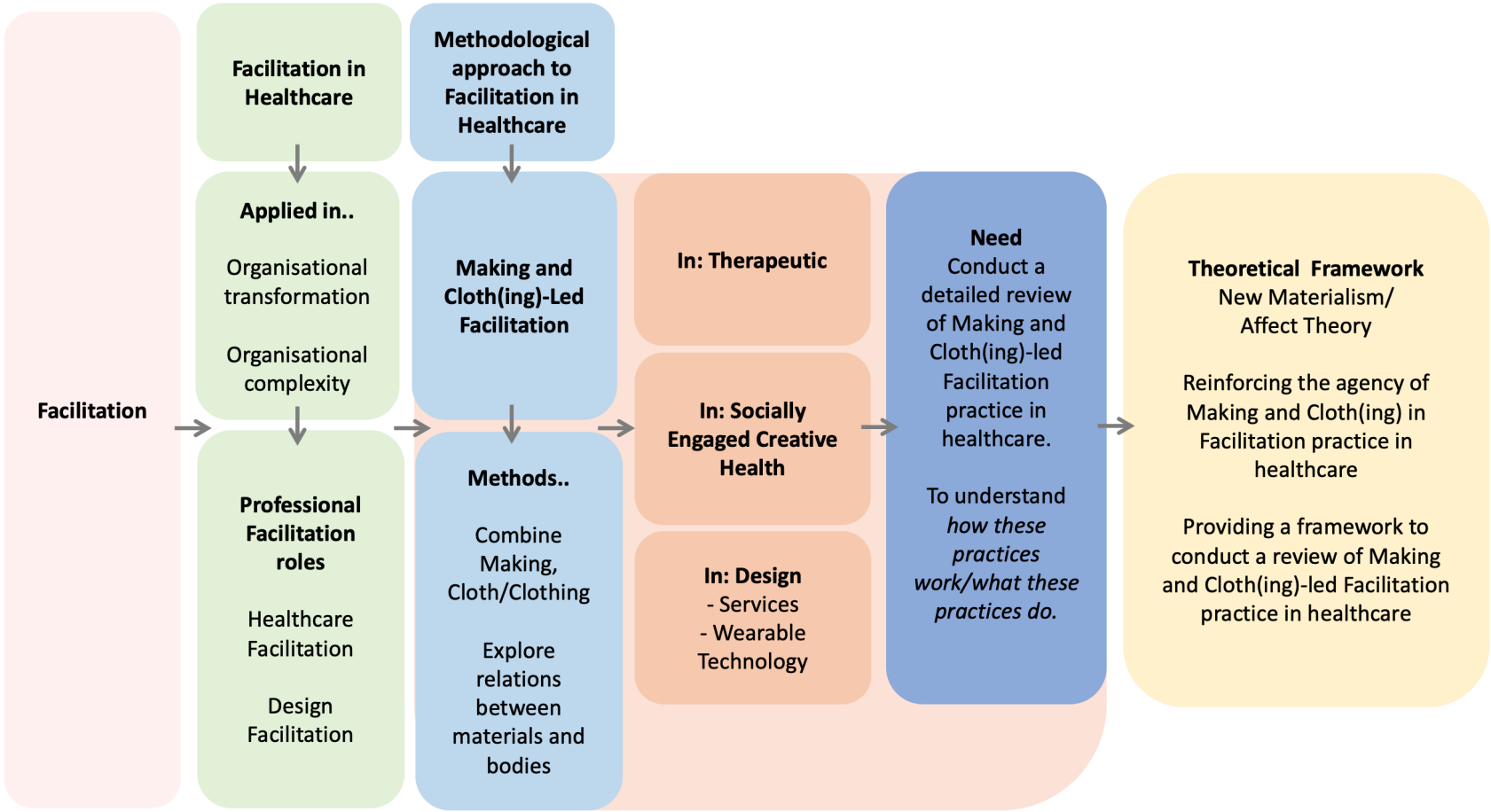


Figure 1.1. Schematic overview of literature review content and structure (2025) by Rhian Solomon.

1.1. RESEARCH CONTEXT

1.1.1. PROFESSIONAL FACILITATION

Facilitation, is an established profession that has its origins in systemic, rapid organisational change and technological advancement occurring in the global north in the 1980s. Initiatives integrated into business and industry as a result - including strategic planning, performance management and public consultation – all required Facilitation (Hunter, 2012; Kaner, 2014; Newman, 2023; Von Korff, 2024).

Today, Professional Facilitation is engaged in individual settings to support participation, self-discovery and behaviour change. As well as in group contexts to resolve conflict in business, enhance knowledge transfer in multi-disciplinary teams in industry and develop communication within and across organisations to achieve synergy (Kaner et al. 2007). It is a complex and fluid role[1] in terms of its expectations and skills, and in the variety of contexts of application (Schumann, 2005). Facilitation 'encourages open dialogue among individuals with different perspectives, so that diverse assumptions and options may be explored' (Hogan 2002, p.10). Facilitation is also 'the body of expertise associated with cooperation and collaboration...concerned with ways of ensuring that everyone can fully participate in decisions that affect them' (Hunter 2012, p.1).

Facilitators, themselves, require the intuitive ability to lead participants 'towards self-generated knowledge, participative decision making and consensus' (Hunter 2012, p.2). Their job is to promote mutual understanding and cultivate shared responsibility (Hunter 2012, p.16). Since its inception as a recognised occupation, Professional Facilitation has been applied in a number of settings and engaged by a diverse range of practitioners from differing cultures and backgrounds (Hogan, 2002; 2003; Hunter, 2012; Newman, 2023; Von Korff, 2024). This piece of research is specifically concerned with reviewing Facilitation practices located in healthcare settings.

[1] The International Association of Facilitators (founded in 1994, after a flurry of activity in the specialism) have created a framework of professional competencies (through consultation with their global network of facilitators) to offer clarity over the skills and requirements of the profession. They have consolidated a suite of Professional Facilitation methods - https://www.iaf-world.org/site/.

1.1.2. FACILITATION IN HEALTHCARE

1.1.2.1. *Rapid organisational change in the health sector*

Within the UK health sector, significant changes to the design and provision of services have occurred across the last 25 years (Bate & Robert, 2022; Cottam & Leadbeater, 2004; Prendiville, 2019; Sangiorgi, Prendiville & Ricketts, 2014), catalysed by market based reforms, technological innovation and financial pressures. As well as a rise in long term conditions, an ageing population and growing expectations of an increasingly informed population (Chamberlain et al., 2015). Key transformations have encompassed the accelerated digitisation of services, as well as organisational and structural changes that seek to decentralise, integrate and personalise care (NHS.ORG, 2025). The personalisation of healthcare[2] (National Archives, 2000; Prendiville, 2016; 2019; Sangiorgi, 2011a; 2015) particularly, has necessitated organisations to shift from a model of doing things 'to' and 'for' their patients, towards developing services that are 'patient' led (Chamberlain et al., 2015; Cottam & Leadbeater, 2004; Donetto et al., 2015; Robert et al., 2015) which has encouraged patients to participate in service design and evaluation; to become 'agents of future healthcare' (Jones 2014, p.90). Whilst the democratization of care has enhanced representation of patient and service user voices (Cottam et al., 2006; Greenhalgh & Papoutsi, 2018; Penin, 2018) and acted as a resource for competitive advantage (Bate & Robert, 2022; Donetto, Greenhalgh et al., 2016; Prendiville, 2019), fostering cultures of participation has perpetuated complexity within the health sector (Fischer, 2011; Sangiorgi, 2014) and placed radical new demands on the professions drawn upon to rethink healthcare provision (Prendiville, 2016; Sangiorgi, 2011a; 2014; Sangiorgi & Prendiville, 2017; Thackara, 2018). Significant shifts occurring in this sector have required strategic planning, performance management and public consultation. Consequently, a need for Professional Facilitation has emerged.

[2] Devised by The Labour Party and published in July 2000, The NHS Plan outlined significant changes to how healthcare in England was to be organised, with the intention of modernising the service. The program represented one of the key milestones in the development of choice and competition in the NHS (The Health Foundation, 2024).

1.1.2.2. *The complexity of the health sector*

By nature, healthcare organisations, in themselves, are also intricate, adaptive services, systems and environments (Buchanan, 2015; Manzini, 2015; Thackara, 2018), that are socially complex with clearly defined institutional cultures; high degrees of specialism, language differences (Greenhalgh & Papoutsi, 2018; Mol, 2002; Sangiorgi et al., 2019) and strict hierarchies of knowledge[3] (Lupton, 2012, 2019; Mol, 2002; Slatman, 2014; 2019) and power (Foucault, 1977, 2012; Hancock, 2018). Knowledge residing in these organisations is vast, diverse, embodied[4] and tacit[5] due to the practice-based nature of medicine as well as the lived dimension of illness and treatment[6] (Aho, 2013; Leder, 1992; 2016; Svenaeus, 2017). This is both ethically and emotionally complex to survey[7] (Policy Lab, 2024) and notoriously difficult to engage and transfer to another person, by means of writing it down or verbalising it (Oertzen, Vink & Azevedo, 2022; Polanyi, 1966; Zipperer, 2016).

The advanced social complexity that is inherent in healthcare organisations, equally, has required new processes and tools, attuned to the collaborative and participatory nature of work. Facilitation practice has become crucial within this setting.

---

[3] Ontological and epistemological perspectives of the body define cultural differences and paradigms of knowledge in medical practice today. Biomedical ontologies have predominantly attributed knowledge to the material workings of the body and less so to patient narratives (Leder, 1992, 1990; Lupton, 2012; Slatman, 2014, 2019; Toombs, 2012).

[4] Embodiment, a branch of phenomenology, refers to the way that individuals negotiate their everyday lives via the utility of their bodies (Merleau-Ponty & Landes, 2013), how they mediate, interpret and interact with their physical and social environments…which is experienced within particular historical, cultural, political and societal frames (Slatman, 2014; Slatman & Widdershoven, 2015; Slatman, 2022). Bodily acts are not just mechanical, they are lived (Leder, 1992b).

[5] Tacit knowledge is a type of knowledge that is highly personal and difficult to articulate. It is knowledge that is embedded in the experiences of individuals, including mental modes and beliefs (Polanyi, 1966).

[6] Exemplified by a growing interest in phenomenological approaches in medicine - including Person Centred Care (Skills for Health, 2017) and Narrative Medicine (Zaharias, 2018).

[7] Patients living with pain or injury experience a form of bodily self-awareness as life shifts in relation to illness and treatment. (Leder, 1992; Toombs, 2012; Slatman, 2014; Slatman & Widdershoven, 2015). Referred to by Michael Bury as Biographical Disruption (Bury, 1982).

1.1.2.3. *Healthcare Facilitators – Quality improvement*

Today, professional Facilitators in the health sector, referred to as Healthcare Facilitators, are appointed in contexts of quality improvement to enhance process measures and safety outcomes (Kilbourne et al., 2023) and are drawn upon to evolve patient engagement and to improve alignment of services with patients stated values (NHS, 2025). Facilitators may be tasked with facilitating group meetings or workshops to develop an understanding of how services can be improved for patients and staff. Or they may support healthcare professionals to use evidence to evaluate their current practices against best practices. Professional Facilitators operating in healthcare are also drawn upon to build workforce capability, enhance interprofessional collaboration and support complexities of change (Dogherty et al., 2010).

1.1.2.4. *Design Facilitators – Co-Designing health services*

Professional Facilitation is also applied in the context of healthcare service design, which increasingly facilitates the participation of patients and clinicians to evolve effective clinical pathways and services to improve the success of service outcomes (Bate & Robert, 2022; Donetto, Greenhalgh et al., 2016; Prendiville, 2019). Borne out of Participatory Design practices and principles[8], Design Facilitation[9] ensures that designed outcomes meet the needs and expectations of those who will be affected by it (Bodker et al., 2021; Simonsen & Robertson, 2012; Smith et al., 2025). Design Facilitation is a profession that 'navigates diverse perspectives while serving as a catalyst for the identification of new solutions and opportunities to align seemingly disparate interests' (Body, Terrey, Tergas, 2010, p.7). It fosters situations of mutual learning in order to include voices that were once excluded (Aguirre, Agudelo & Romm, 2017; Mosely, Markauskaite & Wrigley, 2021; Mosely, 2023; Napier & Wada, 2016). And is recognised

[8] Participatory Design is an emancipatory and critical field of Design that actively involves stakeholders in a Design process. It aims to equalise power relations, engage democratic practices and evolve tools and techniques that help differing actors express their needs and visions (Simonsen & Robertson, 2012). Since its inception in 1970's Scandinavia, where it was engaged to empower workers in the manufacturing industry, Participatory Design has gained significant attention from designers. It expands across multiple Design fields and is applied in the Design of services, products and policies in both public and private sectors (Halskov et al. 2015).

[9] In recent years, an array of socially responsive sectors have applied Design Facilitation in contexts as diverse as Textile Design (Ballie, 2014; Walker et al. 2015); Urban Regeneration (Lee, 2008, 2006; Raijmakers et al. 2009; Tan, 2012); Design for Social Innovation (Amadeu, 2016) as well as Healthcare (Aguirre, Agudelo & Romm, 2017; van der Lugt & van der Laan, 2017; Napier & Wada, 2015).

as ‘an interdependent, dynamic practice influenced by both the Design Facilitator's personal characteristics and behaviours, and the shared characteristics of joint activity and the environment’ (Mosely 2021, p.1)[10]. Design Facilitation offers communities, both receiving and delivering health services, the opportunity to engage in the design process, share insights, experience new concepts and imagine new ways of responding to design challenges. And as Design has become increasingly participative and socially complex within the health sector (Cottam & Leadbeater, 2004; Robert et al., 2015a), the role of the Design Facilitator and their accompanying facilitative methods has become more frequently integrated and sought after.

Tools engaged by these Professional Facilitators in healthcare encompass a wide range to enhance participation and collaboration – to organise groups, diagnose and explore problems, clarify individual and collective purpose and support decision making. In Healthcare Facilitation, early tools encompassed formal matrix-style activities such as SWOT analyses or Venn diagrams (Improvement Cymru Academy, 2025). Recently, more creative tools have been incorporated, including drawing and graphic Facilitation, interactive games and socio-drama (The NHS Institute for Innovation and Improvement, 2009) and Lego Serious Play (Warburton, 2025).

In Design Facilitation in healthcare, methods are derived from Co-Design and Co-creative methodologies – the earliest example being Experience Based Co-Design (Donetto et al., 2015; Raynor, 2020)[11].

[10] Design Facilitation can be drawn upon at any stage of the design process (Salinas, 2019), in iterative cycles of research and change, to move from ‘what is’ (actuality) to ‘what could be’ (potentiality) (Seravalli 2014, p.72).

[11] Experience Based Co-Design is a structured methodology, evolved by researchers at Kings College Healthcare Trust that brings together people with lived experience (patients, family, caregivers) and healthcare staff to collaboratively identify needs and design solutions - to ultimately implement change (Bate & Robert, 2007; Donetto et al., 2015b; Robert et al., 2015a). It entails staff, patients and carers reflecting on their experiences of a service to improve care pathways in partnership.

Co-Design engages people in a collaborative process, enabling the Designer to obtain a more holistic picture of the user. When using Co-Design methods, the design process is generally owned and managed by the expert Designer (Mattelmäki & Sleeswijk Visser, 2011; Sanders & Stappers, 2012; 2014b) who maintains her identity, whilst eliciting information from the user group to inform the design process. Such methods are considered consultatory in comparison to more recently evolved Co-Creation methods.
Co-Creation focuses less on generating insight into the user and more on facilitating the active involvement of the user as co-creator throughout the design process. In this context, the professional Designer's role becomes one of co-ordinator, developer and provider of appropriate methods (Cottam & Leadbeater, 2004). The user is able to influence the design process as well as its output (Langley, Wolstenholme & Cooke, 2018; Greenhalgh et al., 2016).

Table 1.1. Defining Co-Design and Co-Creation.

In this context, Facilitated Activities frequently encompass creative, in-person workshops, including Design Sprints (Knapp, Zeratsky, & Kowitz, 2016) and Hackathons (fast-paced, hands-on workshops) during the iterative design of healthcare services and products (Alhonsuo, 2020; D'Ignazio, 2021). Facilitated workshops also occur, frequently, online, the popularity of which has been catalysed by the Covid-19 pandemic and healthcare shifting into the home (Gill et al., 2024; Murphy-Morgan et al., 2024; Yarmand et al., 2021).

Both Healthcare Facilitation and Design Facilitation are established professions within the health sector that are engaged to foster situations of democratic and mutual learning (Patrício et al., 2020; Sangiorgi, Patrício & Fisk, 2017) to facilitate the contribution of different sets of ideas, cultural customs, languages and stand points in relation to the subject or problem at hand, through their range of tools and practices. By introducing these established types of Facilitation, an understanding is built of how Professional Facilitation is formally recognised and applied in healthcare to set the wider context of this piece of research. This study, however, is concerned with positioning and reviewing a very specific subset of Facilitative practices used in healthcare that have a particular methodological approach, that are effective in facilitating collaboration and participation in complex health settings. This approach to Facilitation is drawn upon by the researcher herself and by Facilitators hailing from differing disciplines in healthcare,

including Therapeutic and Socially Engaged Creative Health contexts, as well as Service Design and Wearable Technology. The following section of this review will convene these approaches to position Making and Cloth(ing)-led Facilitation in healthcare with further clarity.

1.1.3. SECTION SUMMARY

So far, this review has defined established, professional Facilitation practices that have emerged since the 1980s that have been catalysed by rapid and systemic organisational change in business and industry and more recently, in public health. Significant changes occurring in the UK health sector across the last 20 years, coupled with the social complexity of healthcare organisations, are presented as key factors that have contributed to the emergence and establishment of Professional Facilitation roles within this setting (Healthcare Facilitation and Design Facilitation). These have been mapped out to demonstrate how Facilitation, as a formal professional practice, is engaged and applied in this context. This piece of research, however, is concerned with reviewing a subset of Facilitation practices that are currently drawn upon in healthcare, that have a particular methodological approach – Making and Cloth(ing)-led Facilitation.

1.2. LOCATING MAKING AND CLOTH(ING)-LED FACILITATION IN HEALTHCARE

The researcher's Facilitation experience, pre-dating and in the early phases of this study, has provided an initial understanding of the role and applications of Making and Cloth(ing)-led Facilitation practice in healthcare. This section of the review discusses these early examples to identify key qualities pertaining to this facilitative approach.

This reflection, as well as the thesis as a whole, has been written in the 3rd person to ensure that the researcher was not viewed as a privileged actor but as one insider source of knowledge amongst many (Fox & Alldred, 2022). A New Materialist perspective in research de-centres the role of the researcher and emphasizes the role of other factors that may be contributing to the research practice (ref. p.97-99). This study was also structured around a multi-participant perspective, engaging different communities and voices across the different research phases, to prevent a top-down, researcher-centric approach (ref. p.129-132). By writing the thesis in the 3rd person, the researcher promotes objectivity and contributes to the concept that no single element possesses agency in both the research or facilitative process. Writing the thesis in the 1st person would potentially negate this. The researcher writes only in the 1st person when conducting a written reflection on her personal practice, to support her reflection on thoughts, feelings and experiences and to indicate her presence in her facilitative practice (ref. Appendix E.2.2).

1.2.1. RHIAN SOLOMON - MAKING + CLOTH(ING) IN FACILITATION PRACTICE

The researcher is a Maker by training and has worked as an Artist and Facilitator since 2005. Making sits at the heart of her Facilitation practice and strongly informs her selections of materials, her development of methods and her conceptual responses to facilitated projects. She draws on a wide set of sources and makerly approaches, derived from her training spanning woods, metals, plastics, ceramics and textile materials.

The following section outlines 5 projects undertaken by the researcher between 2005 and 2017.

1. sKINship collaborative network
2. Size Matters
3. Skin as Cloth
4. Reconstructing Ourselves
5. Reboot

1. Through her **sKINship network**[12] (sKINship, 2012-2015), the researcher fostered collaborations between different communities of reconstructive plastic surgeons (breast, head and neck, lower limb specialists) and designers who create and make for the body (namely pattern cutters, knitwear and footwear designers) to explore how making could be used to bridge boundaries of situated knowledge in different disciplines. As part of these network activities, Reconstructive Surgeons observed tailoring practice in Savile Row. And Savile Row Tailors and Pattern Cutters learned surgical technique from Surgeons. Both communities were subsequently drawn together in Facilitated workshops that combined making languages and methods of each profession, combining 'cut' and 'construct' techniques to explore how knowledge of the body and accompanying medical or Design practice could be shared between professional communities (ref. Figures 1.1 – 1.3).

[12] sKINship (www.skinship.co.uk) was a professional network that Solomon developed that promoted cross disciplinary collaborations between Visual Arts and Medical practitioners.

Making, within these workshops, enabled Design and Medical communities to connect and explore alternate methods within their work - Surgical techniques, traditionally engaged to reconstruct the body, were applied and translated to designing and making clothing - evolving new pattern cutting techniques and hybrid approaches to garment construction (ref. Figures 1.4 – 1.6) (sKINship + OurOwnsKIN[13]) (Sissons, 2020; Solomon, 2014; Solomon, R. Sissons, J. 2014). The material structure of human skin was also transferred to inform the material structure of 3D printed shoes (Papastavrou, Ciokajlo & Solomon, 2020) (ref. Figures 1.7 and 1.8).

sKINship demonstrates the researcher's expanded view of making and its materiality in the design of her workshops, used to broker collaborations between professionals from both conventional and unconventional 'making-Led' disciplines across Design and Health sectors. The project demonstrates a making-led approach to Facilitation that engages materials and resultant artefacts, to transfer and translate knowledge across disciplines, in turn, enhancing participation and collaboration in complex health contexts.

[13] OurOwnsKIN (www.ourownskin.co.uk) was a consultancy that Solomon ran, with footwear Designer, Liz Ciokajlo, which aimed to 'rethink design for the body.' Solomon's role was to facilitate collaborations between user groups, and medical and apparel sectors during the generative phases of wearable product development.

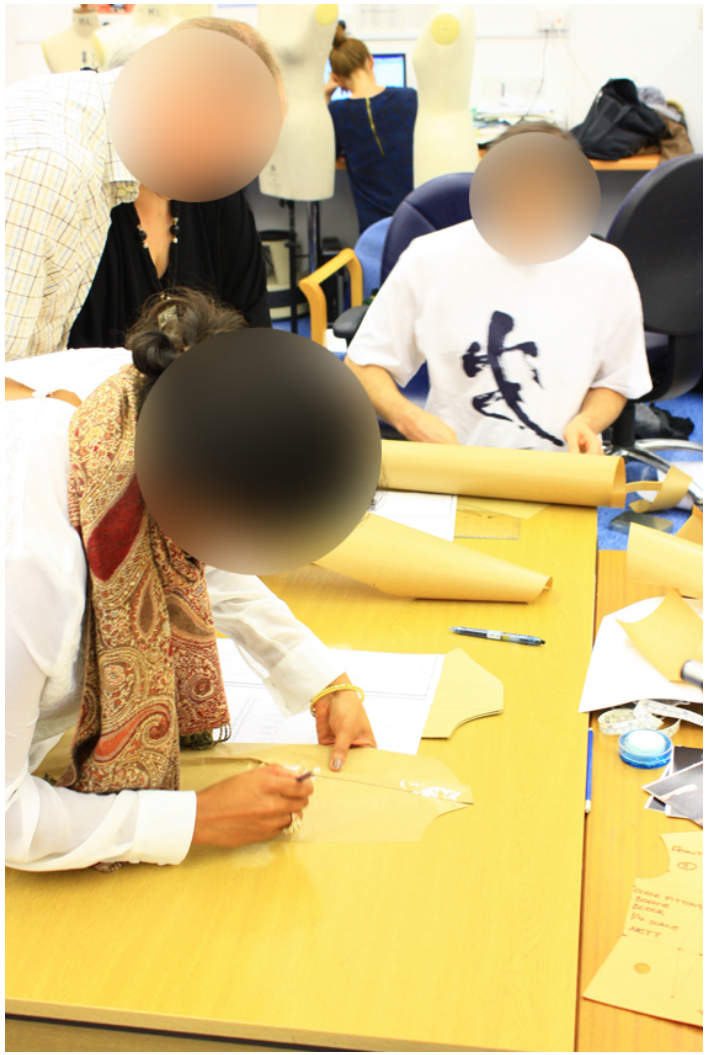


Figure 1.2. (Left) Skin as Cloth - Split screen film comparing 'making' techniques of plastic surgery and pattern cutting (2008) by Rhian Solomon.
Figure 1.3. (Right) Facilitated workshop with Plastic Surgeons of St Thomas' Hospital, London, combining surgical technique with pattern cutting (2014) Rhian Solomon.

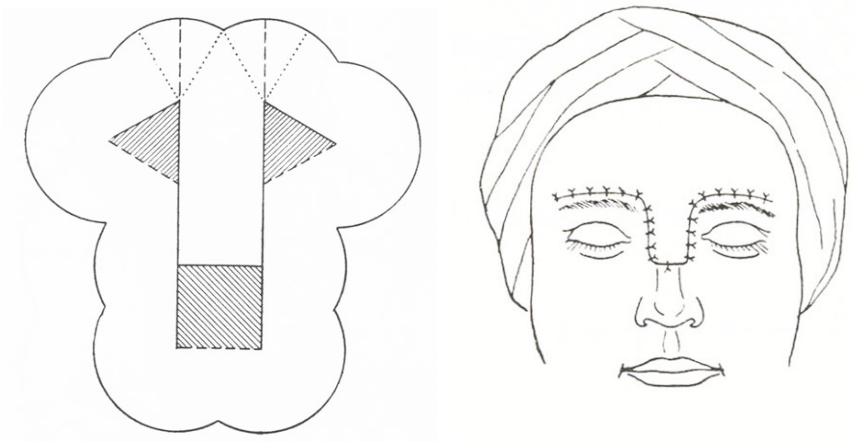


Figure 1.4. (Above) Surgical illustration of an advancement flap (1984) by Alexander Limberg. (Below) Applying concepts of the advancement flap to garment construction techniques. Garment mock-up by Juliana Sissons (2015).

Figure 1.5. (Above) Surgical illustration of a Z-Plasty procedure (1984) by Alexander Limberg. (Below) Applying concepts of the Z-Plasty to garment construction techniques. Garment mock-up by Juliana Sissons (2015).

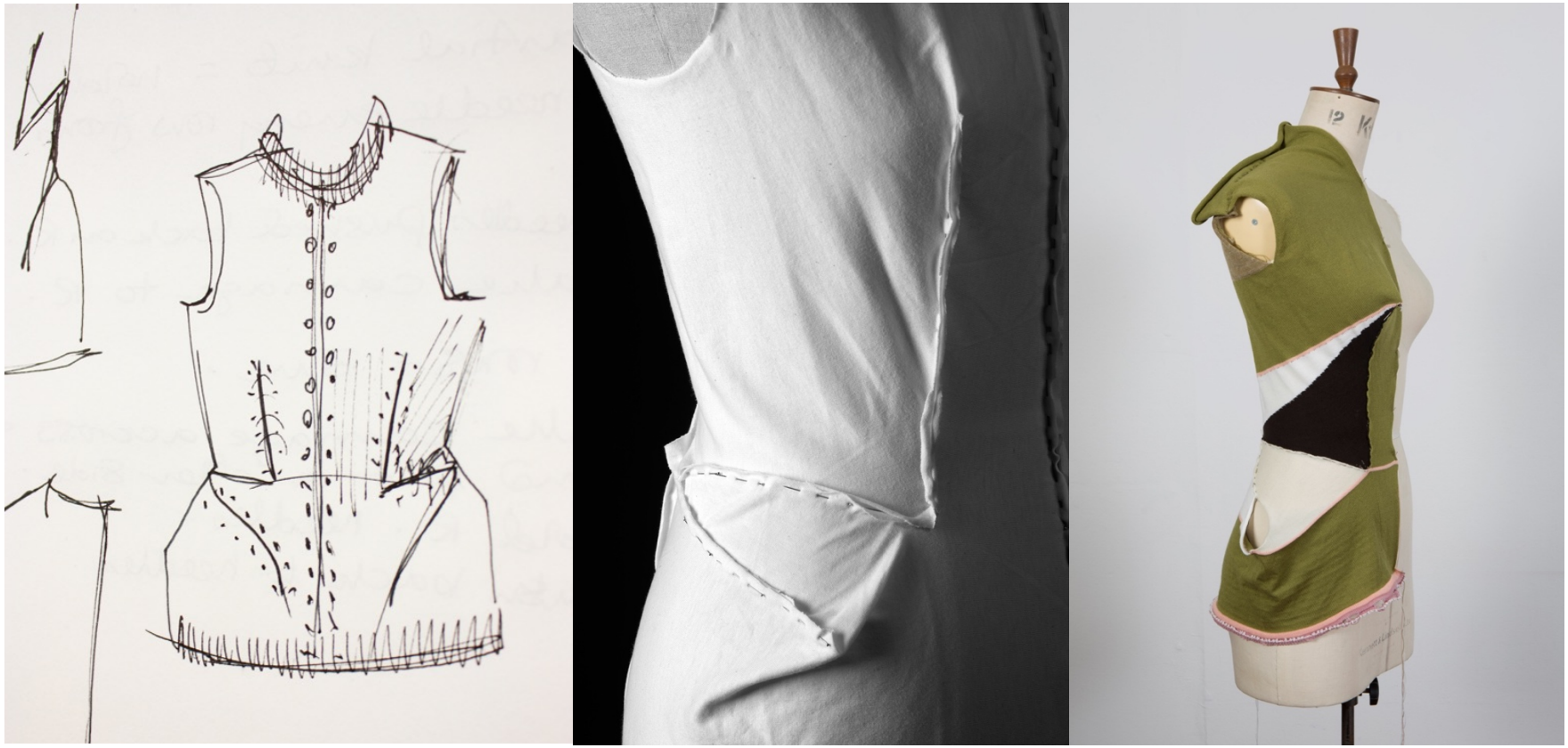


Figure 1.6. Sketches and garment mock-ups applying Z-plasty surgical procedure to dart manipulation and clothing construction techniques (2015) By Juliana Sissons.

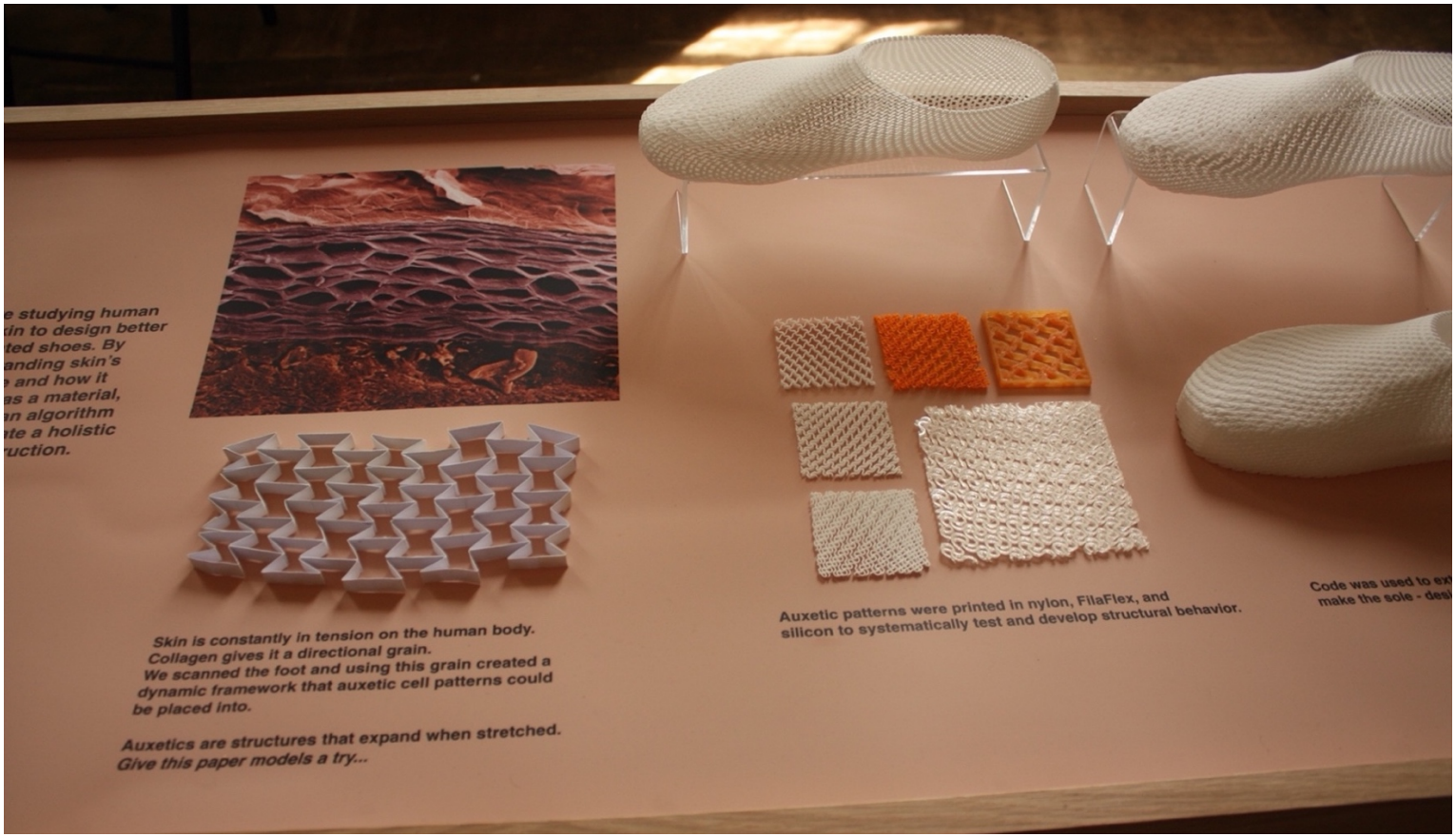


Figure 1.7. OurOwnsKIN project - Applying the knowledge of human skin structure to the design of the material structure of 3D-printed shoes. A collaborative project with Liz Ciokajlo and Manolis Papastavrou (2016) photograph by Rhian Solomon.

Figure 1.8. OurOwnsKIN project - Applying human skin structures to auxetic structures in 3D printed footwear (2016) A collaborative project with Liz Ciokajlo and Manolis Papastavrou. Own image. The researchers' Facilitation methods involve making that is both cloth and clothing-led - She has evolved a Making and Cloth(ing)-Led approach to Facilitation across her career, to date.

2. In **Size Matters** (Solomon, 2005), the aspirational body sizes of 50 British women were individually documented using a set of size belts, made by the researcher. On wearing these belts, the 'desirable' sizes of the women became impressed into their skin, acting as a reference to the social pressures that they felt to conform to a desired aesthetic. Here, clothing ephemera and worn objects and practices of wearing were used by the researcher to communicate individual lived experiences of the physical and social pressures placed on women to adhere to standardised beauty ideals (ref. Figure 1.9). The researcher specifically draws on the relationship between worn items and the wearer to make tacit daily pressures felt by women explicit.

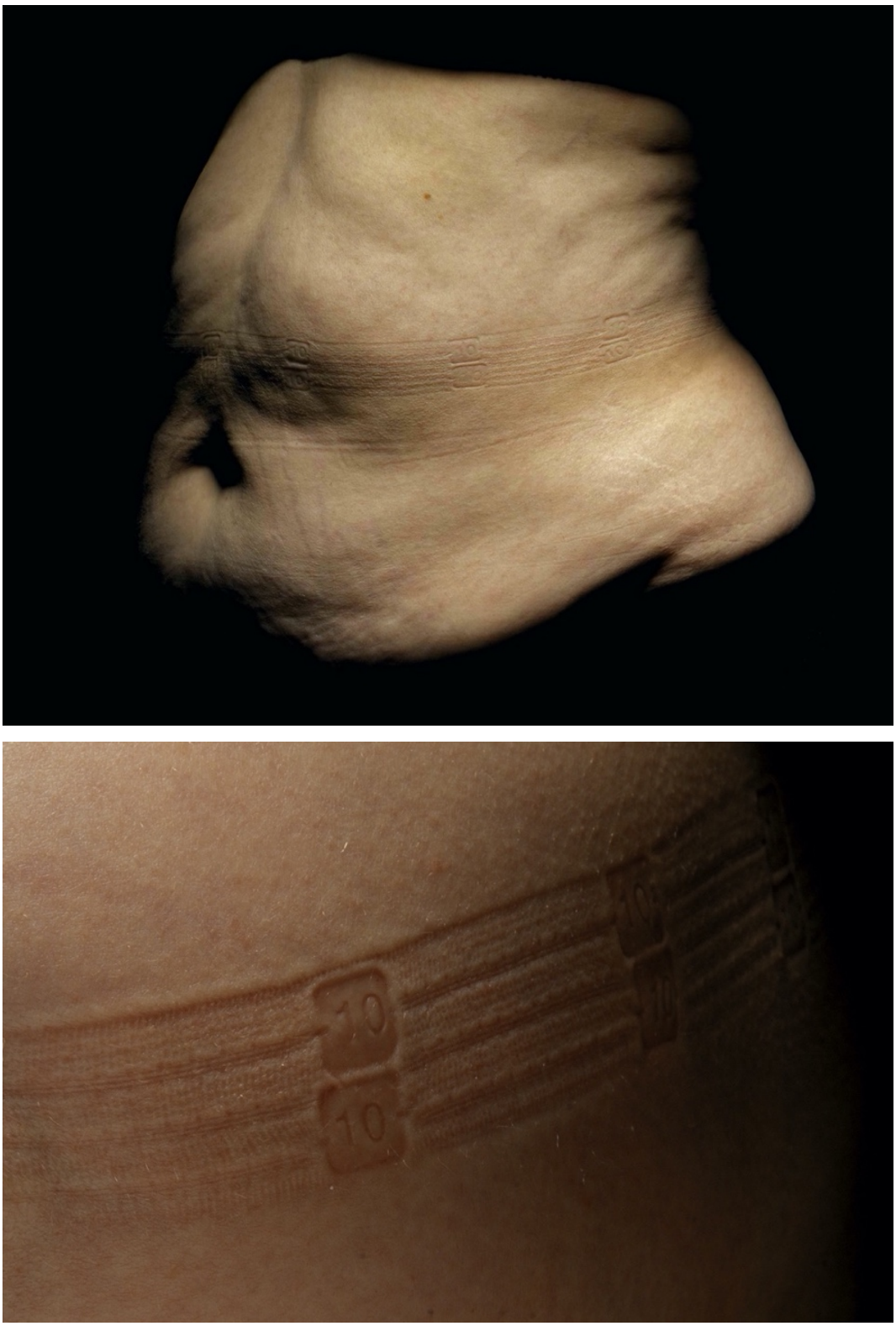


Figure 1.9. Size Matters, by Rhian Solomon. Fifty portraits of women were presented as a book to communicate female aspiration and conformity regarding body size (2005) photographs by Rhian Solomon.

3. In **Skin as Cloth** (Solomon, 2008), women's experiences of cosmetic surgery were discussed using intimate, post-operative compression garments. Individual stories of bodily transformation were audio-recorded and digitally embellished into items worn by the women in recovery. Motivations for undergoing cosmetic surgery were revealed, ranging from career enhancement purposes whilst working in the adult entertainment industry, to the secret surgery of homemakers (ref. Figure 1.10). Here, the researcher intentionally draws on a specific category of garment, worn in close proximity with the body, to document and understand women's choices and experiences of cosmetically altering their material selves. Women's lived experiences were expressed through a second skin.

Figure 1.10. Skin as Cloth – Post-operative, full-body, compression garment, embellished with extracts of women's narratives of undergoing cosmetic plastic surgery. By Rhian Solomon (2008) photograph by John Ayers.

4. In **Reconstructing Ourselves** (Solomon, 2014-2015), an Arts Council Wales funded project, the researcher was Artist in Residence for 18 months in the Breast Reconstruction clinic of Morriston Hospital, where she observed medical consultations, surgical procedures and prosthetic fittings. She also worked closely with a core group of women who were being treated for breast cancer to understand their relationships with their wardrobes across time. A series of multiplicit portraits (ref. Figure 1.11) and autobiographical books (ref. Figure 1.12) created by the researcher documented patient clothing practices, chronologically, during treatment and recovery from breast cancer, which acted as a tool for understanding women's lived experiences of breast cancer and reconstruction. Here, the researchers' facilitative methods focused on visualising changes occurring within women's wardrobes - catalysed by the effects of cancer, its associated treatments, as well as other related factors - to support the expression and reflection of significant physical and emotional shifts occurring for patients.

Figure 1.11. Reconstructing Ourselves – Multiplicit portraits to explore the relationship between women's clothing practices and their lived experience of breast cancer. Exhibited at Maggie's Cancer Charity (2015) By Rhian Solomon. Photograph by Amy Shorter.

Ailsa's Journey

My body has changed with every treatment and every surgery. I have changed shape and have had to adapt, every time I come through another process. I noticed being ill embarrassed some people and made me invisible to others. In turn, I have started to live life louder and a big part of this is that my clothes have got brighter.

I have put weight on but do my best to accept that this is the price of survival. I'm going to sell off the clothes that no longer fit me in a party for friends and donate a percentage of the proceeds to a cancer research charity.

Artist
Rhian Solomon

Photographer
Amy Shorter

I remember wearing an outfit similar to this to work before I was ill. I'd only wear white jeans in Summer but my colours were generally kind of muted before I was diagnosed.

3

Figure 1.12. Reconstructing Ourselves – A series of autobiographical books to explore the relationship between women's clothing practices and their lived experience of breast cancer. Exhibited at Maggie's Cancer Charity (2015) By Rhian Solomon. Photograph by Amy Shorter.

During the Reconstructing Ourselves residency (Solomon, 2014-15), the researcher also designed a series of facilitated workshops for breast reconstruction patients and clinicians. Drawing on processes from the sKINship project (that combined garment pattern cutting with plastic surgery techniques – as referenced above), she developed a nipple reconstruction workshop in cloth, for women considering this form of procedure, following breast reconstruction, which was led by a surgeon within the department (ref. Figures 1.13) (Solomon, 2015a). The researcher also designed and ran a garment construction workshop – alongside Pattern Cutter, Juliana Sissons - combining pattern cutting and plastic surgery techniques, to bring together patients (x6) and breast reconstruction surgeons (x3) (ref. Figure 1.14) (Solomon, 2015b).

The aim of these workshops (Nipple Reconstruction workshop, Garment construction workshop) was to create collective activities whereby different communities could discuss surgical treatment and experience outside of a conventional medical consultation setting. (The researcher had observed numerous pre- and post-operative consultations within clinic as part of the residency, and was keen to explore making and cloth(ing)-led activities to facilitate different types of conversations attached to lived experiences of breast cancer). Both of these facilitated workshops occurred at the beginning of this research study and were key in highlighting the potential for facilitative approaches in healthcare that combined making and cloth(ing). This project equally framed a health focus and context for this PhD research – exploring Making and Cloth(ing)-led Facilitation practice alongside women who have undergone complex breast reconstruction (as explored in Chapter 4 of this thesis).

Figure 1.13. (Above) Nipple Reconstruction workshop at The Welsh Centre for Burns and Plastic Surgery, Morriston Hospital. (Below) Nipple outcomes. Workshop designed by Rhian Solomon and led by Plastic Surgeon, Jon Cubitt (2015) photographs by Prue Thimbleby.

Figure 1.14. Reconstructing Ourselves at The Welsh Centre for Burns and Plastic Surgery, Morriston Hospital. Garment construction workshop, combining pattern cutting and plastic surgery techniques, bringing together women who had undergone complex breast reconstruction (x6) and plastic surgeons (x3) (2015) photographs by Rhian Solomon.

5. In other relevant projects, the researcher applied Making and Cloth(ing)-led Facilitation methods in Co-Design activities. In scoping workshops for the **Reboot** research project at King's College London (Re-Boot, 2017), she developed a workshop to Co-Design footwear and insoles for people living with Epidermolysis Bullosa (EB) - a rare skin condition that causes the skin to become fragile and blister. People affected by this condition and their family members deconstructed and reconstructed existing footwear styles to explore future wishes and requirements for footwear materials and designs. Artefacts produced through these workshops concurrently framed conversations with a complex team of collaborators working on the project (footwear designers, podiatrists, physiotherapists, clinical nurse specialists) to inform future iterations for insole and footwear designs (ref. Figure 1.15).

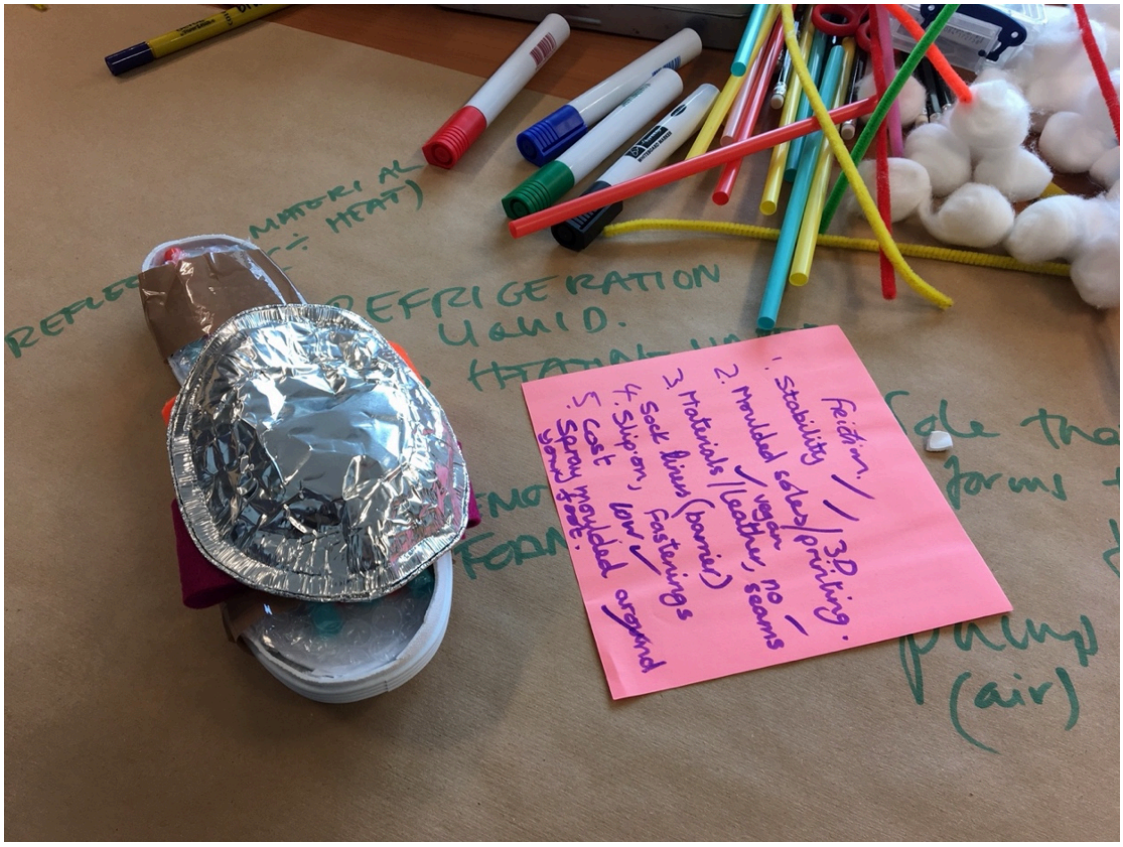


Figure 1.15. Speculative footwear mock-ups made by participants during a Co-design workshop at the Debra annual meeting (2017) photograph by Rhian Solomon. Debra is the patient support organisation for people affected by Epidermolysis Bullosa.

1.2.1.1. *Practice summary*

In reviewing select examples of the researchers' facilitative practice, key types of Facilitative engagement and their applications are demonstrated that support an understanding of Making and Cloth(ing)-led Facilitation practice in healthcare.

The researcher, firstly, communicates the breadth of materials and making knowledge that underpin her Facilitation practice, which informs her material selections, her development of methods, as well as her conceptual responses to facilitated projects. In her **sKINship** collaborative network, she was able to locate making practices situated both within and outside of conventional making contexts – namely design and surgical practices – to explore how making may facilitate communication and collaboration between these fields. Equally, she demonstrates how languages of making and materialities of cloth and clothing can form a universal language to transcend working disciplines and draw communities of Designers and Surgeons together. In sKINship, Making and Cloth(ing)-led practices translate and transfer knowledge of the body across disciplines to inform the design and making of garments and footwear.

In her socially engaged works, the researcher further explores the materiality of clothing, its associated practices of wearing and established relationship with the body, which are drawn upon to evolve conversations around illness, treatment and recovery, conformity and bodily aspiration. For example, the intimate, worn experience of clothing supports access to tacit bodily experiences of body size and gender (**Size Matters**), cosmetic surgery procedures (**Skin as Cloth**) and complex reconstructive surgeries as treatment for breast cancer (**Reconstructing Ourselves**).

Solomon's latter, facilitated workshops in a breast reconstruction clinic (**Reconstructing Ourselves -** Nipple reconstruction, **Reboot -** Co-Designing footwear), additionally provide examples of how Making and Cloth(ing)-led methods can be combined and engaged more specifically in complex, group settings in healthcare to support conversations. These workshops drew on cloth and associated making practices (pattern cutting) to access and share experiences of breast cancer and reconstruction (Reconstructing Ourselves).

Practices of un-making and re-making existing, worn items of footwear in the early phases of a Co-Design process also supported workshop participants to move from a position of *what is* (current, limited and inadequate styles of footwear offering uncomfortable experiences) to *what could be* (future-focused, needs-centred styles of footwear that are designed around the aspirations of patients) in conceptualising experiences of illness and wearing in Epidermolysis Bullosa patients (Reboot).

Each of these examples of the researchers' practice demonstrates the range of Making and Cloth(ing)-led Facilitation approaches as well as the breadth of application and effectiveness of the researcher's methods in healthcare. Sensitive conversations around experiences of body size, gender, complex cosmetic and reconstructive surgeries are broached; technical knowledge of surgery and pattern cutting is transferred and combined across disciplines to shape footwear and pattern cutting design innovation (**sKINship**); group understandings of patient experience are facilitated in complex design teams (**Reboot**); and detailed understandings of intimate lived experiences of gender, size, (**Size Matters**) surgical intervention (**Skin as Cloth, Reconstructing Ourselves**) are understood. The researcher's approach to Making and Cloth(ing)-led Facilitation enhances both collaboration and participation in complex groups, resulting in innovation, collaboration, dialogue and empathy.

Each of these projects demonstrates an approach to Facilitation that engages clothing, its associated materials (cloth and yarn), construction processes (pattern cutting and stitching) and wearing practices, which are engaged and combined in facilitative methods to varying degrees and in various ways. The projects equally communicate how the researcher draws on the intimate relations between the body and materials (through making and wearing) in the design of her methods to access or share lived experience.

Types of Making and Cloth(ing)-led Facilitation Engagement
Draw on a breadth of materials and makerly knowledge
Use Making and Cloth(ing) to translate and transfer knowledge across disciplines
Engage the materiality of clothing and practices of wearing to access and share individual lived experiences
Use worn items to understand intimate stories
Combine un-making and re-making to move from a position of what is to what could be

Application of Making and Cloth(ing)-led Facilitation Engagement (+ project)
Enhance participation (sKINship, Reboot, Reconstructing Ourselves, Skin as Cloth, Size Matters)
Access lived experience (Reconstructing Ourselves, Skin as Cloth, Size Matters, Reboot)
Support collaboration (sKINship, Reboot, Reconstructing Ourselves)
Inform design innovation (sKINship, Reboot)
Support conversations in healthcare (sKINship, Reboot, Reconstructing Ourselves)

Table 1.2. Types and applications of Making and Cloth(ing)-led Facilitation engagement in Rhian Solomon's practice.

The enhanced material knowledge that the researcher brings to this study, as a practising Making and Cloth(ing)-led Facilitator, has helped her to identify core qualities of this type of Facilitation practice in healthcare.

Making and Cloth(ing)-led Facilitation in healthcare..

- **Combines making, cloth and/or clothing in its Facilitation methods.**

- **Explores relations between bodies and materials in its Facilitation methods.**

The researcher has used these criteria to identify other relevant, creative practitioners and material practices also operating in complex healthcare Facilitation contexts. The following section of this chapter provides an overview of the work of a number of practitioners to help provide further context for this type of emerging Facilitation practice in healthcare. Examples of Making and Cloth(ing)-led Facilitation spanning 1. Therapeutic, 2. Socially Engaged Creative Health and 3. Design for healthcare – encompassing Service Design and Wearable Technology settings are presented. Similar to the researcher, each of these practices combine making, cloth and/or clothing in Facilitation practice in healthcare and explore relations between materials and bodies in their methods of delivery. In locating and reviewing these examples, the researcher seeks to evidence the potential for Making and Cloth(ing)-led Facilitation in healthcare settings.

1.2.2. …IN THERAPEUTIC CONTEXTS

Examples of Making and Cloth(ing)-led Facilitation can be observed in healthcare in professional Therapeutic contexts - more specifically, in Body-Mapping practices and in Art Therapy (Leone, 2021).

1.2.2.1. *In Body Mapping..*

Body-Mapping is a participatory, creative and qualitative research tool engaged in therapeutic contexts that are focused on exploring and communicating an individual's life history of an event, illness or trauma (Gastaldo, Magalhães, Carrasco & Davy, 2011; de Jager et al., 2016; Lummis, 2015; Verhoest & Kamiru, 2016) to provide contextualised and multilayered information about life trajectories and health experiences (Gestaldo, 2018). Originally conceived in 2000 in Cape Town, in collaboration with women living with HIV/Aids (Solomon, 2008)[14], Body Mapping has since become used in a variety of countries and across numerous health contexts, to communicate women's health experiences (Trust for Indigenous Culture and Health, 2015), to explore undocumented workers health (Gastaldo, 2012) and to disclose sexual orientation and gender identity (Murasaki, 2016) amidst many other important applications. It has become particularly common practice since 2016 (Gestaldo, 2018).

Body Mapping is a facilitated process that can be conducted both individually or collectively (Gestaldo, 2018), and uses body awareness, making (Lazar et al., 2018), movement and imagination as core forms of expression to manifest the experiences that live inside us (Schwalbe, 2019; Wright, 2024). It is a way of recording and communicating experience, but it is also a creative process in which healing can take place and new direction can be found (Schwalbe, 2019), enabling self-reflection, motivation and personal growth (Gestaldo, 2018) and enhancing the communication of marginalised health and bodily experiences (Schwalbe, 2019). As a practice, Body Mapping positions workshop participants as 'knowledgeable, reflexive individuals, who can better articulate their complex life journeys when creatively collaging and drawing their bodies and social circumstances (Gestaldo 2018, p.21).

[14] This early, formal methodology, enabled reflection and communication of the Bambanani women's experiences of living with this illness (Schwalbe, 2019).

Annette Schwalbe engages a Making and Cloth(ing)-led approach to Facilitation in healthcare through her **Somatic Body Mapping** practice. A trained Dance & Movement Psychotherapist, she has applied traditional forms of Body Mapping in community-based arts projects in Africa, for people to reflect on their lived experience of illness and treatment for HIV and Aids (Schwalbe, 2019). And has worked therapeutically with people living with cancer, and those experiencing trauma related to prenatal and birth experiences (Schwalbe, 2019). Her particular approach to Body Mapping (Somatic Body Mapping) is engaged predominantly with women during periods of transition in their lives (Schwalbe, 2019) and focuses on understanding lived experience within a given moment – considering 'our own cellular memories of being conceived, implanting and gestating in the womb, being born into the world' (Schwalbe, 2025). 'Somatic Body Mapping is a comprehensive, feminine and collective approach to embodiment' (Schwalbe, 2024).

Workshops incorporate a ritual of coming onto the canvas. The participant is then traced around by others in the session, and the resulting outline shapes the 'body world' that is explored and visually expressed by the participant. Through a combination of body meditations, making, movement, collage, drawing, painting and sculpting, Body Maps are produced both individually and/or collectively – using a diverse range of materials. The resultant Body Maps are then shared with other participants within a workshop and may be presented, publicly, with express permission, through exhibition projects (Seasons of a Woman exhibition, 2015).

A strong emphasis of Schwalbe's Somatic Body Mapping practice is on materials and making. Schwalbe provides participants with a range of materials to work with – which include a large variety of fabrics, yarns, skins/fleeces and natural fibres - each with differing material qualities. Using iterative processes of reflection and making, participants work with a combination of materials to access tacit experiences which become expressed in the material maps that are created. The female body becomes intimately engaged with the materiality of methods, in an active process of making and reflecting and through this, new meanings are made (Schwalbe, 2019) (ref. Figure 1.16).

Figure 1.16. Somatic Body Mapping - Populating the body outline with lived experiences. A Somatic Body Mapping workshop (March 2020) photograph by Andrea Wright.

1.2.2.2. *In Art Therapy..*

Alongside Body-Mapping practices, other examples of Making and Cloth(ing)-led Facilitation can also be observed in professional therapeutic and clinical contexts. These include examples, more recently, whereby cloth-led making has been engaged by trained therapists in both individual and group facilitated workshops (Leone, 2021) as well as examples whereby knitting has been explored as a coping mechanism to improve shared trauma in Art Therapy (Altschwager, 2021). Altschwager identifies six qualities of Textiles in achieving this – including grounding, tactile, rhythmic, structured, social and practical qualities to be engaged in professional therapeutic work.

Sewing has also been used as a metaphorical process for exploring internalised perspectives and stereotypes of disability (Yi, 2021). Chun-Shan Yi, a trained Art Therapist and disabled artist, adapts a pair of shop-bought gloves, removing six of the digits to ensure they fit her hands - each with two digits - and repairs them using surgical thread, following the scar lines of her fingers from past surgeries. Her Crip Couture manifesto proposes that the complex embodiment of disabled people is the source of

knowledge. Yi suggests that the artistic choices used to create wearable art all reflect the density and felt feelings of the wearer's personal narratives and the maker's relational responses to the wearer's needs, experiences and desires (Yi, 2022), that the making of wearable art objects by and for disabled people can incorporate their full intersectional identities (Yi, 2020; 2022).

1.2.2.3. *Practice summary*

This section features examples of Making and Cloth(ing)-led Facilitation in healthcare that are applied in therapeutic contexts, which engage cloth or clothing materialities as part of their methods, and which draw on making processes to supplement therapeutic and clinical practices. In the work of Annette Schwalbe, making, is used to access intimate bodily experiences, which become represented and discussed within a facilitated group. Glove-making processes, working directly onto the reconstructed body, also form part of Yi's therapeutic practice and research to explore internalised perspectives of disability (Yi). These practitioners form part of an emergent community of therapists adopting Making and Cloth(ing)-led Facilitation approaches in professional, therapeutic settings.

Types of Making and Cloth(ing)-led Facilitation Engagement	**Application of Making and Cloth(ing)-led Facilitation Engagement (+ practitioner/organisation)**
Body-Mapping with multiple materials (encompassing yarn, fleece, cloth, skins, and natural fibres)	Accessing and sharing embodied experiences – of illness and recovery (HIV/Aids, Cancer), womanhood, trauma, conception, birth – Frequently in the context of Women's health and wellbeing (Schwalbe)
Knitting and Textile workshops	Improving shared trauma (Altschwager)
Deconstructing and reconstructing gloves	Exploring internalised perspectives of disability (Yi)

Table 1.3. Types and Applications of Making and Cloth(ing)-led Facilitation engagement in Therapeutic practice.

1.2.3. …IN SOCIALLY ENGAGED CREATIVE HEALTH

Examples of Making and Cloth(ing)-led Facilitation also occur in contexts of Socially Engaged Creative Health. Whilst this type of facilitative practice has recognised therapeutic applications, facilitative methods in this setting are predominantly evolved and led by trained Artists and Makers, differentiating them from professional therapist Facilitators, as mentioned above.

Socially Engaged Creative Health encompasses creative approaches that have benefits for our health and wellbeing, which can contribute to the prevention of ill-health, the promotion of healthy behaviours, the management of long-term conditions, informing treatment and recovery across the life course (National Centre for Creative Health, 2024). Creative health can be applied in a wide variety of community contexts, including homes, cultural institutions and healthcare settings and encompasses a range of creative practices – adopting innovative ways to approach health and care services, co-production, education and workforce development (Hackney et al, 2022; National Centre for Creative Health, 2025).

Examples of Making and Cloth(ing)-led Facilitation in the Creative Health sector were featured in the conference To Well Make and Make Well, which presented practitioners who explore acts of care through Facilitated Making and Cloth(ing)-led workshops (Rana, 2024). The work, **Heart of the Matter** by Artist Sofie Layton, provides a series of intimate, creative activities with patients living with heart conditions, scientists, artists, students and nurses, to look at the heart metaphorically and emotionally (Layton, 2017-2018; 2021) (ref. Figure 1.17). **Bedside Manners**, a project led by Layton at Evelina London Children's Hospital, provided parents with textile workshops to create intimate postcard-sized artworks using different techniques. This included embossing the form of a heart, kidney or cellular/bacterial form which had been screen printed onto thin aluminium rectangles, and embroidering organs (Layton, 2013) which, in some cases, were related to their children's illness. Through these activities parents were able to reflect on their role and experience as carers and stronger dialogues across wider care communities of paediatricians and nurse specialists within the hospital were supported.

Figure 1.17. Bedside Manners at Evelina Children's Hospital, London by Artist Sofie Layton. Clinical staff at the hospital engaging with artworks created by parents of children being treated in the Paediatric Intensive Care Unit (2013) photograph by Stephen King. (This image has been removed by the author for copyright reasons).

Crafting textiles together has also been explored in the context of home-based dementia care (Rana, 2020). In a series of **Stitch Encounters**, Mah Rana embroidered together with her mum, who had been diagnosed with Alzheimer's. Through these intimate activities, Rana reflects on how her mum seemed able to access embodied muscle memory, prompting her to make fine adjustments and helping her to attain a degree of certainty and clarity which brought a sense of calm, order and purpose. Rana also explains how sewing reconnected her mother with a sense of self forged long before the dementia (Rana & Hackney, 2018) (ref. Figure 1.18).

Figure 1.18. One day, when we were young, film still (2016) Artist Mah Rana and her mother embroidering together. Image by Mah Rana. (This image has been removed for copyright reasons).

Other Making and Cloth(ing)-led Facilitators working in healthcare settings include Celia Pym and Seamus McGuinness. For her **Parallel Practice** residency[15] (Parallel Practices, 2014), Pym was located in the anatomy department of King's College London and worked as a 'Darner in Residence.' Here, she ran regular workshops with medical students, mending damaged garments that trainees had brought to the sessions to foster conversations on care, fragility and vulnerability. At the time, these students were undertaking their medical studies, practising dissection and anatomy classes within this setting (ref. Figure 1.19). In her work, Pym uses mending (Millar & Kettle, 2024), which 'builds on what is left behind. It's not replacing, re-making, or cutting apart and putting back together. Instead, it is slow work that makes things better. It conjures an unhurried recovery or change. In textiles, the act of mending wear-and-tear, thinning cloth or accidental damage builds on what already exists, anchoring threads and yarn into the robust, healthy fabric and filling in the holes or reinforcing the areas that are weak' (Pym & Panzeri 2022, Cover text).

[15] Parallel Practices championed the role of making in healthcare through engaging Makers in a series of Maker Residencies at Kings College London.

Figure 1.19. Parallel Practices, King's College London - Mending the personal, worn items of medical trainees, in the dissecting room (2014) By Celia Pym. Photograph by Michele Panzeri.

Seamus McGuinness, also a Textile Maker, intentionally works with things that have been worn on the body (McGuinness, 2011). During workshops that he facilitates with 'diverse publics', he integrates personal (worn) items alongside artefacts crafted by himself. McGuinness's installation, **21g** (part of the **Lived Lives project**[16] - Figure 1.20), is a visual representation of official statistics of young male suicide in Ireland, which sits at the heart of a series of facilitated workshops formulated to discuss youth suicide in Ireland. "In excess of" 92 white shirt fragments, mainly collars, torn from the main body, each weighing 21g, the mythical decline in body weight at the precise moment of death (Arts and Health, 2025), were displayed alongside personal objects, worn items and ephemera, of those lost to suicide (ref. Figure 1.21) (these had been donated to the project by forty two suicide-bereaved families from 22 counties around Ireland).

'Mediated tours' of displays that combined made and donated artefacts were led by McGuinness and his long-time collaborator, Kevin Malone (Psychiatrist), to foster discussions between diverse communities affected by suicide, including traveller communities who experience higher than average instances of suicide, health and social care professionals including mental health and emergency service providers (Malone et al. 2017). McGuinness's work aims to 'move people towards an empathic position, to create the circumstance to understand, reflect upon and question the loss of young Irish lives to suicide, without judgement. The practice is not informed by asking what artworks are, but rather questions what artworks can *do* in society' (McGuinness for Revista Mesa, n.d).

[16] www.livedlivesproject.com

Figure 1.20. 21grams (2015) Artwork by Seamus McGuinness. Photograph by Robert Ellis.

Figure 1.21. (Above) Lived-Lives Archives – Objects of loved ones lost to suicide, donated by bereaved families (2003-2008). Collated by Seamus McGuinness and Kevin Malone. (Below) Lived Lives archives experienced by families affected by suicide and the general public. Image courtesy of the artist.

1.2.3.1. *Practice summary*

Within Socially Engaged Creative Health, there is a community of Facilitators who engage Making and Cloth(ing)-led methods in complex healthcare settings (the researcher positions her own practice in this professional community).

Sofie Layton engages textiles workshops to explore the human heart both metaphorically and emotionally and uses printing, embossing and embroidery techniques to document and discuss organs related to childhood illness. Her workshops use Making and Cloth(ing)-led methods to interpret medical information, support an understanding of disease and facilitate important conversations on care. They also enable carers to reflect on their role and experiences and open dialogues with wider care communities. For Rana, Cloth-led making enables her mother, suffering with dementia, to access embodied muscle memory and to connect with a sense of self. And in the work of Pym and McGuinness, making and clothing-led methods are used to foster discussions between diverse communities on complex health topics – including care, dissection, suicide and bereavement. More specifically, for Pym, experiences of dissection and clinical training in the health sector are discussed through darning workshops. For McGuinness, making is not a requirement of workshop participants, per se, but is a requirement of the Facilitator himself, who produces artefacts to support complex conversations on suicide, to accompany donated artefacts. For him, the historical relationship between the deceased and their personal items is engaged to facilitate intimate reflections and conversations of bereaved family members; to foster empathy across communities of healthcare providers and the general public. Personal items of clothing are intentionally drawn upon, in both Pym and McGuinness' practices, as a resource to access and share lived experience. Important to acknowledge is that all of these practitioners are professional Makers who hold deep, embodied knowledges of materials that they have accrued through embodied acts of making (Nimkulrat and Groth, 2024). These practitioners have an enhanced understanding of a material's sensual and conceptual qualities (Ingold, 2010; Nimkulrat and Groth, 2024) and are adept at conceptualising what constitutes matter. This community, indeed, forms part of a wider network of Making and Cloth(ing)-led Facilitators in Socially Engaged Creative Health. This is not an exhaustive list but a set of examples to demonstrate how this approach to Facilitation is drawn upon within a Socially Engaged Creative Health setting.

Types of Making and Cloth(ing)-led Facilitation Engagement	**Application of Making and Cloth(ing)-led Facilitation Engagement (+ practitioner)**
Embroidering organs related to child patient illness	Enabling parents to reflect on their role and experience as carers opens dialogues with wider care communities of paediatricians and nurse specialists (Layton – Bedside Manners)
Sewing together (Mother and daughter)	Accessing muscle memory, maintaining a sense of self and emotionally connecting people affected by Dementia with their family members (Rana)
Mending medical trainees' damaged personal garments	Fostering conversations on death and care in the dissection room (Pym)
Making and displaying worn artefacts and personal, donated objects.	Facilitating conversations on suicide (McGuinness)

Table 1.4. Types and Applications of Making and Cloth(ing)-led Facilitation engagement in Socially Engaged Creative Health practice.

1.2.4. …IN DESIGN FOR HEALTHCARE

Making and Cloth(ing)-led Facilitation is also situated in Design Facilitation practice in healthcare – in Service Design as well as Wearable Technology settings.

1.2.4.1. *In Service Design..*

Knutz et al. have developed a set of Design Probes, exploring the individual and social needs of cancer patients (Knutz et al. 2019). Knutz uses a range of materials in her workshops, of which string materials and knotting methods are engaged as a means of 'probing things that are difficult to solve, overcome or cope with during a period of cancer diagnosis and treatment' (Knutz et al. 2019, p.149) (ref. Figure 1.22). In her more recent methods, Knutz engages differing materials to evolve and support difficult feelings and emotions felt by people diagnosed with cancer (Knutz and Markussen, 2022). She draws on selections of materials with differing properties to enable cancer patients to describe their bodily emotions immediately following '5Rhythms' movement exercises[17] - Including 'rigid materials that could be broken or stacked (wooden sticks, oblong pieces of cardboard); loose materials that could be stretched, tied or twisted (elastic, string, thread, reed); malleable materials that could be modelled or bent (clay, aluminium, steel wire) as well as soft materials that could be cut into smaller pieces or used as filling or as protection (cotton, wool, felt, foam, insulation fabric)' (Knutz and Markussen 2022, p.12).

[17] 5Rhythms movement exercises make it more tolerable to accommodate emotions associated with grief, pain, anxiety or serious side effects of chemotherapy – evolved by Gabrielle Roth in the late 1970s.

Figure 1.22. Materiality in Probes; Materialising Knots to probe things that are difficult to solve, overcome or cope with during a period of cancer (2019) Knutz et al. (This image has been removed for copyright reasons).

1.2.4.2. *Practice summary*

For Knutz, yarn materials and associated processes of knotting are used to support the expression of cancer experience. Her work, particularly, demonstrates how Making and Cloth(ing)-led materialities can access lived experiences in healthcare, particularly when combined with other embodied practices in the design of health services. This is one of very few examples of Making and Cloth(ing)-led Facilitation currently used in healthcare Service Design contexts.

Types of Making and Cloth(ing)-led Facilitation Engagement	**Application of Making and Cloth(ing)-led Facilitation Engagement (+ practitioner/organisation)**
HEALTHCARE SERVICE DESIGN	
Knotting yarn	Supporting emotional expression of cancer experience in the redesign of cancer services (Knutz et al.)

Table 1.5. Types and Applications of Making and Cloth(ing)-led Facilitation engagement in the Design of healthcare services.

Additional examples of Making and Cloth(ing)-led Facilitation practices are evident in Wearable Technology and related Design disciplines.

1.2.4.3. *In Wearable Technology..*

Sofia Hussain and Elizabeth Sanders developed a 'paper dolls kit' as part of a Design Probe used in Co-Design workshops with Cambodian children[18], to support patients in the design of prosthetic limbs and their acceptance (ref. Figure 1.23). Here, garments and their materialities are represented in paper and arranged in collages by participants to seek a deeper understanding of aesthetic concerns and needs related to the type of prosthetic foot they were currently using (Hussain and Sanders, 2012).

Additionally, Pullin and Cook use a Design Probe, 'specification sheet' for evolving the design of prosthetic hands. In a series of workshops run within The Institute of Making's Materials Library (University College London), workshop participants, including prosthetic users, engineers and designers, select desirable materials to speculate on and materialise prosthetic hand designs. Drawing on the diverse range of materials provided within the library itself, encompassing numerous cloths and yarns, amidst many other samples, select materials were photocopied directly and collaged onto a prosthetic hand template as a means of visualising design ideas (Cook and Pullin, 2023).

In both of these examples, making, cloth and clothing are combined to ideate within Facilitated Co-Design workshops. Representations of cloth and clothing garments are collaged to seek a deeper understanding of aesthetic concerns of wearing prostheses (Hussain and Sanders) or to speculate on future prosthetic hand designs (Cook and Pullin, 2016-2017).

[18] Cambodia is a country plagued by unexploded land mines following a civil war of the 1960's and 70's as well as the neighbouring war in Vietnam occurring synonymously.

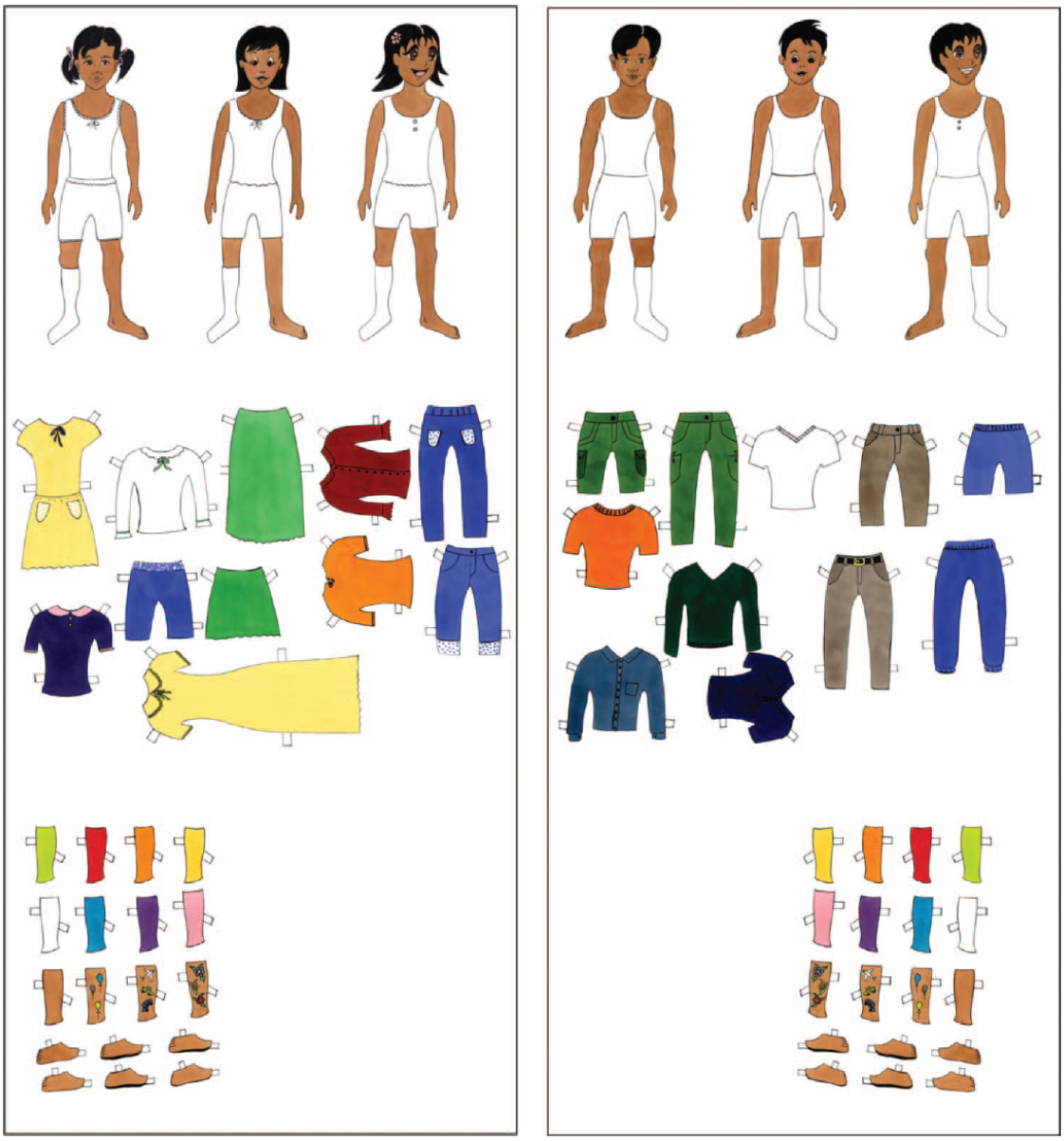


Figure 1.23. A ‘paper dolls kit’ - part of a Design Probe used in Participatory Design workshops with Cambodian children to redesign prosthetic limbs (2012) by Sofia Hussain and Elizabeth Sanders.

In the design and development of commercial health technologies, clothing and its associated practice of wearing are also engaged in Facilitation methods – deployed as garment research probes and empathy devices. Simulation suits (calibrated Empathy Suits) and Virtual Reality headsets have been used as tools to facilitate the transfer of embodied experience between users and designers (Embodied Labs, 2024), including physiological experiences of age (Agelab MIT, 2024; Senior-Suit, 2024; The Gert, 2024; The Third-Age Suit, 2024). A strong emphasis lies on clothing as a wearable item; the act of being dressed, a tool for the documentation and transmission of bodily experience, to inform iterative product design and development (D'adamo, Imbody Lab, 2023; Petreca, 2023).

Figure 1.24. Agnes Empathy Suit, MIT, Hi-tec age simulation suit transposing embodied experience between users, engineers and designers.

Interactions between wearers and worn items are equally engaged by practitioners developing Wearable Technologies in health settings, who approach this from a makers perspective and who draw on making as a core practice within their methods.

Jayne Wallace is a Designer who creates items of jewellery to support dementia patients to maintain a sense of self. The project, Remember (Wallace, 2013) deploys the act of wearing a locket, worn on the body, to carry images of personal significance forming a bridge between the owner, past and present (Wallace, 2010/11) (ref. Figure 1.25). Wallace also creates worn artefacts that empathise with how we experience forgetfulness and memory loss, represented in the project Forget Locket, which holds a large number of digital images, yet displays only one per day. Each day, the image inside the locket slowly degrades and is finally deleted (Wallace, 2010).

Figure 1.25. The Remember Locket houses a large number of digital images enabling people with dementia to carry images with them, forming a bridge between who the owner of the locket is and has been (2010/11) by Jayne Wallace. (This image has been removed by the author for copyright reasons).

Interactions between participants and crafted textiles or worn artefacts are also explored in E-textiles research practices.

Kettley's project, Internet of Soft Things, enables mental health communities to become imaginaries of near-future technologies (Kettley, 2014-2016; Briggs-Goode, A. et al. 2016). A series of E-Textile workshops with service users of the UK national mental health charity, Mind, supported the co-creation of accessories and soft hand-held objects with simple LED circuits, which became integrated into items of clothing, worn publicly by participants (ref. Figure 1.26). These worn items were found to facilitate transgressive communication, support participants to find their voice, acting as a form of emotional expression (Møller & Kettley, 2017). Concurrently, Kettley and Møller have proposed a humanistic approach for the design of future wearable health technology – presenting the importance of including a wearer's physical, psychological and social preferences (Møller & Kettley, 2017) (ref. Figure 1.27).

Figure 1.26. An Internet of Soft Things, E-Textiles workshop participants wearing their crafted artefacts in the community – exploring the felt experience and playful semiotics of wearing (Kettley et al. 2014-16). (This image has been removed by the author for copyright reasons).

Figure 1.27. Evolving a humanistic approach for the design of future wearable health technology – An Internet of Soft Things Project; The Maker – Wearer – Viewer model (2017) Møller & Kettley. (This image has been removed by the author for copyright reasons).

Teresa Almeida also effectively combines Making and Cloth(ing)-led approaches to Facilitation to address complexities in women's healthcare - empowering women to look and know more about their intimate bodies. Almeida's E-Textiles Toolkit was a project that combined digital and analogue technologies to explore novel ways to promote bodily awareness around female pelvic health (Almeida, 2014). In a series of iterative facilitated group workshops, women mapped female reproductive organs onto underwear, as a means of locating, understanding and discussing female pelvic anatomy (Almeida, 2020). Participants also arranged modular anatomical, paper and fabric collages of pelvic floor muscular structures, which, when linked together accurately, completed an electronic circuit, lighting a bulb to inform the participant of the correct anatomical arrangement (Almeida, 2020) (ref. Figure 1.28). Almeida's workshops engage novel interactive materials to open dialogues within communities of women in understanding biological processes such as those involved in pelvic care (Almeida and Tomasello 2020, p.182). They were featured as developmental work in evolving an augmented system that combines a piece of underwear for embodied intimate interaction and a mobile phone as a tool for embodied discovery (Almeida and Tomasello, 2020) (ref. Figure 1.29).

In this work, women are invited to be active participants in looking through an interactive surface (a mirror) at the body (a vulva) to enhance bodily knowledge. Almeida's use of intimate items of clothing as representations of our body and self, and as a canvas to construct bodily anatomy on, enables participants to access and expand on embodied knowledge through a hands-on process of do-it-yourself (DIY) discovery 'of' and 'on' the body (Almeida and Tomasello, 2020). Through these workshops, an awareness of the function (contraction and relaxation) of female pelvic floor muscles is promoted through making female anatomies in materials and through working on objects that are worn in close proximity with the body (Almeida et al. 2014; Almeida, 2015; Almeida et al. 2016).

Figure 1.28. E-Textiles Toolkit - Collage activities promoting bodily awareness around female pelvic health (2013-16) By Teresa Almeida.

Figure 1.29. Labella; Using a bespoke piece of underwear and a mobile app to 'Look down there.' By Teresa Almeida (2016) photographs by Ko-Le Chen.

1.2.4.4. *Practice summary*

Wearable Technology is becoming more established, with a diverse range of examples of Making and Cloth(ing)-led Facilitation in healthcare that emphasise the use of clothing/worn artefacts and practices of wearing and making within facilitative methods.

The collaging of cloth and clothing-based images is used to form a deeper understanding of experiences of wearing prostheses and support speculation on future designs (Hussein & Sanders, Cook & Pullin). Simulation suits support reflection and awareness of bodily experiences and biological processes, enabling the documentation and transference of embodied user experience to inform the design process and designed outcomes (Agelab). The wearing of crafted jewellery supports people living with dementia to maintain a sense of self (Wallace). The making and wearing of E-Textiles are also engaged in supporting the self-expression of experiences of mental health and are recognised for their capacity to facilitate transgressive communication (Kettley & Møller). In the case of Almeida, making and wearing E-Textile artefacts supports understanding of pelvic anatomy and biological processes involved in pelvic care, promoting bodily awareness.

Important to emphasise is that within the development of Wearable Technologies, a sub-specialism of the wider field of Human Computer Interaction[19], practitioners design for embodied interaction; evolving technologies that sit in close proximity with our body and which exploit our corporeality. As Petreca outlines, materiality is brought to the

[19] A theoretical collection of literature underpinning the wider sector of Human Computer Interaction - of which Wearable Technology belongs to – explores how embodied interactions can support thinking through doing to inform collaborative activities and risk taking (Klemmer, 2006); how the body can be used to consider future solutions, to shape design outcomes (Svaneus, 2013); how embodied processes can facilitate kinaesthetic awareness to understand the lived experience of a user (Francoise et al, 2017) and can support collaboration and the co-construction of knowledge (Hornecker and Buur, 2006). Additionally, scholars have devised principles of embodied ideation and sensemaking to support mutual inspiration between design partners (Hummels & Van Dijk, 2015; 2017). And have developed embodied Design Ideation methods (Wilde et al. 2017). Practitioners in this discipline have drawn on a range of embodied facilitative approaches to access and augment embodied experience; engaging the hands, eyes, and other physical aspects of the stakeholders body in their methods to leverage interaction – including sketching, exploring body sensations as design material (Vega Cebrian, 2024), Mindfulness (Francoise et al., 2017), Somaesthetics (Hook, 2010; Hook et al. 2016), horse riding (Hook, 2010), dance (Alaoui et al. 2015; Schiphorst et al. 2013) and Feldenkrais[19] (Loke et al. 2013). This piece of research, however, is concerned specifically with reviewing Facilitation practices that combine making and cloth(ing) within healthcare contexts.

design of Wearable Technology to augment, facilitate or transform experience and interaction (Petreca et al., 2023, p.2-3). This approach is inherent and foundational to Facilitation within this sector. Practitioners in this field, therefore, have an evolved understanding of the relations between bodies and materials and are adept at developing embodied methods of Facilitation, using clothing and making to access and share complex experiences.

Each of the practices reviewed in this section encompass types of Wearable Technology related use in Making and Cloth(ing)-led Facilitation scenarios. This is not an exhaustive list of practitioners, however a sample, to illustrate a range of diverse applications in healthcare contexts.

Types of Making and Cloth(ing)-led Facilitation Engagement	**Application of Making and Cloth(ing)-led Facilitation Engagement (+ practitioner/organisation)**
Collaging clothing (paper representations)	Seeking a deeper understanding of the aesthetic concerns of wearing a prosthesis (Hussain and Sanders)
Collaging cloth	Speculating on future prosthetic hand design (Cook and Pullin)
Wearing simulation suits + AR/VR headsets.	Transferring embodied experience between users and designers to inform the design of commercial wearable health technologies (MIT Agelab)
Wearing jewellery	Supporting people living with dementia to maintain a sense of self (Wallace)
Making and wearing E-textiles accessories and clothing	Facilitating transgressive communication and supporting emotional expression (Kettley et al; Kettley & Mølle)
Collaging and wearing E-textiles and garments	Opening dialogues, enhancing understanding of biological processes, embodying and discovering intimate health (Almeida)

Table 1.6. Types and Applications of Making and Cloth(ing)-led Facilitation engagement in Wearable Technology.

Figure 1.30 below demonstrates where Making and Cloth(ing)-led Facilitation is currently situated in healthcare.

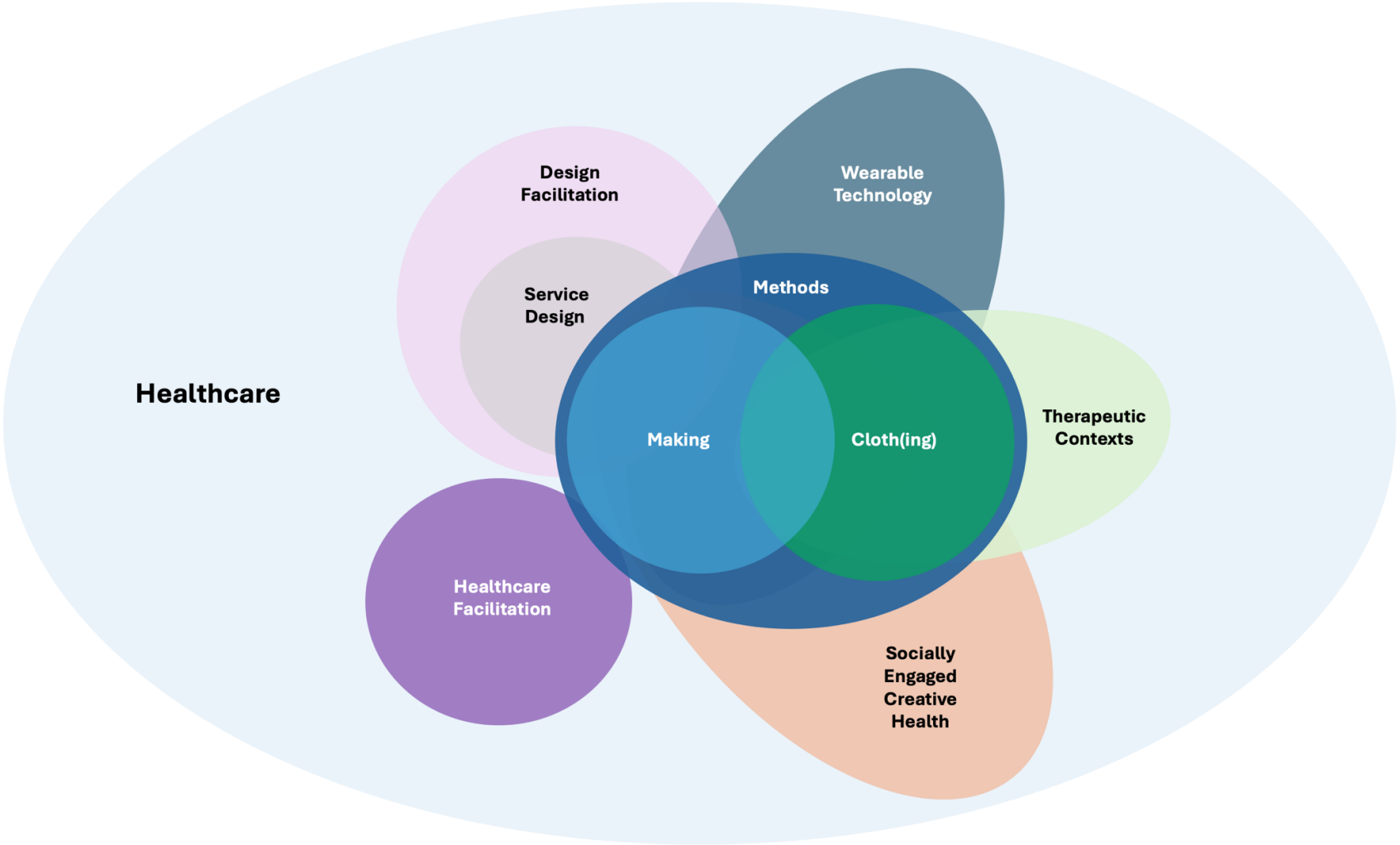


Figure 1.30. Schematic to position Making and Cloth(ing)-led Facilitation in healthcare (2025) by Rhian Solomon.

1.2.5. SECTION SUMMARY

This section of the review firstly describes the researcher's extensive Making and Cloth(ing)-led Facilitation practice, between 2005-2017. Documentation of the techniques and their applications in her facilitative practice informs the core criteria identified by the researcher that encompasses Making and Cloth(ing)-led Facilitation in healthcare contexts.

Making and Cloth(ing)-led Facilitation in healthcare..

- **Combines making, cloth and/or clothing in its Facilitation methods.**

- **Explores relations between bodies and materials in its methods.**

The chapter goes on to outline other examples of Making and Cloth(ing)-led Facilitation in healthcare deployed in Therapeutic, Socially Engaged Creative Health, Design (including Service and Wearable Technology contexts). Whilst diverse in their Facilitation approaches and applications, each of the practitioners meet the criteria set by the researcher.

What links them is the combination of making and cloth(ing) in their methods to enhance participation and collaboration in complex facilitative settings in healthcare. Each of the practitioners also draw on a range of methods that explore relations between bodies and materials. Embodied acts of making and/or wearing are used to access, and share lived experience of disability (Cook & Pullin, Hussain & Sanders, Yi), health (Kettley, Solomon), gender (Almeida, Schwalbe) and grief (McGuinness). Collaging or crafting textiles is also used to support an understanding of anatomy (Almeida, Layton) and to access muscle memory (Rana). Wearing and worn items also connect participants with a sense of self (Wallace) and foster conversations that navigate complex care issues for the body and patient (Pym, Layton).

Outlining a range of examples of Making and Cloth(ing)-led Facilitation in this chapter, the researcher demonstrates a variety of novel methodological approaches and reinforces the value of their application. In doing so, she makes the case for conducting a practice review that convenes examples of Making and Cloth(ing)-led Facilitation in healthcare to consolidate an understanding of this approach to Facilitation.

So far, the literature has outlined Professional Facilitation practices used currently in the healthcare sector, under the recognised professions of Healthcare Facilitation and Design Facilitation (ref. Section 1.1.2). And has located a particular methodological approach to Facilitation – Making and Cloth(ing)-led Facilitation (ref. Section 1.2). In demonstrating a range of Facilitation approaches, drawing from her own practice and that of others (In Therapeutic, Socially Engaged Creative Health and Design for healthcare), the researcher introduces a theoretical approach to support and underpin these forms of practice, to explore how they *work* and what they *do* in complex healthcare settings.

1.3. THEORETICAL FRAMEWORK

1.3.1. THE NEW MATERIALISMS

This final section of the literature review presents the ontological and theoretical framing for this study - New Materialism (NM) and Affect Theory – as a useful lens to conceptualise Making and Cloth(ing)-led Facilitation in healthcare and to conduct a practice review.

New Materialism[20] presents a distinct set of theoretical perspectives that explore the dynamics of social interaction (Barad, 2013; Braidotti, 2006, 2013; Deleuze & Guattari, 2013, 1988; Fox & Alldred, 2019; Massumi, 2021). Attributed to The Material Turn[21], it is an ontology which resists the division of the world into dualisms[22] (Nature-Culture, Subject-Object, Mind-Matter, Human-Non-human) by removing the distinction between a physical world of things and bodies and a realm of thoughts and social structures (Braidotti, 2013; Haraway, 1997; van der Tuin & Dolphijn, 2010). New Materialism diversifies our perception of matter; by foregrounding its agency (Fox & Powell, 2021); shifting conception from what matter 'is' to what it can 'do' within social contexts (Barad, 2013; Karakayali, 2015). Matter, through a New Materialist lens, is not merely raw and inert stuff on which humans act, but is itself vibrant (Bennett, 2010), live and kicking (Smelik, 2018); presenting an opportunity to explore how things, other than humans, may be 'social agents' making things happen (Fox & Powell, 2021). In New Materialist thought, the contents of the 'material world' are viewed as relational and in constant flux (Barad, 2013; Coole & Frost, 2010; Lemke, 2015), arranged around actions and events. Emphasis is shifted from studying the agency of individuals to identifying and exploring 'networks' (Latour, 2005), 'economies' (Clough 2004, p.15) or 'assemblages' (DeLanda, 2016; Latour, 2005; Deleuze & Guattari, 1988) of animate and inanimate things; of which humans are recognised as just one material amongst many (Braidotti 2018 p.23-31).

[20] New Materialism is a term ascribed to a range of contemporary perspectives in the arts, humanities and social sciences that have in common a theoretical and practical 'turn to matter' (Fox & Alldred, 2019).
[21] By removing distinction between a physical world of things and bodies and a realm of thoughts and social structures, matter becomes emancipated from anthropocentric hierarchy and is considered in its broadest sense (Barad, 1996; Coole and Frost 2010, p.29; Lemke, 2015).
[22] Dualisms – ways in which humans have organised knowledge.

A multitude of experimental approaches to thinking about 'matter', have evolved from the New Materialisms – appearing in contexts as diverse as Feminism, Bio-philosophy, Actor Network Theory, Quantum Mechanical Theory and Posthumanism (Including authors Keith Ansell Pearson 1997, Karen Barad 1996, Rosi Braidotti 2013, Elizabeth Grosz 1994, Bruno Latour 2005, Brian Massumi 1996) (Fox and Alldred, 2014). This research study draws on Affect Theory (Deleuze & Guattari, 1988; 2013) to develop a theoretical framework.

1.3.2. AFFECT THEORY

Deleuze and Guattari's Theory of Affect conceptualises the dynamics of social interaction. And positions 'the social' as 'assemblages' of 'relations' (Deleuze & Guattari 1988, p.126) assembling in unpredictable ways around actions and events. Any event occurring in our daily lives may constitute an assemblage (Fox & Alldred 2016, p.131-148)[23]. Within an assemblage, human bodies and all other material, social and abstract entities are 'relational'. Due to their processual character, assemblages are always in constant flux (Fox & Alldred 2016, p.18). They have no ontological status, other than that produced through their relationship to other bodies, things and ideas (Deleuze 1988, p.123; Deleuze & Guattari, 1988, p.261). There is no subject or object and no single element that possesses agency (Anderson 2006, p.736). Social production is entirely due to the forces (or affects) within the assemblage (Fox & Alldred 2016, p.17-18). Affects are what hold assemblages together. They are what links matter to other matter relationally and determine what a body or thing can do (Blackman, 2012; Deleuze & Guattari 1988, p.88). Affects are a 'becoming' (Deleuze & Guattari 1988, p.256); a force that achieves some change of state in a relation, which may be physical, biological, social, psychological, political or emotional (Fox & Alldred 2016, p.18); considered in terms of whether they have enabling or constraining impact (Fox & Alldred, 2022)[24].

[23] In healthcare, an assemblage may comprise 1. Physical (disease - biological response - health technologies, medicines, prostheses and devices) 2. psychological (emotional reactions and attitudes to illness) and 3. sociocultural relations (health care systems - cultural perspectives and practices of illness - family and friends) which Fox and Alldred refer to as an 'ill health assemblage' (Fox & Alldred 2016, p.131-148).

[24] In their review of 'doing new materialist data analysis' Fox and Alldred present an 'Ethological Toolkit' in which participant interactions with both human and non-human relations are analysed to explore health inequality (Fox & Powell, 2021).

New Materialist perspectives have recently been applied to disassemble research practice; to interrogate the social dynamics of the research process itself (Fox & Alldred, 2016; 2022); to understand how research methods work and what they do (Fox & Alldred, 2017). In doing so, Fox and Alldred position research methods (whether sampling, data collection, analysis, writing up methods) as 'research assemblages' (Fox & Alldred 2016, p.131-148; 2022), engaging Affect theory to unpick the mechanics of research practice in detail.

> 'We can pull apart a research process to interrogate its affect economies…From this approach, we can gauge the extent to which research outputs provide appropriate knowledge of events' (Fox & Alldred 2016, p.168).

Within this study, New Materialism is applied by the researcher as a theoretical framework to help underpin emergent Making and Cloth(ing)-led Facilitation practices in healthcare.

1.3.3. CONCEPTUALISING MATTER IN FACILITATION PRACTICE

1.3.3.1. *The materiality of making in facilitated workshops*

A New Materialist perspective highlights the potential of making and its associated matters in Facilitation practice in healthcare. And enables the researcher to reference Design Facilitation literature, which acknowledges that making practices, and corresponding materials and resultant artefacts, have a performative role to play in Facilitation (Eriksen, 2012, 2014; Seravalli, Eriksen and Hillgren, 2017). The materiality of making, as part of a workshop Facilitation process, is well documented in the design community, for its capacity to access and connect the unspoken, lived experiences, feelings and ideas of people (Akama & Prendiville, 2013; Gunn, et al. 2013; Hodson, 2023; Sanders & Stappers, 2012; 2014a) and to redistribute power in the design process (Binder et al., 2019; Greenhalgh et al. 2016). Making is recognised as a positive tool that may be used to translate tacit knowledge to explicit meaning and to establish shared languages between multiple stakeholder groups (Binder et al. 2015, 2019; Ehn, 1988; Melville-Richards et al. 2019). Both the materials and associated outcomes of making in

Design Facilitation practice have been considered 'things to think with' (Brandt, 2001; 2007; Brandt, Binder & Sanders, 2012), 'communication catalysts' (Capjon, 2005) and 'tools which establish shared languages between multiple stakeholder groups' (Binder et al. 2019; Ehn, 1988). More recently, in this sector, artefacts engaged or produced in Design activities (including prototypes and Design Probes) have been explored as Boundary Objects (Arias and Pierre Johnson, 2017; de Vos, 2024; Zamenopoulos, 2017); capable of externalising ideas to facilitate shared understandings across spatial, temporal, conceptual, or technological gaps (Bowker & Star, 2000)[25]. And making practices deployed in healthcare Facilitation contexts offer methods to overcome barriers toward the co-construction of knowledge (Langley, Wolstenholme & Cooke, 2018). Langley and Wolstenholme demonstrate the impact of collective making on participants, on knowledge and on implementation (ref. Figure 1.31). From a New Materialist perspective, making and its accompanying material output have an affective role to play in Facilitated activities.

Figure 1.31. Collective making from a knowledge mobilisation perspective in healthcare (2018) Joe Langley and Daniel Wolstenholme. (This image has been removed for copyright reasons).

[25] Boundary Objects bridge intersecting worlds and can act as a shared reference point amongst participants of various disciplinary backgrounds (Star & Griesemer, 1989; Star 2002); becoming understandable and meaningful only as they are used, discussed, and refined (Fischer & Ostwald 2005, p.11).

1.3.3.2. *The materiality of cloth(ing)*

Cultural studies within Fashion contexts have previously focused on understanding the use of clothing sociologically, as both representations of ourselves, and constructions of our identity. Since the end of the 20th century a renewed pre-occupation with the body and identity has emerged[26]; resulting in a philosophical shift from language and semiotic-based analyses of fashion (Barnard, 2002; Bourdieu, 2013; Breward & Evans, 2005; Craik, 2003; Goffman, 1999; Wilson, 2003) towards embodied (Entwistle, 2000b, 2016; Woodward, 2007) and, more recently, New Materialist perspectives (Bruggeman, 2022; Ruggerone, 2017; Sampson, 2020; Smelik, 2018; 2022). Through a New Materialist lens, our relationship to clothing transitions from something mainly intellectual - 'the mindful individual acting on the materiality of their clothing' (Ruggerone 2017, p.582) towards something affective, exploring the 'practical experience of the clothed body in space' (Eckersley 2008, p.1). A New Materialist perspective foregrounds the material experience of Cloth(ing) and wearing; to consider, more specifically, what Cloth(ing) can 'do'. Bringing forth new questions about the ways in which clothes and the human body might interrelate (Bruggeman, 2022; Eckersley & Duff, 2020; Ruggerone, 2017; Sampson, 2020). From this viewpoint, our selection of clothes, in daily rituals of dress, is interpreted as an encounter between the human body and worn items, that initiate a process of 'becoming'; through worn interactions 'affects' are created, evoking positive (self-confidence, competence, ease) or negative emotions for the wearer (embarrassment, awkwardness or unease) (Ruggerone 2017, p.584). A New Materialist assessment of clothing supports consideration of the dressed body and transformation as a result of encounters with other bodies, in this case, with worn items?[27]

New Materialist concepts of enclothed matter, as outlined, provide a framework for engaging clothing and related practices of wearing to support Facilitation in healthcare contexts. The Cloth(ing)-led Facilitation practices outlined in this thesis explore relations between bodies and materials and also inform the development of Cloth(ing)-led Facilitation methods developed by the researcher during this research.

[26] Including the emergence of body-centred disciplines - Body Studies, Embodied practices.

[27] Relations between wearers, bodies and worn items are drawn into question by Fashion-led practitioners, including Barbieri, who explores the ability of costume to 'perform' (Barbieri, 2019); and Bruggeman, who investigates clothing to construct and communicate individual and national identities (Bruggeman, 2010).

1.3.4. A METHODOLOGICAL FRAMEWORK TO REVIEW MAKING AND CLOTH(ING)-LED FACILITATION PRACTICE

A New Materialist lens provides a framework to demonstrate the affective capacities of Making and Cloth(ing) in Facilitation practice in healthcare. From this perspective, the *matter* of Facilitation practice consists of conventional materials (associated with making and/or cloth(ing)), in addition to other unrecognised and unconventional participating forms, including our 'bodies' (Braidotti 2018, p.23-31).

New Materialism has, more recently, been applied to analysing Facilitation practice in healthcare. In the Design community, it has been applied to analyse the materiality of a Facilitated workshop and Design Probe in the development of cancer services (Knutz, 2019; 2022). It has also been used to explore the agency of design artefacts (D'Ignazio, 2016; 2019; Lupton, 2019), and human microbiome relations in multi-stakeholder co-design workshops in healthcare (Wilde, 2023). In Fashion practice contexts, the dynamics of fashion-led collaborations have also been exposed - between Designer and producer communities in the Rainforest of Brazil (Amadeu, 2015) and between fashion-led researchers, biologists and micro-organisms in Fashion/Science collaborations (Geaney, 2021). These studies evidence novel applications of New Materialist theory in relevant contexts. New Materialism therefore supports new ways of thinking about the materiality of making and cloth(ing) in healthcare Facilitation contexts, and presents opportunity to lay bare the inner workings of facilitative practices. The researcher applies this ontological approach to explore 'What matters in Making and Cloth(ing)-led Facilitation in healthcare?'

1.3.5. SECTION SUMMARY

The chapter sets out the ontological framework for this study – New Materialism - which is firstly, presented as a conceptual lens to situate matter as affective and relational in Making and Cloth(ing)-led Facilitation practice. It is also an effective framework to conduct a practice review of Making and Cloth(ing)-led Facilitation – to consider how these practices *work* and what they *do* when applied in complex healthcare contexts.

1.4. CHAPTER SUMMARY

This chapter highlights a need for a practice review that convenes Making and Cloth(ing)-led Facilitation practices in healthcare and presents a theoretical approach to conduct this.

The opening of the literature review (Section 1.1.2.) sets out the wider context for the research. It defines systemic and rapid organisational change occurring towards the end of the 20th century that has resulted in a need for effective Facilitation. The fast-evolving and progressively complex landscape of healthcare in the UK is presented alongside the Professional Facilitation roles that have emerged to respond (Healthcare Facilitators, Design Facilitators), demonstrating how Facilitation as a profession is currently formally adopted within this space. Section 1.2 of this review positions Making and Cloth(ing)-led Facilitation in healthcare. The researcher provides examples of her established facilitative practice in healthcare pre-dating and during the early phases of this research study, which outline core components of Making and Cloth(ing)-led facilitative practice. Informed by this experience, the researcher presents other Making and Cloth(ing)-led Facilitation practices in healthcare in Therapeutic, Socially Engaged Creative Health and Design (including Service and Wearable Technology) disciplines and describes their impact. In presenting the breadth and effectiveness of these types of facilitative engagement the researcher highlights a need to convene an understanding of Making and Cloth(ing)-led Facilitation, by conducting a practice review.

In the final section of this chapter, New Materialism is introduced as a useful lens for conceptualising the materiality of making and cloth(ing) in Facilitation practice in healthcare. And Affect Theory is introduced as a framework to support a review of relevant practices to determine 'What matters in Making and Cloth(ing)-led Facilitation?'

Knowledge Gap 1

A review of Making and Cloth(ing)-led Facilitation practices in healthcare.

Research Question 1 - What can we learn from Making and Cloth(ing)-led Facilitation practices in healthcare?

This research outlines examples of Making and Cloth(ing)-led Facilitation practices in healthcare.

Contribution 1 – Positioning Making and Cloth(ing)-led Facilitation in healthcare

This research convenes an understanding of Making and Cloth(ing)-led Facilitation practices in healthcare through a New Materialist lens.

Knowledge Gap 2

A set of frameworks to consolidate Making and Cloth(ing)-led Facilitation practice in healthcare.

Research Question 2 - What kind of frameworks can support the design and ongoing delivery of Making and Cloth(ing)-led Facilitation in healthcare?

The research reviews selected examples of Making and Cloth(ing)-led Facilitation practice in healthcare and applies Affect Theory to document and discuss how these practices work. In doing so, the study presents detailed frameworks that consolidate this facilitative approach.

Contribution 2a – Making and Cloth(ing)-led Facilitation practice framework

The Making and Cloth(ing)-led Facilitation practice framework evolved through this study presents a set of 55 Facilitation Approaches to enhance participation and collaboration in future Facilitation practices in healthcare settings.

Contribution 2b – Ethical best practice framework

The ethical best practice framework developed through this study can support future Facilitators in their ethical framing of Making and Cloth(ing)-led Facilitative practices in healthcare.

Contribution 2c - A framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare, applying a New Materialist lens.

The study also provides a framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare using a New Materialist lens. It demonstrates the feasibility of this approach to evolve new understandings of materiality in this practice context and supports different approaches towards future research.

Contribution 2d – Making and Cloth(ing)-led Facilitation methods

This research has also evolved a series of Making and Cloth(ing)-led Facilitation methods (1. Wardrobe Probe, 2. Facilitated Workshop), that have been piloted, tested, and evaluated by service users, clinicians and designers in the context of breast cancer care.

CHAPTER 2 METHODOLOGY

This chapter provides a framework for the review of Making and Cloth(ing)-led Facilitation practices in healthcare, established through the research study.

The chapter outlines two forms of Making and Cloth(ing)-led Facilitation research methods

1. A Facilitated Workshop and 2. A Wardrobe Probe.

Additionally, the chapter outlines protocols and approaches to the selection of practitioners and their practices and concludes by setting out research methods used to collect and analyze data conducted from a New Materialist perspective.

A schematic overview of research context and the phases of data collection and analysis is provided in Figure 2.1. A timeline of research activities is presented in Figure 2.2.

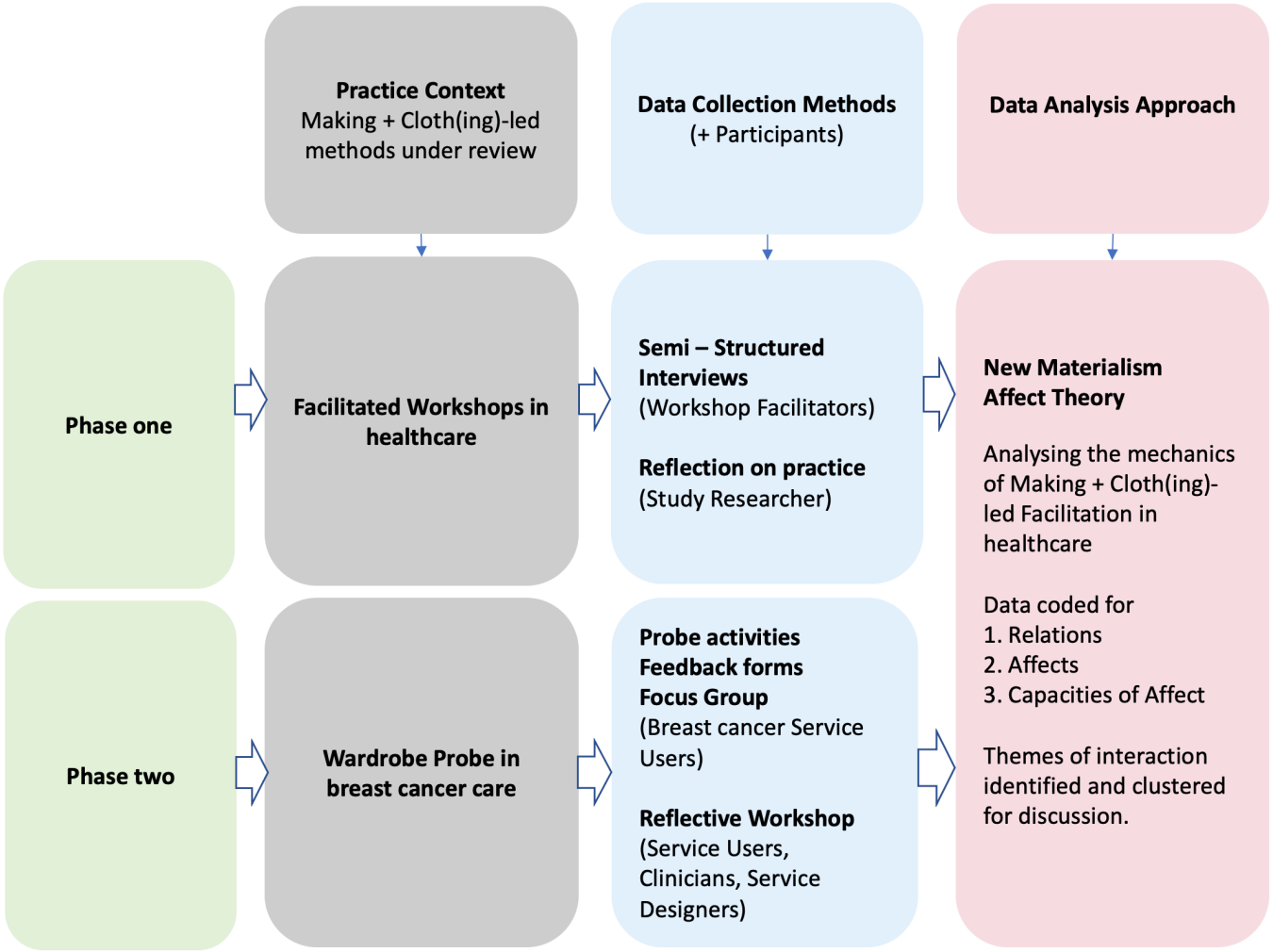


Figure 2.1. Schematic overview of research context and phases of data collection and analysis (2025) by Rhian Solomon.

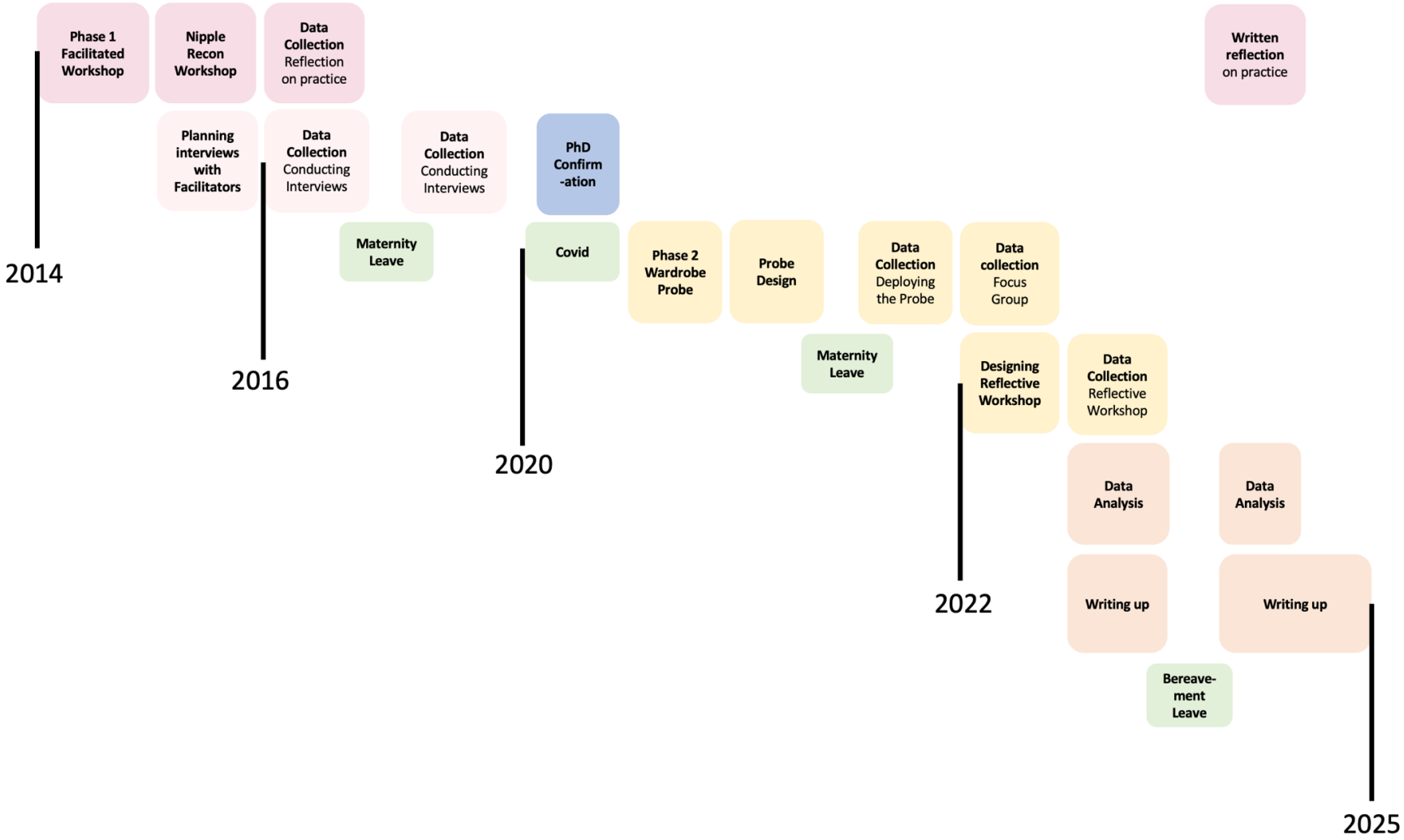


Figure 2.2. Schematic overview of research timeline – Demonstrating research undertaken in phase 1 and phase 2 of the study (2025) by Rhian Solomon.

2.1. MAKING AND CLOTH(ING)-LED METHODS UNDER REVIEW

To conduct a review of Making and Cloth(ing)-led Facilitation in healthcare, two types of facilitative methods were selected as context for analysis and surveyed in two separate phases of research.

Facilitative method 1

Facilitated Workshop – employed by selected practitioners, including the researcher, in phase 1 of the research study.

Facilitative method 2

A Wardrobe Probe – developed by the researcher in phase 2 of the research study.

These two selected methods are the primary events to be analysed in the study and are positioned as Research Assemblages (as discussed in Section 1.3.2.). They have been chosen for a combination of reasons.

Facilitated workshops were chosen as Facilitation methods to review in phase 1 of the research study as they are frequently drawn upon in established Professional Facilitation practices in healthcare - evolved and applied by Healthcare Facilitators and Design Facilitators (As demonstrated in Section 1.1.2. of the literature review). These methods are engaged to resolve conflict, enhance knowledge transfer in multi-disciplinary teams and develop communication within and across organisations to achieve synergy (Kaner, et al. 2007). They are also used to organise groups, diagnose and explore problems, clarify collective purpose and support decision making. And are drawn upon in Co-Design methods during the iterative design of healthcare services and products (Alhonsuo, 2020; D'Ignazio, 2021). The workshop, as a method, transcends differing Professional Facilitation roles, and so it was felt that by surveying specific examples of Making and Cloth(ing)-led Facilitation Workshops in healthcare, findings may be applicable to a wider spectrum of Facilitation practices in healthcare that adopt workshop methods.

A Wardrobe Probe was considered an appropriate facilitative method to design and review in phase 2 of the research. A Wardrobe Probe is based on the established Design method of a Cultural Probe[28], which is a user-centred research method used to remotely gather in-depth understandings of human phenomena, including the thoughts, attitudes, hopes and moods of participants in physical, social and cultural contexts (Gaver, Dunne & Pacenti, 1999; Mattelmäki, 2006; Sanders & Stappers, 2014). Wardrobe Probes have more recently evolved in Fashion contexts, addressing for example, consumption and sustainability issues, as a means of shaping related fashion products, services and systems (Fletcher & Klepp, 2017; Klepp & Bjerck, 2014). They usually feature a set of open-ended, provocative activities and materials, calling on users to independently document their own lives and experiences, in domestic or private settings.

This research phase coincided with the Covid-19 pandemic. Government restrictions on face-to-face working, at the time of data collection, required the researcher to alter some of the primary research activities from group, in-person facilitated workshops, to working predominantly individually and remotely, at home and online. The Wardrobe Probe was therefore considered the most suitable research method to apply in order to reduce the risk of infection for participants. Working individually was also more appropriate due to the intimacy of the subject matter – i.e. the personal experiences of breast cancer which warranted a more private setting for self-reflection and documentation. At this initial stage of working with breast cancer service users, it was considered inappropriate to ask them to share their personal experiences in a group workshop. However, later on and once Covid-19 restrictions on group working had been relaxed, a Facilitated reflective workshop was developed in the final stage of data collection, where artefacts produced by participants during the Wardrobe Probe were shared in a group workshop.

The above Making and Cloth(ing)-led Facilitation methods, enabled a focused approach towards the research documentation and analysis (Fox & Alldred, 2016).

[28] Cultural Probes create opportunities for design outcomes (service, product, experience) to become centred more so around real user needs (Mattelmäki, 2006) enriching and supporting a design team's inspiration (Mattelmäki, 2006;p58).

2.1.1. THE FACILITATED WORKSHOP

In phase 1 of the research, the Facilitated Workshop method was positioned as the research context. Five examples of Making and Cloth(ing)-led workshop Facilitation methods used in healthcare were surveyed, including the researcher's own Facilitative practice and spanning Therapeutic (Annette Schwalbe), Socially Engaged Creative Health (Seamus McGuinness, Celia Pym, Rhian Solomon) and Wearable Technology disciplines (Teresa Almeida). These Workshop Facilitation methods were engaged across a wide variety of health contexts, spanning women's pelvic or breast health (Teresa Almeida, Rhian Solomon), mental health and suicide response (Seamus McGuinness), life-limiting illness – including HIV and Cancer, and women's health (Annette Schwalbe), as well as in contexts of medical training (Celia Pym).

2.1.2. THE WARDROBE PROBE

In phase 2 of the research, a Wardrobe Probe method was positioned as the research context. The researcher developed and deployed a Wardrobe Probe for the specific setting of breast cancer – drawing from her prior experience (See Section 1.2.1. – Reconstructing Ourselves[29]).

2.1.2.1. *Designing the Wardrobe Probe*

The Wardrobe Probe was designed with the aim: to understand lived experiences of breast cancer through a series of making and cloth(ing)-led activities. These activities were iteratively designed and shaped by observations of one-to-one consultations at the charity, Breast Cancer Haven[30] (an organisation supporting the research), to gather insight into individual experiences of this illness, and related care and support services provided by third-sector organisations. The Wardrobe Probe was also shaped by feedback from breast cancer service users and a breast cancer clinician, in its development, to ensure that activities were fit for purpose and were ethically designed. One independent breast cancer service user provided written feedback on early iterations of the Wardrobe Probe activities. An additional, independent breast cancer service user completed the full Probe pack in the later stages of the Probe's development. A cancer support specialist also provided feedback on these latter iterations (To view a sample of the pilot feedback, please refer to Appendix A.1 and A.2). Consequently, the pace and framing of the Probe's activities, in addition to visual and textual accessibility, were refined by the researcher. The aim was to create a Probe pack that was inviting yet critical, with a well-considered rationale. A combination of both

[29] Being an artist embedded within an NHS breast reconstruction clinic for 18 months for the Reconstructing Ourselves project (Reconstructing Ourselves, 2015) offered the researcher enhanced knowledge of medical treatments for breast cancer (observing complex surgeries, patient consultations, prosthesis fittings and medical tattooing). It also developed the researchers' understanding of the impact of breast cancer on individual's lives (working closely with a core group of women across this period).

[30] Breast Cancer Haven (www.breastcancerhaven.org.uk) was a national charity in the UK helping people through the experience of breast cancer. They offered information, complimentary therapies and counselling through their centres and outreach program. Each centre was led by a specialist cancer nurse and supported by a team of professional complimentary therapists. The activities run by Breast Cancer Haven centres, at the time of this PhD, included support groups, workshops and weekly classes to help people to cope with the physical and emotional side effects of breast cancer and it's treatment. Due to unforeseen circumstances, caused by the Covid-19 pandemic, in June 2020 the charity were forced to make all of their centre staff redundant, moving their operations online. This occurred just before data collection for the Wardrobe Probe began.

open and closed approaches to activities was employed. The final visual design of the Probe pack was developed by a Graphic Designer (Laure Parke).

The Wardrobe Probe was deployed and completed by participants across a 4-week period. Resulting artefacts produced by participants featured as part of a group, one-day workshop, with designers and clinicians at London College of Fashion – 6 months later.

The Wardrobe Probe was referred to, with breast cancer service user participants, across all documentation, as an 'Activity Pack'. The term Probe in the title was considered inappropriate given the medical context of the study. To view the Activity pack for the Wardrobe Probe in full, please refer to Appendix A.3. The following images (Figures 2.3-2.7) and tables (Tables 2.1-2.5) define content and activities in brief.

Figure 2.3. Wardrobe Probe activity pack content. Activities by Rhian Solomon, Graphic Design by Laura Parke (2024) photograph by Tristan Benhamou.

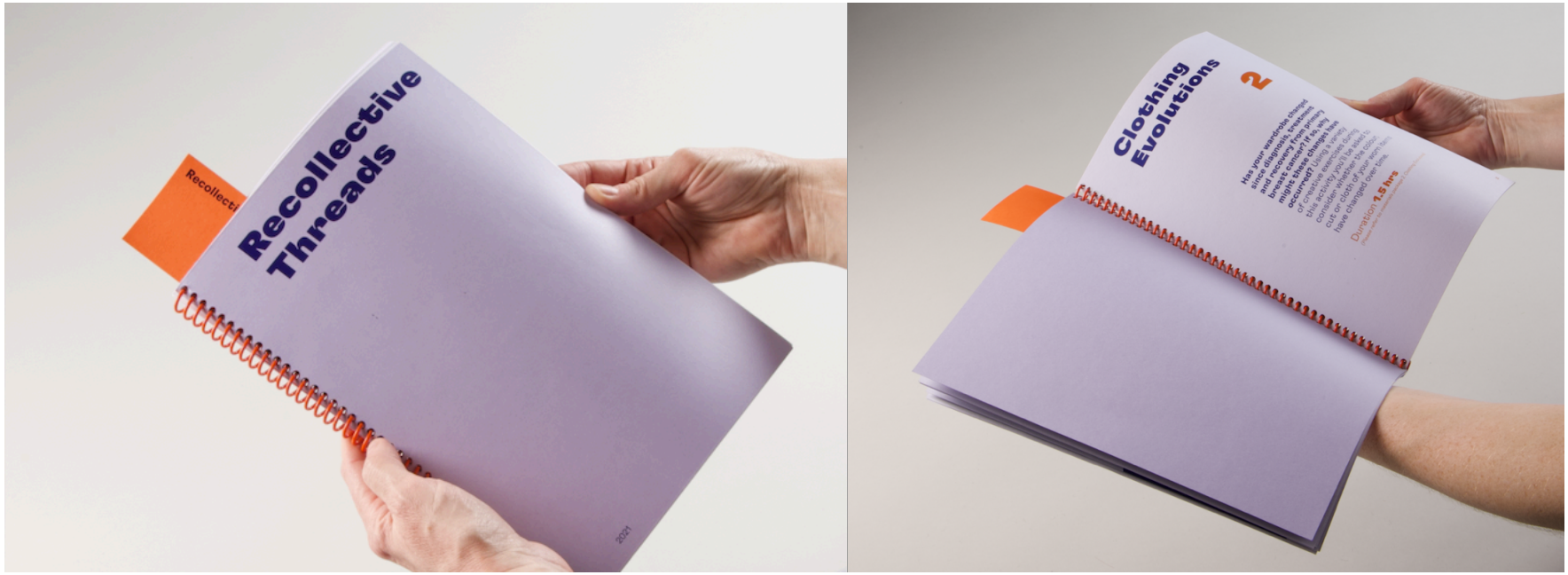


Figure 2.4. Wardrobe Probe activity book. Activities by Rhian Solomon, Graphic Design by Laura Parke (2024) photographs by Tristan Benhamou.

Wardrobe Mapping

1

This activity asks you to consider whether there have been significant moments during your diagnosis, treatment and recovery from primary breast cancer and whether worn items from your wardrobe may reflect these particular moments.

Duration **1.5 hrs**

(Please refer to materials package 1. Wardrobe Mapping)

Table 2.1. Overview of Activity 1 Wardrobe Probe.

Task	Participants selected nine worn items from their wardrobe - three that represent pre, three during and three post treatment. They then completed a hanger (featured below) for each item, asking them to consider how and why these items were significant to them.
Data outputs	- Photograph of 9 worn items, collated - Completed hangers – one narrative per item

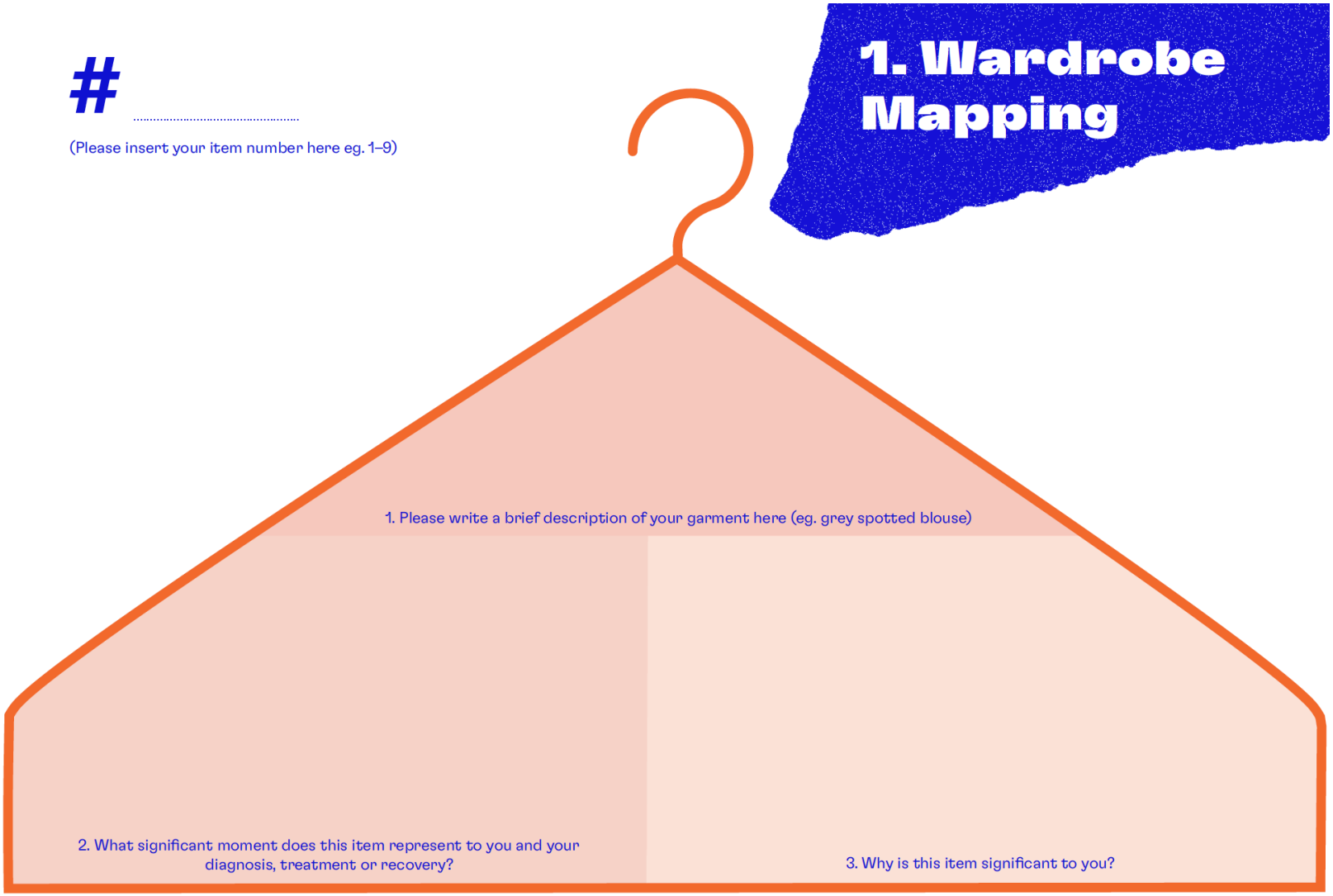


Figure 2.5. Activity 1, Sample hanger – Completed by breast cancer service user participants for each clothing item selected from their wardrobe (x9) (2021/2022) Rhian Solomon.

Clothing Evolutions

2

Has your wardrobe changed since diagnosis, treatment and recovery from primary breast cancer? If so, why might these changes have occurred? Using a variety of creative exercises during this activity you'll be asked to consider whether the colour, cut or cloth of your worn items have changed over time.

Duration **1.5 hrs**

(Please refer to materials package 2. Clothing Evolutions)

Table 2.2. Overview of Activity 2 Wardrobe Probe

Task	Participants photographed chronological collections of their clothing that they had gathered in activity one and were asked to reflect on whether the colour, cut or cloth of their worn items had changed across these collections.
Data outputs	-Completed activity tables documenting the materiality of worn items (using collage and text). -Written reflections on material transformations.

Exercises

a) Thinking about colour and pattern...

Returning to the selection of worn items that you made during activity 1 (keeping them in the same order, 1–9) photograph them, as a collection from the side, as they hang together. Ensure that a section of each item is visible to the camera, see the example below. (You may need to photograph accessories and jewellery separately).

Using the paint colour chart provided in your materials pack, select and cut out swatches of colour that correspond with the colours of your worn items. (You may find that some garments feature multiple colours. Add a combination of swatches if needed. There are also metallic papers included to represent colours of jewellery). Glue these swatches into the blank grid below in consecutive order, from left to right. And draw on any additional surface pattern using biro if necessary. **Here's an example...**

Add your colour swatches here...

Reflections on colour and pattern

When looking at your worn items collectively, and referring to your colour swatches on the opposite page, do you feel that the colour and/or pattern of your worn items has changed over time?

If not, please move on to activity b.
If so, how have the colours/patterns of your worn items changed?

Why might they have changed?

Figure 2.6. Activity 2: Sample pages. Documenting and reflecting on changes to colour in the wardrobe (2021/22) by Rhian Solomon.

Then & Now

This activity will **explore** your expectations of breast reconstruction surgery, both before and following treatment. Has this changed across time?

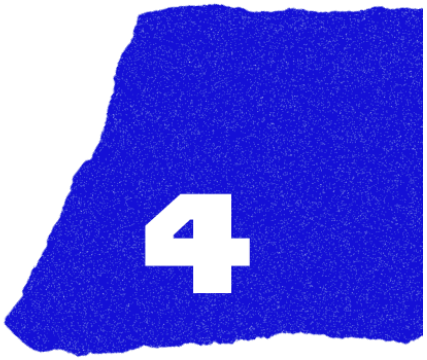
Duration **2 hrs**

(Please refer to materials package 3. Then & Now)

Table 2.3. Overview of Activity 3 Wardrobe Probe.

Task	Participants were asked to select a collection of materials from their home as well as from their Probe pack. They then drafted simple garment pattern panels (front and back) from a select worn item from their wardrobe, onto which they collaged their expectations of breast reconstruction surgery, pre- and post-operatively.
Data outputs	- 2 garment pattern collages (Back panel exploring expectations of breast reconstruction surgery, pre-operatively. Front panel exploring expectations of breast reconstruction, today).

Adapt



Have you adapted individual garments from your wardrobe or made changes to how you wear your clothes since diagnosis and treatment for primary breast cancer? This activity will explore clothing and wardrobe alterations with a view to thinking about any life changes or personal adjustments which may have occurred for you during this time.

Duration **1 hr**

(Please refer to materials package 4. Adapt)

Table 2.4. Overview of Activity 4 Wardrobe Probe.

Task	Participants completed a series of exercises that required them to document alterations made to individual garments as well as to their overall style within their wardrobes. Other adaptations to the wardrobe that were documented included discarded items, and speculations on future wardrobes.
Data outputs	-List of alterations made to individual items of clothing -Map of alterations made to styles of clothing for differing contexts -Discard table documenting worn items discarded and reasons for discard - Written descriptions of future wardrobes.

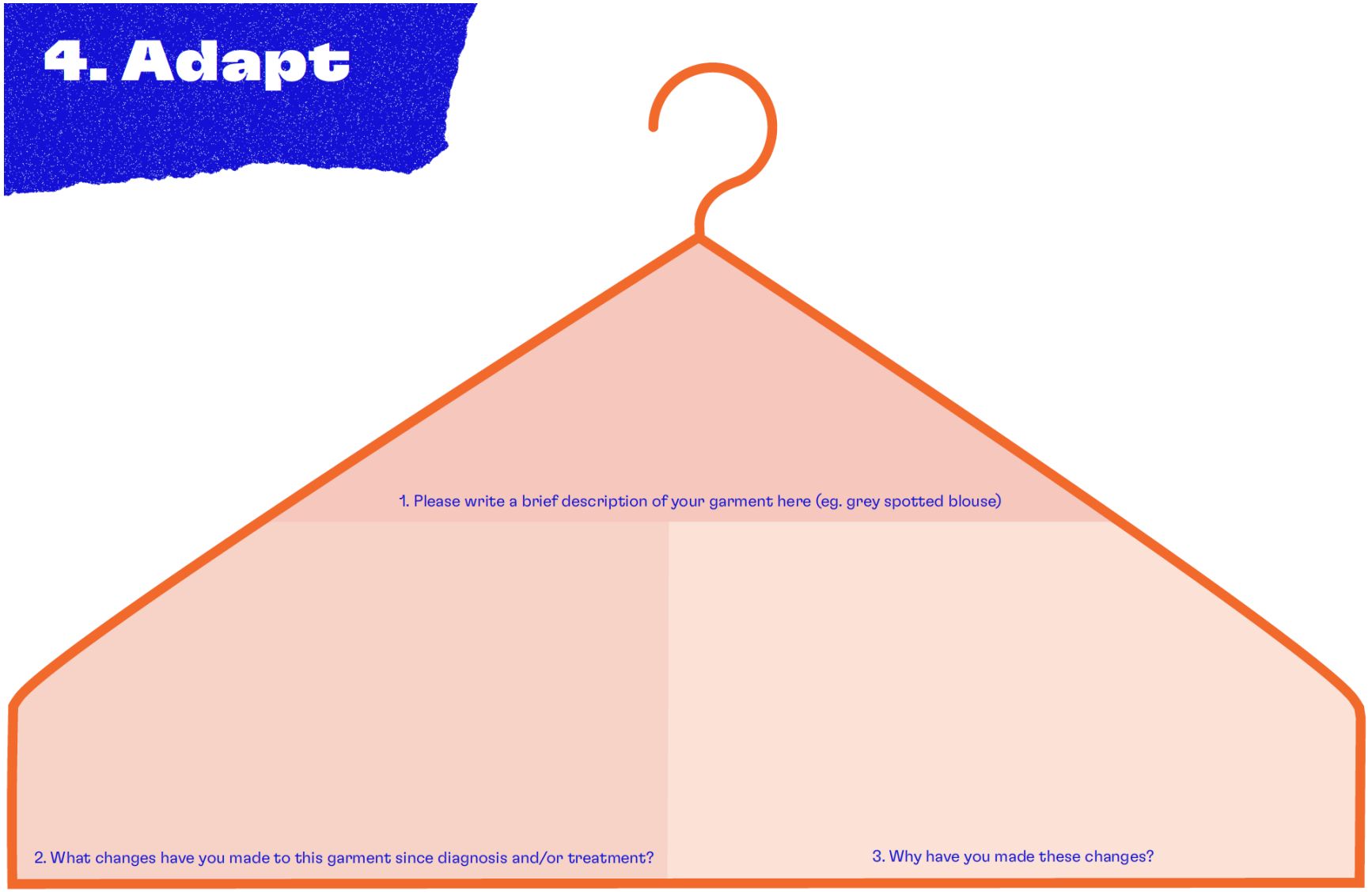


Figure 2.7. Activity 4, Sample hanger - Completed by breast cancer service user participants for each clothing item selected from their wardrobe featuring adaptations (2021/22) by Rhian Solomon.

Our Public & Private Selves

Talking with others about diagnosis, treatment and recovery from primary breast cancer can be difficult at times. This exercise will explore any topics that you may have found challenging to speak about and will ask you to suggest ideas for how these conversations can be better supported in the future.

Duration **1.5 hrs**

(Please refer to materials package 5. Our Public & Private Selves)

Table 2.5. Overview of Activity 5 Wardrobe Probe

Task	Participants identified complex topics and wrote these onto a series of tags that they attached to the inside of a garment. They were then asked to select which topics they now felt able to discuss, post-operatively, and moved the corresponding tags from the inside of the garment to the outside, writing on them what had enabled them to talk about these subjects. Finally, the participants wrote their recommendations for future opportunities to support these conversations directly onto the outside of the T-shirt – to create a garment surface pattern.
Data outputs	- T-shirt with topic tags featured on the inside and outside of the garment.

2.2. ETHICAL APPROVAL

The study was approved by both the college (London College of Fashion) and university research ethics committees (University of the Arts London) to ensure that the study design followed strict research ethics protocols. The study and methods were also supported by the research team at Breast Cancer Haven (Please see Appendix B.1 - Ethical Approval University of the Arts London and Appendix B.2 Breast Cancer Haven - Letter of Support[31]). The College and University Research Ethics Committees at University of the Arts London confirmed that the study falls outside the scope of NHS research.

No participants were recruited through the NHS, but were self-selecting through the charitable body of recruitment (Breast Cancer Haven, Breast Cancer Now, South East London Breast Cancer Trust, The British Association of Plastic, Reconstructive and Aesthetic Surgeons, UK Oncology Nursing Network).

The research is not concerned with participants' NHS treatments and does not aim to improve their treatment or medical care within the NHS. The purpose of this study was to review Making and Cloth(ing)-led Facilitation practice in post-operative contexts.

Ethical approval for the research study was initially granted by UAL Research Ethics Sub Committee in 2016, however, in light of the Covid-19 pandemic, the ethics proposal required revision for re-review, which was approved in June 2021. The initial application aimed to conduct two in-person group workshops with breast cancer service users, clinicians and designers for data collection; however, this was no longer feasible at the height of the pandemic, when the researcher aimed to undertake the majority of the data collection. The research methodology was re-structured to reflect changes made to working remotely. In-person research workshops were re-designed. The Wardrobe Probe activity was conducted by breast cancer service user participants, in their homes, with the support of a cancer support specialist. Face-to-face working became possible

[31] Breast Cancer Haven agreed formally to conducting face to face workshops via a letter of support. When the study design changed (due to C-19), the researcher re-presented to the department her adjustments, which were agreed verbally by the Breast Cancer Haven research team, via an online meeting.

toward the end of the data collection period, when government restrictions on social distancing were reduced.

An extended ethical framework for developing and deploying the Wardrobe Probe and for testing it in a group workshop setting was developed in consultation with the Breast Cancer Haven research team, which included Clinical and Research Director, Caroline Hoffman; Senior Research Fellow Barbara Baker; and London Centre Manager Nicola Cunningham. Bi-annual advisory meetings were held to support and inform the research as it progressed (ref. Table 2.6).

Table 2.6. Ethical framework developed and adhered to throughout the research (2025) by Rhian Solomon.

Recruitment and consent	**Completing the Wardrobe Probe**
The study had clearly defined inclusion criteria for participants - to be as inclusive as possible yet also so as not to recruit participants to the study who may be considered emotionally vulnerable. To view the inclusion criteria. Please see Appendix C.1.	Professional emotional support from a trained Cancer Support Specialist was available to all breast cancer service user participants completing the Probe (including in its pilot phases), as well as the researcher, for a period of seven months, which encompassed participants completing the Wardrobe Probe and attending a group workshop at London College of Fashion. This service was offered on an ad hoc basis, via email, telephone and MS Teams – if/when required by participants. And was paid for by the study.
Breast cancer service user participants had completed their treatment for breast cancer a minimum of 6 months prior to taking part in the study.	Regular communication was maintained between the researcher, cancer support specialist and breast cancer service user participants (whether by email or telephone) to support participant focus, to help them feel connected and technically supported. An opportunity for the group to meet online at the midway point of working on the Probe was also scheduled.
All participants were fully informed of the study's research aims and requirements and were offered the opportunity to discuss any questions concerning their involvement with the researcher and her supervisory team, ahead of taking part. Participants were also informed that the research would not affect any future care/support that they received and that they could withdraw from the study at any point without giving a reason.	A Buddy Scheme was defined in the Wardrobe Probe, whereby breast cancer service user participants were encouraged to select a close friend or family member, as informal support, as a person to touch base with on a regular basis for the duration of the activities. The decision was made not to connect the study participants, themselves, during the data collection phases of the research, so as not to influence one another in completing the tasks.
	The Wardrobe Probe packs additionally featured written guidance on tools for self-care, whilst participants completed the activities. It suggested useful activities to practice mindfulness at regular stages, specifically after tasks which could prove to be more emotionally challenging.

Facilitated Group workshop	Covid-19 - Reducing the risk of infection
Clinical relationships between breast cancer service users and clinicians were not compromised by taking part in the study. As part of the screening process for participation, service users were requested to outline the key clinicians that they had been treated by so that the researcher could finalise the selection of clinician participants for a creative workshop in the latter phases, to ensure participants were not known to one another.	Government protocols were followed to reduce the risk of C-19 infection when conducting the Wardrobe Probe. All content of the packs was prepared by the researcher whilst wearing gloves and a mask. All materials were sanitised. On receipt of their packs, breast cancer service user participants were encouraged to 'quarantine' their packs for seven days before opening them, to ensure there was no presence of the virus. The same process was followed by the researcher on receipt of the completed packs when returned.
Activities that engaged breast cancer service users were scaffolded so as to protect participants from feeling pressured to share experiences in a group setting from the outset. The study design purposefully structured research activities in two separate stages. The first is to allow participants the ability to reflect individually and privately on their experiences of breast cancer using the Wardrobe Probe (Nov 2021). The second being to optionally, anonymously, share the data and artefacts produced with clinicians in a group workshop setting (May 2022).	The group workshop only took place when there was a low risk of C-19 infection (May 2022), when government guidance allowed for workshop participants to meet safely in one space. The venue for the workshop was large, well-ventilated and deep-cleaned before and following the event. All materials were disinfected beforehand, and all participants, including the researcher, were required to wear a well-fitting mask throughout the workshop. Adequate hand sanitising facilities were available.

2.3. SAMPLE SELECTION

2.3.1. SAMPLING METHOD

To inform the development of the Making and Cloth(ing)-led Facilitation methods, as outlined above (1. Facilitated Workshop, 2. Wardrobe Probe), a multi-participant perspective was engaged to prevent a top-down, researcher-centric approach. Different communities took part in the research at differing stages of the study to conduct a review of the Facilitation methods proposed. Participants were 'not viewed as privileged actors but as insider sources of knowledge about a setting' (Fox & Alldred, 2022, p.631). Equally, those methods that have been selected for analysis – The Facilitated Workshop and Wardrobe Probe – in themselves are both intrinsically concerned with de-centring the role of the researcher.

A purposive sampling method was used to identify participants to engage in the study. This is a method, widely used in qualitative research, for the identification and selection of information-rich cases related to the phenomenon of interest (Etikan, 2016; Palinkas et al., 2015); in this case, Making and Cloth(ing)-led Facilitation practice in healthcare. This sampling method supported the study of a sub-group of Facilitation practitioners in healthcare that share similar characteristics in terms of how they practice.

2.3.2. STUDY PARTICIPANTS

(Ref. Appendix C.1.)

2.3.2.1. *PHASE 1 - Workshop facilitator interviewees*

In phase 1 of the research, Making and Cloth(ing)-led Workshop Facilitators in healthcare were considered those best positioned to reflect on Making and Cloth(ing)-led workshop Facilitation practice. These practitioners were selected based on their methodological approach to Facilitation in healthcare that 1. Combined making and cloth(ing) in workshop Facilitation methods and 2. Explored relations between materials and bodies. These were the core qualities of Making and Cloth(ing)-led Facilitation identified by the researcher through reflections on her own practice and that of others. The selection of these practitioners was also based on their knowledge of designing and deploying making and cloth(ing)-led methods within a healthcare setting. Each of the practitioners were practising at the time of research, had established careers and experience in taking this approach to Facilitation. The role of these participants was to provide accounts of their methods. Information from this set of practitioners informed the review of Making and Cloth(ing)-led Workshop Facilitation practices from a **'Facilitators' perspective.**

Annette Schwalbe was selected for interview, based on her Somatic Body Mapping practice, which effectively engages materials and making, including a large variety of fabrics, yarns, skins/fleeces and natural fibres, to access tacit experiences. In Schwalbe's practice, the female body becomes intimately engaged with materiality of methods, in an active process of making and reflecting and through this, new meanings are made (Schwalbe, 2019).

Celia Pym and Seamus McGuinness were selected for interview. For Pym, difficult experiences of dissection and clinical training were discussed during facilitated workshops, using intimate textile mending techniques. For McGuinness, making is embedded in the production of worn artefacts, by the Facilitator/Maker himself, which feature alongside (worn) objects of the deceased to support complex conversations on suicide. Here, the historical relationship between wearer and worn is engaged to

facilitate intimate reflections and conversations on suicide and bereavement with bereaved family members, healthcare providers and the general public.

Additionally, Teresa Almeida's practice was selected for review for her capacity to combine making and cloth(ing) in various ways to explore relations between bodies and materials through her methods. For Almeida, the making and wearing of E-Textile artefacts, and accompanying anatomical collages, support understanding of pelvic anatomy and biological processes involved in pelvic care, in turn, promoting bodily awareness.

Figure 2.8 features images of these selected Making and Cloth(ing)-led Facilitators.

Making and Cloth(ing)-led Facilitation practice criteria	
Context of Facilitation	Apply their methods within complex health contexts
	Apply their methods in collective, facilitated workshop settings
Methodological Approach	Combine Making and Cloth(ing) in the design and deployment of their methods.
	Explore the relations between bodies and materials in the design of their methods.
Expertise	Are currently practicing and have established Making and Cloth(ing)-led Facilitation practices.

Table 2.7. Criteria for selecting workshop Facilitation practice examples in healthcare.

Figure 2.8. Composite image of Facilitator interviewees' practices. Clockwise, from left, E-Textiles toolkit (Teresa Almeida), The Lived Lives archive (Seamus McGuinness), Parallel Practices (Celia Pym), Somatic Body Mapping (Annette Schwalbe).

2.3.2.2. *PHASE 2 – Wardrobe Probe participants*

In phase 2 of the research, breast cancer service users, as well as relevant clinicians and service designers, were considered those best positioned to reflect on using the Wardrobe Probe. Working with these participants also informed the review of Making and Cloth(ing)-led workshop Facilitation from a **'participant' perspective,** an important lens to help inform evolving facilitative methods in healthcare contexts - ensuring that they respond directly to the needs of service users (Bate & Robert, 2022; Cottam & Leadbeater, 2004; Donetto et al., 2015; Robert et al., 2015).

Breast cancer service users of national breast cancer charities. The role of these participants was to complete the Wardrobe Probe method and reflect on their experience of engaging with it – both through feedback forms, a focus group discussion and during a group workshop (at London College of Fashion).

Breast cancer clinicians were engaged to reflect on their experience of engaging with the Wardrobe Probe method during a group workshop (as above). These were individuals who provide professional care for breast cancer communities - including Consultant Nurse Specialists in breast care, Physiotherapists and Medical Tattooists. These professionals were not involved in the care of any breast cancer service users taking part in the study. A clinician's perspective was deemed important to review making and cloth(ing)-led methods in healthcare, as potential professionals in healthcare who may adopt such methods in future facilitative practice.

Service designers and user researchers working in healthcare were recruited to the study to reflect on their experience of engaging the Wardrobe Probe method during a group workshop (as above). Gathering feedback from this community enabled a review of making and cloth(ing)-led activities contained within the Probe, from a Designer's perspective, those who might potentially adopt Making and Cloth(ing)-led Facilitation approaches in future Design Facilitation for Health settings.

2.4. REFLEXIVITY

Reflexivity[32] acknowledges that researchers are a dynamic part of the research process and therefore actively influence methodological approaches to data collection and analysis (Olmos-Vega et al., 2023). It is therefore important to acknowledge that this study has been written from a white, Western European and feminist perspective of the researcher. It is not possible to erase subjectivity from the research, but to acknowledge the role of the researcher in designing research methods and analysing data from an informed position (Olmos-Vega et al., 2023; Russell & Kelly, 2002). The researcher has come to know the context of research, as an established Making and Cloth(ing)-led Facilitator, with personal experience of the health related context, prior to the beginning of the study (ref. Section 1.2.1). This position has enabled her to identify a relevant set of making and cloth(ing)-led practices for review as part of this research, it has also allowed her to recognise a need for a review of this style of practice. With this context, the researcher provides transparency and a deeper understanding of how her perspectives have shaped the research question, methods, and findings within the study. The researcher has equally sought to position herself and her practice alongside that of others (Schwalbe, Almeida, Pym, McGuinness), providing a relevant context. This approach has informed the framing of research questions and activities through which the researcher considers her own practice and that of others. The research, arguably, benefits in part from subjectivity and prior experience (Charmaz, 2014; Finlay, 2002; Koopman, Watling & LaDonna, 2020) which helps to determine objective research methods.

This research draws on Donald Schön's reflective model to support reflective practice throughout the study. This is an approach to reflection that distinguishes between reflecting during an event (Reflecting in Action) or reflecting after (Reflecting on Action). Schön's model provides a valuable opportunity for introspection and critical evaluation to gain new insight into how Making and Cloth(ing)-led Facilitation practice works. The

[32] Reflexivity is a set of collaborative and multifaceted practices through which researchers self-consciously critique, appraise and evaluate how their subjectivity and context influence the research process (Olmos-Vega *et al.*, 2023).

researcher has engaged Schön's model to reflect on select examples of her own Making and Cloth(ing)-led Facilitation methods to gain a deeper understanding of this practice. It is important to note that in participatory research (particularly), both the researcher and participants are identified as reflexive beings (Bergold & Thomas, 2012). Research participants, particularly in phase 2 of the study, played an important role providing reflections on the Wardrobe Probe activity and their experience, as participants, using individual feedback forms and via focus group discussions.

2.5. RECRUITMENT OF PARTICIPANTS

Each of the participant communities (Facilitators, breast cancer service users, clinicians, service designers) were recruited to the study through different channels.

2.5.1.1. *PHASE 1 - Workshop facilitator interviewees*

Facilitator interviewees were identified independently by the researcher, through a review of relevant practice work and theory. Selected practitioners were invited to take part in the study by email. Four Workshop Facilitators took part in semi-structured interviews to review Making and Cloth(ing)-led Facilitation methods used in healthcare contexts. The researcher was the fifth participant, reflecting on her own practice.

2.5.1.2. *PHASE 2 - Wardrobe Probe participants*

Breast cancer service users were recruited with support from charities, Breast Cancer Haven and Breast Cancer Now, through their websites[33] research pages and social networks. Information on the study was also emailed directly to service users of Breast Cancer Haven, as well as The South East London Breast Cancer Trust[34], via the charity's board. Six breast cancer service user participants were recruited to the study to participate in the testing of the Wardrobe Probe.

The study was promoted to **breast cancer clinicians** through various relevant national professional bodies (including The British Association of Plastic Reconstructive Surgeons[35], UK Oncology Nursing Society[36]) and relevant charitable organisations whose databases include clinicians working in medical contexts associated with breast cancer (E.g. Breast Cancer Now, South East London Breast Cancer Trust – as outlined above). Three clinicians were recruited to the study.

[33] Breast Cancer Now – www.breastcancernow.org
[34] South East London Breast Cancer Trust – www.selbct.org
[35] The British Association of Plastic, Reconstructive and Aesthetic Surgeons - www.bapras.org.uk
[36] UK Oncology Nursing Society - www.ukons.org

The study was also shared with the Postgraduate community across University of the Arts London, the service design courses at London College of Communication and the researcher's professional networks online. Three healthcare **service designers and user researchers** were recruited to the study.

All participants in the research were sent detailed Participant Information Sheets, outlining the research protocols and potential benefits for getting involved (See examples of Participant Information Sheets (Ref. Appendices C.2, C.4 and C.6). The researcher was available via telephone and email to discuss the requirements of the research with all participants. A consent form was then distributed, by email, for participants to read, complete and return before taking part (To view a sample of the consent forms, please refer to Appendices C.3, C.5 and C.7).

Breast Cancer Haven supported the design of the study as well as the recruitment of breast cancer service user participants (ref. Figure 2.9). The Cancer Support Specialist assisting the project, Nicola Cunningham, was the London Centre manager of Breast Cancer Haven at the time.

To boost the professional profile of the research study, the researcher built a project website (ref. Figure 2.10) operating as a holding page for the project and those leading/supporting. The website provided access to research documents (including Consent, Participant information sheets and Covid-19 protocols) which could be downloaded by participants.

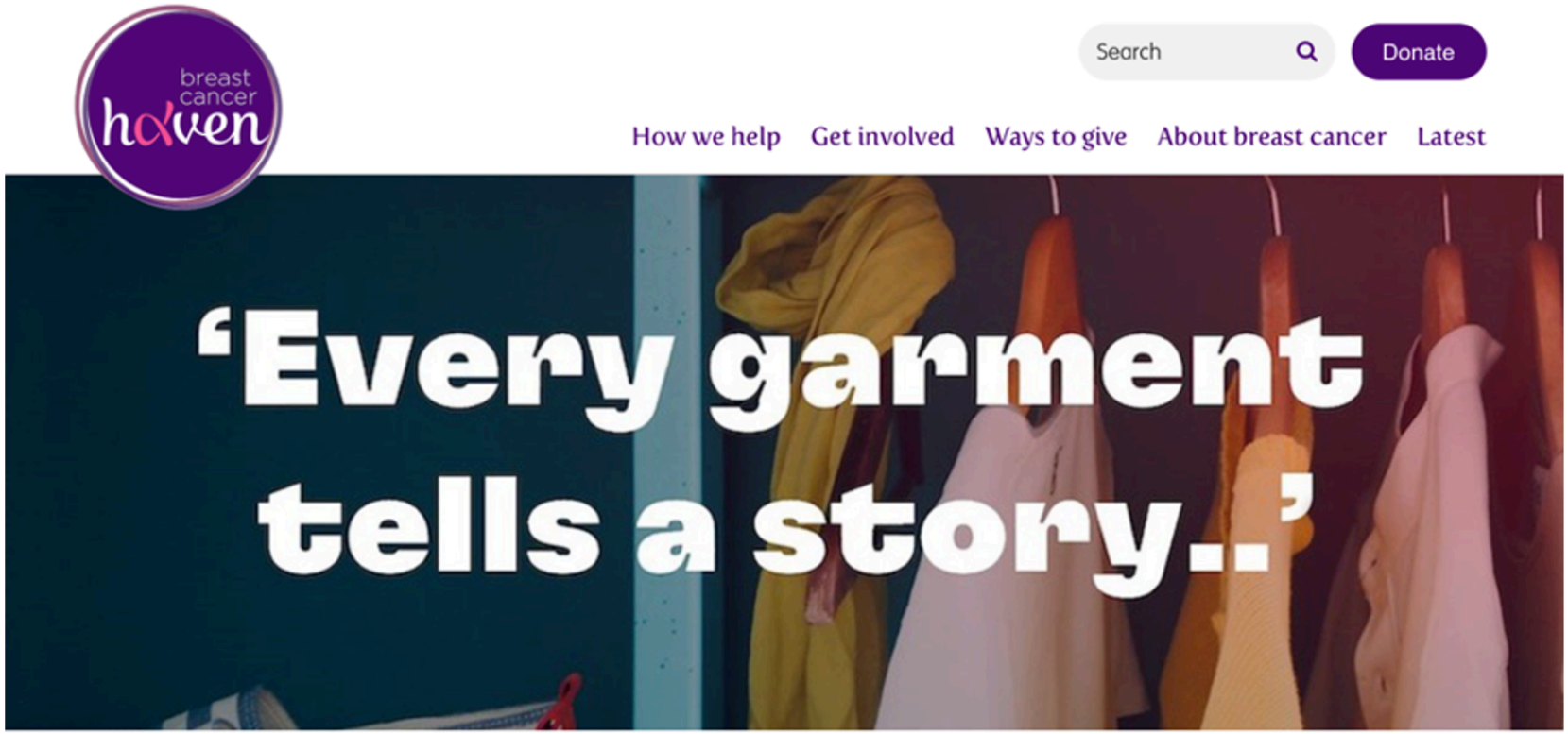


Figure 2.9. Screenshot of study advert posted on Breast Cancer Haven’s website (2021) by Rhian Solomon.

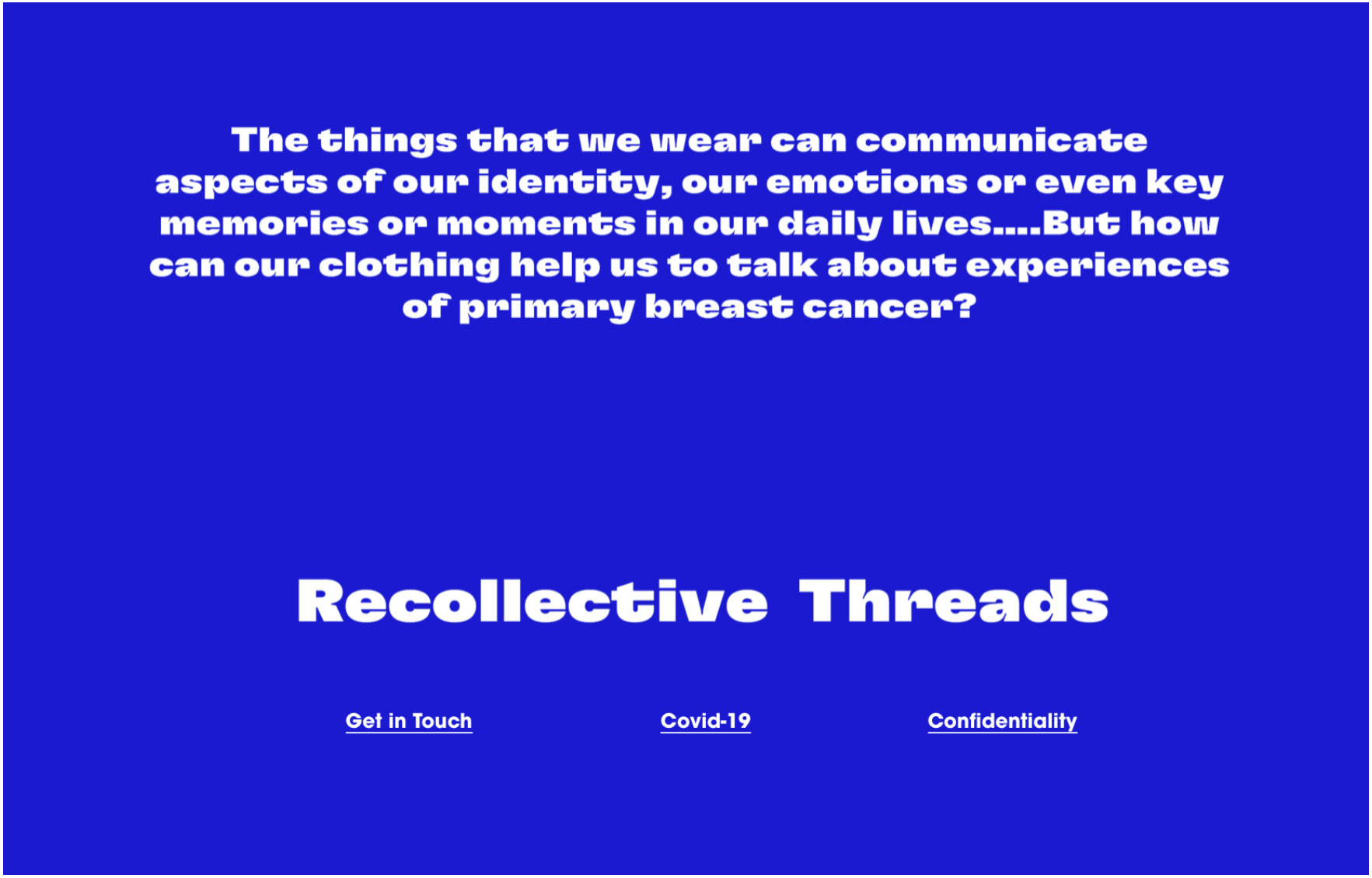


Figure 2.10. Screenshot taken from project website owned by author (2021) by Rhian Solomon.

2.6. DATA COLLECTION METHODS

The study takes a multi-method, eclectic approach to research design (Fox & Alldred, 2015b) and draws on a range of qualitative methods to collect and analyse data. These methods were used to understand the mechanics of Making and Cloth(ing)-led facilitative methods under review (Fox & Ward, 2008; Fox & Alldred, 2015a).

2.6.1. PHASE 1 – A PRACTICE REVIEW OF FACILITATED WORKSHOPS

2.6.1.1. *Semi-structured interviews with workshop Facilitators in healthcare*

Data collection in phase 1 of the study consisted of a series of four semi-structured interviews conducted with workshop Facilitators, lasting, on average, 1.5 hours each outlining different Making and Cloth(ing)-led Workshop Facilitation practices. The interviews positioned the Facilitation workshop as the focal point for discussion.

Participants responded to a set of questions about a Making and Cloth(ing)-led workshop Facilitation method that they use. The researcher had identified the methods of the participants as being most relevant to the research, ahead of the interviews (a review, from the researchers' perspective alone, would not have uncovered the intricacies of these methods in-depth, and would not substantiate a positioning of this approach to Facilitation in healthcare). Interview questions were prepared ahead of time, allowing the researcher the opportunity to clearly structure study aims and intentions. All participants were provided with the sample questions prior to the interview to provide participants with the opportunity to prepare their reflections on the topic (ref. Appendix D.1).

The semi-structured interviews, conducted individually, provided insightful descriptions of making and cloth(ing)-led methods engaged by the Facilitators. ‘The attraction of qualitative methodologies (is) their capacity to contextualise events, thereby revealing the range of relations that comprise assemblages and affect economies’(Fox & Alldred 2015, p.407). Where possible, interviews were conducted in their creative work setting. Travel was limited due to budget constraints. Two of the Facilitators were interviewed

within their home-based studios (Schwalbe, Pym), one in person at their place of work (McGuinness) and one online (Almeida). Interviews were transcribed verbatim, using a data transcription service. To view an example of this, please see Appendix E.1.

The design of the interviews was, firstly, informed by the researcher's experience of Making and Cloth(ing)-led Facilitation prior to the research study. From this experience, the researcher had established an understanding of the value of materiality of facilitative practice in healthcare. The design of the interview questions was also informed by early literature reviews on the subject, further supporting the materiality of making in Design Facilitation practices (Eriksen, 2012, 2014; Sanders & Stappers, 2012; 2014a) describing Professional Facilitation roles as being composed of a multitude of factors (Hogan 2002; 2003; Hunter, 2012; Kaner, 2014).

Interview questions were designed to survey varying components of Making and Cloth(ing)-led Facilitation practice – to explore materialities, including materials and objects associated with making and cloth(ing)-led methods, the role of the Facilitator and the role of participants. Questions were open, allowing for various factors to be explored and discussed. The following briefly summarises the scope of questions asked. (To see the full list of questions, ref. Appendix D.1).

Question 1 asked interviewees to set the scene for their practice, enabling the researcher to explore the context for each Facilitators practice.

Questions 2a-2c asked interviewees to describe the role of materials in their workshop methods; to focus on conventional materials and/or objects associated with their practices. The researcher aimed to understand more about ranges of materials and artefacts used by the Facilitators, and any materials or artefacts produced consequently. In this set of questions, participants were asked to define the significance of using their select materials and/or objects; to consider and justify why they engaged the materials that they did within the design of their methods. This, firstly, allowed interviewees to discuss their material selections in the context in which they were being applied. This also allowed for a detailed account of any personal approaches that were individual to each Facilitator. These questions were designed to elicit the informed choices in

material and object selection that each of the Facilitators were making and their depth of thinking around materiality within their facilitation practice. Through question 2d), the researcher was keen to understand the specific applications of each facilitative method being reviewed. Interviewees were therefore asked about the intent, or overall aim, of their methods.

Questions 3 and 4 asked the interviewees to document the role of the Facilitator. Reflecting on her own facilitative practice, the researcher understood that facilitators have a core role to play in both developing and conducting workshop activities.

Questions 5-7 asked interviewees to describe their facilitative methods developed for differing challenging health contexts. The researcher selected these practitioners and their associated methods for their recognised ability to facilitate workshop participation and collaboration in complex healthcare settings. These questions aimed to understand how the materialities of their facilitative methods supported their practices. And sought to understand a facilitator's rationale for intentionally drawing on these capacities, given the contexts in which they were applied.

Question 8 asked the interviewees to describe how their facilitative methods affected workshop participants. Whilst this question did not allow for a first-person perspective of a workshop participant, per se, it was the closest that the researcher could get to understanding how the various methods were received by the people that they were designed for. The aim of this question was to explore how mindful Facilitators were of their participants' needs and how this informed the design of their Facilitation methods.

Questions 9 and 10 asked the interviewees to outline the challenges and opportunities of their facilitative workshop approaches. This was to help understand any positive/negative effects of the methods. As well as to accommodate/understand any outlying factors that might impact the Facilitation method or process itself.

The researcher conducted mock interviews with research colleagues ahead of the final interviews, so as to refine the interview design. Interview questions were also reviewed by the supervisory team.

2.6.1.2. *Facilitated workshop practice reflection (Rhian Solomon)*

In order to position herself within the field, and context of the study, the researcher reflected on an example of her own Making and Cloth(ing)-led Workshop Facilitation practice, during an 18 month Artist Residency based at Morriston Hospital, Swansea (2014-2015) – where she had developed a Nipple Reconstruction workshop, in collaboration with a specialist plastic surgeon within the department (Jon Cubitt). The workshop taught surgical techniques using pattern cutting in cloth. The workshop also explored expectations of surgery for women who have undergone breast reconstruction (and were potentially considering elective nipple reconstruction surgery) and clinicians performing these surgeries. The researcher reflects on the source materials arising from this workshop design and delivery including visual documentation, tools used and objects made during the workshop. From this, the researcher provides an account of the workshop activity including preparation and execution; critical incidents that occurred along the way, thoughts about these incidents; the workshops successes, challenges and limitations (ref. Appendix E.2). This reflection is written in the 1st person to support the researcher in reflecting on her thoughts, feelings and experiences and to indicate her presence in her facilitative practice. It was reviewed alongside the semi-structured interviews with the four selected Making and Cloth(ing)-led Facilitators, to better understand how Making and Cloth(ing)-led Facilitated workshops work. This activity has enabled the researcher to reflect in detail on an important example of Making and Cloth(ing)-led Facilitation in healthcare within her career.

2.6.2. PHASE 2 – A PRACTICE REVIEW OF A WARDROBE PROBE

Data collection in phase 2 of the study took a combination of approaches.

2.6.2.1. *The Wardrobe Probe*

The Wardrobe Probe was distributed to six breast cancer service users who undertook all activities across four weeks. The Wardrobe Probe pack consisted of five making and cloth(ing)-led activities, which required participants to self-document and reflect on their lived experience of breast cancer by documenting its effects on their wardrobe. Within each activity, clothing acted as the core material resource for participants to both research with and respond to. The activities sought to combine making and cloth(ing) materialities and explore intimate relations between bodies and materials in their design. Data outputs from the Probe took a variety of formats including: activity books (featuring tables and written reflections), garments that had been worked into by participants, photographs of chronological sequences of clothing selected by each individual and their accompanying narratives, as well as collages exploring expectations of breast reconstruction – pre and post-operatively. All textual data produced through the Wardrobe Probe was transcribed verbatim and anonymised by the researcher to create a clean data set. Hard copies of the data were returned to the study participants at the end of the data collection period (ref. Appendix E.3).

2.6.2.2. *Feedback forms (Completed by breast cancer service user participants)*

On completing each of the five Wardrobe Probe activities, breast cancer service user participants were required to fill in simple feedback forms to reflect on their experience of undertaking each Probe activity. These forms were key to documenting participant experiences of participating in a Making and Cloth(ing)-led Facilitation method while information was still fresh in their minds. Completed feedback forms were transcribed verbatim and anonymised (ref. Appendix E.4).

2.6.2.3. *Focus group (For breast cancer service user participants)*

One week following the completion of the Wardrobe Probe, all breast cancer service user participants attended an online focus group to collectively reflect on completing the Wardrobe Probe activities. This was supplementary to the feedback forms (as

above). A focus group was selected as a relevant research method, as it can be a highly productive source of data on social dynamics within a given setting (Fox & Alldred, 2022, p.631). It was also felt that a focus group would offer more detailed responses and insight into participant experiences of the Probe activities, enabling discussion amongst the group and helping individuals develop a broader perspective which transcends individual context (Barbour & Kitzinger, 1999). As Barbour and Kitzinger define, through group work, research participants can identify common problems and suggest potential solutions by sharing and comparing experiences (Barbour & Kitzinger, 1999). This approach also served to transform the researcher/researched relationship by shifting the balance of power in favour of the participants (Barbour & Kitzinger, 1999). Focus group questions were designed to document experiences of engaging the Wardrobe Probe method from a breast cancer service user perspective. Video and audio recordings were made of this session. The audio recording was anonymised, transcribed verbatim (using MS Teams) and reviewed by the researcher for accuracy (ref. Appendix E.5).

2.6.2.4. *Reflective Wardrobe Probe workshop - Feedback forms (Completed by breast cancer service users, clinicians & service designer participants)*

Feedback on the Wardrobe Probe was also gathered from relevant, clinical and design communities - including clinical nurse specialists, physiotherapists, medical tattooists, service designers and user researchers who took part in a group workshop at London College of Fashion (ref. Figure 2.11 below). The first stage of this workshop featured a display of anonymised artefacts produced by breast cancer service users, through completing the Wardrobe Probe - as outline above. The second part of this workshop entailed a Garment Pattern Mapping exercise that sought to collate insights from the Wardrobe Probe 'artefacts' to collectively map the questions, reassurances, challenges, frustrations and priorities of people who have been affected by breast cancer. These were written/mapped onto one garment pattern by all the participants which was constructed into a garment as part of the workshop. Insights from the Garment Pattern Mapping exercise informed the following activity, which speculated on how designers could respond to the identified questions, reassurances, challenges, frustrations and priorities of people affected by primary breast cancer. These thoughts were documented on Post-It Notes as a series of How Might We? Statements, as opportunity

focused questions. The final activity in the group workshop was to collectively construct the Garment Pattern Map into a garment.

Through each of the Workshop activities, clinicians and designers had the opportunity to engage, first-hand, with artefacts and content produced by breast cancer service users who had completed the Wardrobe Probe (ref. Appendix E.6). This documentation was drawn upon in the analysis of this activity. Feedback from these communities of participants was gathered using feedback forms (ref. Appendix E.7).

Table 2.8. Description of all activities in facilitated group workshop at London College of Fashion. Phase 2.

	Method Description	**Data Collection Methods**
Activity 1 **Probe Exhibition Display**	All outputs created by breast cancer service users (from completing the Wardrobe Probe) featured anonymously as a small, interactive display within the workshop. These included activity books (featuring tables and written reflections), garments that had been worked into by participants, photographs of chronological sequences of clothing selected by each individual and their accompanying narratives, as well as collages exploring expectations of breast reconstruction – pre and post-operatively. All participants of the workshop (breast cancer service users, clinicians, designers) were encouraged to independently review and handle the anonymised, displayed content.	Film Feedback forms
Activity 2 **Garment Pattern Mapping**	All participants were required to collectively develop a Garment Pattern Map, that consolidated what they had learned from engaging with the Wardrobe Probe content. Participants are asked to speculatively map what they feel are the questions, reassurances, challenges, frustrations and priorities of people affected by primary breast cancer. These thoughts were documented on a one part garment pattern.	Film Feedback forms Completed Garment Pattern Map
Activity 3 **Drafting Design Challenges**	Drawing on insights from the Garment Pattern Mapping exercise all participants were asked to consider how designers could respond to the questions, reassurances, challenges, frustrations and priorities of people affected by primary breast cancer. Using Post-It Notes, participants drafted a set of How Might We statements to develop a set of speculative, opportunity focused questions.	Feedback forms Post It-Notes
Activity 4 **Constructing The Garment Pattern Map**	The team collectively construct the Garment Pattern Map into a garment on a member of the group.	Film Feedback forms Constructed garment

Figure 2.11. Film still of facilitated workshop with breast cancer service users, clinicians and designers showing workshop participants reviewing Wardrobe Probe content (2022) Rhian Solomon.

2.7. DATA ANALYSIS

PHASE 1 - Data analysis in phase 1 focused on a review of Making and Cloth(ing)-led facilitated workshops used in healthcare. Interviews and reflections documenting relevant Facilitator perspectives provided insight into different types of Facilitation practice.

PHASE 2 - Data analysis in phase 2 was concerned with running a review of a Making and Cloth(ing)-led Wardrobe Probe method that had been designed by the researcher and deployed in the specific health context of breast cancer. Multiple data formats (including feedback produced through the Wardrobe Probe itself, reflections from participants and focus group, as well as video documentation and artefacts of a group workshop) provided insight into this type of Facilitation practice.

Analysis in both phases sought to review the materiality of Making and Cloth(ing)-led Facilitation practice – to demonstrate how these methods *work* and what they *do* in complex healthcare contexts.

2.7.1. THEORETICAL FRAMEWORK

Data corresponding with each method under review (1. Facilitated Workshop, 2. Wardrobe Probe) was subject to the same analytical framework, which adopted a New Materialist, Affective lens.

To reiterate, Affect Theory positions 'the social' as 'assemblages' of 'relations' assembling in unpredictable ways around actions and events (Deleuze & Guattari, 1988, p.88). Within assemblages, there is no subject or object and no single element that possesses agency (Fox & Alldred 2016, p.85). Social production is entirely due to the forces (or affects) within an assemblage (Fox & Alldred, 2016, p.18). Any event occurring in our daily lives may constitute an assemblage (Fox & Alldred, 2016, p.131-148). And within an assemblage, human bodies and all other material, social and abstract entities are 'relational'. As Fox and Alldred stipulate, research methods may be considered Research Assemblages.. 'We can pull apart a research process to interrogate it's affect economies…' (Fox & Alldred, 2016, p.168).

When using Affect Theory to conduct a practice review of Making and Cloth(ing)-led Facilitation in healthcare, Facilitated Workshops and Wardrobe Probe methods were positioned as selected facilitative contexts for review - as 'research assemblages'; and as the primary events to be analysed, providing a focused framing for analysis (Fox & Alldred 2016, p.151-175). Whilst any part of the research process might be considered a research assemblage (whether sampling, data collection, analysis, writing up methods) (Fox & Alldred, 2016, 2022), the focus of this piece of research was to analyse Facilitated Workshop and Wardrobe Probe methods as data collection devices. Affect Theory was used to consider Making and Cloth(ing)-led Facilitation relationally - to question what matters? Reviewing facilitative methods using this lens, firstly, provided an understanding of the things that constitute and 'affect' facilitative practice in healthcare - encompassing 'conventional' things, such as workshop materials, venues, participants - as well as 'unconventional' things that inform this type of practice that may otherwise be overlooked, including organisational ethics or cultural perspectives of health.

Scrutinising Facilitation practice, through an affective lens, additionally provided an opportunity to document affective interactions and their consequences occurring within a Facilitation method. Taking this approach enabled the researcher to evolve an understanding of the dynamics of interaction of a Facilitation method. The adoption of Affect Theory in the analytical phase of this research has generated an expanded analysis of interaction of Making and Cloth(ing)-led facilitative practice in healthcare, which cuts across different scales of interaction (Taylor & Ivinson, 2013, p.668) to support an understanding of how select facilitative methods *work* and what they *do* in complex healthcare settings.

2.7.2. CODING FRAMEWORK AND APPROACH

Fox and Alldred's Ethological toolkit (Fox & Alldred, 2022) provided a formal structure and coding framework for analysing the selected Making and Cloth(ing)-led Facilitation methods under review - A Facilitated Workshop and Wardrobe Probe. The same coding framework was applied to analysing each of these methods. All sets of data were coded by hand to support deep, flexible, and immersive engagement with the data and to foster a good understanding of themes and underlying meanings. Using this approach, Relations, Affects and Capacities of Affect were observed across the differing data sets corresponding with each Facilitation method.

Relations – Things drawn into the Facilitation method (research assemblage) – These can be human (HM) or non-human (NHM) (For example, within a Facilitated Workshop, this may encompass Facilitators (HM), participants (HM), workshop materials (NHM) (ref. Figure 2.12 below).

Affects by/upon Relations - A force that achieves some change of state in a relation which may be physical, biological, social, psychological, political, emotional (Fox & Alldred 2016, p.18) (For example, this may include how organisational ethics affect Facilitation methods design, how participants craft materials within a workshop or

perhaps how workshop materials emotionally affect participants). Affective interactions result in consequences[37].

Capacities of Affect – What is the capacity of these affective interactions occurring? Are they Enabling or Constraining?

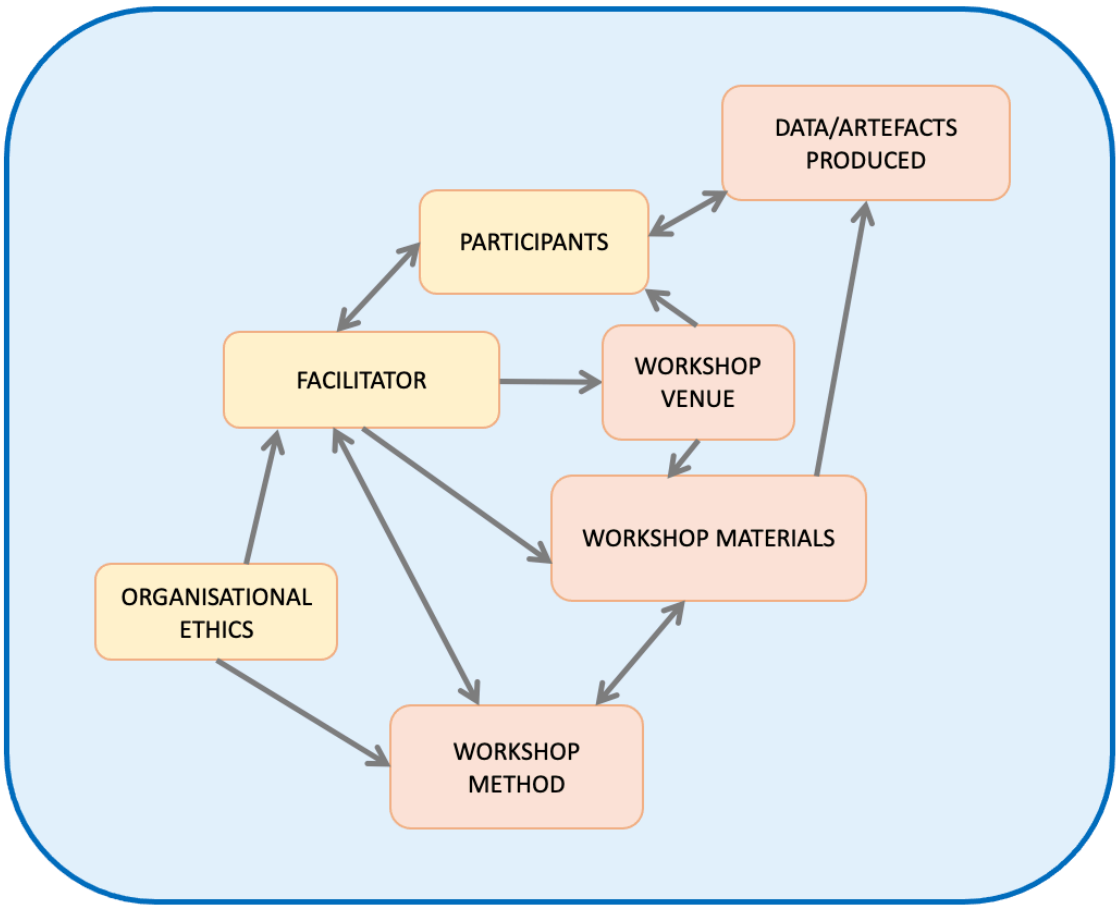


Figure 2.12. Schematic demonstrating a Facilitation method as research assemblage - possible relations (Non-human - orange, human - yellow) that may be drawn into a workshop Facilitation method in healthcare. Directional arrows communicate interactions occurring between relations; whether they are affecting, affected by, or both (2025) by Rhian Solomon.

[37] An 'affective flow' determines what a 'body' or 'thing' can do; it's capacities to act, within a particular context. Within a 'research assemblage' a flow of affect may produce both intended and unintended consequences (Fox & Alldred 2022, p.628-629).

2.7.2.1. *PHASE 1 – Analysis of facilitated workshop method*

Phase 1 of the research included an analysis of the transcripts from the semi-structured interviews undertaken with select Making and Cloth(ing)-led Facilitators (See Appendix E.1) also of the documentation (written reflection) of the researcher's own Facilitation practice (See Appendix E.2).

This process included the identification of quotes that demonstrated relations, affective interactions and related consequences – as above. Sections of text from this material were highlighted, and the interactions were annotated in the document margin.

Annotations were used to..

1. Define whether the interaction was between humans/non-humans. This was abbreviated to HM (human)-NHM (non-human).

2. Describe the affective interaction observed – In green text.

3. State the consequence of the interaction – In purple text.

For an example of this, ref. Figures 2.13 and 2.14.

This method of analysis provided focused insights into the types of interaction occurring in Making and Cloth(ing)-led Workshop Facilitation practices in healthcare contexts. It also helped the researcher to identify consequences of interactions (ref. Appendix F).

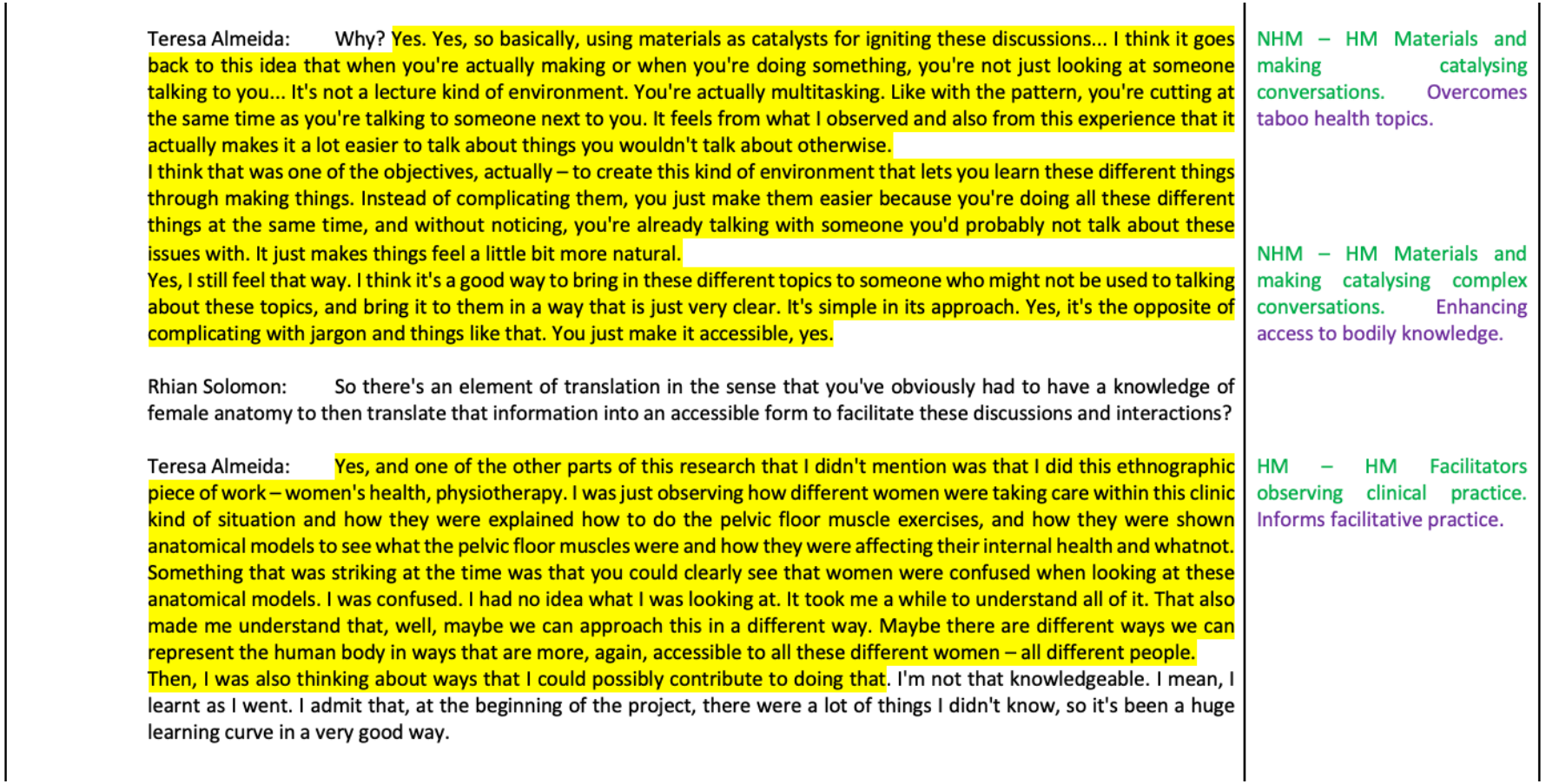


Figure 2.13. Screenshot example of Stage 1 of data analysis (Facilitated Workshops). Identifying interactions across the interview transcripts. Identifying relations, affective interactions and their consequences within text, highlighting this as supportive evidence, annotating to describe the interaction – repeated for every interaction observed across each interview transcript (2025) By Rhian Solomon. For expanded process ref. Appendix F.1 and F.2.

NIPPLE RECONSTRUCTION – WORKSHOP REFLECTION

I feel that the venue for the workshop could have been improved. Being in a hospital wing after hours, can be a bit eerie, as there's very few staff in the department. The patients taking part in the workshop also weren't very familiar with the space as they hadn't been treated in this hospital and needed guiding to the allocated room, so it created some practical challenges of way-finding. The hospital had been very accommodating as an employer, in how I worked in the department, however, there were a few limitations on how I could work with patients. It wasn't recommended to work with patients off site. Having a staff contract was useful, though, as I could book rooms across the hospital sites for different activities. So, in some ways, I feel like there was a freedom in being employed by the hospital, but at the same time, this came with certain limitations. In hindsight, I think this is why I spent the latter part of the residency running activities out of the Maggie's cancer centre that was based at Singleton Hospital - a very different type of space for patients to just *be*. I think that it's probably worth spending some time exploring spaces available for any future residencies or workshops that I do, especially if they are on hospital grounds. There were definitely a range to draw on at Morriston and Singleton hospitals but this just needs a bit more time and consideration.

Commented [MOU1]: HM-NHM Participants attending workshop in unfamiliar space in hospital. Creates problems in locating the workshop.

Commented [MOU2]: HM - NHM Healthcare organisation providing formal contract for Facilitator. Supports access to facilities to run workshops.

Figure 2.14. Screenshot example of Stage 1 of data analysis (Facilitated Workshops). Identifying interactions across the researchers' written reflection. Identifying relations, affective interactions and their consequences within text, highlighting this as supportive evidence, annotating to describe the interaction – repeated for every interaction observed across the text (2025) By Rhian Solomon. For expanded process ref. Appendix F.1 and F.2.

Once all data had been annotated using this method, the aim was to code types of interaction observed. To achieve this, all of the documented interactions were cut and pasted into separate columns within a table pertaining to each data set. Any similar interactions were clustered together and allocated the same interaction code in the right-hand column of the table (ref. Figure 2.15). In this phase, codes were clustered around types of interaction occurring.

Teresa Almeida	Seamus McGuinness	Celia Pym	Annette Schwalbe	Rhian Solomon	Codes Type of interaction (Green) Consequence of interaction (Purple)
NHM – HM Materials catalysing discussion. Breaks the ice. reaches out to people. NHM – HM Materials/objects to discover things independently. Eases complex conversations. NHM – HM Materials and objects to make knowledge accessible. Reduces fear. NHM – HM Materials and objects to make anatomical knowledge accessible. Normalises complex health conversations. HM – HM Demographics (cultural background/age) affecting bodily knowledge. Shapes workshop participation. HM – NHM Participants mapping reproductive organs onto underwear.	HM-HM Different perspectives/languages coming together contributing different voices. Enhances complexity. HM-HM Differing perspectives/languages coming together bringing different voices. Enhances complexity. HM – NHM Participants touching the works/displayed artefacts. Provides a route into the work/Enhances access. HM – NHM Facilitators working in non-clinical spaces/the home. Reduces participant discomfort. NHM-HM Personal objects move the participants between home and gallery space.	HM-NHM Facilitators using home based craft techniques. Facilitates care. NHM-HM Self-selected objects access unfamiliar experiences. Deflects from difficult subject matter. HM-NHM Facilitators using domestic techniques. Plays with roles of care. NHM-HM Self – selected objects move participant/Facilitator to intimate/home space. Transports personas between place. HM-NHM Facilitators touching intimate parts of a garment. Supports intimate conversation. HM – HM Facilitators being visible to	NHM – HM Body maps used as therapeutic tool in group work. Enable personal validation and self-expression. NHM – HM Human scale and form of body-maps enhancing impact/emotionally affecting exhibition visitors. Impactful and not easily dismissed. HM-NHM Participants choosing materials through guided meditation. Accessing sensory experiences in the body. HM – NHM Participants working into life sized body-maps. Enhances intimacy of experience. HM – NHM Facilitators using materials of differing seasons.	HM-NHM Participants attending workshop in unfamiliar space in hospital. Creates problems in locating the workshop. HM - NHM Healthcare organisation providing formal contract for Facilitator. Supports access to facilities to run workshops. HM - NHM Facilitator running workshops in hospital spaces. Creates familiar/unfamiliar experience for Dr/Patient participants. HM - NHM Facilitator adjusting furniture layout in workshop space. Provides more relaxed/different environment to how Dr/Patient would normally interact.	1. NHM-HM Materials catalysing complex conversations. - Break the ice. Reach new communities. - Overcomes taboo health topics. - Enhancing access to bodily knowledge. - Makes people feel uncomfortable. - Validates participant experience. - Enables self-expression. - Elicits curiosity. Forms a different kind of view of health. Accesses peoples stories. 2. NHM-HM Self-selected objects enabling participants to access un/familiar experiences. - Deflects from difficult subject matter. - Provides understanding of intimate experiences. - Brings participant thoughts and feelings into public realm.

Figure 2.15. Screenshot example of Stage 2 of data analysis (Facilitated Workshops). Coding interactions. Extracting and collating all interaction annotations from each data set (Interview transcripts and written reflection) in order of appearance. Interactions that are the same are clustered together and allocated an interaction code number and name (Far right column) (2025) By Rhian Solomon. For expanded process ref. Appendix F.1. and F.2.

Following this process, the researcher returned to the interview transcripts and her own written reflection, and applied the cleaned codes back into the relevant locations, so as to situate the differing coded types of interaction and where they were occurring across the data. The researcher also defined the capacities of affective interactions occurring, considering whether they were Enabling or Constraining. Each interaction was allocated an E (Enabling) or a C (Constraining) in its annotation (ref. Figures 2.16 and 2.17).

Teresa Almeida: Why? Yes. Yes, so basically, using materials as catalysts for igniting these discussions... I think it goes back to this idea that when you're actually making or when you're doing something, you're not just looking at someone talking to you... It's not a lecture kind of environment. You're actually multitasking. Like with the pattern, you're cutting at the same time as you're talking to someone next to you. It feels from what I observed and also from this experience that it actually makes it a lot easier to talk about things you wouldn't talk about otherwise. I think that was one of the objectives, actually – to create this kind of environment that lets you learn these different things through making things. Instead of complicating them, you just make them easier because you're doing all these different things at the same time, and without noticing, you're already talking with someone you'd probably not talk about these issues with. It just makes things feel a little bit more natural. Yes, I still feel that way. I think it's a good way to bring in these different topics to someone who might not be used to talking about these topics, and bring it to them in a way that is just very clear. It's simple in its approach. Yes, it's the opposite of complicating with jargon and things like that. You just make it accessible, yes.	Code 1 NHM – HM Materials and making catalysing conversations. Overcomes taboo health topics. E. Code 1 NHM – HM Materials and making catalysing complex conversations. Enhancing access to bodily knowledge. E.
Rhian Solomon: So there's an element of translation in the sense that you've obviously had to have a knowledge of female anatomy to then translate that information into an accessible form to facilitate these discussions and interactions?	
Teresa Almeida: Yes, and one of the other parts of this research that I didn't mention was that I did this ethnographic piece of work – women's health, physiotherapy. I was just observing how different women were taking care within this clinic kind of situation and how they were explained how to do the pelvic floor muscle exercises, and how they were shown anatomical models to see what the pelvic floor muscles were and how they were affecting their internal health and whatnot. Something that was striking at the time was that you could clearly see that women were confused when looking at these anatomical models. I was confused. I had no idea what I was looking at. It took me a while to understand all of it. That also made me understand that, well, maybe we can approach this in a different way. Maybe there are different ways we can represent the human body in ways that are more, again, accessible to all these different women – all different people. Then, I was also thinking about ways that I could possibly contribute to doing that. I'm not that knowledgeable. I mean, I learnt as I went. I admit that, at the beginning of the project, there were a lot of things I didn't know, so it's been a huge learning curve in a very good way.	Code 41 HM – HM Facilitators observing clinical practice. Informs facilitative practice. E.

Figure 2.16. Screenshot example of stage 3 of data analysis (Facilitated Workshops). Inserting codes back into the interview transcripts to locate coded interactions occurring and supportive evidence. Defining, also, the capacities of interactions – are they enabling (E) or constraining (C) or both (E/C)? (2025) By Rhian Solomon. For expanded process ref. Appendix F.1. and F.2.

NIPPLE RECONSTRUCTION – WORKSHOP REFLECTION

I feel that the venue for the workshop could have been improved. Being in a hospital wing after hours, can be a bit eerie, as there's very few staff in the department. The patients taking part in the workshop also weren't very familiar with the space as they hadn't been treated in this hospital and needed guiding to the allocated room, so it created some practical challenges of way-finding. The hospital had been very accommodating as an employer, in how I worked in the department, however, there were a few limitations on how I could work with patients. It wasn't recommended to work with patients off site. Having a staff contract was useful, though, as I could book rooms across the hospital sites for different activities. So, in some ways, I feel like there was a freedom in being employed by the hospital, but at the same time, this came with certain limitations. In hindsight, I think this is why I spent the latter part of the residency running activities out of the Maggie's cancer centre that was based at Singleton Hospital - a very different type of space for patients to just *be*. I think that it's probably worth spending some time exploring spaces available for any future residencies or workshops that I do, especially if they are on hospital grounds. There were definitely a range to draw on at Morriston and Singleton hospitals but this just needs a bit more time and consideration.

Commented [MOU1]: Code 43 HM-NHM Participants attending workshop in unfamiliar space in hospital. Creates problems in locating the workshop. C.

Commented [MOU2]: Code 45 HM - NHM Healthcare organisation providing formal contract for Facilitator. Supports access to facilities to run workshops. E.

Figure 2.17. Screenshot example of Stage 3 of data analysis (Facilitated Workshops). Inserting codes back into the researcher's written reflection to locate coded interactions occurring. Defining, also, the capacities of interactions – are they enabling (E) or constraining (C) or both (E/C)? (2025) By Rhian Solomon. For expanded process ref. Appendix F.1 and F.2.

When all affective interactions and their consequences had been annotated throughout the data, the researcher sought to explore similarities or connections occurring between them. In this final stage, the researcher extracted all quotes as evidence of interaction from the data, colour-coded them by respondent, collated them by code number, chronologically and looked for broader themes of interaction across them. This was used to organise findings and inform the structure of the discussion in Chapter 3 within this thesis (ref. Figures 2.18 – 2.20). Interaction codes were organised into identified themes. All supportive data accompanying each code was clustered under these themes acting as a repository of evidence to support the discussion chapters (ref. Appendix F.2). It is important to note that this approach was only used to organise the data (due to the extensive range of interactions documented) and to help inform later discussion.

CODE 4

Code 4 HM-NHM Facilitators providing broad material selections. Cultivate different types of material experience. E/C.
Sometimes I have also some kind of foil that people can work with or, if they have a stinging, prickly sensation, they might take these pine needles as a representation of that or even as a reliving of it. There are millions of ideas but that's what I can come up with right now. If they have a sense of heaviness in a particular area of their body, they might go and work with some stones and lay them, as part of the marking, onto a particular area of their body.

Code 4 HM-NHM Facilitators providing broad material selections. Overwhelms participants. C.
I've got natural but I've got string, I've got a whole bag of fabrics. I've got a whole area for the art materials, which is where people can just take everything out and have a feast. I've got materials of different sorts and textures as well. This is bark cloth so this is actually material made of bark so there you've got, again, the connection with nature but it's not always necessary. I've got all these dry materials, pastels, pencils and all that as well. I work with a huge range of materials, which you have to introduce people to, either selectively or gradually because otherwise it can be a bit overwhelming.

CODE 5

Code 5 HM-NHM Facilitators employing slow craft practices. Allows time to think through things. E.
Oh, so I remember with the screen print, they actually really enjoyed it. I think they actually liked the touch of it. This was a calico-based screen print, so it wasn't a soft... I think they really enjoyed it, and they also really enjoyed the cutting and the assembling. It's such an easy and straightforward activity that I think made people happy. It also gives them time to think through things. These were some of the comments, actually, that they had. It was just the entire thing, like working with those materials gave them time to reflect. Touching those materials and playing with them: they also appreciated that.

Code 5 HM-NHM Participants employing slow craft practices. Informs self-care. Forges relationships with the self. Informs participant self-knowledge. E.
Yes. Yes, it creates an environment in which you slow down a little bit and you're actually thinking, especially talking about the body and your body. You're given a set of activities or a set of materials and a couple of hours to work with it. Somehow, it slows down your time in a way that you're already doing some kind of self-care. Yes, I think so. Definitely, especially if you're in a workshop situation. It's not like you're being asked questions. You're actually coming up with those questions yourself while using whatever is put in front of you to think through. You're already thinking about your own body and your own health, so yes, it's already a way of doing some kind of self-care, this sort of workshop. Yes.

Code 5 HM-NHM Facilitators employing slow craft practices. Enhances trust. E.
My feeling was, "If I'm here we can talk about anything. If I'm here, and I'm trusted, and I do this sort of offer, then that's a way of developing the trust. Then we can talk about anything." And all of that interests me, because I am interested in the body, and I think it's kind of miraculous.

Figure 2.18. Screenshot example of stage 4 of data analysis (Facilitated Workshops). Identifying connections within the data. All supportive data was highlighted + coloured coded to denote differing interviewees. All codes and accompanying quotes were then collated, chronologically, into code numbers and the researcher looked for similarities in types of interactions occurring (2025). By Rhian Solomon. For expanded process ref. Appendix F.1. and F.2.

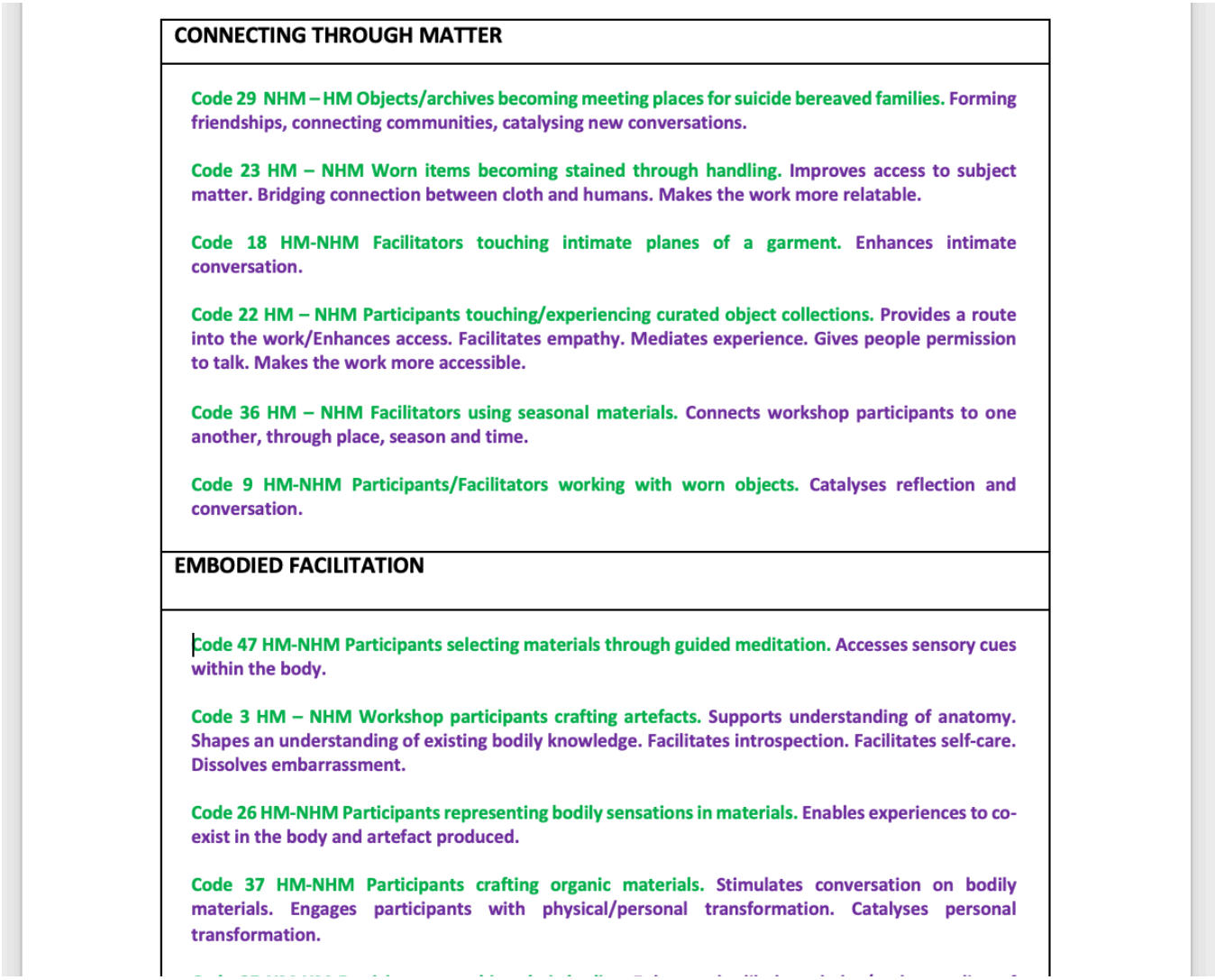
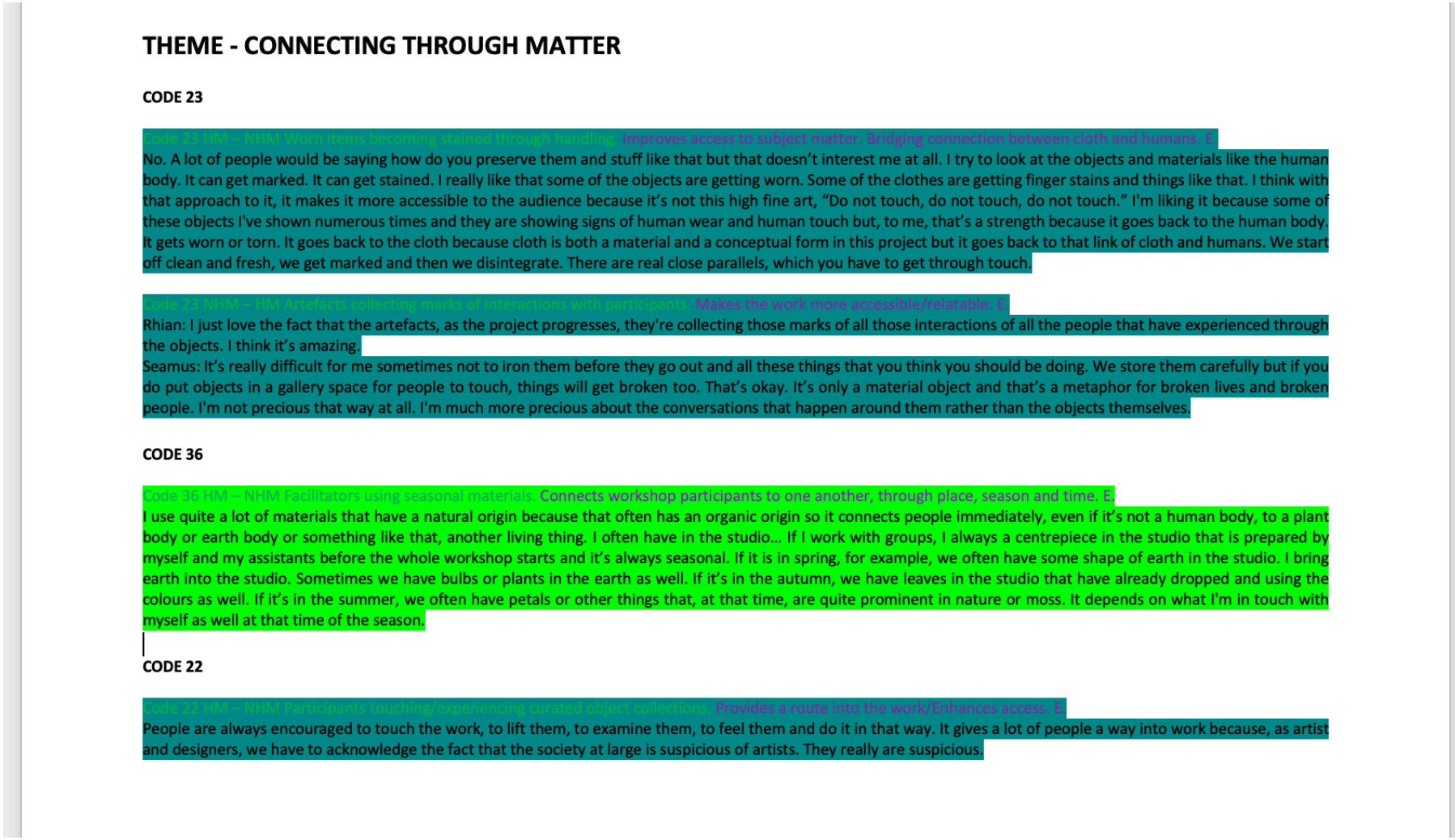


Figure 2.19. Screenshot example of stage 5a) of data analysis (Facilitated Workshops). Clustering interaction codes into identified themes for discussion (2025) By Rhian Solomon. For expanded process ref. Appendix F.1. and F.2.



THEME - CONNECTING THROUGH MATTER

CODE 23

Code 23 HM – NHM Worn items becoming stained through handling. Improves access to subject matter. Bridging connection between cloth and humans. E.
No. A lot of people would be saying how do you preserve them and stuff like that but that doesn't interest me at all. I try to look at the objects and materials like the human body. It can get marked. It can get stained. I really like that some of the objects are getting worn. Some of the clothes are getting finger stains and things like that. I think with that approach to it, it makes it more accessible to the audience because it's not this high fine art, "Do not touch, do not touch, do not touch." I'm liking it because some of these objects I've shown numerous times and they are showing signs of human wear and human touch but, to me, that's a strength because it goes back to the human body. It gets worn or torn. It goes back to the cloth because cloth is both a material and a conceptual form in this project but it goes back to that link of cloth and humans. We start off clean and fresh, we get marked and then we disintegrate. There are real close parallels, which you have to get through touch.

Code 23 NHM – HM Artefacts collecting marks of interactions with participants. Makes the work more accessible/relatable. E.
Rhian: I just love the fact that the artefacts, as the project progresses, they're collecting those marks of all those interactions of all the people that have experienced through the objects. I think it's amazing.
Seamus: It's really difficult for me sometimes not to iron them before they go out and all these things that you think you should be doing. We store them carefully but if you do put objects in a gallery space for people to touch, things will get broken too. That's okay. It's only a material object and that's a metaphor for broken lives and broken people. I'm not precious that way at all. I'm much more precious about the conversations that happen around them rather than the objects themselves.

CODE 36

Code 36 HM – NHM Facilitators using seasonal materials. Connects workshop participants to one another, through place, season and time. E.
I use quite a lot of materials that have a natural origin because that often has an organic origin so it connects people immediately, even if it's not a human body, to a plant body or earth body or something like that, another living thing. I often have in the studio… If I work with groups, I always a centrepiece in the studio that is prepared by myself and my assistants before the whole workshop starts and it's always seasonal. If it is in spring, for example, we often have some shape of earth in the studio. I bring earth into the studio. Sometimes we have bulbs or plants in the earth as well. If it's in the autumn, we have leaves in the studio that have already dropped and using the colours as well. If it's in the summer, we often have petals or other things that, at that time, are quite prominent in nature or moss. It depends on what I'm in touch with myself as well at that time of the season.

CODE 22

Code 22 HM – NHM Participants touching/experiencing curated object collections. Provides a route into the work/Enhances access. E.
People are always encouraged to touch the work, to lift them, to examine them, to feel them and do it in that way. It gives a lot of people a way into work because, as artist and designers, we have to acknowledge the fact that the society at large is suspicious of artists. They really are suspicious.

Figure 2.20. Screenshot example of stage 5b) of data analysis (Facilitated Workshops). All supportive evidence was clustered under themes of interaction identified by the researcher as a repository of evidence to support discussion in chapter 3 of the thesis (2025). By Rhian Solomon. For expanded process ref. Appendix F1 and F2.

This analytical process provides important insights and wider information on how Making and Cloth(ing)-led Workshop Facilitation practices operate. This understanding is achieved through identifying the things affecting Workshop Facilitation. Concurrently, this has enabled development of a framework of Making and Cloth(ing)-led Facilitation approaches that can be applied in future Facilitation contexts in healthcare.

2.7.2.2. *PHASE 2 – Analysis of a Wardrobe Probe method*

Data Analysis in phase 2 of the research was concerned with conducting a practice review of a Wardrobe Probe method, also positioned as a research assemblage, as specific context for review. This phase drew on a range of data sets which included:

1. Data produced through the application of the Wardrobe Probe, generated by individual breast cancer service user participants resulting in a combination of tables, photographs, collages and written narratives (ref. Appendix E.3).

2. Written feedback from these breast cancer service users (ref. Appendix E.4).

3. Verbal feedback from these breast cancer service users using the Wardrobe Probe – captured in a focus group discussion and transcribed (ref. Appendix E.5).

4. Written feedback from these breast cancer service users, clinicians and designers engaging with the Wardrobe Probe in a reflective group workshop (ref. Appendix E.7).

Each of these data sets provide a range of insights from the participant's experiences and interactions with the Wardrobe Probe (Fox and Alldred, 2022).

It is important to note that data analysis in phase 2 of the research differed from phase 1 as the researcher had data produced through the Probe method itself to support the analysis. The researchers' interpretations of this data provided an understanding of how a Probe method operates from a researcher's perspective. The researcher was therefore able to conduct a review of the Wardrobe Probe method from both a participant and researcher perspective by drawing on multiple data sets, forming a critical account of this type of Facilitation method.

This phase of data analysis drew on Fox and Alldred's Ethological toolkit to identify the types of interactions occurring, as well as their consequences and engaged the same coding framework as in phase 1. Due to the variation of data sets collated in this phase of the research, analysis took an expanded approach to identifying this content. In phase 1, the researcher sought evidence of interactions and consequences in isolated extracts

from interview transcripts and written practice reflections (Phase 1). In phase 2, the researcher additionally drew on textual and visual data to locate insights and wider information, drawing from observations across the data set.

The researcher consolidated all data from phase 2 of the research into a clean data set ahead of analysis. The first stage of analysis sought to evidence affective interactions and their consequences which were annotated across the data. The same annotation format as phase 1 was used which included a written description of the interaction, consideration of whether it occurred between human or non-human actors (HM/NHM), identification of the consequence of the interaction, and whether the interaction had enabling or constraining capacities (E/C)).

Interactions included those occurring within individual activities within the probe (affects and consequences within a method), as well as those occurring across the probe, more generally (the affects and consequences of using the probe, for participants/researcher). Evidence was drawn from quotes taken from participant reflections and textual data taken from the Probe activities/tables. Additional evidence was drawn from the resulting visual data including photographs, collages, drawings, as well as film stills, and images of artefacts produced. The researcher worked through the data, making notes of interactions and consequences observed (ref. Figure 2.21).

Figure 2.21. Screenshot example of stage 1 of data analysis (Wardrobe Probe) – Defining interactions and who they are occurring between - HM (Human) or NHM (Non-human) actors. Also, defining the capacities of interactions - Are they enabling (E), constraining (C), or both (E/C)? Annotated throughout the data set (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

Participant 2			
Worn item	**Description**	**Significant moment**	**Significance of item**
1	*Pink shoes*	*Wedding day* *2 years before diagnosis* *The 'for worse' came way too soon.*	*Grateful to G. A. for sticking by me.* *The favourite part of my wedding outfit - resisting the traditional.*
2	*The black and white jacket. (second hand via mums giving table)*	*Working too hard and right through the biopsy > diagnosis window was 'on duty'.* *If not this jacket, another one was worn to a meeting and dinner the night before diagnosis day.*	*I used to put this on to 'feel the part' and look smart.* *I now feel more confident as me at work and this is just appropriate clothing as and when needed but less a part I'm playing.*

Commented [MOU5]: NHM-HM Garments reminding participants of people and activities together - Provides understanding of people and networks surrounding them (for researcher). (E).

Commented [MOU6]: HM-NHM Participants mapping the wardrobe - provides new perception of clothes, now. (E).

Commented [MOU45]: HM-NHM Participant creating collage - communicates bodily changes/movement of breasts/lack of symmetry with a breast implant. (E).

When all affective interactions and their consequences had been annotated, they were collated into a separate document, in the order as they appeared in the data (ref. Figure 2.22). Similar interactions were clustered together, based on their consequences of interaction, and were allocated the same interaction code (ref. Figure 2.23). Once the set of codes was defined, the researcher returned to the data set and assigned the codes to relevant sections of evidence within the data (ref. Figure 2.24).

HM-NHM Participants selecting worn items - provides researcher understanding of practices of self-care used by participants. (E).

NHM-HM Garments reminding participants of people - Provides understanding for the researcher of people and networks surrounding them. (E).

NHM - HM Residues of wear prompt participant memories - supports intimate-reflection. (E).

HM-NHM Participants working with key worn items - demonstrates wardrobe consequences of breast cancer treatment (physical effects of breast recon on the wardrobe) for the researcher and participant. (E).

NHM-HM Garments reminding participants of people and care - Provides researcher with an understanding of people and care surrounding participants. (E).

Figure 2.22. Screenshot example of stage 2 data analysis - Coding interactions. Extracting all interaction annotations from the full data set (in order of appearance) pasting them into a separate Word document. Looking for similarities in interaction (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

Figure 2.23. Screenshot example of stage 3 data analysis (Wardrobe Probe). Clustering similar interactions together and allocating a code number and name (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

Participant 2			
Worn item	**Description**	**Significant moment**	**Significance of item**
1	*Pink shoes*	*Wedding day* *2 years before diagnosis* *The 'for worse' came way too soon.*	*Grateful to G. A. for sticking by me.* *The favourite part of my wedding outfit - resisting the traditional.*
2	*The black and white jacket. (second hand via mums giving table)*	*Working too hard and right through the biopsy > diagnosis window was 'on duty'.* *If not this jacket, another one was worn to a meeting and dinner the night before diagnosis day.*	*I used to put this on to 'feel the part' and look smart.* *I now feel more confident as me at work and this is just appropriate clothing as and when needed but less a part I'm playing.*

Commented [MOU5]: Code 1 Supports understanding of networks of care. NHM-HM Garments reminding participants of people and activities together - Provides understanding of people and networks surrounding them (for researcher). (E).

Commented [MOU6]: Code 12 Changes perspectives of wardrobes. HM-NHM Participants mapping the wardrobe - provides new perception of clothes, now. (E).

Figure 2.24. Screenshot example of stage 4 data analysis (Wardrobe Probe). Inserting interaction codes back into the data set to locate differing types of interaction occurring alongside supportive evidence (2025). Screenshot. By Rhian Solomon.

Supporting evidence pertaining to each code was extracted from the data set and consolidated into a Word document in consecutive order, to enable the researcher to view identified codes and corresponding, isolated evidence (ref. Figure 2.25). All supportive data was then clustered under relevant themes, identified by the researcher – acting as a repository of evidence to support the discussion chapters (ref. Figures 2.26 and 2.27). (ref. Appendix F.3.6). This approach was only used to organise data for discussion, due to the range of material documented.

This analytical process provides insights and wider information on how Making and Cloth(ing)-led Facilitation practices operate. Concurrently, a review of the Wardrobe Probe method has expanded the framework of Making and Cloth(ing)-led Facilitation approaches that may be applied in future Facilitation contexts in healthcare.

Code 2 HM-NHM Participants documenting changes to the Wardrobe/crafting collages - Shapes recognition of resilience

'At first, the three 'before' items made me feel anxious. I never realised just how many clothes I got rid of after surgery. On reflection, it has been so helpful as I can see just how far I have come. I can see my clothing choices have become bolder and stronger and I like that about me.'

'Realising that the 'in treatment clothes' don't make me upset and I now see them as armour for an experience I'm glad and proud of being the other side of. I would not have registered this without this exercise. And I didn't feel this way at the time I bought or first wore them.'
'Once I had placed all the garments together I realised how colourful I now like my clothes to be. Allowing my head to go back to a very scary time has been ok. When you have a mastectomy it is always with you. Every time I take my clothes off I see it. By doing this exercise, I can see my progress of healing both physically and mentally.'

'I'm proud of how well I've coped with it all. It's made me take stock and look at the many stages I've gone through to get to here. Some issues still need work but I'm still waiting for (nipple reconstruction) surgery - once it's all finished, hopefully I can move on.'

Code 3 HM-NHM Participants working with worn/discarded items - Supports understanding of self-care practices

Silver drop earrings.	*I bought these with chemo baldness in mind. I was aiming for glamorous Joan Collins, South of France, circa 1970's. There is a photo of me in a head covering with these earrings in early Chemo.*	*I love these earrings. They are so dramatic and represent a time when I was looking at how to make the most of the physical changes to come.*

Loose neck, polo neck jumper with sparkle.	*I bought this jumper just before I was told I needed a mastectomy.*	*It was my go to comfort jumper after surgery.* *It is still a comfort piece of clothing now.*

Blue, high, round neck jumper.	*I purchased this jumper just before I was told I needed a mastectomy.*	*I wore this jumper a lot after surgery. It was a comfort blanket to me.*

Colourful shirt dress.	*Covid restrictions lifting. This Summer, seeing friends. This dress makes me feel optimistic. The dress receives a lot of positive attention. People like it. It makes me and others smile.*	*This style of dress detracts from the fact my breasts are different sizes. I know it makes me feel comfortable. I know I need more surgery and this style will always fit me. It gives me confidence.*

Figure 2.25. Screenshot example of stage 5 data analysis (Wardrobe Probe). Identifying connections within the data. All supportive evidence was collated under code numbers, chronologically. Similarities sought in interactions occurring (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

Codes in numerical order – seeking themes/correlations.

PROBE

Code 1 Supports understanding of networks of care – CARE

Code 2 Shapes recognition of resilience – TIME/CHANGE

Code 3 Supports understanding of self-care practices – CARE

Code 4 Documents changes across time – TIME/CHANGE

Code 5 Raises complex emotions – INTIMACY

Code 6 Raises positive emotions - INTIMACY

Code 7 Supports connection with the body/self – INTIMACY

Code 8 Demonstrates wardrobe consequences of breast cancer - INTIMACY

Code 9 Supports recognition of progress - INTIMACY

Code 10 Situates experience – TIME/INTIMACY

Code 11 Changes perspectives of wardrobes – TIME/CHANGE

Code 12 Enables reflection - INTIMACY

Code 13 Supports appreciation - INTIMACY

Code 14 Shapes understanding of experiences of wearing - INTIMACY

Code 15 Facilitates self-expression - INTIMACY

Code 16 Supports understanding of intimate experience – INTIMACY

Code 17 Catalyses adjustments to future appearance – TIME/INTIMACY

Code 18 Processes emotions - INTIMACY

Figure 2.26. Screenshot example of stage 6a) data analysis (Wardrobe Probe). All supportive evidence clustered under themes of interaction identified by the researcher, as a repository of evidence to support discussion in Chapter 4 of the thesis (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

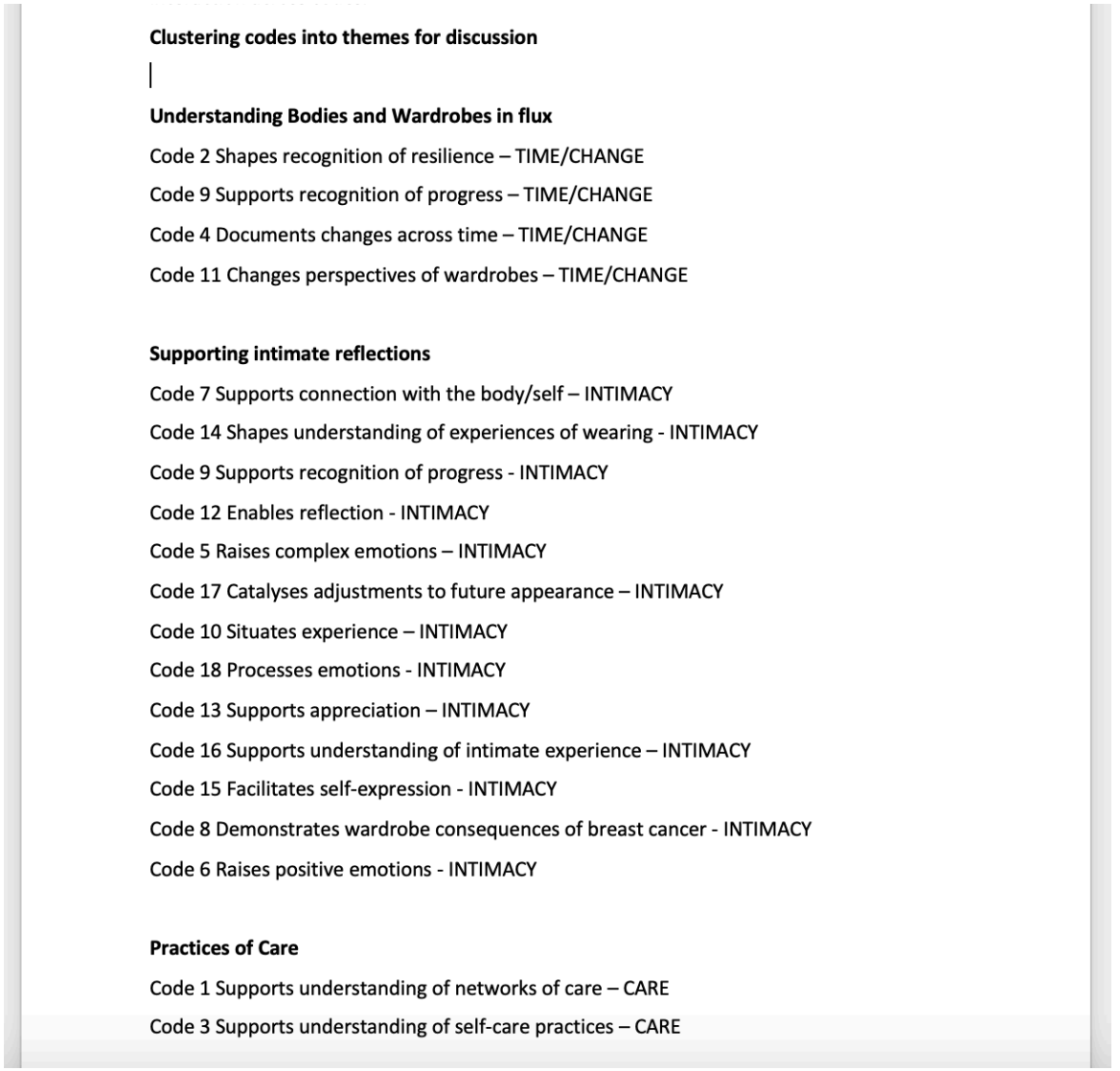


Figure 2.27. Screenshot example of stage 6b) data analysis (Wardrobe Probe). All supportive evidence clustered under themes of interaction identified by the researcher, as a repository of evidence to support discussion in Chapter 4 of the thesis (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

THEME – PRACTICES OF CARE

Code 3 Supports understanding of self-care practices

Silver drop earrings.	*I bought these with chemo baldness in mind. I was aiming for glamorous Joan Collins, South of France, circa 1970's. There is a photo of me in a head covering with these earrings in early Chemo.*	*I love these earrings. They are so dramatic and represent a time when I was looking at how to make the most of the physical changes to come.*
Loose neck, polo neck jumper with sparkle.	*I bought this jumper just before I was told I needed a mastectomy.*	*It was my go to comfort jumper after surgery.* *It is still a comfort piece of clothing now.*
Blue, high, round neck jumper.	*I purchased this jumper just before I was told I needed a mastectomy.*	*I wore this jumper a lot after surgery. It was a comfort blanket to me.*
Colourful shirt dress.	*Covid restrictions lifting. This Summer, seeing friends. This dress makes me feel optimistic. The dress receives a lot of positive attention. People like it. It makes me and others smile.*	*This style of dress detracts from the fact my breasts are different sizes. I know it makes me feel comfortable. I know I need more surgery and this style will always fit me. It gives me confidence.*
Leopard print, packable rain coat.	*Recovery impulse buy. I was unsure about this and decided eventually to buy it. Fun, quirky for me - I'd normally play safe with black/navy. It's my all weather emergency raincoat for when it rains and I'm out walking.*	*I started walking for fitness in 2016 and really enjoy the fresh air and exercise. It's me time, a chance to catch up with friends or go for a solo walk. The right clothes, no matter what weather, make all the difference.*

Figure 2.28. Screenshot example of stage 7 of data analysis (Facilitated Workshops). All supportive evidence was clustered under themes of interaction identified by the researcher as a repository of evidence to support discussion in Chapter 3 of the thesis (2025). By Rhian Solomon. For expanded process ref. Appendix F.3.

2.8. STRUCTURING THE DISCUSSION

Findings from the research are presented and discussed in Chapters 3 and 4. To create complimentary perspectives of Making and Cloth(ing)-led Facilitation practices in healthcare, the codes were clustered in different ways across phase 1 and 2 of the research. The focus for discussion shifts from the types of interactions that may be occurring in Facilitation practices in phase 1, towards the consequences of interactions in phase 2. Each chapter supports a review of how Making and Cloth(ing)-led methods operate in complex healthcare contexts:

Chapter 3 conducts a practice review of Making and Cloth(ing)-led Workshop Facilitation methods engaged in healthcare, in which the Facilitated workshop is positioned as a research assemblage and as a framing for analysis. This chapter provides an expanded view of the types of interaction occurring in Making and Cloth(ing)-led workshop Facilitation practices in healthcare – from a Facilitator's perspective. And demonstrates how this type of Facilitation may inform other Facilitation sectors in healthcare.

Chapter 4 conducts a practice review of a Making and Cloth(ing)-led Wardrobe Probe method engaged in breast cancer care, whereby the Wardrobe Probe and its deployment in a reflective workshop are positioned as research assemblages and as framing for analysis. This chapter provides an expanded view of the consequences of interaction occurring in Making and Cloth(ing)-led Facilitation practices in healthcare - from a participant/researcher perspective. And demonstrates how this approach may inform other Facilitation sectors in healthcare.

Chapters 3 and 4 are organised as follows:

1. Descriptions of affective interactions observed in Making and Cloth(ing)-led Facilitation methods in healthcare.

2. Quotes to support observations of these interactions.

3. Discussion covering Facilitation Approaches that feature in facilitative practices, based on observed interactions.

4. Suggestions for how these Facilitation Approaches may inform other facilitative professions within healthcare.

Each chapter concludes with a Making and Cloth(ing)-led Facilitation practice framework schematic to consolidate the Facilitation Approaches identified within the discussion. By evolving an expanded analysis of interaction, using Affect Theory, the researcher has been able to conduct a practice review of Making and Cloth(ing)-led Facilitation practice in healthcare – to demonstrate how Making and Cloth(ing)-led Facilitation methods *work* and what they *do* in complex healthcare contexts.

2.9. CHAPTER SUMMARY

This chapter frames two Facilitation methods as research contexts for this study – 1. The Facilitated Workshop, 2. The Wardrobe Probe.

The chapter sets out ethical processes for undertaking the study, demonstrating a rigorous and well-informed approach to designing and conducting the research.

Sample selection and recruitment processes are also outlined, defining the roles of differing sets of research participants (Making and Cloth(ing)-led Facilitators, breast cancer service users, clinicians, designers and the researcher herself).

To conclude, data collection and analysis approaches are discussed. Affect Theory is presented as the core theoretical framing for the study and as a tool for conducting a practice review of Making and Cloth(ing)-led Facilitation. The methods of a 1. Facilitated Workshop, and 2. Wardrobe Probe are positioned as 'Research Assemblages'; as focused contexts for review. And Fox and Alldred's Ethological toolkit (Fox & Alldred, 2022) is introduced as analytical framework for data analysis - used as a tool to describe how these methods operate in complex healthcare contexts. To conclude, the structure of Chapters 3 and 4 is also outlined.

CHAPTER 3 THE FACILITATED WORKSHOP

This chapter presents a review of Making and Cloth(ing)-led Workshop Facilitation practices in healthcare, using a New Materialist lens. And refers to semi-structured interviews conducted with select Making and Cloth(ing)-led Facilitators (ref. Appendix E.1) as well as a detailed reflection written by the researcher, in documenting her own practice (ref. Appendix E.2). The chapter discusses affective interactions occurring in Facilitated Workshops to explore how these methods operate. It also features a series of Facilitation Approaches, consolidated into a practice framework schematic at the end of the chapter (ref. p.238).

3.1. AGENCIES OF MATERIALS AND MAKING

Each of the Making and Cloth(ing)-led Facilitation practitioners exploited the agencies of materials and making in their workshop methods. The participants would also introduce personal items to the facilitated workshops, based on a loose criteria, set by the Facilitator. Pym asked clinical trainees to bring items that were worn, damaged or required fixing, whilst McGuinness invited bereaved families to donate personal objects of the deceased to the LivedLives archive (which included clothing, musical instruments and toys, amidst other ephemera). In these examples, worn items of clothing were used to explore experiences of dissection and caring for the deceased (Pym), and donated artefacts of the bereaved were used to explore family experiences of suicide (McGuinness). These selections were ‘everyday’ ubiquitous objects from the home, that were familiar to participants, yet acted as a route into complex and often unfamiliar subject matters. The intimate associations and stories attached to these objects served as rich and detailed insights into participants’ lives and experiences, and held the ability to represent something ‘other’; a means of deflection - taking emphasis off the individual, off difficult topics of conversation and onto the material object itself. Schwalbe refers to these objects as Transitional Objects.

Interaction Observed Code 2 NHM-HM Self-selected objects accessing un/familiar experiences. Provides understanding of intimate experience. Deflection from difficult subject matter. Sets the agenda for conversation.

(Pym, 2016)
The body and skin and our physical self is quite difficult to talk about. My point of view is start with the thing that you can talk about, which is the cloth, or that provokes some feeling. Even if it's a bit of a gross out feeling. It's like, "Okay, that's the place."…..It felt like the thing about looking at their clothes is the invitation to talk about themselves. How their body moves. If they're heavy in their clothes. So it's more about their own body and their own self in their clothes….The material of the clothing lets you talk about your body a lot of the time and talking about your body is quite tricky….

(Pym, 2016)
When I started mending I would invite people to bring me things. I was always really interested in repair as a way to start a conversation with someone. That it's easier to talk through a garment to a stranger than it is to talk to them face to face… Partly, I'm nosy and I wanted to see other people's clothes, but I was just intrigued by an insight into the lives of others… the stuff that people bring is stuff that really matters to them.

(McGuinness, 2018)
The ritual of selection. What represents a life? What represents a person? What I liked about it, I think 90% of the objects are entirely ordinary objects. If you walked into a thrift store or a charity shop or any kid's bedroom, you'd see them. I think their strength is their ordinariness. They're just so ordinary yet the same people pick them up and closely examine and look for tears.

(Schwalbe, 2018)
One is at the very beginning of the workshops, when the group comes together and people don't know each other yet. I often ask people to bring an object…I ask people to bring an object that's not directly linked... It depends. When I worked with people with HIV/AIDS, we asked directly what supports them in living with HIV/AIDS and they would bring an object with that. Now I bring in more seasonal and ask them to track their bodily being leading up to the workshop and then bring an object that represents something in that. It's up to them what they bring but it really helps to share something. You have a transitional object so the focus is not necessarily on you but it's on what you bring. It's something that often people pass it around so there's immediately an experience that people can touch and have their own experience of it. You can talk about something in relationship to yourself and it often feels less exposing and, at the same time, it's more interesting than, "I live here and I do this and I'm a professional whatever." It cuts underneath the persona that you bring. You bring something small that people can relate to, possibly.

Interaction Observed Code 9 HM-NHM Participants/Facilitators working with familiar/worn objects. Makes participants feel self- conscious. Deflects from difficult subject matter.

(Almeida, 2018)
I think some of the materials, like the underwear, make people a bit self-conscious, but then again it served the purpose of the research. It is an everyday accessory, so it wasn't just something that I invented out of the blue. It was this idea of using something that is already existing, that you have in your drawer. It's just when you have to talk about it and expose it that makes it a little bit more different.

Interaction Observed Code 30 NHM-HM Self – selected objects transport participant/Facilitator to personal space. Transports personas between place.

(Pym, 2016)
As far as darning went, people just bring ordinary things. So here we are in this extraordinary space, and then people would bring their jeans or their backpack….So if you've brought me the pyjamas from home we're talking about your home within the space of the dissecting room. I'm talking about you. You are not anonymous in this. Your story is of interest to me. Then from that point I can ask, "And how do you find working in the dissecting room?" At which point they can say, "Oh, it's hard. It's weird."

Interaction Observed Code 8 NHM – HM Domestic practices promote equality between Facilitator and participants. Challenge power dynamics.

(Pym, 2016)
There's so much contrast, which I really liked. They're training. Here they are. They're 18. "I'm going to be a doctor. I'm going to be a surgeon." And there are men and women in this class. But here's a woman doing what they think of as the work of their mother or their grandma. That's the only experience they've had of that. I found that really significant. So they're like, "But we're learning this. We're going to be pioneers in surgery."Again, it's that hierarchy thing. I think it's about suggesting there's a degree of equality or value. Not equality. Value in all these different ways of engaging. I can't be a surgeon. It's not the way I'm interested or what I've learnt. But they can't do what I do. I think I'm quite good at empathy. I think it's the place I like being. I think when they looked at the materials it looks like home. It looks like fun. It looks like colour. I think the colour was really important. And I think they would just be a bit like, "I don't get this. What is this?" Which I also like, because then there's a bit of a challenge for them to either… I don't think there was prejudice, because they assumed something is being taught to them. It's a teaching environment. But there were a lot of questions about what it was. And I think that was to do with what I looked like. Even though I was wearing a lab coat, and I would try and dress smart.

Interaction Observed Code 7 NHM-NHM Domestic practices transpose participant experience across context. Creates access to complex subject matter.

(Pym, 2016)
But I do think that meeting of the domestic and the technical professional is an interesting meeting. And the more I did the residency I realised how much I like the home space, and I love it when students will talk about their home space, which is what talking about the clothing does. Because we all have homes. Though some people it's not a pleasant place, not an easy place to talk about, but it has meaning, and it describes who we are, that sort of thing.

Interaction Observed Code 13 NHM – HM Materials and objects make bodily knowledge accessible. Destigmatises complex health topics.

(Almeida, 2018)
Well, overall, the main interest was in creating these new designs that let women have more awareness of their intimate bodies, doing it also in some fun... Well, I don't know if I want to use the word 'fun', but in a very playful way - in a way that is relaxed. I think the first activity, the one with the screen print, showed that that was possible. There were different things that could be incorporated into a design that could help create the awareness in a playful way while destigmatising the topic.

Interaction Observed Code 3 HM - NHM Workshop participants crafting artefacts. Supports understanding of anatomy following procedure.

(Solomon, 2024)
On reflection of the workshop, one woman said that seeing the 3D version of a nipple as opposed to 2D images had helped her understand the procedure, and had informed her of, exactly, how a reconstructed nipple is made..Another stated it helped her to make decisions on permanent nipples and what type she wants.

Respondent Quotes - Agencies of materials and making.

3.1.1.1. *Facilitation Approach – Draw on domestic objects to transpose context and meaning*

What becomes apparent from these observations is that Making and Cloth(ing)-led workshop Facilitation begins long before participants or stakeholders interact with one another or with the Workshop Facilitator. Here, it occurs in private and intimate spaces of the home - through a process of personal object selection - raising questions as to when/where the process of Facilitation begins. In these examples, Facilitators are drawing, not only on their available material resources to conduct and facilitate sessions but on the material culture of participants' domestic spheres; with participants being encouraged to select their own content for discussion, specific to their individual experience and context. Very different cultural references exist between the home and healthcare settings. Working with domestic materialities, such as textiles and clothing, in Facilitation practice contexts, provides a holistic view of the personal experiences of participants, outside of a hospital context; an understanding of how someone lives with a condition on a daily basis. As the concept of healthcare delivery in the 21st century begins to transition into the home (Five Year Forward, NHS Review, 2015; People at the Heart of Care, UK government policy paper, 2022), it seems increasingly important to consider the material culture of living spaces and its potential within facilitated workshops to convey health service user experience.

Personal items that are self-selected from the home additionally serve to transport the researcher and other workshop participants to an intimate space, without the need (or ability) to physically be there in person. This may be particularly useful in health contexts, whereby individuals may be self-isolating (as was the case during the Covid-19 pandemic) or post-treatment, whereby immune systems may be compromised, or mobility may be limited. These items act as remote, relational devices. They may also traverse differing contexts from home to facilitated workshops, enabling participants to transpose private experiences into the public realm. This is particularly relevant in the work of Pym, whose participants bring worn items from their personal wardrobes into the dissecting room to be fixed. And for McGuinness, whose participants reposition items belonging to the deceased in a co-curated, mediated exhibition and workshop. By reframing the setting or context for self-selected personal items differing conversations emerge. As Metcalfe suggests, objects 'in context' allow for an understanding of daily

rituals and behaviour. Seeing these same objects, 'out of context', however, can jolt participants to new understandings (Woodward 2020, p.47).

These observations suggest an opportunity for Facilitators to consider the changing meanings of personal objects as they transition between differing contexts of use – e.g. from the home to a different facilitated workshop setting (and potentially vice versa); and to explore these transitional capabilities to their convenience in order to centre conversations around the needs of participants. The democratisation of healthcare (to design and deliver meaningful and relevant care experiences) requires care providers to understand the service user experience holistically, within and outside medical settings. Object-based Facilitation methods, may provide a more nuanced and equitable understanding of health provision across a diverse range of contexts - achieved by understanding the conditions in which people are born, grow, live, work, play and age. Such an approach may also help to identify health inequalities or social determinants of health – current, key priorities for the NHS (NHS.UK, 2022).

3.1.1.2. *Facilitation Approach – Use pervasive objects to frame a multitude of conversations*

To expand on this observation, the pervasive qualities of clothing, which can be ascribed multiple meanings at any one given time, suggest that this specific category of personal object may be particularly useful to draw upon in Facilitation workshops in healthcare. A single worn item, for example, may traverse multiple contexts and periods of use and so holds the potential to offer insight into multiple settings and experiences of illness and recovery – occurring not just in the home. The ability of worn objects to span differing contexts of use, to frame reflection and conversation in differing ways, holds great potential in informing the design of Making and Cloth(ing)-led Facilitation methods. A Facilitator must therefore consider a worn item's contextual origin and its relevance to the topic of Facilitation and tailor selection criteria for workshops accordingly.

3.1.1.3. *Facilitation Approach – Employ Transitional Objects to set the agenda*

The examples illustrate that self-selected objects from the home (including crafted artefacts produced as a result of facilitated workshops) are imbued with meaning for participants. In some cases, these items embody personal attachments that have been formed over time and with habitual use, and may be considered Transitional Objects, as referred to by Annette Schwalbe. A Transitional Object[38] gives psychological strength and assistance to a person by representing emotional attachments. It is an object that holds both subjective and objective qualities and enables a person to differentiate between what is 'me' and 'not me' (Winnicott, 1953) and can provide emotional support during times of transition and equally support the ability to be alone. In some of her workshops, Schwalbe asked people living with HIV/Aids to bring a transitional object to explore what supports them in living with this chronic condition.

Schwalbe, Pym and McGuinness, illustrate how objects, when brought into the public domain, allow participants to set the agenda for discussion, inadvertently subverting power dynamics that may exist in a facilitated group. Collective conversations on health begin with objects selected by the recipient of care and are not defined by a Facilitator or healthcare organisation. Where personal items of clothing, more specifically, are selected, participants become immediately positioned outside of the hospital and medical domain, providing an opportunity for participants to renegotiate the fixed identity of 'the patient' or (in Pym's case) the 'clinician'. Clothing and other domestic ephemera, that become Transitional Objects, are a rich source material in facilitated workshops, as a means for participants to exert their individual identity, opinion and personal experience within facilitated group settings. Engaging Transitional Objects in making and cloth(ing)-led workshops is therefore a useful Facilitation tactic to address established and unspoken power dynamics that may accompany a healthcare space.

[38] Donald Winnicott developed the concept of the Transitional Object to explain the process through which a child may separate itself from its mother. An object – blanket, toy - enables the child to differentiate between what is *me* and *not me.*

3.1.1.4. *Facilitation Approach - Subvert perceptions of craft practice*

It is not only objects that are responsible for the transposition of experience across contexts. Practices of making are also engaged by these Facilitators to transpose meaning between domestic and professional spheres. Darning is employed in the dissection room to achieve open conversations on death, life and care amidst many other important subjects (Pym). As Pym describes, mending and making ordinary things in extraordinary spaces and under extraordinary circumstances offers another way of being in a space; it creates a 'counterpoint'/proxy to an emotionally complex topic. Stitch and pattern-cutting techniques are used to enhance understanding of elective forms of plastic surgery, for women, post breast cancer; supporting conversations with others in similar clinical circumstances and promoting informal discussion with clinicians concerning surgical technique and outcome (Solomon).

Important to highlight here is the association of domestic craft practice with the feminine, which sits in direct contrast to the predominantly androcentric models of healthcare in which many of these examples of Facilitation practice are applied. What is it about domestic craft practices, particularly those which engage cloth and clothing-led approaches, which enables them to help interface 'serious' medical settings? Could this be due to their frivolous associations? As Entwistle outlines, 'the things associated with women tend to have lower social status than the things associated with men. Women's past times and preoccupations have been trivialised and mocked' (Entwistle 2015, p.139). There is a definite element of surprise in the success of these seemingly gentle making and cloth(ing)-led practices, which is perhaps what makes them so effective in opening complex dialogues in healthcare.

An openness to engaging making and cloth(ing)-led approaches in a healthcare setting, however, might also be due to the familiarity of craft practice, which quietly underpins many medical specialisms. Skill sets within healthcare are often referred to as a craft. The craft of intensive care medicine (Carmel, 2013), The craft of surgery (du Plessis, 2023). Making, whether formally acknowledged or not, has informed medical practice for centuries. However, it's true value and impact on this sector has only more recently been recognised through national creative programmes (Parallel Practices, 2015) and projects initiated by creatives and scholars, including the participants interviewed for

this study (Papastavrou, Ciokajlo & Solomon, 2020; Pym, 2017; Rees-Lee & Kneebone, 2015; Solomon, 2014) which exemplify the potential of making and cloth(ing)-led craft practices to address and support medical challenges, providing what may be considered a more serious role for craft practices and material specialisms. Making and the familiarities of practice are clearly important, often tacit languages that could be more beneficially deployed in Workshop Facilitation in healthcare. Domestic craft practices, which are often durational, could also be a useful accompaniment to more established Professional Facilitation methods used in healthcare settings.

3.1.1.5. *Facilitation Approach - Encourage 'playfulness' in 'serious spaces'*

Making, equally, offers a playful freedom, as a counterpoint to the seriousness of the healthcare spaces where these examples of Making and Cloth(ing)-led Facilitation usually occur and to the gravity of life-saving practices and experiences that would conventionally exist in these spaces. In Solomon's workshop, making enables elective nipple reconstruction procedures to be more tangible in a social and informal workshop setting. In Almeida's workshops, women, through their use of collage, are able to playfully explore and locate important knowledge about themselves and their pelvic anatomy. Carefully engaging a playfulness in otherwise serious or more formal spaces, through making and cloth(ing)-led craft practices, can help navigate complex subject matters in Professional Facilitation practices in healthcare. There is also a fine and complex balance between supporting playfulness and what may be considered inappropriate activity for Facilitators to understand, respect and maintain.

3.2. FACILITATING WITH CARE

Of great importance for each of the Making and Cloth(ing)-led Facilitators reviewed in this thesis was to Facilitate with Care, to manage participant vulnerability. This was achieved through the Facilitator's planning their methods of delivery, including the materials and making processes selected for activities. Facilitators would usually be responsible for selecting and providing materials for the activities that they were running (Schwalbe, Almeida, Solomon), however, as outlined, objects and materials may also be selected by the workshop participants themselves (Pym, McGuinness, Schwalbe), as mentioned above. In both cases, careful consideration of the context of Facilitation, material selection/guidance and the application of the method was made by the Facilitator.

Schwalbe discusses her consideration of the materiality of the spaces in which her workshops occur as she aims to 'create a space in which people can safely reveal themselves' (Schwalbe, 2018). She employs various different textiles in her Somatic Body-Mapping workshops – including soft blankets, cushions and sheep skins. She also applies this considered approach to the foods that she provides during breaks, ensuring that each workshop is accompanied by nourishing food for participants. Schwalbe reinforces the role of comfort and sustenance during emotionally intensive activities and provides materials to calm and nourish the body and brain. These elements become key in supporting workshop participants through the creative process and related sensitivities. Solomon describes the simplicity of adapting the furniture of a workshop space to foster group work and collective conversation so as to seem less like a clinical consultation. Her material selections and accompanying techniques also aim to match the medical treatment being explored (e.g. nipple reconstruction) and materials of the body, for example skin. Select materials have skin-like, structural qualities, which help participants to replicate surgical methods. Pym describes how she matches the materiality of her practice (an Artist working with cloth, yarn and mending techniques) to the conversations that she is aiming to facilitate and to the professional clinical spaces in which she is working. Conversations on experiences as a trainee clinician whilst caring for the deceased in the dissection room are facilitated through practices associated with clothing care.

Interaction Observed Code 27 HM-NHM Facilitators engaging the materiality of space. Enhances comfort for participants. Directs participants to be with their body. Provides a more relaxed environment. Supports less formal conversations.

(Schwalbe, 2018)
There's almost a little bit of tension in between having spaces where you feel really comfortable in your body and soft… I've got a lot of soft furnishings...in the workshops. Soft blankets and cushions and sheep skins and wooden floor, an environment that's not necessarily designed for large-scale painting or art making, which can be quite messy...The materiality of the space 'reflects the being with your body as, well.

(Solomon, 2024)
Whilst the space was a bit odd, I feel that changing its layout helped to make a more intimate setting, with everyone sat around the same table…I think that changing the space and numbers, seemed to support less formal conversations in contrast to clinical consultations.

Interaction Observed Code 39 HM-NHM Facilitators engaging the materiality of sustenance. Provides a nourishing environment.

(Schwalbe, 2018)
The thing that I always find important as well is, actually, food…We're talking about the body and we have to try to provide a nourishing environment and an environment people really listen to and take care of their bodily being…We work quite intensely on these two days, if it's a weekend workshop…Just depending on what your physicality allows, we might need other materials to support physical well-being and food as well, snacks or whatever is healthy.

Interaction Observed Code 32 HM-NHM Facilitators matching materials to conversation. Directs conversation.

(Pym, 2016)
Yes, so the way it would work was students would bring me something (a worn item to mend). We would talk about how the hole came to be. How they felt about it. Why they wanted it mended…Then we might talk about how they felt in the dissecting room…

Respondent quotes – Facilitating with care a).

Figure 3.1. Nipple reconstruction surgical technique (2019). Illustration by Libby Vanderploeg. (This image has been removed by the author for copyright reasons).

Figure 3.2. Adapting Doctor/Patient interactions – Adjusting the room layout and furniture. Nipple Reconstruction workshop at Singleton Hospital, Port Talbot (2015) Photograph by Prue Thimbleby.

Figure 3.3. Working with skin and cloth-like materials as part of a nipple reconstruction workshop at Singleton Hospital, Port Talbot (2015) photograph by Prue Thimbleby.

3.2.1.1. *Facilitation Approach – Match materials and methods to complex bodily contexts*

These observations demonstrate how Making and Cloth(ing)-led Facilitators, working in healthcare settings, carefully consider the complex contexts in which they are working when designing their methods and use this to inform their workshop activity and material selections. In these examples, contexts of Facilitation may be geographical, considered in a more conventional sense (E.g. the physical location of a project or workshop – a healthcare organisation, a hospital, a dissection room – and its materiality – the furniture, the furnishings, etc). Facilitation contexts may also be explored conceptually to encompass the body itself, as a site for Facilitation. Our bodies, after all, are the context of medical thought and practice. In these examples, the materiality of the human body is simulated in cloth to provide context for surgical practice (Solomon); clinical processes used to care for the body are suggested (Pym), and the fundamental needs of participants' bodies are comforted or nourished (Schwalbe). Both materials and tools of these facilitated workshops are carefully connected to the bodily context of Facilitation, to sensitively and strategically frame wider conversations around health. Material and tool selections used in Making and Cloth(ing)-led Facilitation workshops in healthcare are therefore informed by a greater understanding of the bodily context of Facilitation - Materials and methods are matched to complex bodily contexts, suggesting that in part, the role of the Facilitator in healthcare, is to understand the nature of illness and its context for participants. Materials and practice methods are also framed around the physical needs and abilities of workshop participants requiring Facilitators to consider a wide range of approaches to support facilitative practices, beyond the selection of conventional workshop materials.

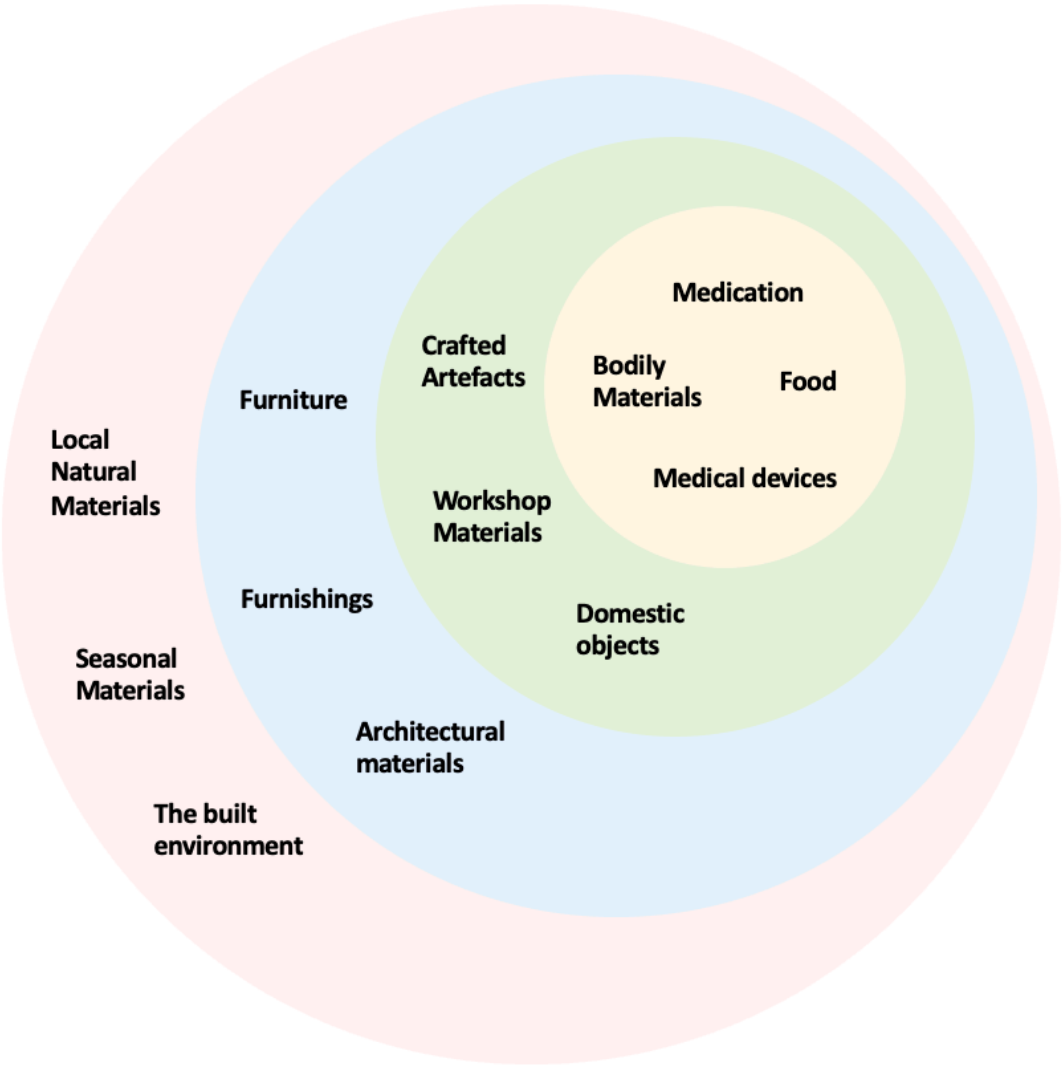
3.2.1.2. *Expanded Facilitation Approach - Matter Map*

The researcher proposes an opportunity for Matter Mapping when designing facilitative tools and methods. Facilitators may consider the differing scales of matter affecting Facilitation practice, including the materiality of food, of illness, of the body, as well as the materiality of place, participants or subject of Facilitation. This approach is apparent in Schwalbe's careful selection of soft furnishings and food to foster particular responses within participants. Subtle, yet complementary consideration towards materials enhance a participant's embodied experience and capabilities within the workshop and

suggest that Facilitator's 'material' selections extend far beyond conventional conceptions of 'matter' within a workshop and should be considered across scale (ref. Figure 3.4 below). Matter Mapping in Making and Cloth(ing)-led Facilitation practice could be a useful tool in considering the differing materialities that may be drawn into Making and Cloth(ing)-led Facilitation workshops in healthcare. And could support Facilitators to engage different types of matter across the activities that they design.

3.2.1.3. *Facilitation Approach – Connect workshop materials to conversational qualities*

These Making and Cloth(ing)-led Facilitators are not only matching material methods of Facilitation to contexts of use. They are also matching material methods to conversational qualities occurring within the healthcare settings in which they're being applied. Pym applies careful practices of mending garments as a route into discussions around care in the dissection room - cultivating and directing conversation strategically around select, exploratory themes. In this example, the Facilitator designs her workshop methods around the materiality of conversation, suggesting that materials of a facilitated workshop can embody the tactile qualities of language and should be carefully considered in healthcare Facilitation practices.



Key
Yellow = Materials of/in bodies
Green = Materials of workshop activity
Blue = Materials of workshop space
Pink = Materials of place

Figure 3.4. A schematic to demonstrate Matter Mapping – A Facilitation approach exploring materialities of a workshop across scale (2026) by Rhian Solomon.

Other examples of Care-ful Facilitation practices observed in the interviewees' practices include the provision of a wide variety of workshop materials for participants to select from, to cultivate different types of material experience. Schwalbe's Somatic Body Mapping practices allocate periods of time for participants to select from a wide range of workshop materials, including cloth, yarn, natural and synthetic materials and papers. Participants may select materials based on the sensations that they hold within their body, which have a connection with what their body was experiencing at that given moment. Participants are encouraged to smell, feel and sense materials to inform their individual selections. Sometimes, participants would select materials based on bodily sensations caused by illness or associated discomforts and would aim to replicate these sensations through materials in a visual form. Occasionally, participants may be unsettled by materials due to their capacity to induce uncomfortable emotions or experiences at the time of creating the Body Map. For example, participants living with HIV and Aids, whilst using linen to prepare canvases to lie upon as part of the Body Mapping process, were reminded of near-death experiences that they had had due to the cloth representing a shroud, a length of cloth in which a dead person is wrapped for burial. Schwalbe also recalls how, in other workshops, participants wrapped themselves in fabric, intentionally pursuing experiences of suffocation. In Solomon's workshops, patient participants craft familiar clinical textiles (surgical dressings) as they replicate surgical technique. Whilst this select material adheres to technical requirements, it potentially draws participants back to experiences of surgical treatment through its clinical qualities and associations.

Interaction Observed Code 4 Facilitators providing broad material selections. Cultivates different types of material experience. Overwhelms participants.

(Schwalbe, 2018)
I've got natural but I've got string, I've got a whole bag of fabrics. I've got a whole area for the art materials, which is where people can just take everything out and have a feast. I've got materials of different sorts and textures as well. This is bark cloth so this is actually material made of bark so there you've got, again, the connection with nature but it's not always necessary…I work with a huge range of materials, which you have to introduce people to, either selectively or gradually because otherwise it can be a bit overwhelming..If they have a stinging, prickly sensation, they might take these pine needles as a representation of that or even as a reliving of it..If they have a sense of heaviness in a particular area of their body, they might go and work with some stones and lay them, as part of the marking, onto a particular area of their body…….

Interaction Observed Code 12 Participants selecting/working with difficult materials. Raises difficult emotions. Reconciles difficult emotions.

(Schwalbe, 2018)
You might start a process with a particular material that you think is really nice and then another aspect of the experience reveals itself through it…There might be experiences in using the material that can be quite uncomfortable and reflective of medical treatment or invasive treatment or traumatic experiences or abusive experiences. They can come in the working with and handling of material. I've had people who have worked with fabric and wrapped themselves into fabric and, actually, on some level, pursued an experience of being possibly quite suffocated. You have to really work sensitively with that and make people aware and check in with them or what are you experiencing. Maybe it's important to experience that but it has to be safe, of course, and not be traumatising.

(Schwalbe, 2018)
Just going right back to body mapping with people living with HIV/AIDS, what was often really impactful and relevant was the canvas…We provided linen cloth and then, everybody together, we mixed the glue with the paint and primed the canvas and all that. That process took quite a bit of time and it often brought things up for people around shrouds because you have a big white piece of linen that then becomes even whiter once you prime it and that process of then, at some point, lying down on it reminded people of near death situations they'd had….

(Schwalbe, 2018)
That whole process of having large body-sized linen cloth and preparing it and then lying down on it really brought these experiences back. It was really helpful because it opened up these conversations in the group and people were able to share that when they would not have had any context in which to talk about this experience and the fears that, obviously, live on from that. As well as them taking what often was associated as a shroud as a beginning of a new body in the body mapping process and then filling that with who they were at that time, that really heightened the symbolism in which the body map came into existence to mark…I think that it can be really important that it's in the room and it can be spoken about and it can be named as such. Anyway, you can try, as much as you avoid it, it will creep in somehow in a way that you've not been able to identify. I think we don't know the many layers of experience people have and what, for some people, feels like a really nice thing, for another person it's associated with something horrific...

(Solomon, 2024)
I'm not entirely sure if working with surgical dressings was a good or bad idea. On the one hand, it met certain technical requirements for the workshop (needing to be structured etc). It also was a material known to the surgeon…But on the other, it was still a cloth with particular clinical associations – used to treat patients and worn in recovery. I also think the synthetic nature of this material, it's plastic smell, and supposed skin tone added to its clinical-ness.

Respondent quotes – Facilitating with care b).

3.2.1.4. *Facilitation Approach – Exploit subjectivities of matter (but plan for material associations)*

Schwalbe exploits the subjectivities of matter by providing a wide variety of materials for participants to work with and make their own associations with. Worth noting is that our sensory experience of the world can be shifted dramatically through illness and disease, creating a heightened bodily awareness. How we experience the materiality of our body or material changes to it during illness and treatment has a significant impact on how we experience materials and objects in our external world, in this case, within the facilitated workshop. Schwalbe is mindful of this shifting state when facilitating in healthcare contexts.

Schwalbe and Solomon also demonstrate how the materials of a facilitated workshop hold the potential to evoke either positive or negative responses, highlighting the responsibility of the Facilitator to carefully consider material selections accordingly. Different sensorial or emotional experiences may arise through different material selections and through the associations that participants may ascribe to these experiences. In her workshops, Schwalbe intentionally provides a wide variety of materials for participants to build connections to bodily sensations arising from previous/current health experiences, and gauge what they feel most comfortable working with. Drawing on cloth and clothing materialities in her practice, Schwalbe combines other material categories, demonstrating how Cloth(ing)-led Facilitation practices can be supplemented by other material selections. Solomon, working with surgical dressings in her workshops, sets a precedent for working with surgical practices as the context and subject of Facilitation, however, this potentially draws participants back to experiences of treatment, of wearing surgical dressings in recovery.

Schwalbe notes that while workshops have been fully considered and shaped using careful consideration, Facilitators can never entirely plan for the historical experiences of participants arising in the workshop setting, which may be shaped by a multitude of unknown, personal factors. Her approach, however, is to consider the sensitivity of the subject at hand and provide material selections accordingly. What becomes apparent from these observations is that Making and Cloth(ing)-led Facilitators must be mindful of the potentiality for material associations in their workshops, which is particularly

pertinent when facilitating in healthcare when working with participants with complex needs or experiences.

3.2.1.5. *Facilitation Approach – Be with difficult materials*

Schwalbe states that triggering materials have an important role to play in facilitated activities. Whilst they may be confronting for participants, they may also be a way to reframe past experience in the present and so are extremely important in facilitated activities. For example, whilst priming linen cloths reminded participants of near-death experiences, she reinforces that this activity also provided a context in which to talk about these painful experiences, opening up conversations within a group. Participants were able to assign new meanings to the cloth, moving from the perception of being a shroud (associated with death) to the beginning of a new body (in the body-mapping process), filling this with who they were at the time. There was a heightened symbolism in which the body map came into existence. Through this process the participants established new meanings which were shared within the group. While materials or items may indeed trigger difficult emotional responses, they should not necessarily be removed from a facilitated workshop experience. Enabling participants to *be* with difficult materials as a form of reconciliation with a difficult experience is clearly valuable, however this form of practice must be appropriately emotionally supported.

Techniques considered 'slow' were used by some of the Facilitators as contemplative, reflective (perhaps even meditative) activities which supported participants to think through things or reflect on their own anatomy (Almeida) (ref. Figure 3.5), building trust between participant and Facilitators (Pym).

Interaction Observed Code 5 HM-NHM Participants/Facilitators employing slow craft practices. Allows time to think through things. Enhances trust.

(Almeida, 2018)
Oh, so I remember with the screen print, they actually really enjoyed it. I think they actually liked the touch of it. This was a calico-based screen print, so it wasn't a soft... I think they really enjoyed it, and they also really enjoyed the cutting and the assembling. It's such an easy and straightforward activity that I think made people happy. It also gives them time to think through things. These were some of the comments, actually, that they had. It was just the entire thing, like working with those materials gave them time to reflect. Touching those materials and playing with them: they also appreciated that.

(Pym, 2016)
My feeling was, "If I'm here we can talk about anything. If I'm here, and I'm trusted, and I do this sort of offer, then that's a way of developing the trust. Then we can talk about anything." And all of that interests me, because I am interested in the body, and I think it's kind of miraculous.

Respondent quotes – Facilitating with care c).

3.2.1.6. *Facilitation Approach – Employ differing speeds of making*

When facilitating in settings where topics under discussion are subjective, sensitive and nuanced (as in healthcare), slow making and cloth(ing)-led approaches may be helpful as an access point to ease participants into the Facilitation process; allowing time and space for an individual to explore deeply personal issues. Lived experiences of illness and recovery, particularly, may not be best supported using fast-paced Facilitation methods; where the emphasis may be placed on rapidity, for example, using Design Sprints [39], Hackathons[40], Speed Dates[41] as methods that aim to avoid the preciousness of ideas, foster productivity and reach design outcomes within time and cost restraints.

[39] A Design Sprint is an intensive design process where user centred teams tackle complex design problems (Banfield, Lombardo & Wax, 2015).
[40] Hackathons bring participants together in the same location for short periods of time and support intensive bursts of creativity around technology (Taylor 2018, p.1).
[41] Speed Dating is a method used in the early stages of Design project and involves presenting many potential ideas to a target audience (Zhao, 2021).

Fostering introspection through slow-paced activities supports opportunities to discuss nuanced and detailed lived experiences. This depth of reflection potentially outweighs the cost or amount of time required to access this information. Slow making and cloth(ing)-led practices may also be drawn upon to correlate with slow processes of treatment. Or may be useful when patient participants are frail and have low levels of energy or impaired attention. The pace of how a material is interpreted or crafted in Making and Cloth(ing)-led Facilitation workshops in healthcare is a key consideration that could support other Professional and Design Facilitators working in this space.

Figure 3.5. Facilitating self-reflection through collage activities – E-Textiles Toolkit (2013-16) By Teresa Almeida.

Pym draws on slow making and cloth(ing)-led practices to shift perception of conventional roles of care within health contexts. She employs care-ful craft practices - mending damaged items of clothing to care for medical trainees – taking the time to listen and respond to participant vulnerability; and the challenging experience of training to be a doctor in the emotionally charged space of the dissection room (ref. Figure 3.6). Solomon describes development of a more relaxed workshop environment to support the encounter between patients and surgical clinicians, whereby participants collectively craft nipples in cloth, in contrast to conventional clinical consultations. Adapting the ratio of clinicians to patients in her workshop additionally supports this.

Interaction Observed Code 6 HM-NHM Facilitators using domestic craft practices. Facilitates care. Subverts roles of care.

(Pym, 2016)
But my interest is really about how we care for each other. Particularly from the point of view of doing the stuff that seems less important, less pressing. The thing of just holding people. Not physically holding them. Just being with them in a way that holds their sense of themselves or makes them feel safe…I had a board that said, 'I am offering to mend things for you', basically, which is what I've been doing a lot of for a long time, but what does it feel like to have someone offer to do something for you? I also thought there was something about modelling that behaviour of they were then being the one looked after in a way. It's like the reverse. "Okay, well, you tell me, rather than me telling you all the time." If you're the doctor everyone is always telling you how they are, and if they do ask how you are how honestly do you answer? Because this person has cancer, or this person has a perforated bowel, or this person has terrible diabetes or HIV. I think there is something about doctors. The dynamic. The relationship. If you're the carer you're not supposed to be the one telling them, "Actually, I'm really unwell," or, "I've got this going on at home." That's different. So what I was saying in there was just trying to model a little bit of, "Well, what does it feel like if I ask you how I feel?"

(Solomon, 2024)
The consultations that I'd sat in on in clinic usually had 1 patient, sometimes with a family member/friend, and 2-3 medical staff including the consultant surgeon, a registrar and nurse. I think that changing the space and numbers, seemed to support less formal conversations compared to what I had seen in clinic. The surgeon was still leading the session, however, so I don't feel that we fully moved away from this set-up. But the conversational style of the workshop suggests so. Perhaps, this also had something to do with people doing creative tasks as opposed to just talking. Having something to talk through - stitching activities to get on with, whilst exploring different surgical topics.

Interaction Observed Code 34 HM - NHM Patient participants using surgical techniques and tools. Allows them to step into the role of the surgeon.

(Solomon, 2024)
The fact that the women struggled with working on cloth under tension and using surgical tools has made me realise that the technical learning in the workshop was not only about exploring how a material is moved and manipulated by a surgeon but also about learning how to use the tools of the surgeons themselves. Details like the surgeon bringing along the sharps box and running the session in a surgical training room, I think, extended the surgical experience.

Respondent quotes – Facilitating with care d).

3.2.1.7. *Facilitation Approach – Subvert roles of care through disarming craft practice*

Pym and Solomon are shifting roles and practices of care across different health contexts, supporting conversations to emerge that are not necessarily fully articulated or heard. For Pym, engaging care-ful making and cloth(ing)-led methods to explore ideas and norms around care, is a fruitful approach to workshop Facilitation in healthcare, allowing Facilitators to indirectly care for their participants, who may be in the position of carer themselves. Through mending, Pym cares for clinicians who care for the deceased, and who may not feel able to discuss their vulnerabilities due to the expectations of them as professionals in authoritative roles. Her techniques aim to sensitively create a safe space for discussions around the roles of clinicians, expectations of them and practices of care, providing the opportunity to enhance understanding of the complexities of being a carer. For Solomon, established positions of care become deconstructed through making and cloth(ing)-led craft practices as patients step into the surgeon's role by engaging with their materials, techniques and tools in order to understand the complexity of surgical practices.

Whilst there has been a significant push within healthcare to engage patients in the evaluation and re-design of services over the last 20 years, the professional carers' perspective is equally as important, yet perhaps less well understood. Pym and Solomon demonstrate ways of empathising with professional/clinical carers' experiences through deceptive and disarming making and cloth(ing)-led craft practice. In this context, vulnerability is not something to be managed, as covered in the opening of Section 3.2. Rather, vulnerability is considered in these Facilitation contexts as an asset to be explored and supported. Care is the subject, context and also the process of these facilitative practices.

Figure 3.6. Parallel Practices – film still - Celia Pym as Darner in Residence at the dissection room of King's College London as part of the Parallel Practice program (2015) The Crafts Council. (This image has been removed by the author for copyright reasons).

An additional means by which Making and Cloth(ing)-led Facilitators, indirectly, care for their workshop participants is through situating themselves within the facilitative methods that they are developing; positioning themselves as participants. This holds the advantage of enhancing reflexivity and encouraging an openness for all participants to share their experiences (Schwalbe, Pym). For example, Schwalbe Body-Maps herself (ref. Figure 3.7), and maintains a personal practice, reflecting on her own embodied experiences as well as the design and development of her Somatic Body-Mapping methods, as a consequence. She brings her own personal objects and ephemera to workshop activities to include in discussions with participants, through a process she refers to as 'modelling'. Pym, additionally, seeks to engage with the same making and cloth(ing)-led activities as her participants, simultaneously, during her workshops. Whilst medical trainees are darning and mending clothes, so is she. Through these approaches, each Facilitators aim is to challenge existing power dynamics that may be at play within a workshop; building trust between Facilitator and participants.

Pym and Solomon also describe the importance of ensuring visibility in healthcare settings where they may be based and being accessible to relevant medical teams as a means of building trust between Facilitators and workshop participants. For Pym, this entailed setting up a darning space within a dissection room, waiting for student participants to approach her. As an Artist in Residence, Solomon was based in a surgical department for 18 months and in doing so, she actively presented her work to the surgical team, observed different types of clinical practice in the department (encompassing clinical consultations and surgical practice) and regularly engaged with different members of staff. This level of interaction demonstrated a genuine curiosity and interest in the practice of the clinicians while allaying any concerns that staff may have had about an Artist being present in a clinical setting. Solomon also shared her own expertise with clinicians while building further skills and expertise through these interactions.

Interaction Observed Code 40 HM-NHM Facilitators embedding themselves in their methods. Evolves their practice. Enables participants to feel less shy/supported.

(Schwalbe, 2018)
I keep body mapping myself so that's one way I really keep the practice alive on myself and I always discover new things with that...That was my role initially and I think, in the last few years, my role within body mapping as a wider field is to bring this prenatal awareness into it and that embodiment of a really early process of coming into body. That's maybe how I see my role and that makes it a particular kind of body mapping. The way I do it is by on-going practice of myself as well as always being curious and excited about what people do.

(Schwalbe, 2018)
Modelling. Sometimes what I do in the workshops, if I invite people to bring an object, for example, and people might feel shy about starting it, I might bring something myself and say, "I brought this because of that" and so I model.

(Pym, 2016)
If I'm handling a pair of trousers, or pyjamas, or a coat, I've got my hand inside the pocket of a coat lining, there's a very direct comparison with what they're doing with the bodies.. There's this place for comparison. Then they can talk about what they see in that comparison or how they feel.. So, they're opening up. I'm putting back together. The material of it and the craft of it…

Interaction Observed Code 31 HM – HM Facilitators being visible to participants. Enhances trust.

(Pym, 2016)
Again, I think there's something about as an artist, if you make yourself visible, it allows people to approach you in their own leisure, when they feel comfortable, when they trust you.

(Pym, 2016)
My feeling was, "If I'm here we can talk about anything. If I'm here, and I'm trusted, and I do this sort of offer, then that's a way of developing the trust. Then we can talk about anything." And all of that interests me, because I am interested in the body, and I think it's kind of miraculous.

(Solomon, 2024)
I realise now that the Arts in Health coordinator, who was a trained nurse in a previous life, had played an important role in the residency and supported the smooth running of the workshops. She organised presentations of my practice to the full surgical team, early on, which, I think, demonstrated to the surgeons that I had a genuine interest in their specialism. She also made sure that I had an honorary contract within the hospital trust which allowed me to dot between the different departments in the hospital, to meet the staff and get informed in quite an informal way which helped me to work out how I could develop activities that were useful for both the patients and staff there. I believe that these things also helped to recruit staff and patients to the workshops that I had designed, including the nipple reconstruction workshop.

Respondent quotes – Facilitating with care e).

3.2.1.8. *Facilitation Approach – Use practices of parity*

These observations illustrate the importance for Making and Cloth(ing)-led Facilitators to engage with and draw on the same techniques and processes as their participants. A Facilitator should ideally position themselves within the facilitative process, where possible, to avoid occupying a position of authority. This is particularly relevant in healthcare settings in which hierarchies of knowledge and power tend to persist (Foucault, 1977; 2012) impacted by the weight of attribution of knowledge to medical and material workings of the body, negating a patient narrative (Leder, 1992b, 1990; Lupton, 2012; Moore & Kosut, 2010). Practices of parity ensure that facilitative methods are democratic in their operation, challenging established power structures through their design and provision. This simple shift in approach may be applied to many professional contexts of Facilitation in healthcare. If Professional Facilitators in healthcare also mindfully participate in a workshop it is likely this will provide a better informed approach toward the iterative design of their methods.

3.2.1.9. *Facilitation Approach – Be visible*

It is also clearly important for the Facilitator to be visible in a discreet way, when facilitating in busy, small and large healthcare related organisations such as a hospital (Solomon) or for example, a medical training department (ref. Figure 3.6). Making time to be consciously visible and accessible to everyone working in these kinds of challenging environments is, for the Facilitators, incredibly important, providing opportunity for engagement with the wider communities they are embedded within.

Figure 3.7. Practices of Parity. Annette Schwalbe Body Mapping herself, keeping an ongoing personal practice alongside her Facilitation work with others (2020). Film still – Annette Schwalbe.

The Making and Cloth(ing)-led workshop methods reviewed in this chapter not only foster care-ful relations between Facilitator and participant. In some examples (Almeida), slow making and cloth(ing)-led practices are encouraged by Facilitator's as an opportunity for participants to intentionally foster more focused relationships with themselves. Almeida describes how slowing down, using collaging in her workshops, acts as a form of self-care, enabling participants to engage with their own bodies and pelvic health.

Interaction Observed Code 5 HM-NHM Participants/Facilitators employing slow craft practices. Informs self-care. Forges relationships with the self. Informs participant self-knowledge.

(Almeida, 2018)
Yes. Yes, it creates an environment in which you slow down a little bit and you're actually thinking, especially talking about the body and your body. You're given a set of activities or a set of materials and a couple of hours to work with it. Somehow, it slows down your time in a way that you're already doing some kind of self-care. Yes, I think so. Definitely, especially if you're in a workshop situation. It's not like you're being asked questions. You're actually coming up with those questions yourself while using whatever is put in front of you to think through. You're already thinking about your own body and your own health, so yes, it's already a way of doing some kind of self-care, this sort of workshop. Yes.

Respondent quotes – Facilitating with care f).

3.2.1.10. *Facilitation Approach – Foster participant self-care*

In this example, Facilitators provide opportunities for participants to access and enhance self-knowledge through making and cloth(ing)-led practices. Participant well-being lies at the heart of each of these Facilitators' practices; who leave the Facilitation process having explored aspects of their own experience, underpinning the importance of empowering participants in a facilitated workshop. Each of these methods exemplify the type of facilitative practice whereby both the Facilitator and the participant may benefit directly from the experience of taking part.

3.3. EMBODIED FACILITATION

Other approaches to Making and Cloth(ing)-led Facilitation outline the process of crafting artefacts as well as the role of crafted outcomes, as a means of making tacit, embodied experiences explicit and tangible. In the case of Solomon and Almeida, female participants learn in an embodied way about anatomies of the pelvic floor or nipple through a process of collective making or wearing. Female anatomy is visualised and manipulated in cloth (Almeida, Solomon) or drawn onto underwear, which may be worn (unintentionally) on participants' bodies[42] (Almeida). For Schwalbe, the process of creating a Body-Map, drawing around your body, working at full scale to visually populate this outline with images/materials/symbols, portraying personal reflections on embodied experiences of health, forms a very direct representation of self and illness. Once complete, participants are encouraged to 'meet their Body Maps' by taking them from the floor (where they have been constructed) to the wall where they stand 'face to face' with their Maker (ref. Figure 3.8 below). The intimate, embodied methods of production, as well as the scale and positioning of the full-sized outcome, hold deep significance in the dialogue between object, Maker and experience.

[42] In Almeida's workshops 'The girls asked to put the knickers on. So the girls actually put the underwear on. For ethical reasons, during the study, I couldn't really ask women to put them on, but the girls asked me if they could put it on, so that was really nice' (Almeida, 2018).

Respondent quotes – Embodied Facilitation a).

Interaction Observed Code 3 HM – NHM Workshop participants crafting artefacts. Shapes an understanding of existing bodily knowledge. Enhances understanding of anatomy.

(Almeida, 2018)
I asked them to think about the reproductive organs and draw the reproductive organs if they could on that piece of underwear, if they had an understanding of where it went. Maybe some of them were outside the underwear, as one of the girls mentioned, thinking about the position of the different organs in the body. Where do they go? What is it that they can sketch on that piece of fabric? It's just to get them started and also to understand what they know, what they don't know. That's also how you understand in a workshop setting that knowledge is actually quite limited. (Laughter). Then, the second activity was related to that. It was a new piece of underwear..It had a little soft circuit, and there was a screen print of all these different pelvic muscles. It was a flat pattern. They had to assemble it. When assembled, it would show the female perineum as a whole, but the design would show the muscles - so it's the layer underneath the skin – just to help visualise that what we have there is this bunch of different muscles that link together in some way in the way they connect to each other depending on how you move them. If you do the Kegel exercises, the pelvic floor muscle exercises, those muscles lift and you contract and relax, so it's trying to visualise that in some way. It's very difficult to explain. It's very hard to visualise. There are different techniques that you can touch on your body, and you can feel the muscles contracting or relaxing. So it was a lot of new knowledge.

Interaction Observed Code 3 HM-NHM Workshop participants crafting artefacts. Facilitates bodily introspection. Engages participants with past experience. Supports understanding of anatomy.

(Schwalbe, 2018)
I include a lot of awareness of prenatal development in my work because the process of a body map taking shape and, with that, a human being becoming visible on the map really resonates quite deeply with people's original experience of becoming a body and coming into the world. That's what I've realised over the time and so I've done a lot of extra research and training and on-going learning in how we embody this resonance in our daily life and really tune quite finely into that, especially at the moment of people stepping onto a blank canvas and that whole process of finding a place and finding a shape and being traced, which is what gives the map the form, the human form.

(Solomon, 2024)
One woman said that seeing the 3D version of a nipple as opposed to 2D images had helped her understand the procedure, and had informed her of, exactly, how a reconstructed nipple is made..It had helped her to make decisions on permanent nipples and what type she wants.

Interaction Observed Code 10 HM-NHM Participants wearing underwear. Tests existing bodily knowledge. Promotes discussion and confusion.

(Almeida, 2018)
So the girls actually put the underwear on. For ethical reasons, during the study, I couldn't really ask women to put them on, but the girls asked me if they could put it on, so that was really nice. They were very intrigued, trying it out and thinking, "Oh, I'm doing it now and the lights are going on and off," but someone else was saying, "Oh, I'm not doing anything, but it's still going off." (Laughter)..

Interaction Observed Code 26 HM-NHM Participants representing bodily sensations in materials. Enables experiences to co-exist in the body and artefact produced.

(Schwalbe, 2018)
Again, the thing about body mapping is it's also a place where you can put not just the nice sensations but also what is really painful and this was excruciatingly painful, what she experienced in her feet at times, and a place where all of this can exist side by side as it exists in your body. It coexists at the same time.

Figure 3.8. ‘Meeting your Body-Map’ - Moving from the floor to the wall (2020) Photograph by Andrea Wright.

3.3.1.1. *Facilitation Approach – Facilitate bodily introspection*

In each of these examples, the body is integral to the making process as well as its embodied outcome. Objects are made by the body, as a means of reflecting on health experiences of the body, encouraging a form of embodied knowing. A back-and-forth process of making/reflecting, reflecting/making allows for participants' tacit (embodied) knowledge to become explicit, yet importantly, also, their explicit knowledge to become tacit, providing an opportunity for participants to build deeper understandings of their lived experiences of body and health. As Schwalbe outlines, 'It's like a conversation between the body that you live in and the body that you create on the map, and that takes its own conversation for each person at that time..Somatic Body Mapping will never be purely expressive because every step of it immediately is experienced by the body' (Schwalbe, 2018). In these examples, practices of making and wearing facilitate bodily introspection and provide a means for participants to know oneself through practice, and through things. (Re)-Connecting with embodied experience, through artefacts and making, provides participants with an enhanced knowledge of themselves, enabling them to reframe past experiences in the present. The production of knowledge, on and through the body in Making and Cloth(ing)-led facilitative practice is therefore key to informing both internal and external knowledge creation.

Facilitative methods that require participants to tap into their interoceptive awareness[43] hold great potential in healthcare settings, providing greater understanding of the complex treatments that individuals may have undergone; the treatment pathways that they may have experienced, as well as their lived experiences of illness and disease. This knowledge is invaluable for Design Facilitators, service designers and providers to help understand where services may be improved.

Schwalbe demonstrates how interoception is not only a window to emotional experience but provides opportunity for emotion regulation and processing – reinforcing the therapeutic benefits of her workshops for participants. Facilitative methods that intuitively engage participants with their interoceptive awareness, therefore, not only hold an opportunity for enhancing insight into lived experience. They

[43] 'Interoception is your ability to feel sensations from within your body' (Cleveland, 2025).

also benefit participants themselves, in informing how they may become more aware of their bodily and emotional needs, in turn, shaping how they respond.

For some communities, interoceptive awareness can be less easy to access or may even be suppressed. Interoceptive Awareness decreases with age (Khalsa, Rudrauf & Tranel, 2009) and embodied approaches to Facilitation, such as this, may be particularly useful when facilitating with communities of an ageing population. Or with individuals who are neurodivergent, who may find accessing and relating to bodily experiences more challenging (Autism UK, 2022). This approach may also be useful when working with people who have experienced trauma, due to illness or medical intervention, who may block out embodied experiences (Sebri & Pravettoni, 2023).

Our bodies are becoming increasingly recognised as a medium to think and research with. In the context of Design Facilitation in the re-design of health services, embodied methods of Facilitation are drawn upon as a means of accessing and transposing experiences between stakeholder communities. 'Design researchers are studying the active engagement of the human body and its capacity for sensing, feeling and intuiting in the process of design. Resulting in the creative potential of this entity being harnessed for design exploration, idea generation, testing and evaluation of concepts, prototypes and working systems' (Höök, 2019; Loke & Robertson, 2011). Making and Cloth(ing)-led approaches to Facilitation therefore provide an opportunity to supplement this growing collection of Embodied Design Facilitation methods through, more specifically, exploiting a making, cloth and clothing-led methodological approach. Schwalbe, Almeida, Pym and Solomon each demonstrate how Making and Cloth(ing)-led Facilitation can be used to strategically connect participants to their physical and emotional body. As outlined in the literature review, making and cloth(ing)-led approaches to Facilitation are relatively new to healthcare service design and are emergent. Can these methods be engaged with, more strategically, to help access and/or process embodied experience; to shape how services in these settings are developed and evaluated?

In these examples, knowledge that is accrued of the lived body, that is represented in self-selected objects or crafted artefacts during facilitated workshops, clearly provides opportunity for participants to explain their personal narratives and stories more expressly and objectively with others – also helping to frame future conversations with clinicians, family members, or carers. Artefacts made by participants, particularly within Schwalbe's Somatic Body-Mapping workshops, are themselves Transitional Objects, and provide scope for opening dialogues with 'others' concerning complex topics on health.

As Greenhalgh outlines, 'the things we use and make are not neutral objects, but embodiments of ourselves and cultural values' (Greenhalgh et al. 2013, p.88). We must therefore consider how made (and self-selected) artefacts within facilitated workshops are shared with others, to build new meanings. For Schwalbe, Body-Maps are used to disclose intimate experiences of body and health with either a therapist, workshop Facilitator or other workshop participants. In the case of Solomon, crafted artefacts that visualise anatomies of the body, bridge conversations between those receiving and giving care – breast reconstruction patients and clinicians. In McGuinness's workshops, donated objects of the deceased create a shared point of reflection and understanding between family members affected by suicide, clinicians and service providers. For Pym, mended/mending personal items of clothing offers an approach for trainee medics to reflect on their own wellbeing. And for Almeida, crafting pelvic anatomies supports women in locating and discussing their own physiologies and experiences of pelvic health, as women. Objects created during a facilitated workshop clearly hold a dual capacity for being personal to those who they are created/owned by, yet relatable to others within a facilitated workshop. They are neither subjective nor objective, but both, simultaneously, acting as relational devices that foster empathy between participants or stakeholder groups. These objects harness an interpretive flexibility, of sorts, which allows them to be discussed and shared amongst multiple participants in facilitated workshop environments where different experiences, knowledge, language, and culture intersect. Within Professional Facilitation practices in healthcare, object-centred dialogues such as this provide a platform to share bodily knowledge with care providers which may actively transform the design of future services and their delivery around the newly identified needs of service users.

The process of materials selection in Schwalbe's Body Mapping workshops is informed by additional embodied methods that she engages, as part of her making and cloth(ing)-led approach. In preparation for creating their Body Maps, participants are taken through a series of guided body meditations to explore their 'inner worlds', accessing sensory cues within their body. In turn, this informs the participants' material associations and selections within the workshop, which become framed around particular bodily sensations that may be felt or lived; and may be connected to experiences of illness in some way. Material selections are not only shaped by personal historical, cultural, social and psychological factors of participants but by unconscious sensorial experiences of being located within a body, which may also inform material choices.

Interaction Observed Code 47 HM-NHM Participants selecting materials through guided meditation. Accesses sensory cues within the body.

(Schwalbe, 2018)
I guide participants through a series of body meditations… It invariably involves tuning into particular sensations in the body that call for more attention and that might be sensations of pain or discomfort but it might also be sensations of energy or pleasure or warmth…When people come out of the body meditation, I invite them to connect with a range of materials that I have and to do it still in quite a sensory way and intuitive way. They still stay with the bodily experience from the body meditation, they stay in contact with that and let that guide them to a particular colour, a particular texture, a particular item that somehow still keeps that experience alive…It's very varied.. Sometimes people, in their body meditation..have a strong experience of touch so texture of skin or hair or temperature and then, often, the fabric is quite helpful, whether it's a very silky fabric or it's more rough a texture.

Respondent quotes – Embodied Facilitation b).

3.3.1.2. *Facilitation Approach – Draw on supplementary embodied methods*

This observation suggests that Making and Cloth(ing)-led facilitative practice may benefit from being accompanied by other, perhaps seemingly disparate, body-centred practices which have a focus on accessing embodied experience; of engaging the felt body. For example, complementary embodied methods, such as meditation (Movement Practice or Performance Studies), may situate participants more immediately, within the fleshy, lived body to inform material selection. This observation suggests that both the conventional materials of a workshop, as well as materials of the body itself, can act as catalysts for reflection in Making and Cloth(ing)-led Facilitation practice.

Such an approach has clear benefits for Professional Facilitation practices in healthcare in accessing tacit, nuanced experiences of illness, which in turn may inform performance regulation or the Co-Design of health services. However, how participants are encouraged and emotionally supported to tune into or draw upon this nuanced, embodied experience, to select workshop materials, is a key skill for healthcare Facilitators. This skill is, clearly, intrinsically connected with Schwalbe's formal training as a Dance and Movement Psychotherapist. Making and Cloth(ing)-led Facilitation practitioners hailing from therapeutic backgrounds have the skillset to hold emotionally complex spaces. Drawing on supplementary embodied methods, yet having the skillset to support the depth of emotional reflection afforded by such approaches is key in Making and Cloth(ing)-led Facilitation.

Schwalbe also engages organic materials that transform across the course of a workshop, to enable participants to explore themes of bodily or emotional transformation. She intentionally works with seasonal, natural materials during Somatic Body Mapping sessions, in which seasons of a woman are explored (Schwalbe, 2018). Within her workshop sessions, biological female processes of menstruation, pregnancy or birth, that are accompanied by a shift in the body's materiality and/or emotional transitions, are explored through crafting natural materials that change across time. Schwalbe perceives the body and bodily experience not as something static but as something continually evolving, affected by factors as diverse as reproduction, gender, conception, age, lifestyle, disease, and behaviour, amidst a multitude of other elements. She carefully selects organic materials to support participants to reflect upon or communicate a change in their bodily state or experience. Matching the temporal and dynamic capabilities of materials to bodily context is central to her work (ref. Figures 3.9 and 3.10). 'Materials that are organic, which have a connection to nature, naturally connect us to experiences of change' (Schwalbe, 2018). Schwalbe describes how one of her workshop participants, 'when she lost her hair through chemotherapy, when it grew back to its later stages of her body map, she actually used her regrown hair as a brush. She dipped her hair in the paint and painted with it. That's not an object, but it's something that she lost and then came back, and she used actively' (Schwalbe, 2018). Here, the seasons of the body – in sickness, treatment and recovery – are reflected in the materials of the body being used to create a new Body Map.

Interaction Observed Code 37 HM-NHM Participants crafting organic materials. Stimulates conversation on bodily materials. Engages participants with physical/personal transformation. Catalyses personal transformation.

(Schwalbe, 2018)
One example, for example, one spring I was personally really in touch with roots and particularly roots that then bring forth new sprouts in the vegetation so I used beetroots and carrots to make juices and brought those in as a potential paint..There was one woman who particularly used the beetroot to symbolise, I think, her menstrual blood and used it to paint with that, particularly in the womb area. Through thatshe also explored the longing for having children as well and something that felt unfulfilled..I think it was after her third body map that she became pregnant. I think this was over a span of two or three years, maybe. I remember that was her first body map that she used the beetroot juice, which I had made from something that brings forth new life and that she first explored the menstrual cycle and the womanly being and where she was at and gradually deepened in the next one or two body maps into the desire to have children and make that space ready inside of her, I guess, to conceive and that took time.

(Schwalbe, 2018)
Just looking at her hair now, I know when she lost her hair through the chemotherapy, when it grew back to its later stages of her body map, she actually used her regrown hair as a brush. She dipped her hair in the paint and painted with it. That's not an object but it's something that she lost and then came back and she used actively…

Respondent quotes – Embodied Facilitation c).

Figure 3.9. Engaging material transformation in Somatic Body Mapping workshops (2020) Film still - Annette Schwalbe.

Figure 3.10. Seasonal plant materials used in Somatic Body-Mapping workshops of Annette Schwalbe (2020) photograph by Andrea Wright.

3.3.1.3. *Facilitation Approach - Harness material transformations*

In workshop Facilitation in healthcare, methods that harness material transformations, the ways in which natural materials may transform (wilt, bud, flower) across the duration of a workshop, offer a means for participants to consider subtle or significant physical or emotional changes occurring for them. While earlier examples in this chapter outline the transformative capacities of making, with new meanings emerging for

participants as they actively craft materials, here we see a much more nuanced approach to facilitating reflection on bodily and emotional transformation. Natural materials that transform, independent of a workshop participant's interaction with them, become effective tools for understanding changes to the body within a participant's lifetime, enabling reflection on a process of *becoming*. Such an approach supports participants to focus on the subject at hand – their body - and particularly towards subjective experiences of the body's changing materiality that accompanies womanhood or illness, for example. Harnessing material transformations in Making and Cloth(ing)-led Facilitation workshops also supports participants to consider their health as multifactorial; something that is interconnected with multiple systems within (and outside) of the body; something that is continually evolving. Seasons of a woman's body and fertility, for example, can be shaped by lunar cycles (Komada et al., 2021). Cycles of life and health also follow the seasons of the earth (Foster & Roenneberg, 2008). This stands in direct contrast to biological perceptions of illness that tend to isolate parts of anatomy affected by illness. Intentionally drawing on organic materials within a facilitated workshop, to consider how our lives, health and well-being are interconnected with seasonal ebbs and flows, is an effective approach to Facilitation, providing the space and opportunity to understand a participants' healthcare experiences in broader, more holistic terms.

3.3.1.4. *Facilitation Approach - Consider the gendering of materials + making practices*

Schwalbe's natural material selections during group workshops with women are carefully attuned to the gendered bodily contexts in which they're applied, with nature being reminiscent of fertility and growth, and culturally tied to the female. The use of organic and natural materials in woman-centred facilitative practices therefore, seem fitting when used to explore women's lived experiences of transformation. But what types of materials would be attributed to maleness? And which to non-binary? This raises interesting questions for future research concerning the use of gendered materials in Making and Cloth(ing)-led Facilitation in healthcare, and how this may be harnessed, challenged or subverted in the design of facilitative workshops.

3.4. CONNECTING THROUGH MATTER

Schwalbe also selects materials of a natural origin as a means of intentionally connecting participants to the facilitative setting. i.e. the specific geographical place and time that the workshop is occurring. Her workshops would firstly occur in specific seasons – predominantly Spring and Autumn. These seasons are associated with stark natural transformation in some geographical locations. Frequently, organic materials would be collected locally, ahead of each workshop.

Interaction Observed Code 36 HM – NHM Facilitators using seasonal materials. Connects workshop participants to one another, through place, season and time.

(Schwalbe, 2018)
I use quite a lot of materials that have a natural origin because that often has an organic origin so it connects people immediately, even if it's not a human body, to a plant body or earth body or something like that, another living thing…If I work with groups, I always have a centrepiece in the studio that is prepared by myself and my assistants before the whole workshop starts and it's always seasonal. If it is in spring..I bring earth into the studio. Sometimes we have bulbs or plants in the earth as well. If it's in the autumn, we have leaves in the studio that have already dropped and using the colours as well. If it's in the summer, we often have petals or other things that, at that time, are quite prominent in nature or moss.

Interaction Observed Code 9 HM-NHM Participants/Facilitators working with worn objects. Catalyses reflection and conversation.

(McGuinness, 2018)
Cloth and humans, we have this innate relationship. We can cut cloth, we can cut skin, we can stitch cloth and we can stitch skin. There's this whole idea of baby blankets. People get cloth. They get it because of the smell, because of the memories and I think it's because we were working, a lot of the suicide bereaved were teenagers and you know teenagers like their clothes and are very defined by their clothes. It's just really that innate silent relationship we have with cloth… I was really interested in seeing is there any way we could use these art objects to initiate a conversation amongst travellers themselves.

Respondent quotes – Connecting through matter a).

3.4.1.1. *Facilitation Approach - Harness material and object affinities*

This approach demonstrates how natural materials can conceptually and geographically connect facilitated workshop participants. In the case of Schwalbe, the ubiquity of organic matter - including that of our material bodies and other plant (bodies) - unites people, place, meaning and time; holding the potential to foster connectivity and provide an unspoken bond between the workshop participants. Working with local

materialities is a technique used to foster new connections between participants through the origins of matter that they are making with, equitably. Conceptually, immersing each of the workshop participants in the use of local or natural materials also aims to support a symbiosis between the materials of the human body and the locally sourced materials of the workshop itself. Thus supporting an opportunity for the former to be discussed through the latter. McGuinness expands on themes of material affinities in facilitated workshops when he describes the innate relationship that humans hold with cloth. We 'get' organic and cloth materials, because we are them; we are one and both. The material of our human bodies is just one part of the natural world, one material amongst many (Braidotti 2006, 2018, p.23-31). Clothing, also, as it is worn on the body, becomes us, through proximity and habitual use. We shape the cloth, and clothing shapes us. Identifying and engaging categories of materials that 'we just get'; that we have an affinity with in facilitated workshops (organic or worn), is clearly beneficial in drawing communities together, effectively.

Making and Cloth(ing)-led Facilitators further connect participants in their workshops through 'matter' by encouraging the touching of curated object collections. McGuinness, as part of his workshop process, includes collections of donated items belonging to the deceased (often items of clothing), alongside textile artworks that he has made, as a co-curated exhibition for participants to collectively reflect on, discuss, and work with during facilitated workshops (ref. Figure 3.11). McGuinness describes how these items collect marks of interaction, which in turn make the work and topic of suicide more accessible. Worn items, for example, may be stained.

Schwalbe encourages workshop participants, living with HIV and Aids, to bring objects representing support in their lives. Collections of these items then feature as a centre-piece for discussion in the workshop setting or are passed amongst group members as a tool for sharing experiences.

Interaction Observed Code 22 HM – NHM Participants touching/experiencing curated object collections. Provides a route into the work/Enhances access. Facilitates empathy. Mediates experience. Gives people permission to talk.

(McGuinness, 2018)
People are always encouraged to touch the work, to lift them, to examine them, to feel them and do it in that way. It gives a lot of people a way into work..Travellers are generally seen as the other, as different people so I wanted to see the levels of empathy if we could use the objects of these suicide deceased settled children, if you want..I wanted to see could we get levels of empathy going because one of the ways that they connect, regardless if you're a traveller parent or a settled parent, the loss of a child is equal. I didn't want to adjust this or try to adapt it. I wanted to see could we be using these ordinary objects of settled people and could we create these levels of empathy and action? It worked very well…I just wanted to see could I transpose fairly ordinary everyday objects that had no relation to travellers and see if they could relate to them and they did. They related to the loss very well. If the settled people could have the similar levels of empathy towards traveller people, I think it would be a much better place….People will be sitting when they're talking, they'll be touching the fabrics and twisting the threads and things like that. Somehow, these torn shirt fragments give people permission to talk.

(Schwalbe, 2018)
Other things at that time, we often, and I still do, invite people to bring something, an object, with them to the workshop…We often invited them to bring something that represented support in their life..we, again, always had a centrepiece as well in the group circle or in the workshop space where people could arrange whatever they brought. It could be medication. It could be a poem. It could be photograph of a close friend. Sometimes people brought herbs and plants that they felt were supporting their health. Again, not just bringing them and talking about them but also having them then aesthetically arranged in the centre of the group with everybody's objects together was quite meaningful as well and often brought out the sense of collective wisdom around how to sustain themselves and keep living within that condition they had to live in. That's in the context of HIV/AIDS.

Interaction Observed Code 29 NHM – HM Objects/archives becoming meeting places for suicide bereaved families. Forming friendships, connecting communities, catalysing new conversations.

(McGuinness, 2018)
..Yes. The project became a meeting place because we're always moving around the country so we always said, which is quite normal, "As we move forward, we will let you know what's happening but just to keep you informed, don't feel obliged you have to come."…They do come and great friendships have formed because of it because they know what it's like. It's the kind of death that I don't think anybody, unless you actually experience it, you can imagine the awfulness of it but, unless you experience it, it's a hard one..It's a catalyst, really, for conversations.

Interaction Observed Code 23 HM – NHM Worn items becoming stained through handling. Improves access to subject matter. Bridging connection between cloth and humans.

(McGuinness, 2018)
A lot of people would be saying how do you preserve them and stuff like that but that doesn't interest me at all. I try to look at the objects and materials like the human body. It can get marked. It can get stained…Some of the clothes are getting finger stains and things like that. I think with that approach to it, it makes it more accessible to the audience because it's not this high fine art, "Do not touch, do not touch, do not touch." I'm liking it because some of these objects I've shown numerous times and they are showing signs of human wear and human touch but, to me, that's a strength because it goes back to the human body. It gets worn or torn. It goes back to the cloth because cloth is both a material and a conceptual form in this project but it goes back to that link of cloth and humans. We start off clean and fresh, we get marked and then we disintegrate. There are real close parallels, which you have to get through touch.

Respondent quotes – Connecting through matter b).

Figure 3.11. Visitors to the Lived Lives Archives interact with personal objects of the deceased. Project by Seamus McGuinness. Date and photographer unknown.

3.4.1.2. *Facilitation Approach – Bridge 1st and 3rd person perspectives through touch*

How collections of objects in facilitated workshops are arranged, touched and/or engaged with by participants provides opportunities for bridging individual experiences. In McGuinness's workshops, the display of personal objects in curated collections unites participants from 'settled' (non-traveller) and 'traveller' communities, who have each been affected by suicide. Encouraging participants, more specifically, to touch these items further enhances the connection between participants and provides insight into complex subject matter. Additionally, Schwalbe suggests that passing personal supportive objects amongst the group provides a sense of collective wisdom around how people sustain themselves and continue to live with HIV/Aids - touching these personal objects enables others to have their own experience.

When exploring the use of touch in Making and Cloth(ing)-led Facilitation practices in healthcare, it is important to acknowledge that touch is used widely in medical practice to intimately examine the patient and their body; to understand the aetiology and symptoms of an illness. It is also used as a means for clinicians to demonstrate presence, share emotion, and to enhance empathy during diagnosis and consultation; considered a valuable form of 'Embodied, empathic communication' to establish a human connection (Kelly et al., 2020; Leder, 2005). As these observations suggest, the touching and sharing of artefacts in facilitated workshops, firstly, provides an opportunity to enhance empathy amongst stakeholders and stands to deepen understanding of embodied experiences of illness or bereavement; acting as a proxy to explore complex subjects. However, Facilitators operating within healthcare spaces, may wish to consider the associations of touch in medical thought and practice, in the design of their methods, as patients' bodies may be frequently examined and treated by others within this setting. Using or touching intimate objects may be unsettling for participants in some healthcare facilitation contexts.

3.4.1.3. *Facilitation Approach - Bridge 3rd and 1st person perspectives – Old vs new*

Conversely, Almeida and Solomon work with objects and materials that are yet to be inscribed with personal meaning; that are not pre-owned or pre-loved. In Almeida's facilitative practice, shop-bought clothing and underwear seem to move participants from 3rd to 1st person perspectives, enabling Almeida to foster collective conversations on sensitive subjects concerning women's pelvic health. In Solomon's nipple reconstruction workshops, new, sheet fabrics and dressings are used by participants to explore and discuss surgical technique. The power of these objects and materials lies in the fact that they are anonymous and not yet personal to any one workshop participant. Their newness and obviously manufactured state, somehow, emotionally disconnects them from workshop participant(s), providing a level of objectivity when discussing intimate health subjects. This suggests that the newness of an object or material in facilitative workshops is an additional consideration for Making and Cloth(ing)-led Facilitators, concerning the intimacy and types of conversations being fostered in group settings. Their history of ownership or production may offer different types of conversation, an aspect which may be explored to establish different levels of intimacy on a subject matter. In some contexts, pre-owned and worn items that may be imbued with traces of wear and may be used intentionally to build connection and understanding between participants (McGuinness, Pym). In other contexts, items that are new, for example, that are yet to be inscribed with personal meaning (sheet fabrics, new items of clothing) act as potentially neutral spaces for reflection; for conversation to objectively emerge (Almeida, Solomon). The lineage and appropriateness of objects and materials must be considered carefully by the Facilitator including how new vs old objects may foster subjectivity/objectivity, based on the workshop context.

How and where an object is touched may also provide a deeper level of connection between the Facilitator and/or participants. In her practice, Pym draws on the spaces between bodies and clothes to enable complex conversations to emerge. The act of touching intimate planes of a garment, placing her hands on the inside as she repairs and reinforces the cloth, builds a connection between the wearer and the mender/Facilitator (Figure 3.12). Almeida equally exploits the intimacy of working into undergarments as a conduit for women to touch pelvic anatomy. And for McGuinness, touching objects that have been owned or worn by the deceased provides access to

intimate experiences of family bereavement, loss through suicide and to the lived life of the item's owner.

Interaction Observed Code 18 HM-NHM Facilitators touching intimate planes of a garment. Enhances intimate conversation.

(Pym, 2016)
One boy brought me pyjama bottoms, which I thought was interesting, because then I was like, "Do you think I'm like your mum or something?" I was thinking, "How do they look at me?" Because there was no… Not that he should be embarrassed, but it was like a massive great hole in the seat of his pyjamas. I always think for me with mending there's a level of intimacy. Just in the fact that I put my hand or my arm inside the sleeve, or the foot, or the leg, or whatever. Even though you talk about it. It's like talking about the body, legs, feet, arms, of socks and things.

Respondent quotes – Connecting through matter c).

3.4.1.4. *Facilitation Approach – Invite differing ways of touching objects*

Facilitative practices that use touch within their workshop methods, that take into consideration how an item may have intimately been touched by its owner through daily use, or how participants might touch or interact with these items within workshops, hold the potential to support different depths of reflection. Cloth(ing) based items, in particular, are successful in this Facilitation context, as they form part of the self, yet are also separate from it (Sampson, 2018; Stallybrass, 1993). As we inhabit the clothes that we wear, even when they are not on our body, this may open up new opportunities in facilitated making and cloth(ing)-led workshop scenarios.

Figure 3.12. Touching intimate planes of a garment whilst mending (2016) artwork by Celia Pym. (This image has been removed by the author for copyright reasons)

3.5. OVERCOMING COMPLEXITY

Each of the examples of Making and Cloth(ing)-led Facilitation reviewed in this study occurred in socially complex health contexts. In McGuinness's Lived Lives workshops (ref. Section 1.2.3), clinicians specialising in the treatment of mental health conditions were connected with bereaved families of suicide victims from traveller communities. In these events, both the lived life and lost life were discussed in the context of mental health and its link with suicide. In Reconstructing Ourselves (ref. Section 1.2.1), differences of knowledge were identified between participants, concerned with subjective and objective experiences of illness. Women who had undergone breast reconstruction and surgical clinicians were drawn together to share both personal and professional experiences during a nipple reconstruction workshop; the former being a specialist of their own experience, the latter a specialist in treating their condition. These observations are also echoed in Schwalbe's Somatic Body Mapping practice (ref. Section 1.2.2) and Pym's collaborative workshops (ref. Section 1.2.3), which provide different professional and personal perspectives of the body together in workshops. Schwalbe's practice has combined a Physiotherapist, a Body and Movement Psychotherapist and a woman living with and being treated for cancer. Here, participants work collectively to create one Body-Map. Pym convenes Makers and Medics in the dissecting room of King's College London, each bringing different methods of response to the body. They outline different cultural languages that accompany bodily perspectives in healthcare. Schwalbe and McGuinness discuss this in terms of professional language. Schwalbe also explores this in terms of national language.

Interaction Observed Code 21 Multiple perspectives/languages coming together contributing different voices. Enhances complexity.

(McGuinness, 2018)
I try to pull all these people into active conversations around the subject matter where there's no conversation, really. It really suits a lot of people that there's no conversation around it. It's not because they don't want to but they don't have the language and the words to describe it…every discipline has developed this very, very complicated language, which really you only talk to your own people. I remember this vividly, Kevin and I, Kevin Malone is the psychiatrist I work with and we've worked together since 2006. We started working together and we both knew that he was working as a scientist and his speciality was suicide and I was making work around that. I went to a conference in Dublin where he was speaking because, in the art world, I couldn't find any references. We went for a drink later and Kevin started speaking in medical speak and I started speaking in art speak and we just looked at each other like, "I really don't know what you're saying." We had this plan that we were going to interview families that had lost children to suicide and we said, "We just have to drop these official languages, really, or we're going to get nowhere." By dropping those languages, it was quite difficult because there's a comfort in your own language and your own discipline and there's a security so, once you step outside that, we were forced to speak and formulate our very complex ideas in very simple languages that can be understood by people that is not an artist or a scientist.

(Schwalbe, 2018)
I was witnessing at that stage, he would perceive certain muscular reaction and nerve connections that he's very sensitised and skilled and trained to perceive and work with, whereas I would probably tune into a more expressive side of the shapes and the movements that she was making. She would have yet another internal experience of it. The three of us would share it and then out of that would come yet another mark on the body map that would carry resonances of his and my experience and naming of the body in very different ways. It was really interesting. For example, he is a physio so he was very intrigued by the body map but he said, "I couldn't do one myself because I would feel so fixed into a particular visual thing", which I always find really curious because there is a definiteness about it but, for me, there is still so much in flux always.

(Schwalbe, 2018)
..Talking about languages as well, I worked in cultures where I didn't often speak the language of the people that I was working with. Although a lot of times we could communicate in English but in a more fluent language, we wouldn't understand each other. We had to rely on communication through material and colour and shape and form and that can be very profound. That can be very stark but even when you have different professional languages as well, I think an object can strip people of their expertise and create a more shared outline, which I think is really helpful.

Interaction Observed Code 16 Demographics affecting bodily knowledge. Shapes workshop participation.

(Almeida, 2018)
So I had a workshop with women in their 20s, 30s. I had another one with women all the way up to 40s, 50s. I had another workshop at a women's centre with migrant women. I don't recall their ages, but I would say they were all under 20s, 30s, but from different backgrounds – mostly South Asian. It was really interesting also to see the social, cultural background and how either sex or the understandings of the body might vary - so exploring it from a different context. Yes, and the different generations. Some of the women already had children, so they had knowledge of pelvic fitness from that perspective.

Respondent quotes – Overcoming complexity a).

3.5.1.1. *Facilitative Approach - Collapse dualistic perspectives of the Body*

In all of these examples, differing perspectives of the body in healthcare (epistemological, cultural) are being drawn together spanning different knowledge, language and associated practices. In healthcare, specifically, the body itself defines difference through cultural, philosophical and epistemological perspectives that are attached to it (Mol, 2002). Dominant, yet contrasting epistemological perspectives of the body within this setting include biomedical and phenomenological approaches (Leder, 1992a; Leder, 1992b; Slatman, 2019). Bodies, it seems, can play a key role in contributing complexity to facilitated workshops in healthcare.

Each of the differences identified in the examples of Making and Cloth(ing)led Facilitation in this chapter could be considered boundaries to successful Facilitation, boundaries to the co-construction of knowledge (Wenger 1999, p.103-121); 'a source of separation, disconnect or misunderstanding within facilitated groups'(Carlile, 2002; 2004; Carlile et al., 2013; Wenger 2010, p.125-143). However, what is significant is how these Facilitators are intentionally harnessing these boundaries within their practices, including differences in knowledge or language, as sites for knowledge mobilisation and innovation. These select Facilitators operate within these complex, liminal spaces and strategically design their making and cloth(ing)-led methods to facilitate knowledge transfer within them. 'Boundaries are the likely locus of the production of radically new knowledge. They are where the unexpected can be expected, where innovative or unorthodox solutions are found, where serendipity is likely, and where old ideas find new life and new ideas propagate...Boundaries are places where new practices often start' (Wenger 1999, p.241-262). The tools of these Making and Cloth(ing)-led Facilitators are also what enable boundaries to be bridged. In the case of McGuinness, artefacts of the deceased make present, the voice of their owners and their families; bringing private and intimate experiences of suicide and loss into the public domain (McGuinness). Both the biological and lived body become holistically integrated into Body-Maps produced in Schwalbe's workshops (ref. Section 1.2.2) – whereby embodied experiences and knowledges of anatomies are materialised, touched and explored via the practices of making. The identity, anatomy, lives and deaths of individuals whose bodies have been donated for dissection are also discussed through worn items and acts

of repair (Pym). Each of these practices draw together both the psychological and biological components of the body through their methods and resulting artefacts.

The interviewees' practices are not only capable of bridging boundaries of bodily knowledge/language, they additionally bridge physical bodily boundaries. Both the process and outcome of these facilitative examples are material manifestations of embodied experience, providing important artefacts to share and discuss nuanced insight into individual and collective health circumstances. These artefacts are therefore capable of collapsing dualistic perspectives of the body and have a significant role to play in subtly challenging complex dichotomies of knowledge and power in healthcare today. They provide forms of connection to diverse epistemological and cultural perspectives of the body, which might, traditionally, define difference during Facilitation. In these examples, matter is harnessed to think and talk about the body holistically, in a number of ways; to encompass physical, social, emotional and cultural factors within these conversations. Developing facilitative methods that combine different perspectives of the body is key to challenging existing silos of knowledge and bridging differences in language within complex health organisations. Facilitators must therefore actively consider how workshop activities and resultant made artefacts might collapse dualistic perspectives of the body when designing their workshop methods in healthcare.

3.5.1.2. *Expanded Facilitation Approach - Map epistemologies of the Body*

Christine Hogan's seminal text on Professional Facilitation acknowledges the importance of understanding different cultural perspectives when facilitating complex groups (Hogan 2003, p.143-172). If differing perspectives of the body add complexity to Making and Cloth(ing)-led Facilitation workshops in healthcare, Facilitators must design their methods to allow for a range of different cultural contexts, to bridge boundaries that may traditionally demarcate the body as either subject or object. As part of the facilitative process, it may therefore seem useful, to speculatively map established epistemological and cultural perspectives of the body that may be drawn into Making and Cloth(ing)-led Facilitation workshops in healthcare, to support understanding of social and cultural complexities in a group setting (concerning perspectives of the body within a group) and help shape the design of facilitative tools and practices accordingly.

In many of the interviewees' practices (McGuinness, Almeida, Schwalbe, Solomon), additional support staff (Co-Facilitators) formed part of the Facilitation process, providing emotional support to participants and Facilitators themselves, in turn, supporting the ethical framing of the activities. In the context of McGuinness, this included a trained psychiatrist and close collaborator who played an active role in shaping the design of methods in the early stages of the work, as well as bereavement counsellors who supported the mediation of exhibitions of the deceased's artefacts. Schwalbe, despite being a trained therapist herself, additionally drew upon Co-Facilitators to emotionally support participants in her workshops including other multi-disciplinary therapists who would 'bear witness'[44] to the work of participants in her Somatic Body Mapping sessions. Solomon additionally collaborated with a registrar plastic surgeon, to ensure that surgical technique was conveyed clearly to patient participants.

Another role for Co-Facilitators included supporting Lead Facilitators in recruiting study participants who, in some cases, were hard to reach, shaping relations with participants during facilitated events. This was observed in the case of Almeida, whereby the teacher of young women participating in her workshops, acted as a familiar face to support participant involvement. And in the case of Solomon, whereby collaborating with clinical staff enhanced the rapport with patients during facilitated workshops (Solomon). Solomon, being formally contracted as a member of staff during her residency in a hospital, had access to staff and facilities within the hospital to support the scheduling, running and recruitment of her workshops. McGuinness, in particular, invited the participants of his workshops to support their iterative design to ensure that they were sensitively framed around the needs of the communities that they were designed for. For example, participants defined how donated personal ephemera of the deceased were experienced, displayed and discussed with others, demonstrating how Facilitation practices may be collaboratively co-produced with workshop participants themselves. These same participants, in McGuinness' sessions, would also support the workshop mediation in latter phases of the work, playing an active role in the Facilitation process.

[44] Bearing witness is a term used in psychology which refers to sharing our experiences with others, most notably in the communication of traumatic experience.

Respondent quotes – Overcoming complexity b).

Interaction Observed Code 17 HM-HM Professional Co-Facilitators emotionally support participants. Shape ethical framing of workshop.

(McGuinness, 2018)
We always end with a cup of tea and biscuits just because it is quite an intense experience so just for normality and that's when the bereavement counsellor will be there for anybody who is in any way affected by it, they would work with them (participants) before they go back into their daily lives. It's very labour intensive.

(Schwalbe, 2018)
I usually have an assistant. Sometimes I have a Co-Facilitator but, mostly, I have people assisting me who are usually also from a creative and/or psychotherapeutic background. What I look for most in people who assist and support me in my role as Facilitator are people who are able to witness the work, the movement and the creative work that people do in a way that is perceptive and not intrusive because that creates, again, the space in which people can safely reveal themselves.

Interaction Observed Code 24 HM-HM Professional Co-Facilitators enable access to workshop participants. Enhances engagement of workshop participants. Enhances the relationship between Facilitator and participants.

(Almeida, 2018)
In the first workshop with the teenage girls, I had the teacher with me. So for ethics, the gatekeeper had to be there, which proved really useful because, of course, the teacher had a relationship with these girls that I didn't coming in….Of course, a lot of questions would come up. It was a lot easier for the teacher to answer them than it would have been if I was on my own, I think, because of the limitation that comes with not knowing the group of people. It's quite interesting, actually, to think about that when you come in for a couple of hours' workshop and you try to deliver and get all this feedback in a couple of hours. The relationship you establish is very different from someone who has a session with you on a weekly basis or over many months.

(Solomon, 2024)
I was lucky to find Jon as he had the technical skills to convey surgery clearly to the participants. He also had a friendly character with an openness to test new things. It was helpful that he had a rapport with the patients already, however, this was through different types of interactions in clinic. But I do feel that this helped with connecting with and engaging the women – he was a familiar face.

Interaction Observed Code 19 HM-HM Participant Co-Facilitators support Facilitator in method design and deployment. Ensures facilitative methods are designed around participant needs.

(McGuinness, 2018)
We had one big mass meeting with the families and just asked them, "What do you want to do?" They decided that we should bring the works into the public realm under four curatorial strategies…To me, the most amazing thing about this was it was the families themselves that decided how their private experiences of loss would be curated in the public realm. It wasn't cultural institutions. It wasn't universities. It wasn't what people refer to as the experts who know things. It was the actual people themselves that decided this…We did an exhibition two weeks ago in this quite rural part of Ireland called Manorhamilton on the Leitrim border, which is the border to Enniskillen and Northern Ireland. You could say it has suffered a lot because it's been on the border and quite marginalised. I think about ten of the original research families turned up to the exhibition and they tend to mediate the exhibition.

Interaction Observed Code 45 HM - NHM Healthcare organisation providing formal contract for Facilitator. Supports access to facilities to run workshops.

(Solomon, 2024)
Having a staff contract was useful, though, as I could book rooms across the hospital sites for different activities. So, in some ways, I feel like there was a freedom in being employed by the hospital, but at the same time, this came with certain limitations.

3.5.1.3. *Facilitation Approach - Engage Co-Facilitators*

Engaging Co-Facilitators in Making and Cloth(ing)-led Facilitation manages participant vulnerability. Workshop participants in each of the examples reviewed were considered vulnerable, with experiences spanning significant trauma (Schwalbe, McGuinness, Solomon), chronic illness (Schwalbe, Solomon) extensive medical intervention for disease (Schwalbe, Solomon), in addition to working with those from stigmatised or isolated communities disconnected from mainstream society and therefore considered by health services as being hard to engage (McGuinness). This was due to the complex contexts in which Facilitation was occurring which encompassed lived experiences of serious and life-limiting illness (including Cancer, HIV/Aids and breast cancer - Schwalbe, Solomon), family experiences of bereavement through youth suicide (McGuinness), student experiences of dissection within clinical education (Pym) and women's experiences of intimate pelvic anatomy and health (Almeida). By drawing on health professionals and others as Co-Facilitators (with either formal or informal experience of health service user needs, accrued professionally or via shared lived experience) the Facilitators were able to ensure support for sensitive and important conversations. Co-Facilitators provided a means of effectively managing and supporting heightened participant vulnerabilities during the sessions.

These findings underpin the importance of engaging wider networks of professionals to shape Making and Cloth(ing)-led Facilitation practices in healthcare, reinforcing how a workshop may be facilitated in both explicit and implicit ways, as a collaboration between Lead Facilitators and Co-Facilitators. This type of Facilitation is not only informed by the Facilitator and their professional/personal/prior knowledge and experience, but also draws on the knowledge of specialists operating within other relevant health fields, who have advanced knowledge of the topic and place of Facilitation to significantly support Lead Facilitators that may be new to this space. Co-Facilitators therefore have an affective role to play in Making and Cloth(ing)-led Facilitation practices in healthcare in supporting the emotional needs of participants and organisational cultures (including ethics and research requirements where relevant).

Lead Facilitators should also strategically consider the role of Co-Facilitators in the development of workshops and the types of professional/personal skills that may enhance the facilitative process. While the lead Facilitators interviewed for this study have accrued significant experience spanning approx. 20 years each, they all recognise their limitations in terms of knowledge and experience and accordingly engage Co-Facilitators with complimentary skills as an integral part of their activity. Design Facilitation is an emergent field in healthcare practices that would benefit from specialist Co-Facilitation. Designers on their own rarely have the ethical training required to practice in the health sector (Hirsch, 2020) and would benefit from drawing on the skills of therapists and specialist healthcare staff to ensure the appropriate design of workshops and that participants are emotionally supported during facilitated activities.

3.5.1.4. *Facilitation Approach – Democratise the design of facilitative methods*

Making and Cloth(ing)-led Facilitators are arguably democratising the design of facilitative practice in healthcare. Participants are not only engaged in these practices directly, they are also engaged in the development of facilitative methods, ensuring both sensitive and relevant approaches to research and practice are maintained. Engaging participants end-to-end in the design of Making and Cloth(ing)-led facilitative methods is beneficial, and in effect democratises the development of these types of healthcare related workshop experiences. Such an approach furthers the inclusivity of participants and decentres the role of the Making and Cloth(ing)-led Facilitator – challenging existent and unspoken power dynamics that may be at play within any given workshop and/or healthcare setting. In these circumstances, all participants are effectively Facilitators; raising the question as to 'who's facilitating?', if methods, themselves, are also co-produced.

3.6. CHAPTER SUMMARY

This chapter presents a review of Making and Cloth(ing)-led Workshop Facilitation in healthcare, analysing the practices of contemporary Making and Cloth(ing)-led Facilitators, through a New Materialist lens. The researcher has demonstrated how these practices *work* and what they *do* in contexts of collective creativity. And, in doing so, has defined an extensive set of Facilitation Approaches to inform and support future Facilitators wishing to engage Making and Cloth(ing)-led workshop Facilitation methods in healthcare.

Section 3.1. of this chapter discusses Facilitation approaches that explore the agencies of materials and making. It demonstrates how domestic worn objects transpose context and meaning in facilitated workshops, as both a means of developing holistic understandings of participants and their health, transporting the Facilitator into the intimate space of participant's homes. Material cultures of the domestic sphere are positioned for their capacity to centre important conversations around the experiences and needs of participants on their terms (as opposed to the terms imposed by healthcare organisations and environments). Importantly, these observations demonstrate how Making and Cloth(ing)-led Facilitation practice begins long before a facilitated workshop, within participants' homes. Clothing is also discussed as a pervasive object within Making and Cloth(ing)-led Facilitation. It is highlighted for its capabilities in spanning differing contexts of use to frame a multitude of conversations in workshops. The section goes on to present the role of Transitional Objects – through examples whereby personal items of clothing help to position participants outside of the medical domain, providing opportunity to renegotiate the fixed identity of 'the patient' or the 'clinician'; setting the agenda for conversation in making and cloth(ing)-led activities. Domestic craft practices, such as darning, pattern cutting and collage are also discussed for their capacity to support a facilitated workshop in meaningful ways. Perceptions of craft practices shift as they hold the potential to act as important methods to nurture 'playfulness' in otherwise 'serious spaces,' and enable different types and levels of conversations to emerge.

Section 3.2. of this chapter demonstrates how practitioners facilitate with care, engage Embodied Facilitation approaches and support workshop participants to connect through matter.

Facilitating with care

Vulnerability is identified as a core factor that Making and Cloth(ing)-led Facilitators respond to through their care-ful material and method selections. Approaches discussed in the chapter include sensitively matching materials and methods to complex bodily contexts of Facilitation, through engaging the materiality of space and sustenance. Soft textiles and interior furnishings are used to create comfortable spaces, through which to 'reveal the self', while nourishing meals attend to the energetic needs of participants, in what can be emotionally intensive experiences. Materials and tools of these facilitated sessions are also carefully connected to the bodily context of Facilitation, to sensitively and strategically frame wider conversations around health. And are clearly informed by a greater understanding and consideration of the bodily context of Facilitation. The researcher expands these observations by presenting Matter Mapping as a tool to enable Facilitators to broaden conceptions of matter when planning workshop activities; to think about materials across scale and consider how they may indeed affect participants. Within this section, Facilitators are also recognised for their ability to connect workshop materials to conversational qualities. For Pym, particularly, careful practices of mending garments act as a route into conversations on care in the dissection room. Other care-ful facilitative approaches discussed involve the provision of broad material selections to encourage participants to make their own associations during workshops. In these examples, Facilitators intentionally explore subjectivities of matter. Materials are also recognised for their ability to act as triggers for emotional response, which can have either positive or negative effects for participants. *Being* with these difficult materials is acknowledged as an important process of reconciliation with complex past experiences, which must be carefully supported. Other care-ful approaches used by these select Facilitators include engaging differing speeds of making, whereby slow making techniques - darning and stitching – and their associated speeds and rhythms forge trustful relationships between participants. It is these same disarming craft practices that are also discussed for their potential to subvert roles of care.

The section continues by exploring practices of parity used by Making and Cloth(ing)-led Facilitators, enabling them to embed themselves within their own methods; to enhance reflexivity; cultivate vulnerability and to build trust with workshop participants over time; proving useful in positively altering the power dynamics and usual hierarchies within a workshop setting. The importance of Facilitators to be visible in Facilitation contexts is also explored as a further means of building trust with participants and collaborators and to aid in their engagement and recruitment. And the significance of using facilitative methods that foster participant self-care is also discussed. Participant wellbeing lies at the heart of each of these Facilitators' practices; who leave the research process having researched an aspect of their own experience. The researcher demonstrates how these Making and Cloth(ing)-led Facilitation techniques serve as an opportunity for participant self-empowerment.

Embodied Facilitation

The section also discusses Embodied Facilitation methods in which making is strategically employed as a tool to access and visualise tacit knowledge, to inform participant self-reflection and bodily awareness. Processes of collective making and wearing are recognised for their potential to support participants to learn in an embodied way, about their anatomies. (Re)-connecting with embodied experience, through artefacts and making, additionally provides participants with an enhanced knowledge of themselves; enabling them to reframe past experiences in the present. The ability of these methods to facilitate bodily introspection and foster emotional transformation are each discussed. The benefits of drawing on supplementary embodied methods to complement Making and Cloth(ing)-led Facilitation practice are also explored, whereby the researcher makes the case for meditative, performative and movement-based embodied practices to be combined with making and cloth(ing)-led approaches. Methods that harness material transformations are also presented as a promising approach to explore how concepts of physical and emotional transformation may transpire or be discussed through organic material selections that change across time. The researcher concludes the discussion on Embodied Facilitation practices by proposing opportunities for methods that consider the gendering of materials and making, which proves a promising avenue to explore in the design of future workshops.

Connecting through matter

Making and Cloth(ing)-led Facilitation methods concerned with connecting participants through matter are also discussed, demonstrating how materials and objects can emotionally unite participants in workshops. Locally foraged, natural materials are drawn on by Facilitators for their capabilities to foster collective wisdom and connect people, place, meaning and time. As is the harnessing of material and object affinities to draw communities together, effectively. Identifying and engaging categories of materials, such as cloth and clothing, that 'we just get', due to their proximal relationship with the body, is key in facilitative practice. Curated object collections, when used in facilitated workshops, are also identified as having the capacity to bridge first and third-person perspectives on intimate health subjects. The touching of collections of personal (worn) objects and ephemera, particularly in the work of McGuiness and Pym, is highlighted as an opportunity to enhance empathy; to transpose experience non-verbally; and allow different kinds of conversation on health to emerge. Conversely, touching and engaging with objects or materials (clothing/cloth) that are new and yet to be imbued with meaning provides the capacity to bridge third and first person perspectives and presents an opportunity for participants to discuss intimate topics, publicly, in groups - objectively, as opposed to subjectively. Facilitators must therefore consider the lineage or history of an item or material ahead of a facilitated workshop to explore how they may exploit these narratives. Touching objects, in differing ways, during facilitated workshops, is also presented as an important means of fostering differing depths of reflection in Making and Cloth(ing)-led Facilitation.

In the final section of this chapter, the researcher identifies Making and Cloth(ing)-led Facilitation approaches that are engaged to overcome complexity and which draw on Co-Facilitators. Differences in epistemological perspectives of the body, affecting the social complexity of facilitative practice, are identified as a source of separation within healthcare settings. The importance of artefacts to act as boundary objects, to collapse dualistic perspectives of the body, is discussed. As are opportunities for mapping epistemologies of the Body in order to understand the potential social complexity of facilitated workshops in healthcare. This section extends by exploring explicit and implicit roles of Facilitators in healthcare, with Lead and Co-Facilitator roles differentiated between. Co-Facilitators, particularly, are recognised for their role in

informing the design and ethical framing of Making and Cloth(ing)-led Facilitation methods and in supporting workshop participants and Facilitators emotionally, with a wealth of clinical knowledge and insight to supplement Facilitators' skills. They also act as 'gatekeepers' to engage participants in facilitative activities. In acknowledging participants as Co-Facilitators, to support the design and delivery of facilitative activities, the researcher equally demonstrates how Making and Cloth(ing)-led facilitative practice can be democratised.

In this chapter a wide range of interactions occurring in Making and Cloth(ing)-led Facilitation in healthcare is outlined and an analysis of the many factors affecting this type of practice is provided. This has included consideration of the role of making and cloth(ing)-led materials, tools and craft practices, yet has also identified additional factors that affect this type of practice.

Overall, this chapter presents 27 Facilitation Approaches that can be drawn upon to enhance participation and collaboration in future facilitated workshops in healthcare (ref. Figure 3.13). The following table also demonstrates the facilitated approaches of each of the interviewee practitioners and where these approaches derive from (ref. Table 3.1).

Figure 3.13. Schematic of Making and Cloth(ing)-led Facilitation practice framework (Workshop Facilitation) - consolidating 27 Facilitation Approaches (2026) by Rhian Solomon.

Facilitation Approach	Practice derived from
Draw on domestic objects	Almeida, McGuinness, Pym, Schwalbe,
Use pervasive objects	Almeida, McGuinness, Pym, Schwalbe, Solomon,
Employ transitional objects	McGuinness, Pym, Schwalbe,
Subvert perceptions of craft practice	Pym, Solomon,
Encourage playfulness in serious spaces	Pym, Solomon,
Match materials and methods to complex bodily contexts	Pym, Schwalbe, Solomon,
Expanded Approach - Matter Map	Proposed by Solomon
Connect workshop materials to conversational qualities	Pym,
Exploit subjectivities of matter	Schwalbe,
Be with difficult materials	Schwalbe, Solomon,
Employ differing speeds of making	Almeida, Pym,
Subvert roles of care through disarming craft practice	Pym, Solomon,
Use Practices of Parity	Pym, Schwalbe,
Be visible	Pym, Solomon,
Foster participant self-care	Almeida,
Facilitate bodily introspection	Almeida, Schwalbe, Solomon,
Draw on supplementary embodied methods	Schwalbe,
Engage material transformations	Schwalbe,
Consider the gendering of materials and making practices	Schwalbe, Solomon,
Harness material and object affinities	Schwalbe, McGuinness,
Bridge 1st and 3rd person perspectives touching object collections	McGuinness, Schwalbe,
Bridge 3rd and 1st person perspectives (by employing new or old objects	Almeida, Solomon,
Invite differing ways of touching objects	Pym, Almeida, McGuinness,
Collapse dualistic perspectives of the body	Almeida, McGuinness, Pym, Schwalbe, Solomon
Expanded approach - Map epistemologies of the Body	Proposed by Solomon
Engage Co-Facilitators	Almeida, McGuinness, Schwalbe, Solomon,
Democratise the design of facilitative methods	McGuinness,

Table 3.1. Summarising Making and Cloth(ing)-led workshop Facilitation Approaches and Facilitators that they are attributed to (2025).

CHAPTER 4 THE WARDROBE PROBE

This chapter presents a practice review of a Making and Cloth(ing)-led Wardrobe Probe method that documents lived experiences of breast cancer. The chapter discusses affective interactions occurring in this method to demonstrate how this method operates in contexts of individual and collective creativity. The chapter presents a series of Facilitation approaches to convene an understanding of this form of practice. Resulting insights have been consolidated into a practice framework (ref. p.318).

To briefly recap, the Wardrobe Probe consisted of 5 activities, outlined as follows..

Activity 1 (Wardrobe Mapping) Identifying garments of personal significance across time.

Activity 2 (Clothing Evolutions) Documenting and considering material transformations in the wardrobe across time.

Activity 3 (Then and Now) Exploring expectations of breast reconstruction surgery through collage.

Activity 4 (Adapt) Recording adaptations to individual garments and wearing behaviours.

Activity 5 (Our Public and Private Selves) Mapping important personal topics, working between the inside and outside of a garment.

4.1. EXPLORING BODIES AND WARDROBES IN FLUX

In activity 2, collections of garments that had been collated to denote different phases before, during and following breast cancer treatment acted as a reference for participants to make material comparisons across (ref. Figures 4.1 – 4.5). During this activity, participants documented the individual material characteristics of each item, chronologically including qualities of colour/pattern, fit, style and material/texture of clothing. This was captured in both visual and textual formats, including visual documentation of the collection of worn items hung together, photographs of these collections, development of word tables and the use of swatches to depict colour and material qualities associated with each item. Participants were encouraged to view, touch and sense the garments whilst completing these tasks to ensure that the selected items were fully captured. Participants were then asked to consider any material

changes that may have occurred across these collections, as they referred to their documentation (To view a sample of the Wardrobe Probe data for Activity 2, please refer to Appendix E.3.2). As participants documented material changes to their wardrobe, they reflected on personal changes occurring for them across time that had been catalysed by breast cancer. This activity also provided participants with new perspectives on their clothing now.

Interaction Observed Code 4 HM-NHM Participants documenting material changes in the wardrobe. Documents changes across time.

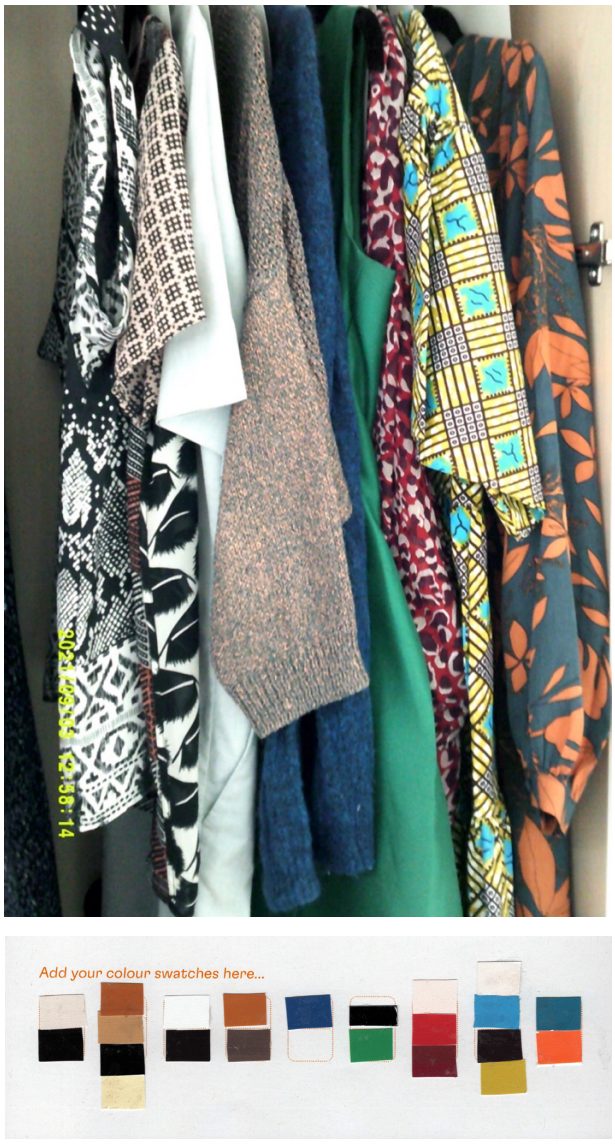


Figure 4.1. Activity 2a) Participant 3: Documenting material changes in colour in the wardrobe. (Above) Garment selections from diagnosis, treatment and recovery phases of breast cancer. (Below) Colour swatches matched to garment selections (2021).

Figure 4.2. Activity 2a) Participant 4 Documenting material changes in colour in the wardrobe. (Above) Garment selections from diagnosis, treatment and recovery phases of breast cancer. (Below) Colour swatches matched to garment selections (2021).

b) Thinking about style and fit...

Returning to the same selection of worn items that you made during activity 1, keeping them in the same order, complete the blank table below and on the next page. For each garment write one word that best describes it's style and one word that best describes it's fit. Be sure to include all non-garment items, if relevant, such as jewellery, accessories, footwear. Don't worry if there is some repetition in the words that you use. **To consider your items in more detail, you may want to handle them and look at them more closely.**

Style table

Example words	elegant, fun, comfy, sporty, sophisticated, formal, muted, chic, smart, oversized...
Item 1	Smart, fitted
Item 2	Formal, flattering
Item 3	Fun, form-fitting
Item 4	feminine, relaxed
Item 5	lightweight, short.
Item 6	comfy, shaping
Item 7	Quirky, loose
Item 8	Fun, comfy
Item 9	Smart, fitted.

Figure 4.3. Activity 2b) Participant 4 Documenting material changes to style across the wardrobe, consolidated in table format (2021).

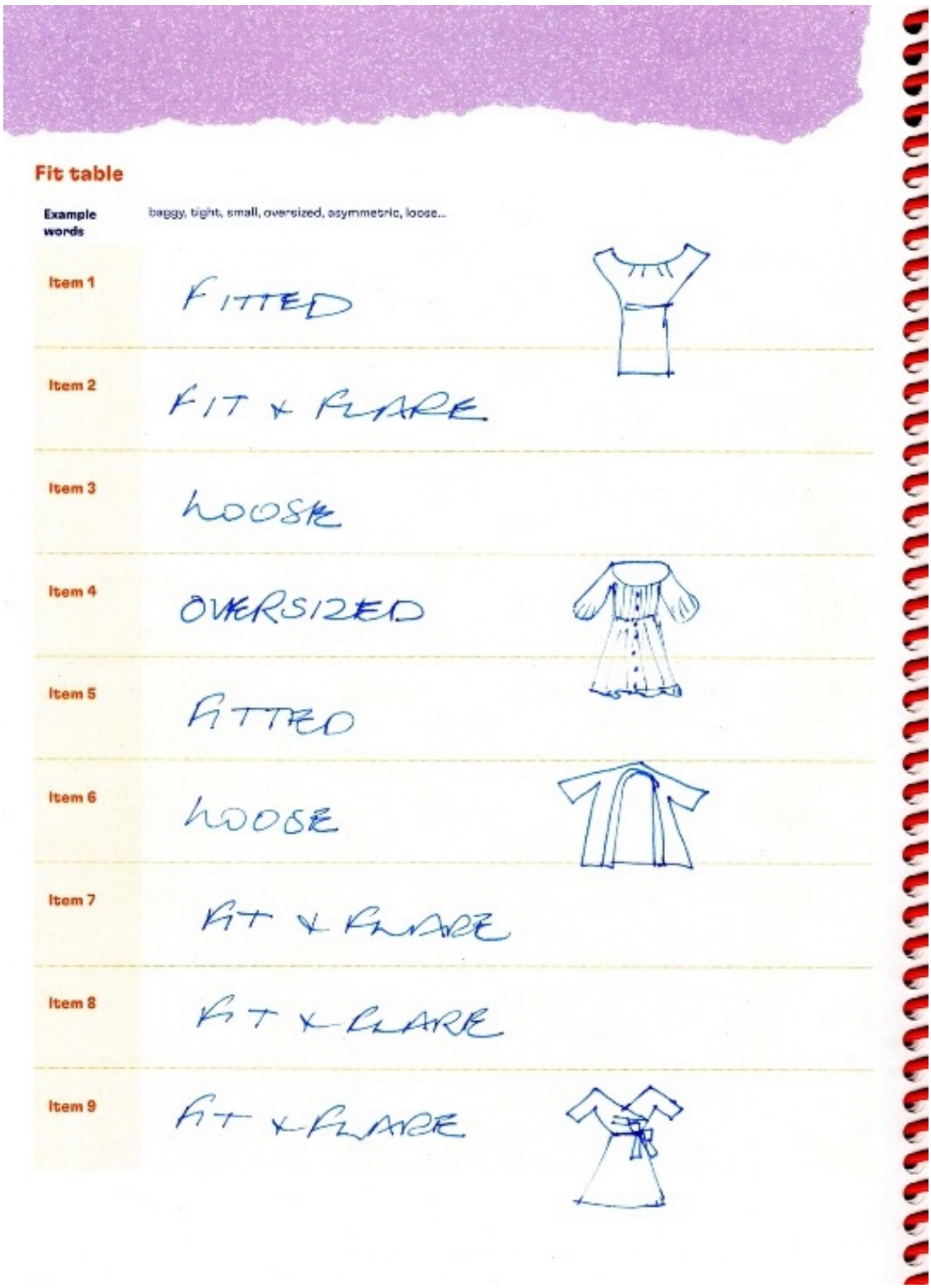
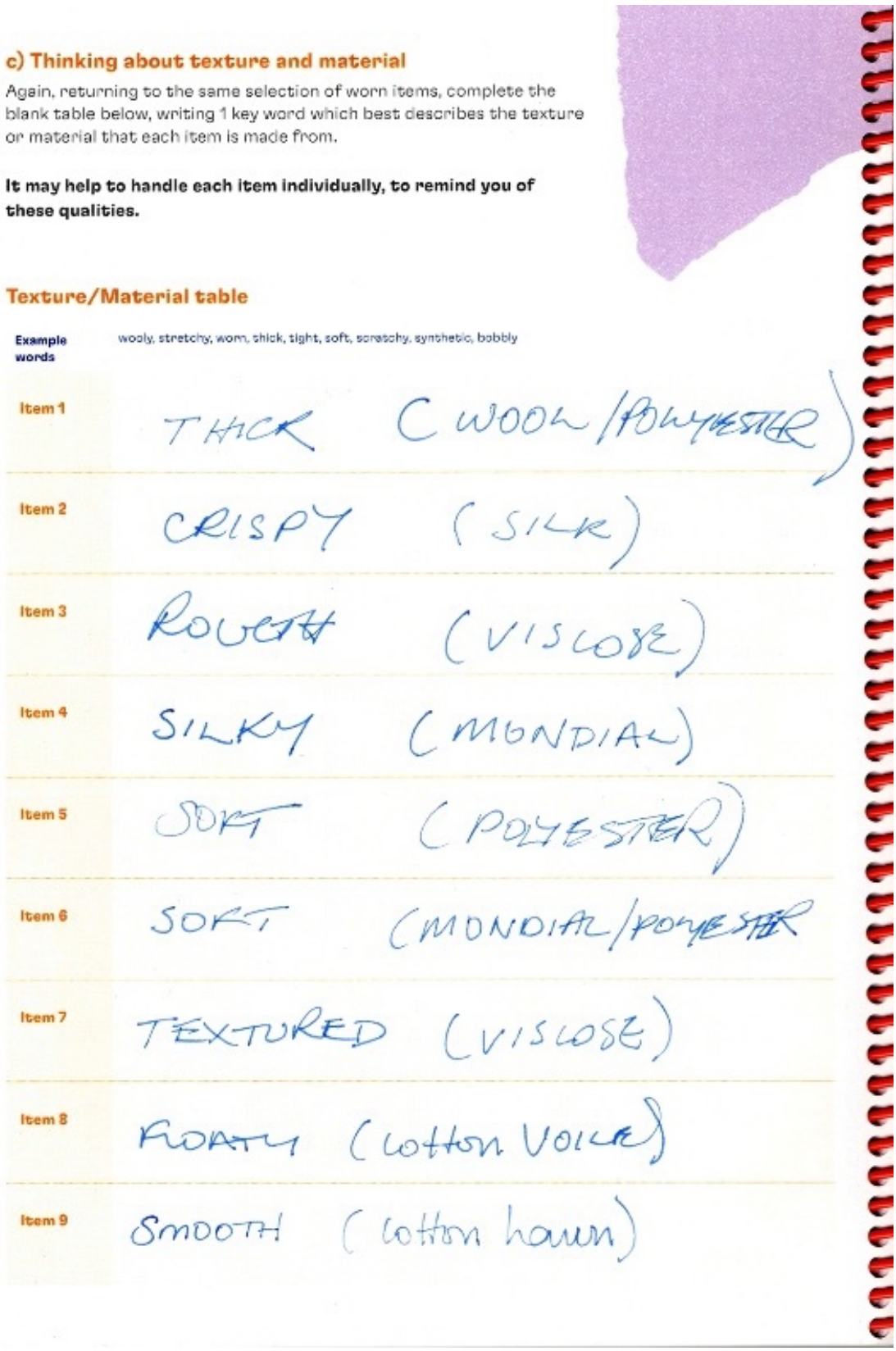


Figure 4.4. Activity 2b) Participant 6 Documenting material changes to fit across the wardrobe, consolidated in table format (2021).



c) Thinking about texture and material

Again, returning to the same selection of worn items, complete the blank table below, writing 1 key word which best describes the texture or material that each item is made from.

It may help to handle each item individually, to remind you of these qualities.

Texture/Material table

Example words	wooly, stretchy, worn, thick, tight, soft, scratchy, synthetic, bobbly
Item 1	THICK (WOOL/POLYESTER)
Item 2	CRISPY (SILK)
Item 3	ROUGH (VISCOSE)
Item 4	SILKY (MONDIAL)
Item 5	SOFT (POLYESTER)
Item 6	SOFT (MONDIAL/POLYESTER
Item 7	TEXTURED (VISCOSE)
Item 8	FLOATY (cotton VOILE)
Item 9	SMOOTH (cotton lawn)

Figure 4.5. Activity 2c) Participant 6 Documenting material changes in material/texture across the wardrobe, consolidated in table format (2021).

Interaction Observed Code 11 HM-NHM Participants mapping the wardrobe. Provides new perspectives of clothes now.

(P1, Activity 2. Feedback form)
I'm really excited about this as it (my clothing) seems to be a major way I have expressed my body changes, post breast cancer, as well as losses in other parts of my life because of breast cancer, such as the loss of my job for health reasons.

(P3, Activity 2. Feedback form)
I realised how much pattern I like when I had to cut the colour swatches. I have seen how my choice of material has changed. This is not about fashion, it is much bigger, it is how I see my body now.

(P3, Focus Group 24 mins)
I think as well when you look at the swatches, where we put the little colours. I can't believe I kind of...how the spectrum of colour has changed to the final couple, or well the last three outfits in particular. There's just so much colour in my wardrobe now.

Respondent quotes – Exploring bodies and wardrobes in flux a).

4.1.1.1. *Facilitation Approach – Document wardrobe transformations*

Many of the physical changes that were occurring to the participant's appearance, in this study, were catalysed by complex medical interventions, whereby the biochemistry of the body, as well as its topography, were radically altered through chemotherapy and surgical treatments. The study explored corresponding wardrobe changes and whether changes were amplified in any way. Working with collections of worn items as opposed to individual items enabled participants to document and visualise unconscious material transformations in their clothing choices occurring across time. Through this Facilitation approach participants were able to visualise chronologies of illness and self, suggesting opportunities for engaging collections of worn items, in facilitative methods in healthcare, as a resource for self-reflection across significant periods of physical and emotional transformation that may be associated with health conditions. The service users experience was not considered as a single isolated condition at a single stage of life, but as something relational (as a collection of worn items and the memory of interrelated events).

A key strategy for women's health, in the UK currently, is to understand the changing health and care needs of women and girls across their lives; to transition care from a disease-oriented to a Life Course approach - exploring how the physical and mental health and wellbeing of an individual can be influenced throughout life by wider

determinants (GOV.UK, 2022). The Wardrobe Probe method could be a useful facilitative intervention to understand patient experience in the design or evaluation of services. Facilitation methods that reflect on material transformations within the wardrobe are potentially useful in understanding patient experiences of both subtle and significant physiological changes occurring through illness and associated treatments, across a wide variety of health contexts.

Probe activities 1 and 2 entailed the participants collating, visualising and reflecting on the data that they had gathered, tracking their various wardrobe responses to 'change'. The changes documented signified the ability of the women to adapt in complex circumstances and supported recognition of progress and resilience during phases of illness and treatment. Participant 2, for example, described how her in-treatment clothing had become less painful to reflect upon. She also identified that her current styles of clothing were well-fitted, demonstrating a renewed confidence in representing and caring for herself, post cancer treatment.

Interaction Observed Code 2 HM-NHM Participants mapping wardrobe transitions. Supports recognition of resilience.

(P2, Activity 1. Feedback form)
(I'm) realising that the 'in treatment clothes' don't make me upset and I now see them as armour for an experience I'm glad and proud of being the other side of. I would not have registered this without this exercise. And I didn't feel this way at the time I bought or first wore them…I'm noticing where I've gotten to now. How my clothes choices show me practicing self-care/body positivity..'

Interaction Observed Code 9 HM-NHM Participants completing the Wardrobe Probe. Supports recognition of progress.

(P2, Activity 2. Feedback form)
It was reassuring to note that two of the three after treatment garments are well fitted - showing a confidence to care for myself after cancer and reconstructed body.

(P3, Activity 1. Feedback form)
At first, the three 'before' items made me feel anxious. I never realised just how many clothes I got rid of after surgery. On reflection, it has been so helpful as I can see just how far I have come. I can see my clothing choices have become bolder and stronger and I like that about me… Allowing my head to go back to a very scary time has been ok. When you have a mastectomy it is always with you. Every time I take my clothes off I see it. By doing this exercise, I can see my progress of healing both physically and mentally.

(P6, Activity 1. Feedback form)
I'm two years post treatment and still a day doesn't go by without thinking about it, in some way or another. The exercises have helped me look back and review how far I have come and have made me feel more grateful of where I am currently as there is still an element of anger in me.

Respondent quotes – Exploring bodies and wardrobes in flux b).

4.1.1.2. *Facilitation Approach – Consider garment reciprocity*

This approach outlines a capacity for the Wardrobe Probe to reframe past (cancer) experiences in the present; for participants to come to new understandings about themselves in recovery. In these examples, participants learned new things about themselves, through their clothing choices and the various changes occurring, often recognising their own resilience when undergoing and recovering from intensive cancer treatments. The wardrobe appears to *act back* on the wearer, providing opportunity for participants to be more aware of their active role in their cancer diagnosis, treatment and recovery. This suggests an opportunity for applying Wardrobe Probe methods in therapeutic Facilitation settings – to guide participants towards creating new meanings and understanding of their breast cancer experience.

4.1.1.3. *Facilitation Approach – De-centre the research process*

Positioning participants as self-researchers, supporting them to play an active role in collecting and interpreting data about themselves (in this case…through the contents of their wardrobe) additionally empowers participants – facilitating engagement, providing a sense of ownership.

Making and Cloth(ing)-led Facilitation methods may, therefore, be useful in decentring healthcare research whereby patient engagement tends to be managed, top down, by medical institutions, with patients playing a supplying role in data collection rather than collating and interpreting their own information. Expanding on the discussion in Chapter 3 of this thesis, Cloth(ing)-led artefacts can be used to set the agenda of Facilitated activities on a participant's terms (ref. p.184).

4.2. SUPPORTING INTIMATE REFLECTIONS

Activity 2 of the Wardrobe Probe documented changes to the materials and fit of clothing, which, in turn, shaped the researcher's understanding of participant experiences of wearing. An enhanced understanding of materials worn on the body across time is demonstrated in an aggregation of the data set, into table format (ref. Table 4.1). Material and textural descriptions of participants clothing progresses from 'scratchy', 'tight', and 'synthetic' fabrics towards 'softer' and more 'comfortable' fabrics as participants progressed through diagnosis, treatment and recovery. Descriptions of wearing comfortable/uncomfortable materials next to the skin underpin the characteristics described.

Observed Interaction Code 16 HM-NHM Participants documenting changes to sensory experiences of clothing. Supports understanding of intimate experience.

(P4, Activity 4b)
Mostly changes to the choice of underwear - softer, smoother material and avoiding any scratchy fabrics. I tend to tuck long vests into jeans/trousers so seams/waistband won't rub or come into contact with the scar on my stomach.

Respondent quote – Supporting intimate reflections a).

(Below) Interaction Observed Code 14 HM-NHM Participants documenting changes to materials and fit of clothing. Shapes understanding of experiences of wearing.

Wardrobe Phase	Garment Item	P1	P2	P3	P4	P5	P6
Pre/Diagnosis	1	Metal, glass, smooth	Suede	Synthetic	Worn	Soft	Thick (Wool/Polyester)
	2	Woolly, decorative, beady	Textured	Synthetic	Silky	Waffley	Crispy (Silk)
	3	Thick, tight	Soft/Silky cotton	Thick	Silky	Silky	Rough (Viscose)
Treatment	4	Silver, slender, long	Smooth	Woolly	Soft	Stretchy	Silky (Mondial)
	5	Stretchy, soft	Soft	Woolly	Soft	Soft	Soft (Polyester)
	6	Suede, comfortable, rubber	Crepey	Soft	Synthetic	Soft	Soft (Mondial/Polyester)
Recovery	7	Soft, cotton	Smooth	Soft	Synthetic	Stretchy	Textured (Viscose)
	8	Woolly, soft	Soft/Silky Cotton	Soft	Scratchy	Soft	Floaty (Cotton Voile)
	9	Silk	Stretchy	Soft	Woolly	Delicate	Smooth (Cotton Lawn)

Table 4.1. A collation of participant descriptions of clothing textures/materials within their wardrobe across diagnosis, treatment and recovery from breast cancer. An evolution towards 'soft' and 'comfortable' fabrics in treatment and recovery phases occur for Participants 1, 2, 3, 5 and 6 (2025).

4.2.1.1. *Facilitation Approach – Engage the felt dimensions of clothing*

Activity 2 asked participants to reflect on worn material experiences by directing them to consider the range of materials in their wardrobe and changes occurring across time. Such an approach holds the capacity to document intimate changes to the felt body, pre-, during and post-operatively, providing a nuanced understanding of the effects of illness and treatment for participants.

4.2.1.2. *Facilitation Approach – Zoom in/Zoom out of wardrobe changes*

This Facilitation method also asked participants to zoom in to their wardrobes to identify specific material qualities in their clothing and review how they have changed over time, prompting consideration as to how (and why) these qualities have changed. In doing so, participants considered the broader adaptations to life that they had had to make due to breast cancer, gaining further perspective on their individual experience now, building an understanding of the physical and emotional effects of the disease and what is important. Understanding how and why participants change the materiality of their wardrobe demonstrates how participants craft their own experiences of breast cancer recovery.

Whilst breast cancer and its associated treatments can cause overt, visible disruptions to the body, in some cases, transformations to the body may be subtle and unnoticeable and may occur at a cellular level which may not necessarily be visible or immediately felt. The materiality of our bodies also does not solely change due to medical intervention. Other concurrent factors can inform 'bodily transformations' which alter garment choices. For example, the biological processes of ageing, weight gain/loss, hormonal changes, as well as lifestyle choices that occur alongside illness and treatments. How an individual responds to a breast cancer diagnosis and treatment is unique to them.

For some participants, garments acted as visual prompts, triggering reflections on individual moments and details of events which allowed them to 'anchor their experience' in physical form. Residues of wear ingrained in clothing also enabled participants to recollect and describe specific experiences of wearing in specific contexts of use in their daily lives.

Interaction Observed Code 10 HM-NHM Participants mapping wardrobe/adaptations. Supports participants to consider individual moments/details of events.

(P4, Activity 1. Feedback form)
It's a good way of taking stock, the garments are a visual prompt and trigger details of events that have been forgotten. It has made me reflect on how I approach things/manage difficult times.

(P1, Activity 4. Feedback form)
As my initial diagnosis was so long ago, I don't really think specifically about the impact of my experiences and the knock on affect they have had. The time that has passed has allowed me greater insight and clarity though. These exercises have helped anchor these thoughts, feelings and emotions.

Interaction Observed Code 12 NHM–HM Residues of wear prompt participant memories. Supports (intimate) reflection.

(P5, Activity 1. Feedback form)
Clothes are very evocative. It gives you a way to access memories slightly differently - thinking about how smell and touch are part of this. It also allows you to make unusual or unique connections in your mind.

(P5, Focus Group. 1min)
cause it's like clothes they're almost like a photograph aren't they just sort of. They bring back memories in a way…And maybe then also.. it's like the smell dimension as well. Like I don't know if you know like it's kind of obviously the smell of something like even though it doesn't smell of anything in particular, but there's just something there that kind of brings back a memory…

(P4, Activity 1. Item 1)
I bought this when I was on maternity leave and preparing to return to work. The first time I wore it I was breastfeeding and went to an office lunch - my first experience of leaky boobs. Also, the first time I left my son with someone apart from his dad….These 'lighter, brighter colours are more forgiving of marks and detract from your tired new mum look.

Respondent quotes – Supporting intimate reflections b).

4.2.1.3. *Facilitation Approach – Detect traces of wear*

The intimacy of clothing to the body can result in the collection of residues of wear, which provides opportunity to reflect on specific moments in time. For participant 5, smell was significant in bringing back memories. For Participant 4, breast milk that had

previously leaked onto her shirt prompted reflection on the role of her breasts, pre-cancer, of breastfeeding her son. She reminisces about experiences of motherhood and changes to her body and identity; her attention being drawn to a very specific (bodily) event, of breastfeeding and *leaky boobs*. These observations suggest that prompting participants to detect traces of wear in items of clothing may act as a facilitative method of reflecting on the roles and contexts of garment use, specific events and experiences for the wearer. Clothing provides very tangible materials for reflecting on bodily experience, as it interfaces proximally and habitually with our bodies in our daily lives (Entwistle, 2015; Sampson, 2020) and is an immediate environment to be disrupted through acts of wear. In bodily materials intimate meaning can also be inscribed. In these examples, cloth(ing)-led methods can sensitively access nuanced and intimate female embodied experiences, created by intimate body:material interactions.

4.2.1.4. *Facilitation Approach – Draw on a range of senses*

Observations suggest that there is opportunity to develop Wardrobe Probe methods that engage all the senses, i.e. beyond, primarily, the visual. Bodily materials, as they breach the boundaries of skin and become ingrained into clothing, can reflect intimate sensory experiences for the wearer, through smell and touch that are likely invisible to others. They therefore hold resonance in documenting and communicating intimate bodily changes occurring during illness, treatment and recovery. Clothing's ability to capture and collect these residues of wear, within a given context, at a given time, therefore presents useful opportunities for participant reflection on details of (bodily) events, creating a strong reference for participants to situate their experience and catalyse reflection in Facilitation methods in healthcare.

It is important to consider factors that may inform an awareness of these experiences, including both gender and sex, given the context of illness being explored (breast cancer) and the sex of participants taking part (female). In contemporary Western culture, women are closely identified with the body, considered to have a heightened bodily awareness that is influenced by the internalising of cultural expectations of appearance, living their bodies as objects for another's gaze (Entwistle, 2015, 2000; Tseelon, 1995; Wolf, 2013). Equally, the physical experience of living in a female body – that encounters fleshy bodily transformations catalysed by puberty, pregnancy, and

menstruation – is thought to shape our sexed identity (Grosz, 1994; Wollstonecraft, 1792; 2022; Young, 2005). Both suggest a heightened awareness of women to their bodies; to changes occurring within them. Might women, therefore, have a heightened attunement to their wardrobes, suggesting an openness to Cloth(ing)-led Facilitation methods?

The Wardrobe Probe methods additionally prompted participants to consider worn items and practices of wearing, in their broadest sense, which enabled participants to reflect on experiences of wearing medical devices, such as breast implants. Unlike conventional items of clothing discussed in many of the Probe activities, these items are worn inside the body and become integrated through a process of encapsulation. Participant 3 visually demonstrates through her reflective descriptions and collages how breast implants affect the shape, appearance and feel of her breasts and body, describing how this, consequently, impacts the form, style and fit of her clothing (ref. Figure 4.6). She also describes how the involuntary, continual transformation of the form of the breast implant, which settles and moves across time, creates uncertainty around how her breasts and body will look and feel in recovery, having direct consequences for her wardrobe. A lack of availability of the same brand (and type) of implant creates further ambiguity for her, concerning the shape of her future body, and how clothing will sit/feel. These observations demonstrate a multitude of factors at play that affect a participant's experiences of illness and recovery from breast cancer. At the wider scale, they demonstrate how a disruption in the supply of medical devices can disrupt recovery and body image. At the smaller scale, they demonstrate participant experiences of intimate changes occurring within the body, as a breast implant adjusts and changes across time, which has significant consequences for this participant and, concurrently, her wardrobe. Participant 3’s descriptions and collages provide understanding of female embodied experiences of breast reconstruction and sensitively convey experiences of living with a breast implant.

Interaction Observed Code 16 HM-NHM Participants discussing intimate wearable items. Supports understanding of intimate experience.

(P3, Focus Group. 33mins)
I had an implant that went hard so they took that out, gave me more symmetry (surgery) at the same time, so that changed things slightly again with my wardrobe, but now the implant I've got feels fine, but it's been taken off the market, so although it doesn't have to be removed now, it does need to be at some point. Uhm, the [redacted] *Hospital have said they'd still use it if they could use it, but because there's litigation in America, we can't. So for me, it's always like, 'oh well, what shape will I be after the next surgery?' Because…After the last implant, I was a different shape because the implant is a different shape. So I think that also alters how you think you might wear something, because suddenly something you've thought fitted you can look quite different with a different bra and a different sized chest. So yeah, so I don't think there's a definitive answer on what you think about your future wardrobe, because it will evolve.*

Respondent quote – Supporting intimate reflections c).

Observed Interaction Code 16 HM-NHM Participants collaging materials. Supports understanding of intimate experience.

Figure 4.6. Participant 3 Collage created for Activity 3 – Then and Now. This participant uses cascading materials to demonstrate the movement and difference in shape of her breasts (2021).

4.2.1.5. *Facilitation Approach – Engage proximal intimacies of a garment*

Breast implants were possibly the most intimate of worn items discussed using the Wardrobe Probe activities. Being semi-permanently embedded in the body means that they are both part of the self, yet separate from the self. The attachment that the wearer has to this intimate item is therefore potentially heightened, making this category of object emotive in Facilitation methods in healthcare. On the one hand, these items provide the opportunity to open important conversations about embodied experiences of breast cancer and breast reconstruction, as they quite literally form part of the self and have very visible and immediate effects on the wearer. The 'otherness' of such items, however, also potentially makes them emotionally very difficult to reflect on, as they are not easily removed; and may act as a reminder of the potential lack of control that the wearer has over bodily changes and appearance – which in the case of Participant 3, is casued by disruptions to the supply of these items as well as her body's response to encapsulating the implant. The intimacy that an object holds with the body can afford differing depths of reflection. The proximity of worn items to the wearer could therefore be key when defining participant garment selections in wardrobe methods, to understand differing scales of intimate lived experience. An extension of the Wardrobe Probe could be to explicitly engage with worn medical devices in activities, to explore, more immediately, experiences of breast reconstruction through discussing experiences of wearing a breast implant.

The importance of intimacy in relation to clothing to the body, and the proximity of worn items to the body is evidenced by the selection of worn items during the Wardrobe Probe activities. Underwear, in particular bras, was regularly selected as a tool for reflection and discussion, which is understandable, given the origins of the disease and the areas of the body affected by associated treatments. (ref. Figure 4.7).

Interactions Observed Code 16 HM-NHM Participants selecting bras. Supports reflection on experiences of recovery. Changes to body and self.

(P2, Activity 1. Item 5)
Maroon sports bra. Recovery at home, once the massive bruises/swelling subsided.
Still have them as still have one more tattoo to get through. Memories of an awful bra fitting experience at M&S. Turns out, they weren't very good sports bras when I started running in them - they rub too much.

(P5, Activity 1. Item 6)
White mastectomy and reconstruction bra. This bra is worn after surgery so for me it represents the whole surgical process of removing the tumour and receiving a new breast. You must wear it continuously for weeks after the operation, so it's both treatment and recovery. This was my first time in hospital overnight, having anaesthetic. So it signifies this experience. Also it signifies the irreversible change to my body, of having a breast removed/reconstructed. I am physically and mentally altered/changed. The bra almost looks like a piece of battle armour.

Respondent quotes – Supporting intimate reflections d).

Figure 4.7. Bras, frequently selected by participants to reflect on (Left) Participant 2 (Right) Participant 5 (2021)

4.2.1.6. *Facilitation Approach – Use intimate categories of worn item*

The selection of bras, in particular, provided insight as to women's physical (and emotional[45]) experience of breast cancer in intimate and immediate ways as they interface, directly, with the areas of the body most affected. When engaging with these garments through the Wardrobe Probe activities, participants focused on the context of illness, aetiology and physiology and the effects of associated treatments on the body including surgeries and adjuvant therapies. Bras, in this sense, frame the bodily origin of illness and offer the potential for reflections on specific bodily experience. Facilitation methods that engage particular categories of worn item, such as underwear, that enclothe particular regions of the body (E.g. Bra) can therefore potentially direct conversation towards parts of the body immediately affected by illness and treatment.

Focusing too specifically on the parts of the body in receipt of treatment can result in losing sight of the person, however. The Wardrobe Probe method helped participants tune into localised bodily sensations, supporting interoceptive awareness[46]as a means of making sense of breast cancer experiences. This study has deliberately taken an expanded approach to understanding experiences of breast cancer by looking at the wardrobe in its fullest sense; at individual items of clothing, but also, more importantly, collections within it, to holistically explore the physical, emotional, and sociological effects of breast cancer. It has not focused on specific categories of intimate clothing for discussion. However, this approach could be adapted to inform future Facilitation practices in healthcare.

[45] It is important to consider the psychological role that a bra fulfils for the wearer during breast cancer diagnosis, treatment and recovery. Whilst the bra has a very functional role to play in supporting a woman's breasts/drains post operatively, it can also, support women emotionally.

[46] Interoceptive Awareness is the perception of sensations from inside the body (Price & Hooven, 2018.)

4.2.1.7. *Expanded Facilitation Approach – Wardrobe proximities - Scales of garment intimacy*

The above observations reveal important opportunities for engaging the proximal intimacies of worn items and their associated wearing practices to support different depths of participant reflection in Making and Cloth(ing)-led Facilitation practice in healthcare. Considering how a participant experiences items of clothing at differing scales of proximity to the body seems beneficial. Exploring Wardrobe Proximities in facilitative methods could offer insight into lived experiences (in this case, of breast cancer) at differing depths of reflection or may provide understanding of differing spatial experiences for the user. It may also enable the Facilitator to design their activities to ensure that participants are appropriately emotionally supported, based on the intimacy of the category of item being explored.

These ideas are presented below in a schematic whereby categories of worn items discussed by participants in this study, are mapped and categorised to illustrate their varying proximities to the body (ref. Figure 4.8). Concepts of wearing are expanded to encompass worn items that are, in some way: integrated within the body (e.g. breast implants, surgical drains), interface with the body (e.g. intimate items of underwear, surgical dressings), and also include outward-facing items on the body (e.g. clothing and accessories). Awareness of the different proximal categories of worn items can support both Facilitators and participants to explore, more extensively, different experiences of wear, and different scales of intimacy, through facilitated activities - providing a tool for understanding multi-faceted lived experiences of breast cancer and reconstruction. (Given the intimacy of some of the clothing items explored it is important for the Facilitator to design their activities in a way that ensures that participants are appropriately, emotionally managed).

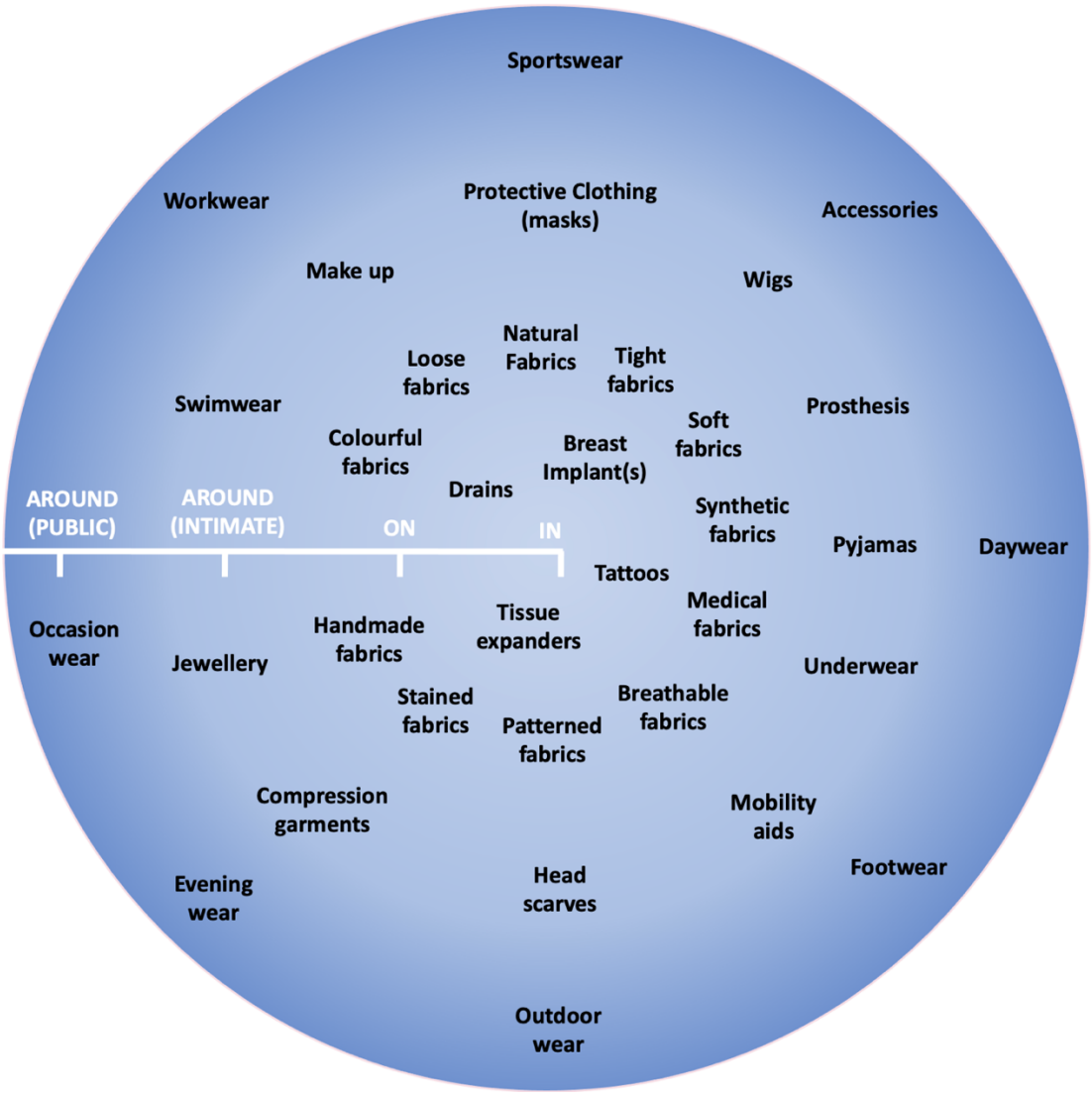
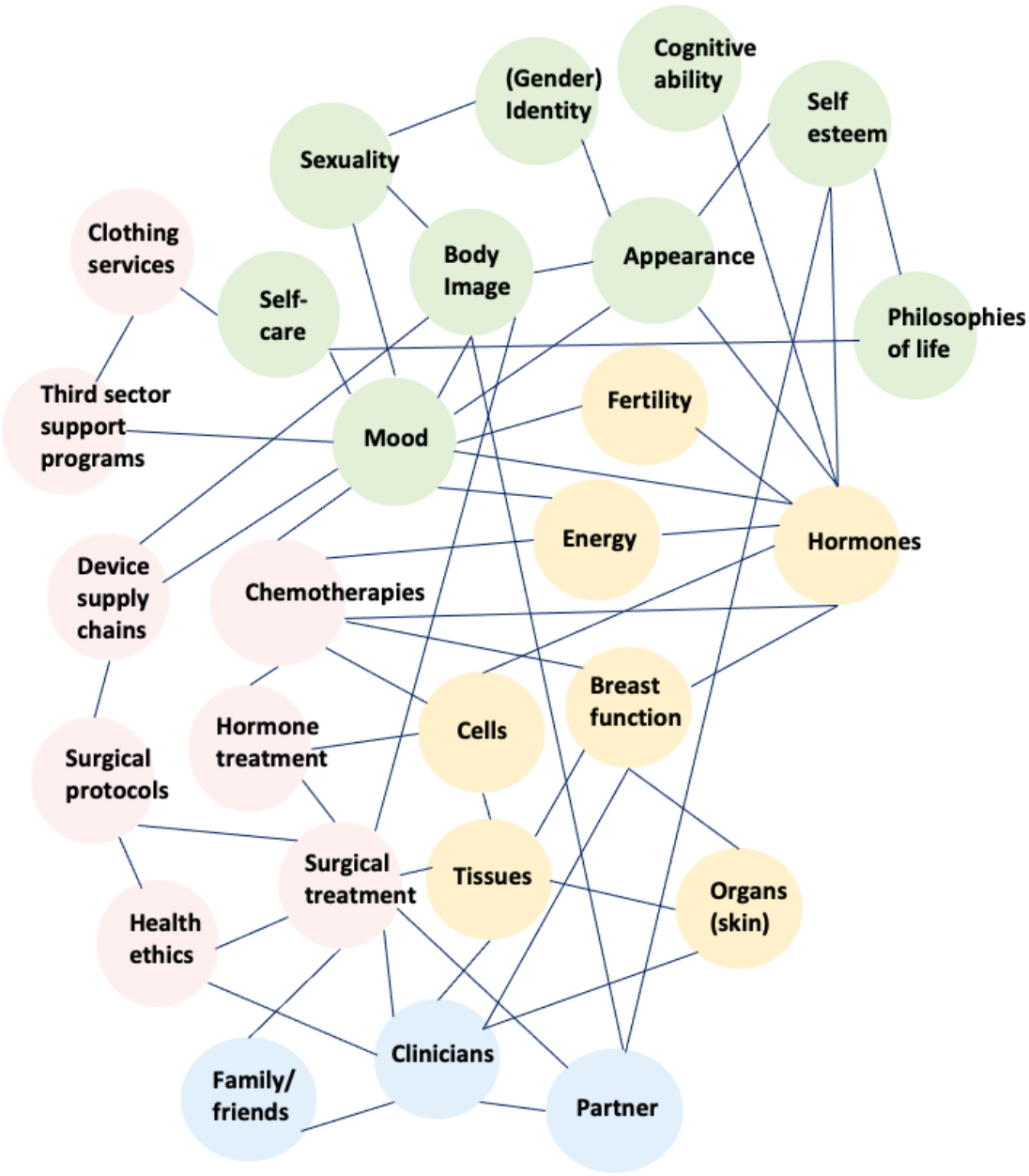


Figure 4.8. A schematic of Wardrobe Proximities – Worn items (discussed within the Wardrobe Probe data) mapped at differing scales of proximity from the wearer. A Facilitation approach to examine experiences of wearing across scale in breast cancer lived experience (2026) by Rhian Solomon.

4.2.1.8. *Expanded Facilitation Approach – Contemplate Bodies across scale*

Following these observations, a further schematic illustrates factors impacting on breast cancer lived experiences (ref. Figure 4.9) based on data collated using the Wardrobe Probe[47]. Highlighted are a combination of factors affecting/affected by participants physically, emotionally and socially. This schematic supports thinking about bodies across scale; presenting bodies as dynamic and relational, physical and cultural, shaped by the world around them. It illustrates how breast cancer and its associated treatments affect cell division and hormone levels, as women describe changes to their appearance, through hair loss, as well as to temperature control and fertility. This is demonstrated in the Wardrobe Probe findings, in terms of the colour of clothing and the types of fabrics (natural/breathable) that participants choose to wear in recovery. The schematic also illustrates how breast cancer and its associated treatments affect the emotions of participants, impacting their identity, sexuality and self-esteem, amongst many other factors. This is explored through the wardrobe in terms of items that participants are keen to discard and practices of self-care that are performed by the wearer in recovery (explored in Section 4.3. of this chapter). Additionally, the schematic illustrates other bodies that may be drawn into a cancer diagnosis, encompassing those individuals imparting care to participants as well as those organisations entrusted with care. This is documented through the Probe in the form of prescribed, gifted, made and co-created wardrobes (ref. Section 4.3) which demonstrate the roles of both formal and informal carers such as friends, family and clinicians. And breast implant supply chains, fashion services in cancer recovery, body epistemologies that underpin medical thought and practice are evidenced as wider factors affecting breast cancer experience. This schematic demonstrates the breadth and depth of topics touched upon, using the Wardrobe Probe method. It also communicates the complexity and multifaceted nature of women's experiences of breast cancer and recovery, factors which run through multiple facets of their lives, at a multitude of scales. Consideration of bodies across scale provides Making and Cloth(ing)-led Facilitators with the opportunity to identify how diverse and perhaps seemingly unrelated factors might affect participants and reinforces how these factors may, indeed, be interconnected.

[47] Breast cancer experience can encompass a wider set of factors than those plotted onto the schematic below.



KEY
Yellow = Physical bodies
Green = Emotional bodies
Blue = Social bodies
Pink = Organisational bodies

Figure 4.9. A schematic for Thinking About Bodies Across Scale – A Facilitation approach for mapping an Affect Economy of breast cancer lived experience. Demonstrating key topics observed using the Wardrobe Probe method (2026) by Rhian Solomon.

Whilst there are benefits to intimate, cloth(ing)-led approaches to Facilitation, ethical boundaries have also been identified through the research study. Activity 1, reflecting on select items of clothing, prompted participants to connect with complex experiences. Engaging with the Wardrobe Probe for the duration of the process also left participants feeling physically tired.

Interaction Observed Code 5 HM-NHM Participants mapping the wardrobe. Raises difficult emotions.

(P5, Activity 1. Feedback form)
There was a slight melancholy about thinking of items from before or on the day of my diagnosis.

(P3, Activity 1. Feedback form)
I initially started this over a week ago. I then found excuses as to why I was too busy to complete the task. Once I started properly, it was an enjoyable experience.

(P3, Activity 1. Feedback form)
At first, the three 'before' items made me feel anxious. I never realised just how many clothes I got rid of after surgery. On reflection, it has been so helpful as I can see just how far I have come. I can see my clothing choices have become bolder and stronger and I like that about me.

(P6, Focus Group. 6mins)
I thought it was going to be quite easy to do and then when I started it, I thought gosh, this is really tiring. Just going through everything.

(P5, Focus Group. 20mins)
There was like a sadness there, but then there was also like a sense of like progressing through these different stages and then you know, coming out, you know I am a changed person. There is a positivity there and I think so, in a weird way. It was nice to then go through that journey and then come out the positive end, I suppose.

(P4, Activity 5. Feedback form)
It took me a while to get started - It has been in and out of the pack a few times. Some things I can now discuss but other issues are still a bit buried for now… Writing some of the points down made me feel exposed…Good concept as it makes you consider what is still being kept hidden and start to question why that may be.

Respondent quotes – Supporting intimate reflections e).

4.2.1.9. *Facilitation Approach – Contract a Co-Facilitator*

These observations firstly outline the importance of engaging a Co-Facilitator when developing and deploying a Wardrobe Probe method - to ensure that the emotional needs of participants are fully considered and to guarantee that participants have access to trained professionals, particularly if difficult emotions arise. A cancer support

specialist assisted the researcher in the preparatory phases of the Probe, the design of which evolved over a one year period. This specialist provided feedback on iterations of the designed activities and played a core role in emotionally supporting participants during the deployment of the Wardrobe Probe (7-month period). Two of the six participants drew on this support provision, for reasons unrelated to the Probe method. The importance of Co-Facilitators is discussed in Chapter 3 and findings underpin this aspect of the Facilitation Approach.

Below is a framework outlining the Co-Facilitators involvement in the development and delivery of the Wardrobe Probe designed and delivered as part of this study (ref. Table 4.2).

Co-Facilitator Framework	
Co-Facilitator Role	**Description**
Co-designing Wardrobe Probe methods	Informing activity design – Providing written feedback on activities (shaping tone, language, pitch) Troubleshooting method iterations Reinforcing the importance of pace and self-care for participants Proposing applications for future use
Supporting participants	Available via telephone, email, MS Teams, pre-, during and post-data collection (7 months) to discuss any topics that may arise. Encompassing Wardrobe Probe and Facilitated Workshop activities. Signposting participants to additional support mechanisms (E.g. relevant cancer charities and services)
Supporting researcher	Reinforcing confidence of the researcher in complex scenarios Reassuring for researcher to know that a trained professional was present if participants required additional emotional support. This division of roles enabled the researcher to focus on delivering Facilitation activities
Shaping the ethical framework for study	Informing the researcher of breast cancer service user needs and discussing approaches to mitigate risk
Guiding sample selection + recruitment	Supporting the researcher to identify a sample of breast cancer service users – ensuring inclusivity, but also mitigating the risk of recruiting vulnerable communities Signposting researcher to relevant potential practitioners, specialisms and organisations to promote the study
Co-Facilitating reflective discussions/Focus Group	Available for emotional support, if required Consolidating, reflecting and feeding back on the comments made by participants
Co-Facilitating workshop	Available for emotional support, if required, during the workshop and across break times Acting as a scribe, documenting the reflections and thoughts of group participants as the researcher led the session Acting as a mediator between breast cancer service user, medical and design communities Reflecting and feeding back on workshop activities to shape future iterations A repository of information as a participant in the workshop, able to observe the session and participant wellbeing
An advocate for breast cancer service users	Independent of the study research

Table 4.2. Framework for a Co-Facilitators role within this study (2026) by Rhian Solomon.

Participants also described how the Wardrobe Probe had encouraged them to explore opportunities for future corrective breast surgery (P1) and seek expert guidance from a fashion stylist to inform their wardrobe choices (P3). As a result of completing the activities, Participants 1 and 3 explored surgical intervention (P1) and the use of a prosthesis (P3).

Interaction Observed Code 17 HM-NHM Participants completing the Probe. Prompts thoughts around body image/adjustment to future appearance.

(P1, Activity 4d)
Following this exercise/prompted by this research I am going to contact my breast reconstruction surgeon to discuss my current situation. In the meantime, I started to sew, in order to darn or customise my clothing.

(P3, Focus Group – 14mins + 34mins)
I see things slightly differently, even just with your project, as I mentioned to you earlier that I've gone in and got my first prosthesis, which I didn't have before. If you have to have an implant removed and now I have the prosthesis again. This is amazing, just in the last few days. The difference, I feel. Going back to a proper mastectomy bra with this in it is. It's just been really, really nice and I wouldn't have done this if it wasn't for you and the study. It was just something I knew. Thank you. 'cause it's something that's so positive that's come out of it for me, which is great.

Respondent quote – Supporting intimate reflections f).

The observation suggests that the Wardrobe Probe has the potential to inform participant decision-making around their personal health and future treatment. These participants positively describe the impact that the Wardrobe Probe had had upon them. For other participants this may, not, necessarily be the case, however. Cloth(ing)-led methods, that are innately associated with one's appearance, could potentially reinforce social pressures concerning body image related to breast cancer. When designing making and cloth(ing)-led facilitation methodologies in healthcare, the capacities of worn items to trigger negative emotional responses in participants must be carefully thought through, particularly when considering sensitive subject matters of illness and recovery. For example, participant vulnerability in Facilitation in healthcare can result from a range of pre-existing factors, as the experiences that participants bring to a Facilitation scenario are highly individual and informed by personal life histories. A certain amount of unpredictability, therefore exists around how participants may

respond to facilitative methods. The vulnerability that may be connected to intimacy should be supported by trained professionals when undertaking this form of work.

Themes of intimacy extend to other activities in the Wardrobe Probe when considering the intimate spaces participants reflect within. Planes of a garment that capture traces of wear act as tangible spaces for reflection (ref. Section 4.2). Space is also considered conceptually in terms of the provision of emotional space provided and supported by Facilitators, to enable participants to reflect and discuss their experiences. During Activity 5, participants identified and mapped topics that were difficult to articulate onto the inside of a garment, reflecting internal dialogues and private concerns. Topics considered emotionally 'more manageable' by participants were then moved to the outside of the garment, reflecting the topics or issues that had been overcome, that were now easier to discuss with 'others'. To conclude the activity, participants were asked to write directly on the outside of the garment those things that would better help them in talking about complex issues moving forward, to explore how conversations could be best supported in the future (ref. Figures 4.10 to 4.13 and in Table 4.3). Appendix E.3.5 provides further samples of resulting data.

Participant 2 describes how the act of moving thoughts and feelings from the inside to the outside of the garment was an 'active process' and 'visual acknowledgement of being in a different place, now,' prompting a recognition of her progress. She explains that 'finding a hidden way to articulate hard things to talk about felt powerful' and easier for her to 'be more specific, demanding and assertive of her needs,' supporting her to express herself. It also reminded her of those things she wishes to remain private and those things she had not necessarily found ways to talk about. Participant 4 also describes how this activity enabled her to reflect on the things that were perhaps being kept hidden, prompting her to question why. And Participant 1 describes how placing thoughts and topics onto a garment allowed her to 'connect to her physical body, more so.'

Respondent quotes– Supporting intimate reflections g).

Interaction Observed Code 9 HM-NHM Participants working between inside and outside of garment. Prompts recognition of progress.

(P2, Activity 5. Feedback form)
I found this exercise hard but important…It gave me a nudge to think through what still remains difficult to discuss. The exercise of moving a label to the outside was good as it felt 'active'..a visual acknowledgement of being in a different place…

Interaction Observed Code 15 HM–NHM Participants working onto inside and outside of T-shirt. Facilitates self-expression.

(P2, Activity 5. Feedback form)
The concept of finding a 'hidden' way to articulate hidden/hard things to talk about was powerful. This was a different framing of 'what feedback do you want to give us' for clinicians. It felt easier in this way to be specific, demanding and assertive…

(P2, Focus Group. 39mins)
Um it gave me an outlet that maybe feedback forms at hospitals didn't give me of saying some things and I guess there's for me...I kind of felt a bit in the vibe that it was graffiti or it was kind of a protest. And that was so helpful to just write some things down when you don't have to be deeply grateful to the person who spent nine hours of his life sewing you back together.

Interaction Observed Code 12 HM–NHM Participants working into/onto T-shirts. Supports identification of things that are hidden, to question why. Creates a different perspective and raises old perspectives.

(P4, Activity 5. Feedback form)
Good concept as it makes you consider what is still being kept hidden and start to question why that may be.

(P1, Activity 5. Feedback form)
I haven't reflected on my primary breast cancer for many years. It's given me a different perspective but also reminded me of old perspectives.

Interaction Observed Code 7 HM-NHM Participants placing tags onto top. Supports connection with the body.

(P1, Activity 5. Feedback form)
Physically placing them (thoughts/topics) on a top allowed me to connect to my physical body more…

Figure 4.10. Activity 5, Participant 2. Documenting difficult topics to discuss with others on the internal planes of a garment – detail (2021).

Figure 4.11. Activity 5, Participant 2. Documenting difficult topics to discuss during diagnosis, treatment and/or recovery from breast cancer. Working on the internal planes of a garment (2021).

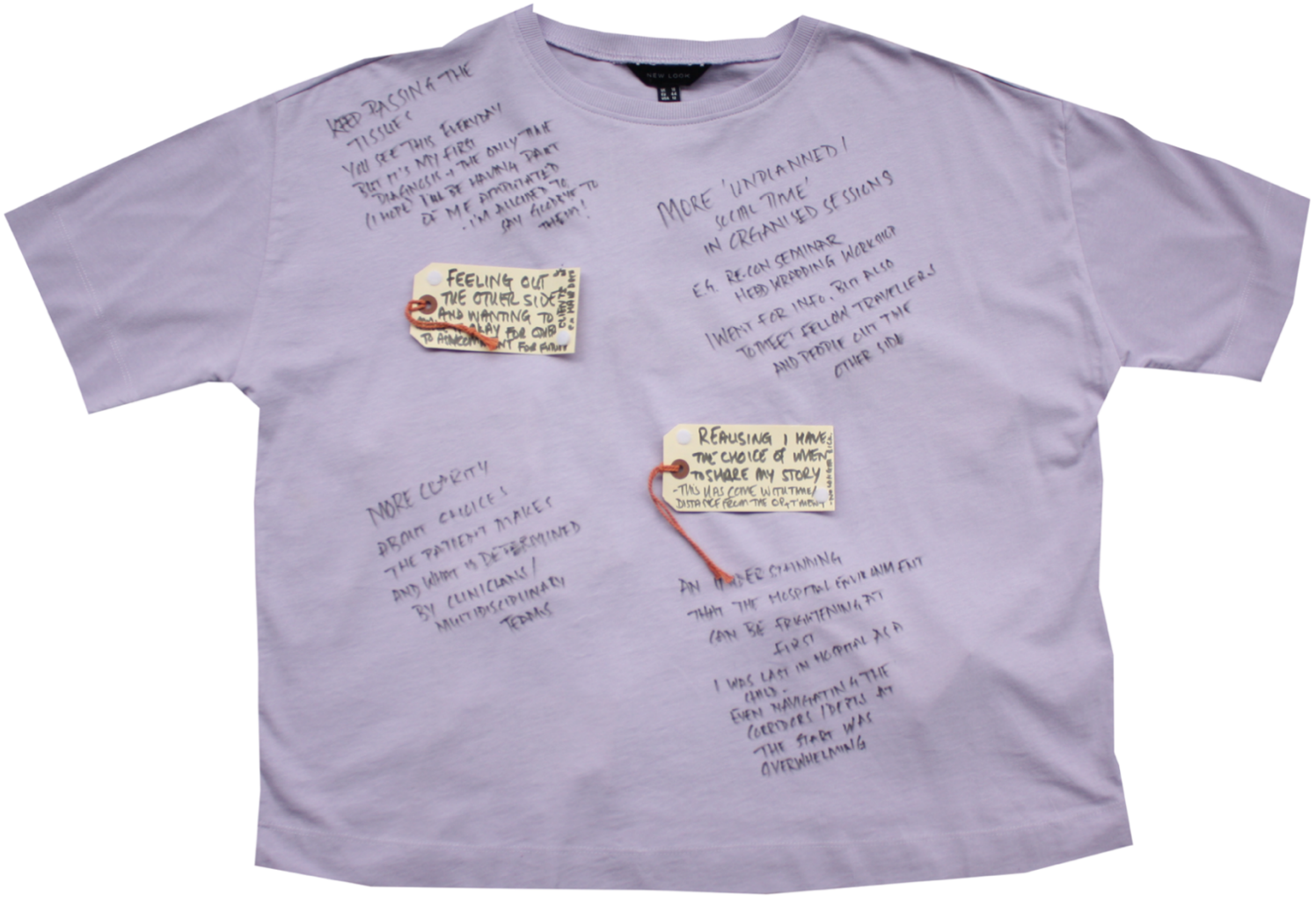


Figure 4.12. Activity 5, Participant 2. Moving ‘difficult’ topics from the internal to external planes of a garment + documenting ideas to support difficult conversations (2021).

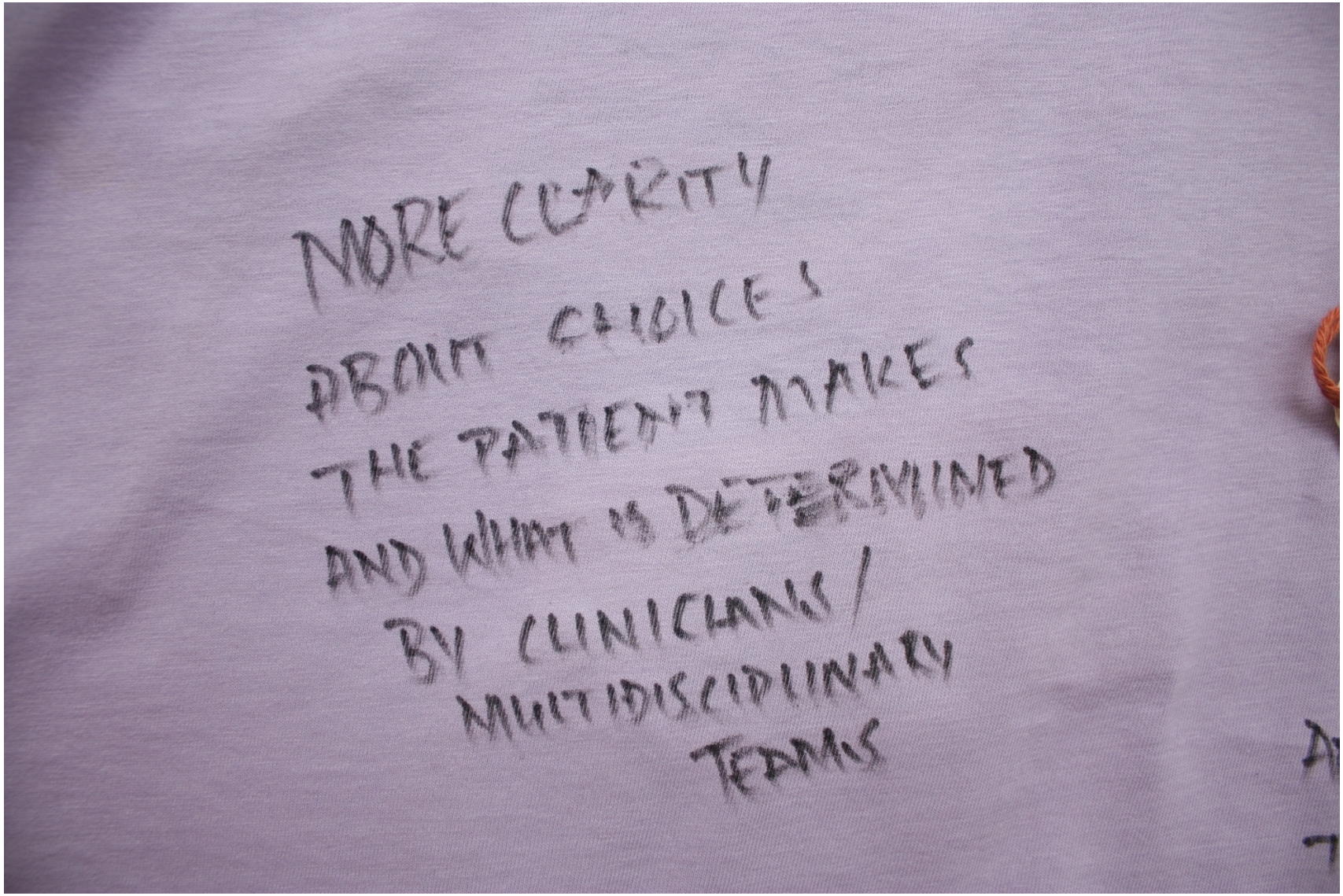


Figure 4.13. Activity 5, Participant 2. Making suggestions for how to support difficult conversations in the future (2021).

Internal tags Topics difficult to discuss	External tags Topics now able to discuss	What has enabled you to talk about these topics?	Suggestions for additional support mechanisms
That I feel so grateful to be alive but miss my old body			Keep passing the tissues, you see this every day but it's my first diagnosis and the only time, I hope, I'll be having part of me amputated - I'm allowed to say goodbye to them! More 'unplanned' social time in organised sessions E.g. Recon seminar, head wrapping workshop. I went for info but also to meet fellow travellers and people out the other side. More clarity about choices the patient makes and what it determined by clinicians/multi-disciplinary teams. An understanding that the hospital environment can be frightening at first. I was last in hospital as a child. Even navigating the corridors/dept's at the start was overwhelming.
What this does to me as a sexual being			
Loss of intellectual stimulation/brain power during treatment			
Sharing initial diagnosis			
That it might come back			
Which type of recon - single, double mastectomy			
Genetic test - potential implications			
Hair loss	Hair loss	Feeling out the other side and wanting to make it okay for others to ask/comment for future clients E.g. Hairdressers.	
Privacy vs support	Privacy vs support	Realising I have the choice of when to share my story. This has come with time/distance from the op and t'ment. No longer sick.	

Table 4.3. Consolidating data, activity 5, Participant 2 – Documenting difficult topics placed onto internal and external planes of a garment (2021).

4.2.1.10. *Facilitation Approach – Externalise emotion*

In this activity, clothing provides an extension of participants internal worlds, through moving select topics from private and hidden planes of a garment, to public ones. This approach enabled participants to move from a position of 'being' and reflection, towards a process of 'becoming', of expression, empowerment, and personal transformation in acknowledging those emotions that had 'been processed'. These observations demonstrate how emotions may be internalised by participants yet also how these feelings may be externalised, effectively through creative practice; materialised in a tangible form through garments.

4.2.1.11. *Expanded Facilitation Approach – Engage the materiality of vulnerability*

It is important for the Facilitator to engage with the materiality of vulnerability in their delivery of methods; to consider the 'private and public spaces' that they are working with – both practically and conceptually; and to carefully deploy the use of material capabilities in the design of facilitative methods. The internal, private planes of a garment provide a space for participants to document complex feelings that have been kept hidden; and to document their vulnerabilities. The external planes of a garment acts as a space for self-expression, and to make the hidden visible. Acts of removing or adding layers of clothing, to explore differing levels of intimacy could be interesting to conceptually explore in future Wardrobe Probe methods in healthcare, again as means of revealing/concealing parts of ourselves. Such an approach could aid intimate conversations, situating them carefully around the expressed needs and experiences of the individual. These conversations, however, would need to be emotionally supported.

4.2.1.12. *Facilitation Approach – Use Enclothed Facilitation*

Participant 1's description of how placing thoughts onto a top allowed her to connect to her physical body, more so, also suggests how Cloth(ing)-led methods may enhance a participant's bodily awareness, and potentially a connection between thought and felt experiences of breast cancer. Creative activities are already acknowledged for their capacity to strengthen mind-body connections with benefits of reducing stress, expressing and managing emotions, associated with cancer diagnosis and treatment.

The act of placing thoughts onto something that is worn potentially takes people from their minds into their bodies, drawing them to the present moment through materiality. Cancer and its associated treatments can significantly impact a person's perception and experience of self and can create a disconnect between the body and person. This is not necessarily the case for Participant 1 (who was first diagnosed with cancer over ten years ago); however, it is important to consider how Making and Cloth(ing)-led Facilitation methods could support people to connect with, or assimilate, their newly reconstructed bodies in cancer recovery, suggesting therapeutic opportunities for participants and for Facilitators. This example demonstrates how the physicality of a garment can act as a space for reflection and expression.

When reflecting on the experience of completing the Wardrobe Probe, as a whole, participants additionally describe how it also provided a space to say important things that they hadn't previously articulated; how it responded to a very practical need to create emotional space for participants and to support them to share their experiences with others. Many of the participants referred to the speed at which they had navigated the clinical journey; their focus being set on recovery, on survival and on the well-being of those around them, having had very little time to consider the reality of what was happening to them. Participants outlined that they had not necessarily been able to make sense of their experiences on their terms, or had found it difficult to articulate their experiences in supportive medical or charitable organisations. Participant 3 expands on this to describe how the material artefacts produced as outputs from the Probe, in particular collages produced in Activity 3, Then and Now, enabled conversations between herself and her son, concerning her experiences of breast cancer and breast reconstruction (ref. Figures 4.14 – 4.16).

A need for emotional space

(P2, Focus Group. 1min)
So I feel a bit like others have been saying that they're (medical organisations), I guess, so focused on safeguarding and not letting people say anything unfortunate that can't be managed, that you can't, you can't say the important things, which is 'we're all here 'cause we've got this diagnosis' or 'we're all here 'cause we've lost our hair' and that there was no space to acknowledge this.

(P5, Focus Group. 41mins)
Uhm, like yeah obviously I was having my intravenous chemo and then you know they put you in for surgery and it's all happening very fast and you know. And I think at the time it was just like oh you know, just yeah, just get through it, crack on with the next thing, you know, trying to be brave etc etc and, you know, that's like your MODIS operandi in that time and you just sort of everything is just kind of trickling along. And so I think I realized that I had not actually had that much time to process like how I actually really felt about this surgery.

(P3, Focus Group. 44mins)
I don't know. I think you have like this period of time where it's almost acceptable to talk about it. But then you have to just get on with life so. So this is giving me an opportunity. In good and bad ways, but more good than bad to actually really think about how I feel and I think in the bigger picture it's all been really positive.

Interaction Observed Code 15 HM-NHM Participants completing Wardrobe Probe. Supports self-expression.

(P2, Activity 3. Feedback form)
The 'after' (collage) gave me an outlet to convey some thoughts and emotions that I hadn't clearly articulated before.

(P3, Focus Group. 1min)
When you say something, once you put it out there. You can't take it back, but what you've given us by doing this process, you've given us the time to allow us to express ourselves in the very best way we can. And now I really appreciate that. That I've been able to come and go, and you've probably got the best of me. The most truthful me.

(P3, Focus Group 1min)
Uh, so my son happened to be home on the day I was doing the collage and I see the back (collage) being very very different to the front but. For me to be able to say to him 'cause we we'd actually been to the Saatchi Gallery a couple of weeks ago and we were looking at these.. thinking why would people put that? Why is that there? I don't understand what does this mean, and then suddenly I've created something that in my head makes so much sense, but someone else looking at it…so he's like mum, what have you put? What does it mean? And I'm like, well, this means this and this is this and this this, so it's like it was amazing to put all these different things.

(P3, Focus Group. 1min)
Well...I think it's the garment (Activity 3 - collage). It's the back and the front of the garment that is the most significant thing through the whole workshop process because. Although you are in effect, decorating the garment you're actually really putting your emotions. Especially on the back, I think emotions that you've learned to suppress, you allowed to come to the surface.

Respondent quotes – Supporting intimate reflections g).

Figure 4.14. Activity 3, Participant 4. Reflecting on expectations of breast reconstruction surgery, pre- operatively using collage (2021).

Figure 4.15. Activity 3, Participant 5. Reflecting on expectations of breast reconstruction surgery, post-operatively using collage (2021).

Figure 4.16. Activity 3, Participant 6. Reflecting on expectations of breast reconstruction surgery, post-operatively using collage (2021).

4.2.1.13. *Facilitation Approach – Expand conceptions of space (physical, temporal, emotional)*

Space, within facilitated activities clearly can take a physical form; in terms of the space in which an activity may be situated or the intimate, physical space between bodies and clothes, as suggested previously. Space, however, may also take the form of an 'emotional space' that can be created by Facilitators and their facilitative methods. Participants highlighted how the Wardrobe Probe activities, despite being emotionally difficult, were 'necessary' and had acted as a therapeutic tool. They described how the activities (particularly activities 1, 3 and 5) enabled them to process, make sense of, or let go of unwanted, negative emotions. Participant 6, describes how taking part in the study activities enabled her to feel 'more appreciative' and 'less angry' about her experiences. A role for Facilitators within a healthcare context may, therefore, be to sensitively explore and expand concepts of 'space' within their practice to encompass physical, temporal and emotional spheres.

Interaction Observed Code 18 HM-NHM Participants mapping garments/completing the Probe. Processes emotions.

(P2, Focus Group. 39mins)
I found it really cathartic, kind of the T-shirt exercise (Activity 5) and that collage (Activity 3) that was a really helpful way to sort of question why?

(P2, Activity 1. Feedback form)
However, just doing the exercise has shifted something today for me, so I feel that there is a benefit in it as an exercise.

Interaction Observed Code 13 HM-NHM Participants working into T-shirt/completing Probe. Supports participant appreciation.

(P6, Focus Group. 37mins)
I think for me, I've basically probably realized that I've been Mrs angry up to now about the whole thing, and actually going through this whole process (completing The Wardrobe Probe) has made me feel a lot more appreciative of where I'm actually at. Yeah, 'cause I was always looking back and it would just rile me up and just make me feel really cross but it's actually made me feel a lot more appreciative of where I am now actually and how far I have come…You know treatment was forever. It seemed like forever and then obviously that's that's, I'm kind of two years on from the end of that now. And it's, I think I've still been quite angry but actually having to physically create something that's actually got some of that anger out UM down on the bit of paper, which I think is quite good. That's freed me up a little bit to be a bit more positive. I don't think I've been that positive about the whole thing really, but it's made me feel a bit more positive about everything and that I'm going in the right direction and that things will be brighter and better for the future.

(P6, Activity 5. Feedback form)
It's made me appreciate my results rather than concentrating on my anger from having had to go through the whole experience.

Respondent quotes – Supporting intimate reflections h).

4.2.1.14. *Facilitation Approach – Process emotions*

Whilst the Probe activities were not designed as a therapeutic tool, the overall feedback evidences clear psychological benefits described by the participants. Making and Cloth(ing)-led Facilitation methods are effective in making tacit, embodied experiences of breast cancer explicit which beneficially can support participants to access, make sense of and share their experiences with others. As Schwalbe outlines (ref.p.195-196), encountering difficult emotions, through acts of making, can be difficult yet equally important for participants, as a means of reconciling with and moving forward from an event. Facilitator's must continually gauge how their methods affect their participants and sensitively adapt and support them accordingly.

4.2.1.15. *Facilitation Approach – Plan for the ongoing-ness of illness*

An individual's experience of breast cancer may also be open-ended. A diagnosis, despite occurring some time ago, may continue to affect participants' lives for the medium to longer term. Wearers and their wardrobes may, therefore, remain in flux, with an illness not being static or isolated in terms of daily life. A fear of the cancer returning, a prolonged need for corrective or preventative surgery or a lack of control over the evolving shape of breast implants, across time, featured among the participant's concerns. These experiences, understandably, have significant and ongoing effects on participants and their wardrobes. Facilitation methods must therefore take into account the longer-term effects of illness suggesting that Facilitators must ensure that they have relevant mechanisms for emotional and psychological support in place throughout the course of a facilitated process, and potentially beyond, in case it is needed by participants. (Participants within this study could access a trained cancer support specialist during and following the completion of the Probe, across a 7-month period). It is also necessary for psychological support specialists to be knowledgeable and to signpost participants to relevant, additional support that is available to them, through established charities, hospitals and wider care networks. The in-depth knowledge and professional experience of the cancer support specialist, as Co-Facilitator within this study, was invaluable in supporting this.

The study participants also made recommendations for how the Wardrobe Probe methods may be useful in future contexts. Propositions included using activities as a reflective journaling tool to coincide with treatment, as an approach to support family members emotionally, or as a method to be used in a cancer support group for young women, to inform existing techniques. Other recommendations included ways of supporting male plastic surgeons to understand female patient experience and needs more so. The proposition of legacy work, made by the participants themselves, reinforces the benefits of the Wardrobe Probe method and is extremely promising in considering how to develop the Wardrobe Probe methods for future, tailored use.

Recommendations for future use

A journaling tool - Alongside treatment (not after)
(P2, Focus Group. 21mins)
'We all probably had all sorts of notebooks that we had to take to and from the hospital, but actually something like this along the way. I don't know if I'd have had the brain space at the time, but whether as a sort of journaling tool as you go, but I also think that it's only with the distance that I can notice some of those real shifts that other people have been talking about feeling more comfortable.

Supporting family members emotionally – a method for expression
(P5, Focus Group. 1:09mins)
The one thing that's always struck me through this process, it's like so obviously there's, you know, there's things that are available to myself. Like as the patient. But then I was thinking about like what about like? You know my husband like? What about you know, family members?...How useful it would be for them to also be able to have this sort of support…You know, to talk about their emotions, cause it's ..obviously a lot of feelings as well. And I was thinking oh it would be really cool if they could also do something like this. They could have a chance to, you know, maybe express themselves in that way, 'cause they probably.. they are having, you know, obviously related, but a different, probably different types of emotions unintentionally, and things that they maybe don't want to say, or they can't say, or because they don't want to worry you. So I feel like it could be, in an ideal world, it could be extended to, you know, family members essentially.

Supporting young women
(P5, Focus Group. 01:09mins)
I'm most definitely thinking that this type of exercise…like…I attend a young women's support group…Uhm, how cool it would be to use this kind of exercise.. especially the collage exercise for example (Activity 3). Like with that particular group...you know. These kind of support groups. They tend to follow a very particular pattern and you know which is absolutely fine, but it would just be interesting to then like mix it up a bit with having like an actual practical activity. In that way you know, assuming that we could be in the same place at the same time.. COVID willing.

Enhancing empathy
(P2, Focus Group. 01.12mins)
I think something about helping male plastic surgeons to realize that, I don't know...I went to a reconstruction seminar and then PowerPoint slide number 13 is flashed up. The dreadful bra from Asda that they recommend you get and like just do they understand what that feels like. To see that thing that looks ugly and it's for an ugly reason and then not to realize that. Even though we've heard all sorts of complicated stuff before that slide and all sorts of complicated stuff after that, so even that slide is a trigger for a woman. And does he know that?

(P6, Focus Group 01.12)
You've got the same surgeon as me, 'cause that's exactly the same bra, the Asda zip-up front bra was the one that was recommended.

Respondent quotes – Supporting intimate reflections i).

4.3. DOCUMENTING PRACTICES OF CARE THROUGH THE WARDROBE

Intimate practices of self-care used by participants throughout their breast cancer diagnosis, treatment and recovery were documented through Activity 1 of the Probe. Participant 1 describes purchasing glamorous clothing in preparation for her 'chemo baldness'. Participants 3 and 5 both used soft clothing, to comfort themselves in recovery. Participant 3 describes strategically wearing styles of clothing that detract from visible differences which provided her with confidence. For some of the participants, wardrobe decisions were made consciously, concerning what to wear or not, during their breast cancer treatment. For others, they were an unconscious response to the effects of illness, brought to the fore through completing the Wardrobe Probe activities. In these examples, participants actively induced physical or emotional responses in recovery – whether this be comfort or self-confidence - by engaging the materiality of their clothing. And the Wardrobe Probe documented a range of these practices of self-care.

Interaction Observed Code 3 HM-NHM Participants selecting worn items. Supports understanding of self-care practices

(P1, Activity 1. Item 4)
Silver drop earrings. I bought these with chemo baldness in mind. I was aiming for glamorous Joan Collins, South of France, circa 1970s. There is a photo of me in a head covering with these earrings in early Chemo. I love these earrings. They are so dramatic and represent a time when I was looking at how to make the most of the physical changes to come.

(P3, Activity 1. Item 4)
This was my go to comfort jumper after surgery. It is still a comfort piece of clothing now.
(P3, Activity 1. Item 5)
I wore this jumper a lot after surgery. It was a comfort blanket to me.

(P3, Activity 1. Item 8)
Colourful shirt dress. Covid restrictions lifting. This Summer, seeing friends. This dress makes me feel optimistic. The dress receives a lot of positive attention. People like it. It makes me and others smile. This style of dress detracts from the fact my breasts are different sizes. I know it makes me feel comfortable. I know I need more surgery and this style will always fit me. It gives me confidence.

(P5, Activity 1. Item 5)
Black and white polka dot pyjama bottoms with pink velvet tie. I wore these continuously throughout my treatment because I spent a lot of time in doors (chemo and pandemic) in bed. It signifies one of the roughest periods of my treatment - deep in the chemo, pandemic raging around me - trying to find simple pleasures and comfort. But I still thought they were fashionable and very me - so the illness didn't take all of my identity.

Respondent quotes – Practices of care through the wardrobe a).

Facilitation methods that document participant decision making concerning clothing choices during cancer diagnosis, treatment and recovery demonstrate individual responses to illness; providing insight as to how individuals cope on a daily basis. In these examples, clothing choice is often informed by the physical or emotional effects that participants seek to create for themselves to counteract the effects of breast cancer and corresponding treatments. Documenting practices of self-care through the Wardrobe Probe, provides support and information for others going through similar experiences, offering insights as to how they may adapt their wardrobe experiences in recovery.

Discarding particular items of clothing was also a useful method for participants to cultivate emotional and physical self-care. Activity 4, specifically, documented the items that participants chose not to wear, that were discarded, and the reasons for these actions following their breast cancer treatment (ref. Table 4.4). In very practical terms, the items featured had simply worn out, were too old or were disposed of because multiple versions of them existed in their wardrobes. Some participants, however, expressed embodied reasons for discarding such items. Participant 2 threw away a woolly hat that she had worn in chemo as it 'reminded me of feeling nauseous after treatment.' Participant 4 discards items of clothing with particular material experiences attached to them. She threw away her knickers due to the 'scratchy fabric' that they are made from. Participants also disposed of 'Ill-fitting' garments, particularly those which did not sit well across the chest area, post-surgery, including those that reminded them of visible differences in the size and shape of their breasts, caused by significant changes to breast implants, surgical outcomes or due to swelling immediately following surgery.

(Below) Interaction Observed Code 3 HM-NHM Participants documenting discarded garments. Supports understanding of self-care practices.

Participant discarded…	Because..	Participant discarded…	Because..
P2		**P4**	
'Woolly hats from chemo'	'Reminded me of feeling nauseous after treatment'	'Bras'	'Wrong size, scratchy.'
'Underwired bras'	'On advice of surgeon'	'Knickers'	'Scratchy fabric.'
'Sports bras used immediately post reconstruction'	'Too big now (accommodated swelling). Was underwired and felt related to the pre me.'	'Trousers'	'Wardrobe purge/too big.'
'Pyjamas that were white/translucent'	'Mostly used for modesty when away - nervous lack of nipples would be seen.'	'Long black boots'	'Replaced.'
'Button through PJ tops (made by mum for post-surgery)'	'Served purpose immediately post-surgery - didn't want the reminder - have other reminders of mum's crafting skills.'	'Support knickers'	'Hated wearing these'
'Blue/white V-neck sundress'	'Felt too 'busty' immediately after surgery and too 'Boden' for my current style.'	**P5**	
'The 'chemo' cardigan'	'Served its purpose - kept me warm during treatment. Never wanted to see it again!!'	'Multiple T-shirts'	'Old, wasn't wearing.'
'My wedding dress'	'Mum storing for me. Her suggestion. Decision to be made but feels less emotive than the things above'	'Dresses (for work)'	'Too frumpy, wasn't wearing.'
P3		**P6**	
'Dresses – numerous'	'Top fitted too much'	'Scarves'	'Had way too many.'
'T-shirts – numerous'	'Cling to my chest'	'T-shirts'	'Baggy.'
'Swimwear'	'My breasts look too different so purchased new swimwear.'	'Trousers'	'Old.'
		'Shoes (many heels)'	'Uncomfortable.'
		'Skirts'	'Not keen on skirts anymore.'

Table 4.4. Documenting Practices of Discard. What items did participants discard and why? Participants 2-5 consolidated in table format (2021).Facilitation Approach – Document practices of discard.

4.3.1.1. *Facilitation Approach – Document practices of discard*

A heightened bodily awareness that accompanies breast cancer is transferred to an awareness of experiences of garments in recovery (ref. Table 4.4). Nauseating, hot, scratchy or Ill-fitting garments are a felt reminder of the body's altered health, and materiality, as it transitions through breast cancer and its associated treatments and recovery phases. Actively discarding items of clothing that are directly associated with these unwanted experiences enables participants to avoid re-embodying them. Here, clothing is discarded based on its *potential to affect* participants. Discarding clothing items removes this possibility. Evolving making and cloth(ing)-led methods to document discarded worn items and reasoning behind this, indirectly provides an understanding of the physical and emotional effects of breast cancer that participants are actively seeking to avoid or move on from. Participant choices concerning 'what/why not to wear' are therefore just as compelling as choices concerning 'what/why to wear' and should be considered in the design of future Facilitation methods in healthcare.

4.3.1.2. *Facilitation Approach – Draw on emotive discarded garments*

Discarded items, despite existing immaterially in the participant's memory, and for some participants from a long time ago, continue to be an emotive category of item for the wearer. This is demonstrated by the participant's ability to recall such items from the past and describe the enclothed sensations that they are trying to actively avoid by discarding them. This suggests that they are an important class of item to draw upon in Making and Cloth(ing)-led Facilitation practices in healthcare, as they remain emotionally and sensorially present for participants, providing historical insights into experiences of breast cancer and reconstruction.

4.3.1.3. *Facilitation Approach – Cultivate self-awareness through the wardrobe*

Documenting the care-ful material and clothing selections made during breast cancer diagnosis, treatment and recovery provides opportunity to enhance participant awareness of their capacity for self-care, at a direct and proximal level…through the wardrobe, which holds the added potential to enhance the self-efficacy of participants within facilitated activities. Such an approach provides participants with confidence to self-manage aspects of their health, leading to desired outcomes. Supporting

participants to consider the power that they can individually exert over their recovery, even at the seemingly micro-scale - through their clothing choices - seems beneficial.

4.3.1.4. *Facilitation Approach – Understand uncomfortable worn experiences*

Understanding practices of discard, through making and cloth(ing)-led methods, provides a further route or method of navigating complex healthcare conversations. For example, documenting the items that participants no longer want to wear (and their reasoning for this) offers insight into the effects of cancer at a direct bodily level - including nuanced and intimate bodily experiences, forging an understanding of the physical effects of breast cancer as well as the emotional needs of participants. Wardrobe choices and adaptations provide wider understanding of behavioural and social adjustments made in response to illness and associated treatments and daily coping mechanisms. Wardrobe Probe methods could, carefully, explore clothing discomfort as a conduit to deeper themes concerning bodily or emotional states of participants and could be a useful Facilitation approach to identify barriers that participants face to recovery. Needs Mapping, an established approach in Design Facilitation in healthcare, could draw upon the nuanced practices of garment discard to discuss wider health issues and needs.

Activity 4 of the Wardrobe Probe demonstrated how attention to practices of discard can be used to identify participants' physical and emotional needs. Additionally, participant needs were identified across all five of the Wardrobe Probe activities, which established an extensive set of needs from participants involved in the study (ref. Table 4.5). While the aim of the study was not to document participant experiences of health services in general, some health service needs were identified through the Wardrobe Probe.

Table 4.5. Mapping needs across the Wardrobe Probe data set - Activities 1-5, All participants (2021).

Needs Mapping – Fashion Product	
(Physically) Comfortable Clothing – during and following chemo **(Clothing to support physical recovery)**	Soft, comfortable, clothing Natural, breathable fabrics for temperature control Avoiding hot, sweaty, synthetic fabrics Dressings that don't cause blistering
(Emotionally) Comforting Clothing – during and following chemo **(Clothing to support emotional recovery)**	Emotionally comforting fabrics – natural, delicate, soft, breathable, luxury, special
Treatment/Recovery Clothing **Underwear, Activewear, Nightwear**	Underwear (knickers) Underwear that doesn't scratch scars Underwear with style as well as physical function Underwear appearing less medical Less synthetic materials More colours available More styles available No underwiring Sports bras that don't rub Bras to accommodate swelling Bras that accommodate stains Bras to accommodate dressings, drains, prosthesis Pretty bras in recovery Activewear in recovery Underwear to give confidence Underwear designed for asymmetry, support, youth, To give support Nightwear/daywear Button-through, post-operative nightwear Nightwear that can double as day wear in recovery
Footwear	Accessible yet stylish (non-medical) footwear Cushioned footwear Comfortable yet stylish flat footwear
Garment/Fabric Fit in Recovery	Baggy enough and dense enough in recovery to conceal visible difference Well-fitted garments – fitting well in the right places – post- operatively Hand-made/tailored garments – that are designed and made to fit the body post-operatively Garments that accommodate an a-symmetric body shape Fitted clothing in recovery Clothing to sit well across the chest Avoiding restrictive fabric – fabric you can move in Well-fitted clothing to boost mood/confidence

Surface Pattern/Colour Camouflage, mood, complimentary colours, capsule	Pattern Patterned cloth to divert attention from the chest Patterns that don't show stains Colour Mood enhancing colours Colours to divert attention Colours to attract attention Colours that suit ageing bodies Simplified colour palette
Style	Non-patient Youthful Garments that don't look obviously like PJ's Garments that express individual identity Garments to look and feel good in recovery – elegant, feminine, happy, comfortable Garments to feel noticed in recovery – not ignored

Needs Mapping – Fashion Service	
Bra Fitting	More empathy Staff being well informed - Asking the right questions Enhanced returns policies to enable customers to try bras at home
Dressmaking	Skills in dressmaking to enable people to create bespoke clothing for themselves Guidance in fitting/adjusting/repurposing garments Clothing fitting/tailoring/customisation service
Styling	Support in re-styling/editing old wardrobe Guidance on using colour in the wardrobe Preparatory advice on clothing to enhance post-operative recovery

Needs Mapping – Support Services	
Pre-operative emotional support	Support pre-operatively to address uncertainty Support to avoid loss of self Support in juggling life when undergoing treatment (finance, relationships, well-being) Support to plan for/think about the future (managing anxiety) Help to know where to look for help Therapeutic creative activities

During surgery emotional support	Emotional/physical space - A space to just 'be' A space to enable reflection on experiences of breast cancer and reconstruction A space to feel understood, listened to Opportunities to explore/discuss emotions during treatment Support in managing uncertainty
Postoperative emotional support	Support to understand and process emotions Support to feel confident about body image
Ongoing emotional support	A recognition of the 'on-goingness' of cancer – beyond treatment Long-term and ongoing emotional support Support to mentally prepare for future surgeries Support to process emotions/trauma of cancer journey Support to maintain self-care in recovery Support in helping people stay social Emotional support for family members
Supporting conversations on complex subjects	Including… -Effects of cancer on sexuality, cognitive ability, body image, mental health, intimate relationships -Genetic testing implications -Cancer re-occurrence
Support networks	Someone to talk to who is through treatment – meeting in person or online. Someone to talk to when you feel scared Positive groups for support Ease of access to people in similar clinical circumstances - More 'unplanned' social time in organised sessions E.g. Reconstruction seminars, head wrapping workshops
Communication and decision making	Time to digest and make surgical decisions Breast reconstruction seminars - Clinical presentations to include updated, empathetic information Support in understanding the recovery process and preparing well Conversations on nipple colour matching Opportunity to have uncomfortable conversations Tools to communicate experience with family members
Outcome	A need to feel natural post- operatively A need to use own body tissue
Recovery	Ensuring consistency of medical device (breast implant) availability. Support with scars in recovery. Emotional and physical.

Activity 1 (Wardrobe Mapping) required participants to reflect on their experiences of breast cancer by identifying garments of personal significance. This also enabled them to consider the people who had played a role in their recovery, who were intimately bound up with practices of care (ref. Figures 4.17 - 4.22). For example, post-operative styles of underwear were recommended, or prescribed, by clinicians as a tool for recovery (these garments aid scarring and lymphatic drainage). Items of clothing were gifted to participants, by family members and friends throughout, to support the reframing of positive body image. Adaptive clothing was hand-made for participants in post-operative recovery. And enclothed knowledge was imparted by those previously affected by breast cancer, to prepare participants for what is to come. Care, in these examples, is cultivated and transferred through prescribing, gifting and making worn items and through the co-creation of wardrobes. Each of these observations demonstrates the ability of the Wardrobe Probe method to document networks of 'formal' and 'informal' carers who use clothing to provide physical and emotional care for individuals affected by breast cancer.

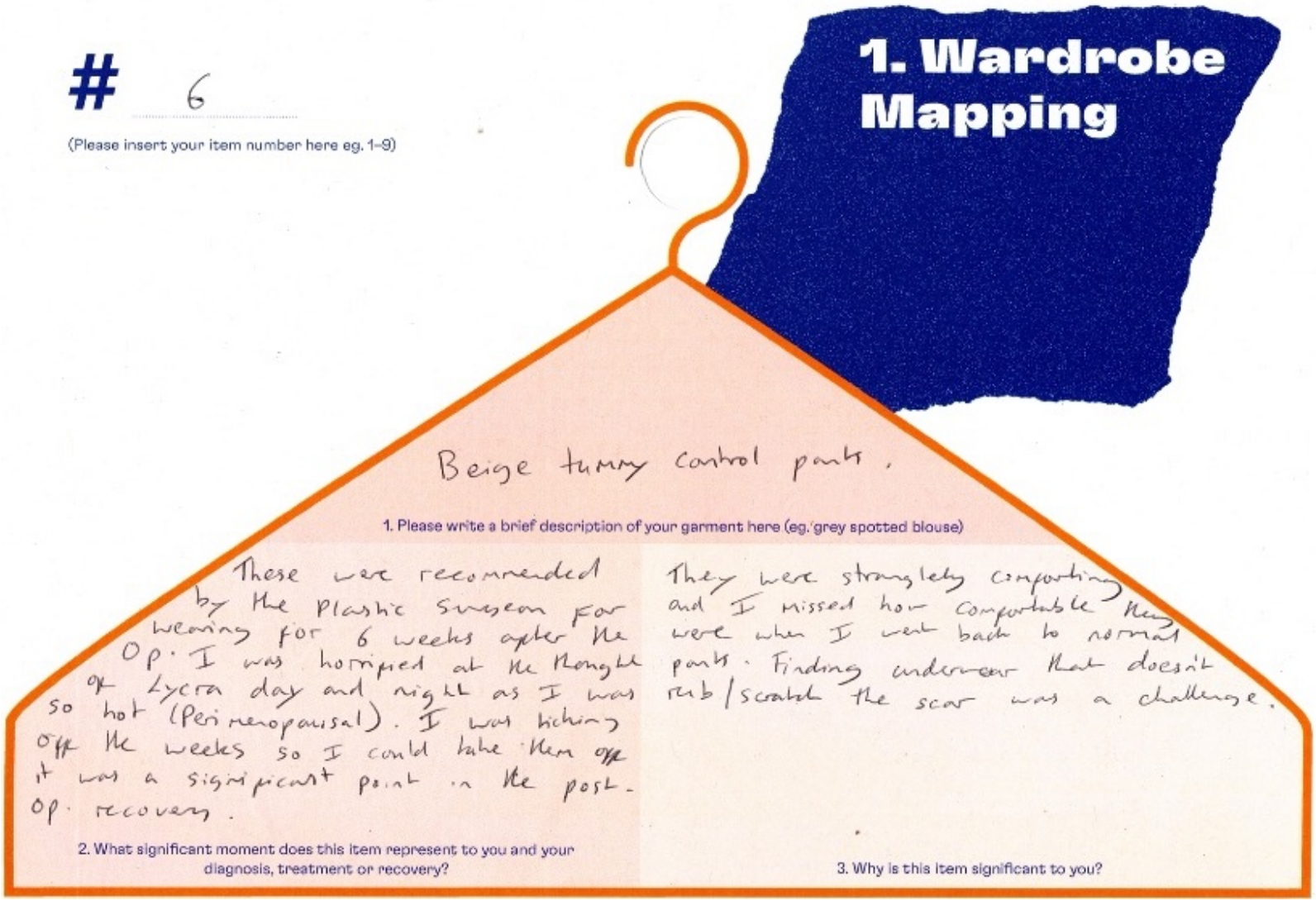


Figure 4.17. Activity 1. Wardrobe Mapping – Documenting significant moments and people in diagnosis, treatment and recovery from breast cancer, through the wardrobe. Participant 4. Worn item 6 (2021).

Figure 4.18. Activity 1, Participant 4. Worn item 6 ‘Beige tummy control pants…Recommended by the plastic surgeon’ (2021).

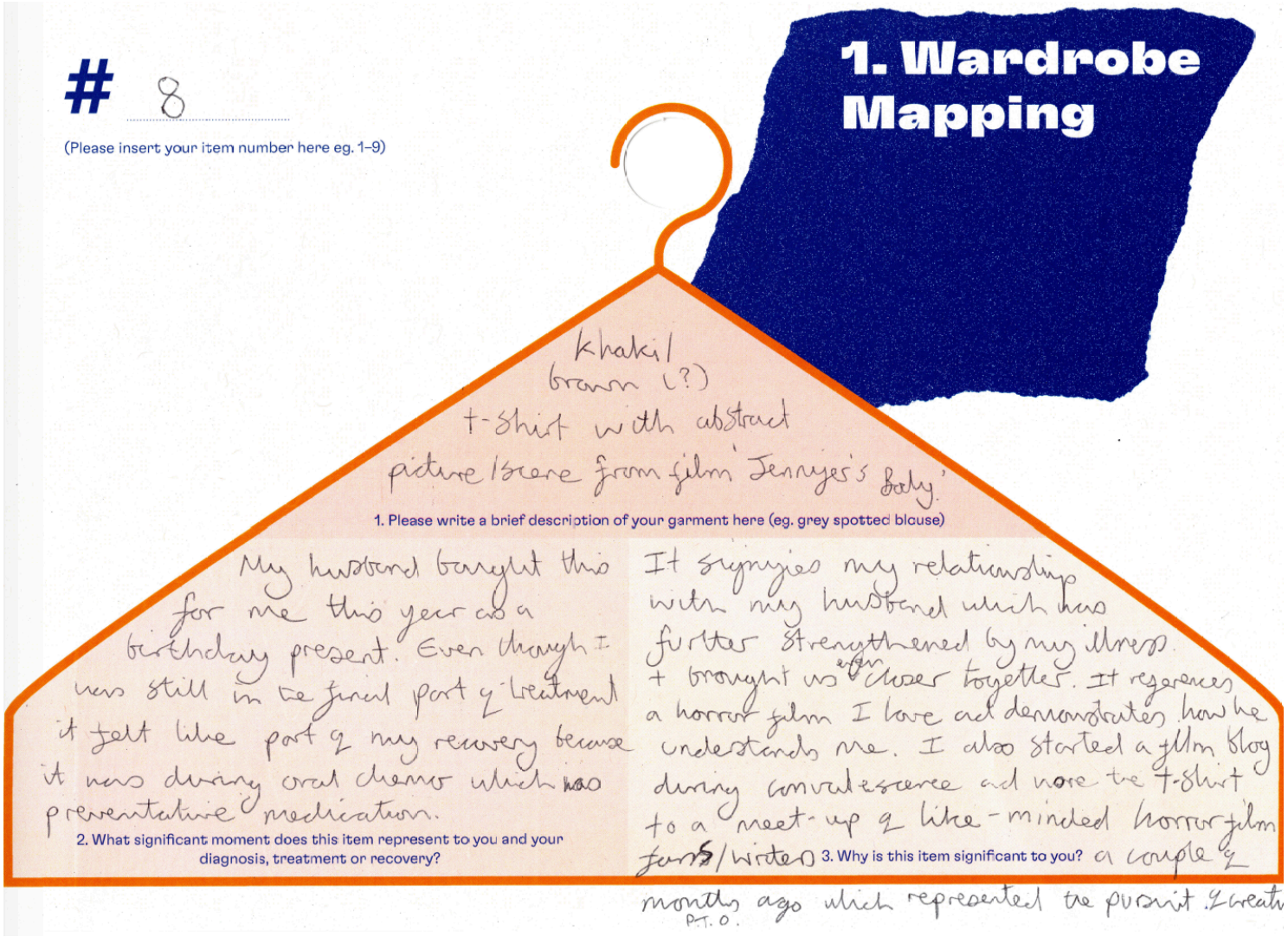


Figure 4.19. Activity 1 Wardrobe Mapping - Documenting significant moments and people in diagnosis, treatment and recovery from breast cancer, through the wardrobe. Participant 5. Worn item 8 (2021).

Figure 4.20. Activity 1, P5. Item 8. ‘Khaki brown T-shirt with scene from Jennifer’s Body...My husband bought this for me..’ (2021).

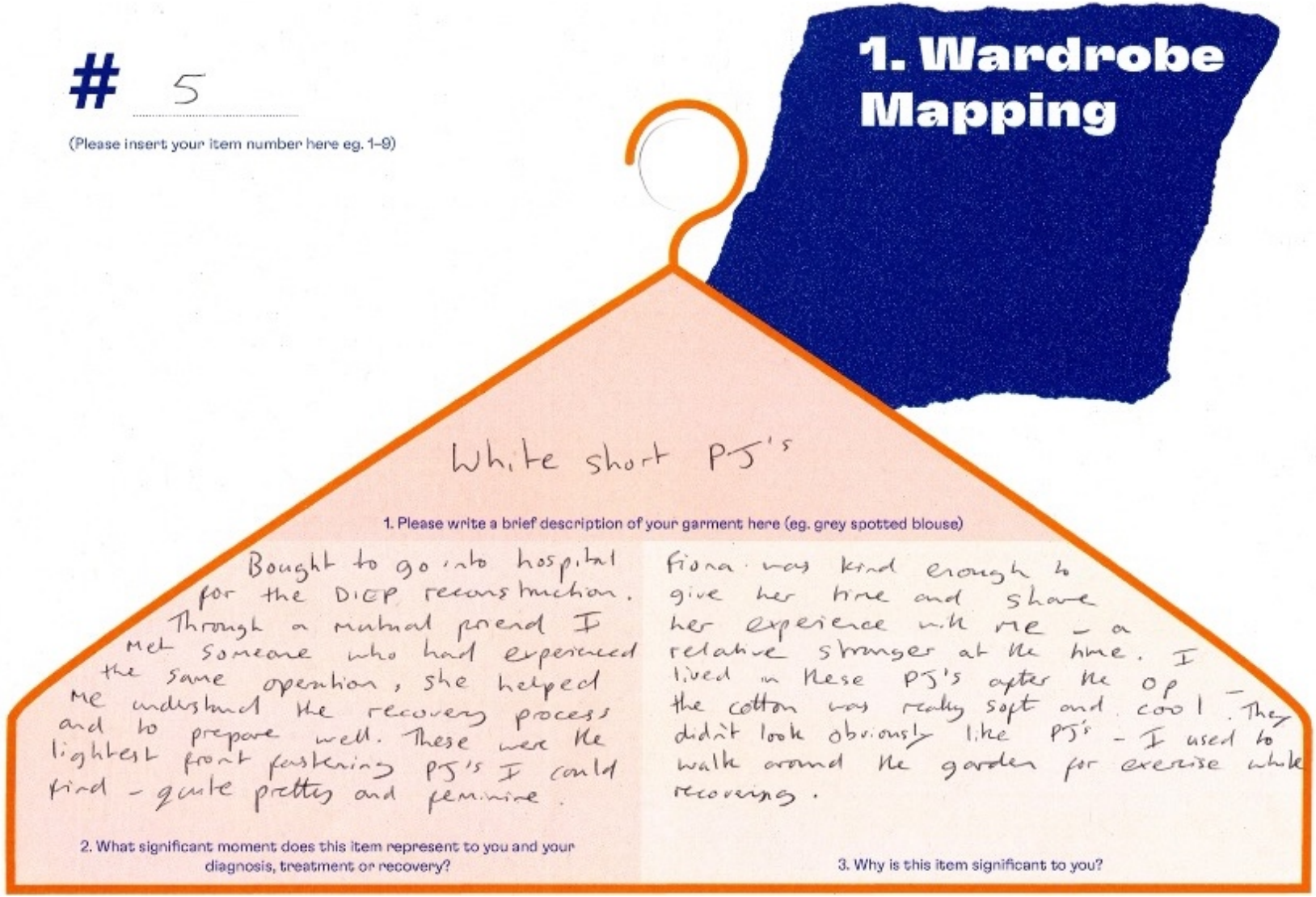


Figure 4.21. Activity 1 Wardrobe Mapping - Documenting significant moments and people in diagnosis, treatment and recovery from breast cancer, through the wardrobe. Participant 4. Worn item 5 (2021).

Figure 4.22. Activity 1, Participant 4. Worn item 5. ‘White short PJ’s’ (2021).

Interaction Observed Code 1 NHM – HM Garments reminding participants of people and activities. Provides understanding of networks of care.

Prescribing clothing
(P4, Activity 1. Item 6)
Beige tummy-control pants. These were recommended by the plastic surgeon for wearing for 6 weeks after the op. I was horrified at the thought of Lycra day and night as I was so hot (Perimenopausal). I was ticking off the weeks so I could take them off. It was a significant point in the post-op recovery…They were strangely comforting and I missed how comfortable they were when I went back to normal pants. Finding underwear that doesn't rub/scratch the scar was a challenge.

Gifting clothing
(P5, Activity 1. Item 8)
My husband bought this for me this year as a birthday present. Even though I was still in the final part of treatment it felt like part of my recovery because it was during oral chemo, which was preventative medication. It signifies my relationship with my husband which was further strengthened by my illness and brought us even closer together. It references a horror film I love and demonstrates how he understands me.

(P2, Activity 4. Feedback form)
Some of the garments have stories of me in relation to others. I've enjoyed feeling gratitude for the people in my life. E.g. The friend who made the emergency run to M&S as no one told me about post-surgery bruising and I had the wrong size bra.

Making clothing
(P2, Activity 4c)
Button-through PJ tops (made by mum for post-surgery). Served purpose immediately post-surgery.

Selecting clothing and fabrics together
(P6, Activity 1. Item 5)
My daughter encouraged me to buy it soon after surgery. I really didn't think it would fit or suit me but was surprised when it did.

(P2, Activity 1. Item 8)
I got the fabric from a fabric shop I went to with a friend, between bouts of chemo. I made this using learning from sewing classes I did during treatment and....it's made to fit my new body. I shared this with a sewing community focused on post-surgery fitting. Enjoying being a sewist.

Imparting clothing knowledge
(P4, Activity 1. Item 5)
Bought to go into hospital for the DIEP reconstruction. Through a mutual friend, I met someone who had experienced the same operation. She helped me understand the recovery process and to prepare well. She was kind enough to give her time and share her experience with me - a relative stranger at the time.

Respondent quotes – Practices of care through the wardrobe b).

4.3.1.5. *Facilitation Approach – Chart networks and practices of care through the wardrobe*

Whilst the Wardrobe Probe did not explicitly set out to document networks or practices of care performed by 'others', data captured through the method suggests specific opportunities to identify *others* who may be involved in the wider care of a participant. Non-professional care communities, who care for their loved ones on a daily basis, hold a detailed and nuanced knowledge of individualised care experiences. These are untapped voices within healthcare design and provision. Identifying who these carers are is the first step to engaging them in service design and delivery. There is currently a recognised interest from the design sector to identify Silent Designers inside and outside of organisations (Innovate UK, Knowledge Transfer Network, 2023). In healthcare, this includes those who play key, yet unrecognised roles in care provision, who indirectly may help to shape the design and delivery of health services. Making and cloth(ing)-led methods of Facilitation that identify networks and practices of care outside of the medical institution, through the realm of the wardrobe, could therefore be useful in contexts of Design Facilitation in health.

4.4. COMBINING INDIVIDUAL AND COLLECTIVE CREATIVITY

This chapter has explored the role of the Wardrobe Probe to document individual lived experiences of breast cancer in participants' homes. To recap, the final stage of data collection from the study entailed the Wardrobe Probe and its corresponding data for each participant being convened into a group workshop. Workshop participants included breast cancer service users (who had each completed the Wardrobe Probe), service providers (including a clinical nurse specialist, medical tattooist, and physiotherapist – not previously known to the service users) and service designers/user researchers who work in healthcare contexts. This section analyses the role of the Wardrobe Probe through a combined lens of individual and collective creativity, whereby first and third person perspectives are drawn together.

Each of the anonymised outputs from the Wardrobe Probe created by the breast cancer service users, were displayed at the start of the facilitated workshop. All participants were encouraged to engage with the artefacts through viewing, handling and reading content. Insights that emerged from this activity were then collectively distilled into a Garment Pattern Map – a large, one-piece, garment pattern, which featured a set of prompts to organise and collate participant observations (ref. Figure 4.23). In reflecting on this activity, a service user described how anonymously presenting objects and content that she had created, in completing the Probe, had enabled her to express her experiences and needs with others in the workshop setting.

Observed Interaction Code 15 HM-NHM Workshop participants using Probe. Opens up different avenues for discussion, supports people to express themselves.

P5 Workshop feedback form
It opens up different avenues for discussions and allows people to express themselves in ways that are non-traditional, i.e. Non-speaking.

Respondent quote – Combining individual and collective creativity a).

Figure 4.23. Film still of facilitated workshop at London College of Fashion - Showing workshop participants – breast cancer service users, clinicians and designers – engaging with Wardrobe Probe content (2022) Rhian Solomon.

4.4.1.1. *Facilitation Approach - Harness object anonymity*

Object anonymity has a role to play in Making and Cloth(ing)-led Facilitation in healthcare. Whilst the objects produced by breast cancer service user participants in completing the Probe had been anonymised for ethical purposes, to protect participant identities, this anonymisation played an unexpected role in supporting self-expression. The artefacts enabled the breast cancer service users to communicate experiences in new and different ways with clinicians and designers present - non-verbally - underpinning the impact of the artefacts to convey an individual's story. Within conventional healthcare settings, patients have limited opportunity to share intimate details of their lived experiences of breast cancer with clinicians. They may even feel uncomfortable doing so. The anonymity of workshop artefacts has clear potential in facilitating participant self-expression as well as informing the group dynamics in a facilitated workshop setting.

The clustering and display of the Wardrobe Probe artefacts in the workshop was also significant. Seeing the Wardrobe Probe content displayed together which had been produced by all of the breast cancer service user participants, enabled participants to identify shared experiences and similar needs amongst the group. This was evident through a recognition of shared feelings and insights which resulted in service user participants feeling less alone and supported; with a comfort of knowing other people's experiences, while different in many ways, were also similar. The display of artefacts also allowed clinicians to view the commonalities and shared experiences of breast cancer service users, which instigated further discussion amongst the group.

Interaction Observed Code 25 NHM–HM Artefact collections combine participant experiences. Identifies shared experiences. Helps participants feel less alone.

(P3, Workshop feedback form)
Did you find engaging with the exhibition content useful? Yes. It made me realise that other people feel the same as me.

(P6, Workshop feedback form)
Did you find engaging with the exhibition content useful? Yes. Understanding other women's experiences, similar and very different from my own.

(P5, Workshop feedback form)
It was also great to see the other women's T-shirts etc and read their experiences. It made me feel less alone.

(P11 Workshop feedback form)
(The Probe) was really powerful and grounding to see such visual descriptions of people's feelings and emotions and the impact of surgery. Seeing commonalities and shared experience and how that led to conversation and discussion was brilliant.

Respondent quotes – Combining individual and collective creativity b).

4.4.1.2. *Facilitation Approach – Cluster made artefacts*

This highlights the benefits of the Wardrobe Probe outputs to connect people through facilitated group workshops, as well as the importance of object and material collections to connect people with similar experiences (ref. Section 3.4, p.217). Whilst multiple, established support mechanisms already exist for breast cancer service users (who typically also demonstrate self-sourcing behaviour) additional opportunities to connect, *feel normal* and share experiences with others are clearly still necessary. Participant 10, a Clinical Nurse Specialist in Breast Reconstruction, acknowledged through the workshop that this type of connectivity remains an issue, despite support structures that are on offer.

Whilst there was already a richness to using anonymous, object-led approaches to convey breast cancer service user experiences, many participants equally felt that the sequential Garment Pattern Mapping exercise was important to distil and organise emergent themes arising from the Wardrobe Probe (P11) as a tool to 'hear other voices and dig into details of experiences not necessarily read in the Probe'(P9). The Garment Pattern Map combined perspectives of those who experience (breast cancer service users), provide (clinicians) or design health services (service designers/user researchers) – consolidating different interdisciplinary voices and supporting third persons

(designers, clinicians) to map alongside first persons (breast cancer service users) when considering the questions, reassurances, challenges, frustrations and priorities of people who have experienced breast cancer. A future workshop would perhaps colour-code participant responses to compare content across the differing communities (ref. Table 4.6 for a consolidation of written content featured on the Garment Pattern Map). The Wardrobe Probe artefacts and sequential Garment Pattern Mapping exercise provided a connective bridge between breast cancer service users, clinicians and designers (ref. Figures 4.24 – 4.27).

Interaction Observed Code 23 NHM-HM Probe content enabled participants to understand experience. Connects participants.

P12, Activity 1. Feedback form
Did you find engaging with the exhibition content useful? Yes. Exhibition content meant you could start to engage with the topic, understand somewhat what others felt therefore opening your mind to a wider conversation, and also it enabled others to engage with each other and start conversations about serious issues which may otherwise not have been started.

P12, Activity 2. Feedback form
Did you find the (Garment) Pattern Mapping useful? Yes. Again it opened the door to a deeper conversation as well as bringing in topics and needs that as an individual you may not have considered before....

Interaction Observed Code 23 Participants making a garment together. Connected Participants.

P12, Activity 4. Feedback form
It felt more of a collaboration with each other, because it was hands on, quick, and you could see a product at the end, which felt like you had achieved something rather than just concepts. It really bought everyone together in a different way.

P11 Workshop feedback form
Having to work as a team to make something tangible gave a sense of camaraderie and positive shared experience.

Interaction Observed Code 24 Participants engaging with Probe/Needs mapping. Enhances empathy.

P9 Workshop feedback form
(The Probe) enabled me to get clear on experiences, in an authentic way, quite quickly. They were clear and engaging and told real, emotional stories.

P9 Workshop feedback form
It allowed us to hear other voices and dig into details of experiences not necessarily read in exercise 1. It dug deeper.

P8 Workshop feedback form
(The Probe) was a really insightful way of gathering feedback and getting to go on a patient's journey.

Respondent quotes – Combining individual and collective creativity c).

(Below) Interaction Observed Code 22 HM-NHM Participants creating Garment Pattern Map. Consolidates multiple perspectives.

Figure 4.24. Film still of facilitated workshop - Showing workshop participants – breast cancer service users, clinicians and designers – collectively writing thoughts onto Garment Pattern Map (2022) by Rhian Solomon.

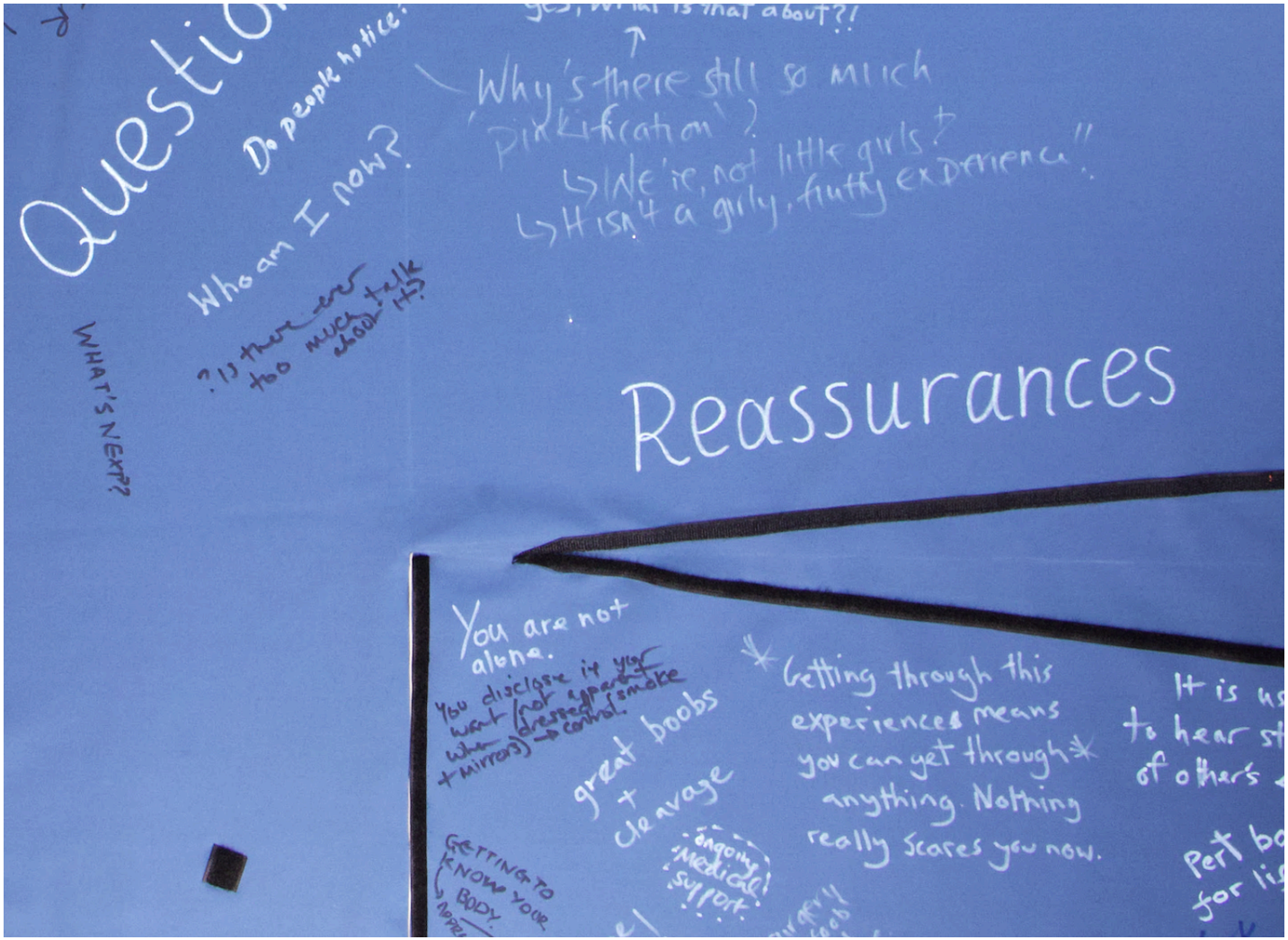


Figure 4.25. Detail of Garment Pattern Mapping activity – Exploring the questions, reassurances, challenges, frustrations and priorities of people affected by breast cancer. Mapped by service user, clinician and Designer communities (2022) photograph by Tristan Benhamou.

Figure 4.26. Completed Garment Pattern Map, pre-construction (2022) photograph by Tristan Benhamou.

Figure 4.27. (Left) Original garment pattern used to inform the Garment Pattern Mapping activity, (Right) Garment Pattern Map constructed into the final garment (2022) photograph by Tristan Benhamou.

Table 4.6. (Below) Transcription of Garment Pattern Map content – Exploring the questions, reassurances, challenges, frustrations and priorities of people who have been affected by breast cancer. Mapped by service user, clinician and Designer communities (2022) by Rhian Solomon.

Reassurances	You are not alone	**Priorities**	Health
	You disclose if you want/not apparent when dressed (smoke and mirrors) > control		Look after you
	Great boobs and cleavage		Feeling attractive
	Getting to know/appreciate your body		Acknowledge our supporters throughout - friends, spouses - they're getting us through. And look after them. Takes pressure off us…
	Cleavage again		Understand processes, condition
	Ongoing medical support		Challenging myself to live well - do the things 'I get better for'
	There are options		Allow your emotions to come
	Meeting post-surgery friends		Allow feelings to come out
	Getting through this experience means you can get through anything. Nothing really scares you now		Staying healthy
	It is useful to hear stories of other's experiences		Keep healthy and active
	Pert boobs for life!		Getting to the finish line and not coming back
	Your boobs can look great and normal again		Mindfulness
	I am strong and can get through this		Diet and exercise
			Using the experience to remind me to live my life with authenticity and to make the most of it

Frustrations	Delays and feeling forgotten	…And different professionals champion seemingly opposing offers - Oncologist vs Breast Surgeon vs Plastics Team
	Information could begin earlier	Mis-match
	Inconsistency between services/surgeons	People keep asking about it
	Still more surgery needed with an implant	Weight gain
	Different parts of the services don't know what the others do	Toxic positivity
	These are my boobs and I want to be happy with how they look	Neck and shoulder pain
	Lack of symmetry	The terror of the hospital phone call - what will they say?
	Medical menopause	Menopause - explaining what you can do
	Medical menopause - especially with 'HRT fixes everything' (some of us can't take it)	Talk to me about how long I will have to wait - Not knowing is worse
	How much money will I need to spend on new bras?	Feeling sorry about you/me Uncertainty
	Lack of up front information	The thought that I may need further surgery in the future
	Big decisions seem rushed	

Challenges	Mental health if the journey drags on	**Questions**	What's next?
	Controlling anxiety		Will I ever not worry?
	If I have children, I cannot breast feed, so how will I perceive myself as a mother?		Who am I now?
	It's a rollercoaster		Do people notice?
	Finding it difficult to breast feed		What's normal now? When should I worry?
	Long term support		Is there ever too much talk about it?
	Managing other people's emotions and fears		Why's there still so much 'pinkification'? We're not little girls. It isn't a girly, fluffy experience.
	Future surgery		Yes, what is that about?
	Uncertainty of physical changes in future		
	Feeling sorry about you/me Uncertainty		
	The thought that I may need further surgery in the future		

Figure 4.28. Film still of facilitated workshop - Showing workshop participants fitting and constructing the Garment Pattern Map onto a clinician participant (2022) by Rhian Solomon.

4.4.1.3. *Facilitation Approach – Combine material and linguistic approaches*

Whilst hands-on materials and making activities and resultant anonymous artefacts, have a powerful role to play in accessing and sharing lived experiences, as emphasised throughout this research study, linguistic approaches are clearly, still required to unpack, make sense of and share experiences in complex stakeholder groups. Conversation and written documentation is necessary to offer additional context to the subject matter. A combination of material and linguistic approaches to Facilitation is therefore effective in Making and Cloth(ing)-led Facilitation.

The facilitated workshop occurred in an unfamiliar space for service users and clinicians, in particular, in a creative art school setting at the London College of Fashion, University of the Arts, London. Participant attire on the day was different to that normally worn in a hospital environment, as demonstrated in the video footage (ref. Figure 4.28 above). It was therefore, not easy to distinguish between a service user, healthcare provider or designer amidst the group. Important to note, masks were also worn during the workshop to reduce the risk of C-19, which prevented the event from feeling as if entirely away from a clinical setting.

4.4.1.4. *Facilitation Approach – Exploit participant clothing at a workshop*

This observation suggests that the clothing that participants wear to a facilitated workshop is also relevant. In healthcare contexts, professional clothing is usually defined by discipline, professional hierarchy and represented through the attire of employees. The materiality of participant clothing is something further for Facilitators to consider as well as the opportunities that it may afford in challenging established roles and power dynamics within a group.

4.4.1.5. *Facilitation Approach – Find neutral ground*

Hosting the facilitated workshop at an Arts School also enabled the researcher to move conversations on experiences of breast cancer onto relatively neutral ground. Important to highlight here is that the medical sector focuses on managing the vulnerability of its patients yet there is little space for exploring the vulnerability of medical staff. High expectations and low margins for failure contribute toward a stressful culture. The

pressure for clinicians to be specialists also limits their opportunity to be involved in wider activities that may foster or explore uncertainty and creativity.

The components of vulnerability that encompass risk and emotional exposure sit naturally within creative practices, and are actively encouraged in creative institutions. These environments provide opportunity for facilitated workshops to support different kinds of conversation to occur across creative and non-creative disciplines. Whilst Chapter 3 explores how creative practices may help to improve understanding and perception around roles of care, this facilitated workshop highlighted the opportunity of bringing different people from different realms together to explore the social dynamics of care; to enhance collaboration between service users, providers and designer communities. The location of Making and Cloth(ing)-led Facilitation workshops for healthcare is key to create a level field between participants, particularly, service users and clinicians.

Initially, there was a slow uptake of clinicians available to join the workshop. Whilst there are pressures on healthcare providers, this may also be symptomatic of the potential vulnerabilities for clinicians and the newness of this type of interaction with patients. As Participant 11 (physiotherapist) describes, 'because it's so different, people may be hesitant to try it.' The pressure of high workloads, minimal time, as well as low morale in the health sector at the time, coinciding with the tail end of the Covid-19 pandemic, were also potential factors.

The complex nature of dr/patient relationships may also have played a part. High-stakes care, such as reconstructive surgery, carries with it high risk and therefore may be accompanied by charged relationships and complex conversations between service providers and users. Women's intimate experiences of breast cancer, associated treatments, dissatisfaction with surgical outcomes, frustrations with long wait times, and other factors add to the challenge of managing and supporting the dr/patient relationship. The complexity of a breast reconstruction, that can radically alter a person's appearance and quality of life, presents important yet complex territory for discussion in facilitated workshops, which some clinicians may find challenging. The clinicians who took part in the workshop were potentially operating outside of their

comfort zone – particularly when producing the Garment Pattern Map and setting out the questions, reassurances, challenges, frustrations and priorities of people who have directly experienced breast cancer, alongside this very community. Within Making and Cloth(ing)-led Facilitation practice in healthcare the location of workshops is key to fostering a reciprocation of vulnerability between participants, particularly, service users and clinicians.

4.5. CHAPTER SUMMARY

This chapter provides a review of a Wardrobe Probe method design for use in the specific healthcare context of breast cancer. Using a New Materialist lens, the researcher has demonstrated how this method *works* and what it *does* in both individual and collective contexts. In doing so, an extensive set of Facilitation Approaches have been defined to support future Facilitators wishing to engage a Wardrobe Probe method in healthcare settings.

Section 4.1 of this chapter discusses Facilitation Approaches that explore bodies and wardrobes in flux during breast cancer diagnosis, treatment and recovery. Wardrobe transformations are documented as a method to visualise the changes occurring for breast cancer service users. This approach provides opportunity for participants to reflect across time, by visualising chronologies of the self. It also suggests the opportunity to consider a garments reciprocity – to harness its ability to act back on the wearer – enabling participants to become further aware of the active role that they have played in their cancer diagnosis, treatment and recovery. In this section, the Wardrobe Probe method is also discussed for its potential to position participants as 'self-researchers', serving to de-centre the research process and enhance participant autonomy.

In Section 4.2, Wardrobe Probe methods that support intimate reflections are discussed. Methods that engage the felt dimensions of clothing are hailed for their capacity to understand the embodied experience of illness. Zooming in and out of wardrobe changes is also presented as opportunity for participants to gain different perspectives on illness and recovery. For example, detecting traces of wear in garments is considered

an opportunity to situate and explore the embodied experience of breast cancer and reconstruction. As are, Facilitation techniques that draw on all of the senses, engaging with residues of wear, to enhance reflection. Facilitation Approaches that engage proximal intimacies of a garment are also discussed as opportunity to access nuanced and felt experiences of breast cancer and its associated treatments – in turn, supporting Facilitators to identify the needs of participants. And intimate categories of worn item, including bras, are also recognised for their potential to direct participant reflections towards the context of illness, towards specific bodily experiences, providing insight into the physiology and aetiology of breast cancer and the effects of associated treatments for participants.

The researcher expands these observations by presenting the concept of wardrobe proximities - A tool to consider differing scales of garment intimacy to catalyse differing depths of participant reflection in facilitated methods. She also defines a need to contemplate bodies across scale, as a means of mapping the diverse array of factors that affect breast cancer experience. The significance of contracting a Co-Facilitator within Making and Cloth(ing)-led Facilitation is also reinforced. Themes of intimacy are extended in this section of the chapter to consider the provision of intimate spaces for participants to reflect within, to explore intimate topics. The importance of expanding conceptions of space in Facilitation practice, to consider not only tangible, physical space but also temporal and emotional space, is explored. Facilitation methods that externalise emotion and engage the materiality of vulnerability are also presented, as are Enclothed Facilitation tools to access embodied experience. Methods are also explored therapeutically as a means for participants to process emotions; to re-think experiences and appearance moving forwards. As is the importance for Facilitators to plan for the ongoing-ness of illness, by engaging effective mechanisms for emotional and psychological support, which are also discussed.

The penultimate section of this chapter (Section 4.3) explores how Wardrobe Probe activities outlined practices of care. More specifically, practices of self-care as well as networks of care surrounding participants. Documenting practices of discard and drawing on emotive discarded items are presented as tools for understanding the physical and emotional effects of breast cancer that participants are actively seeking to

avoid, how clothing is discarded based on its potential to affect. Despite existing immaterially within the participant's memory (and sometimes from a long time ago), discarded items form an emotive category of objects to work with. Not wearing specific items of clothing, additionally, cultivates self-awareness for participants who become reminded of their capacity for self-care, at a direct and proximal level…through their wardrobes, which poses opportunity for self-efficacy, for participants to exert power over their recovery. Understanding uncomfortable worn experiences is also presented as a means of identifying participant needs. This section concludes by presenting an opportunity for mapping networks of care in facilitative activities in healthcare through selecting and reflecting on significant items of clothing. The potential of Wardrobe Probe methods to chart this information is discussed through the documentation of prescribed, gifted, home-made and bought clothing, by medical professionals, friends, family members and partners.

The final section of this chapter (ref. Section 4.4.) explores the Wardrobe Probe and its resultant artefacts as part of a facilitated group workshop convening breast cancer service users, clinicians and designers. Approaches that combine individual and collective creativity are explored - outlining opportunities to harness object anonymity, to enhance service user expression within group settings. The benefits of clustering made artefacts, anonymously, and combining material and linguistic approaches, to distil collective insights, beyond the Wardrobe Probe, are also discussed. As are practices of finding neutral ground to explore vulnerability between clinical and service participants.

Through exposing a vast array of interactions occurring within a Wardrobe Probe method, used in a specialist healthcare context of breast cancer care, the researcher has provided an analysis of the factors affecting and affected by this type of Facilitation practice in both individual and group contexts. This chapter outlines 28 Facilitation Approaches that may be drawn upon to enhance participation and collaboration in future facilitated workshops in healthcare (ref. Figure 4.29).

Figure 4.29. Schematic of Making and Cloth(ing)-led Facilitation practice framework (Wardrobe Probe) - consolidating 28 Facilitation Approaches (2026) by Rhian Solomon.

CHAPTER 5 CONCLUSION

5.1. STUDY LIMITATIONS AND FUTURE RESEARCH

5.1.1.1. *Sensory interviews*

The researcher aimed to interview Making and Cloth(ing)-led Facilitators in their studio setting. However, this was not feasible for all interviews, and future research will aim to ensure interviews take place in the working environment of the practitioner. The interview process could be enhanced by drawing specifically on Sensory Interview techniques to focus further on the sensory details of an interview setting and to deepen understanding beyond the spoken word. For future work, interviewees could be requested to select/handle/talk through artefacts associated with their practice to enhance the depth of reflection and richness of descriptions relating to materiality.

5.1.1.2. *What constitutes an Assemblage?*

Whilst any part of the research process might be considered an assemblage (whether sampling, data collection, analysis or writing up methods (Fox & Alldred, 2016; 2022)) the focus of this research was to review Facilitated Workshops and a Wardrobe Probe method as data collection devices. Through a New Materialist perspective, an interview process may be considered an assemblage in itself. So too could the design and development of the Wardrobe Probe method. The concept of assemblage could be applied to future studies reviewing different aspects of the research process.

5.1.1.3. *Experience of illness, not service*

Feedback from clinical and design participants using the Wardrobe Probe in the group workshop suggested how this facilitative method could be improved further, by centring its design around a specific health service context. Due to limitations imposed by Covid-19, this study was not embedded within a healthcare organisation, or connected to experiences of a specific NHS service. Such an approach would require NIHR[48] ethical clearance. The intent of the Wardrobe Probe was to explore lived experiences of breast

[48] National Institute for Health and Care Research.

cancer – how it affects individuals on a daily basis, within the home and personal life – as opposed to health service experience. Taking this expansive and holistic approach has provided insight that perhaps may have been overlooked, had the methods taken a more streamlined, service-led approach. In future work, the Making and Cloth(ing)-led Facilitation methods in this research study could be adapted and applied to a specific breast cancer service context.

5.1.1.4. *Screening tools*

A screening tool was used in this study for the group workshop at London College of Fashion to reduce the possibility of breast cancer service user and clinician communities being known to one another. However, during this activity, one clinician was recognised by a service user as someone who had worked in the department where she had been treated, but who had not been involved in or responsible for her care. Additional consideration toward screening methods are required for future research.

5.1.1.5. *Sample size and diversity*

The number and gender of all the research participants was small. Future research may include a larger sample to enhance the richness and diversity of data and support wider representation of Making and Cloth(ing)-led Facilitator practices in health contexts.

A total of 6 breast cancer service users participated in the Wardrobe Probe. The richness of data produced through this small sample was substantial. Engaging a larger community of service users may provide a more diverse range of perspectives; however this should include individuals from different ethnicities and genders. The study participants were from a limited geography.

Whilst the Wardrobe Probe sought inclusive engagement from both male and female participants, only female participants applied to take part. Breast cancer has a significantly higher occurrence amongst women, 99% of cases in the UK are in females and 1% are in males (Cancer Research UK, 2024). It is commonly labelled a ‘woman’s illness’ (Williams et al., 2003); feminised in contemporary Western Culture. However, breast cancer is not ‘sex-specific’ and cultural perspectives of the illness are known to

create obstacles to treatment, which could also create potential barriers to participation in Facilitated activities. Future research, with this work acting as a prototype, could include partnering with national cancer charities with established networks and physical centres located across the UK to support recruitment of a more diverse set of participants including Asian, Black and Mixed communities, younger individuals and, those affected by secondary breast cancer from different UK regions.

5.1.1.6. *Feminised practices*

Additional limitations to the study include feminised perspectives of fashion. Practices of wearing, making and consuming clothing have long been attributed to the female (Entwistle, 2015). Do Facilitation approaches that draw on Cloth(ing) centred practice run the risk of deterring male participants due to gendered perceptions of fashion and dress? Furthermore, does this also limit the potential for gender diversity in a research sample? As a flurry of recent male-centred fashion studies have suggested, men too have a significant relationship with fashion and the clothed body; it's just that this relationship remains under-researched, particularly from an embodied perspective. As breast cancer charities seek to increase the profile of breast cancer in men and trans men and women, to create a more diverse understanding of experiences of the disease and to promote equality of cancer care (Breast Cancer Now, 2021), methods such as the Wardrobe Probe may provide an opportunity to support these efforts, particularly for those who find difficulty in articulating the physical and emotional effects of breast cancer through conventional means.

5.1.1.7. *Digital vs Analogue*

Additional ways of enhancing and making accessible the reach and inclusivity of the research would be to develop online activities and workshop formats (Miro, Teams, Slack). Healthcare is moving into the digital sphere at a significant rate, as is Facilitation – particularly since the Covid-19 pandemic. The researcher currently holds reservations for this shift, however, due to the significance of tactile and sensorial experiences engaged through the crafting of materials in analogue form, a feature that is central to Making and Cloth(ing)-led Facilitation approaches. Exactly, how these methods may be evolved for digital contexts is an opportunity for future work.

5.2. STUDY CONTRIBUTIONS

This piece of research has

- Advanced knowledge of Making and Cloth(ing)-led Facilitation practices in healthcare.

- Consolidated these forms of practice and opened up opportunities for their use within future Facilitation contexts in healthcare.

It has achieved this by...

- Conducting a review of Making and Cloth(ing)-led Facilitation practices in healthcare.

- Designing Making and Cloth(ing)-led Facilitation practice research methods using Probe and Workshop scenarios.

- Establishing a theoretical position to support Making and Cloth(ing)-led Facilitation practices in healthcare.

Contribution 1 – Positioning Making and Cloth(ing)-led Facilitation in healthcare

This research convenes an understanding of Making and Cloth(ing)-led Facilitation practice in healthcare through a New Materialist lens.

This study has engaged Fox and Alldred's Ethological Toolkit as an innovative system for mapping ecologies of Making and Cloth(ing)-led Facilitation practice in healthcare. It has explored how Facilitated Workshops *work* through a review of semi-structured interviews with selected practitioners, and through a reflection on the researchers own facilitative practice. It has also designed, deployed and reviewed a Wardrobe Probe method, in the specific context of breast cancer care. In doing so, the study presents a diverse range of factors affecting or affected by these Making and Cloth(ing)-led Facilitation methods, providing a greater understanding of how these select practices *work* and what they *do* in complex healthcare settings.

The study presents a set of frameworks that consolidate Making and Cloth(ing)-led Facilitation practices in healthcare.

Contribution 2a – Making and Cloth(ing)-led Facilitation practice framework

The Making and Cloth(ing)-led Facilitation practice framework provides a set of 55 Facilitation Approaches to enhance participation and collaboration in future Facilitation practices in healthcare settings (Figure 3.13 and Figure 4.29).

Contribution 2b – Ethical best practice framework

The ethical best practice framework may support future Facilitators in their ethical framing of Making and Cloth(ing)-led Facilitative practices in healthcare through;

1. Demonstrating a set of ethical considerations for Facilitators when designing Making and Cloth(ing)-led Facilitation methods in the context of breast cancer (ref. Table 2.6).

2. Developing a Co-Facilitator Framework that explores how and why a Co-Facilitator may be engaged to support the ethical framing of Making and Cloth(ing)-led Facilitation practice in healthcare (ref. Table 4.2).

This framework forms a robust approach to Facilitation in complex health settings and provides a reference for Facilitation practitioners new to working in this space, particularly those from disciplines who may have less formal mechanisms to support ethical best practice (Design Facilitators, Socially Engaged Creative Health Facilitators). As Making and Cloth(ing)-led Facilitation becomes increasingly engaged in healthcare, there is a need for clear frameworks to support this type of practice.

Contribution 2c - A framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare, applying a New Materialist lens.

The study also provides a framework for reviewing Making and Cloth(ing)-led Facilitation practices in healthcare, using a New Materialist lens. It demonstrates the feasibility of this approach to evolve new understandings of materiality in this practice context, to support different approaches towards future research.

New Materialism was brought to the study to consider Facilitation methods (Facilitated Workshop, Wardrobe Probe) as research assemblages and to provide a focused practice context for review (ref. p.98-99). It was also used to explore the agency of materials in Facilitation practices in healthcare both in terms of Making and Cloth(ing), yet also materials in their broadest sense (ref. p.99-102). This has included a contemplation of bodies as porous interfaces, interacting with surrounding materials. As well as reflection on bodies being in a constant state of becoming, and not as a separate individual entity but active in a broader network of *things*. Taking this approach has allowed the researcher to explore the role of materials and making as *part* of the Facilitation process as opposed to focusing specifically on the role of human actors/Facilitators. And has supported consideration of how materials are central to the practices outlined in the study. The researcher has developed a set of schematics to communicate Facilitation Approaches that she has developed, that could support the planning of future Making and Cloth(ing)-led Facilitation practices in healthcare.

For example:

- Matter Mapping (ref. Figure 3.4) categorises materials of a workshop across scale to consider the different types of materials that may affect a Facilitation workshop.
- Wardrobe Proximities (ref. Figure 4.8) considers a spectrum of materials and worn items at different scales of intimacy with the body, to inform material and object selections when designing Facilitation methods.
- Thinking About Bodies Across Scale (ref. Figure 4.9) demonstrates an approach to conceptualising bodies in Facilitation practice (encompassing physical, emotional, social, organisational) to map interrelating factors within (breast cancer) lived experience.

This study demonstrates how New Materialist theory can be effectively applied to review Making and Cloth(ing)-led Facilitation practices in healthcare. In doing so, it presents a framework to evolve new understandings of materiality within this space, which could support future researchers seeking to adopt such an approach, to understand the dynamics of their own facilitative practice. The application of this theoretical lens also has implications for the languages and tools developed in the

future, to consider more broadly the materiality of healthcare Facilitation contexts, which requires new ways to represent and talk about the intersection of bodies and materials.

Contribution 2d – Making and Cloth(ing)-led Facilitation methods

This research has evolved a set of Making and Cloth(ing)-led Facilitation methods - 1. A Wardrobe Probe (ref. p.112-123), 2. A Facilitated Workshop (ref. p.146), which have been piloted, tested, and evaluated by service users, clinicians and designers in the context of breast cancer care. These methods could be drawn upon or tailored by existing Professional Facilitation practices in breast cancer care that currently do not engage a making and cloth(ing)-led approach. The contribution made by the breast cancer study participants, through this research, also serves as legacy to the Wardrobe Probe Facilitation method[49] (ref. p.282) and reinforces its impact for service users.

[49] Participants made recommendation as to how the Wardrobe Probe methods may be useful in future contexts as a reflective journaling tool to coincide with treatment, as an approach to support family members emotionally, and as a method to be used in cancer support groups for young women, to supplement existing techniques. Other recommendations included ways of supporting *male* plastic surgeons to understand *female* patient experience, more so.

5.2.1. ENHANCING CREATIVE COMPETENCY IN FACILITATION PRACTICES IN HEALTHCARE

5.2.1.1. *Enabling participation*

The Facilitation Approaches reviewed in this study (ref. Figure 3.13 and Figure 4.29) may improve creative competency in healthcare facilitative practices, by supporting wider participation and opportunity for self-expression from underrepresented communities. The practices explored include: those marginalised living with HIV and Aids (Schwalbe); traveller communities who are often hard to reach (McGuinness); and women in androcentric models of healthcare (Almeida, Solomon). Convening an understanding of these practices can provide future opportunity for designing or evaluating health services to be more inclusive. And could respond to The NHS' Long Term Plan (GOV.UK, 2019) and Women's health strategy for England (GOV.UK, 2022; Hamoda & Moger, 2022; rcog.org.uk, 2019) aimed at representing and improving outcomes for patient care in marginalised or underrepresented communities.

5.2.1.2. *Providing a holistic perspective*

Approaches discussed (ref. Figure 3.13 and Figure 4.29) additionally provide a holistic perspective of illness and context, to help better understand service user experiences, outside of the medical domain.

Facilitative Approaches:

- transport the Facilitator and other workshop participants to intimate spaces, including the home.
- have very practical benefits in reaching vulnerable communities.
- provide nuanced and equitable understandings of health across diverse contexts to understand the conditions in which people grow, live, work and age.

A key priority for the NHS (NHS.UK, 2022) is to evolve more personalised care that informs health outcomes and reduces health disparities. Making and cloth(ing)-led approaches to Facilitation, may therefore provide Professional Facilitators working in healthcare (Healthcare Facilitators/Design Facilitators) with tools to identify

inequalities, participant needs or social determinants of health, which, in turn, can be used to re-frame practices of care.

5.2.2. SHAPING PROCESSES OF LISTENING

Facilitation Approaches identified through this study (ref. Figure 3.13 and Figure 4.29) could also shape processes of listening in facilitative practices in healthcare, by providing time and space for participants to be heard.

Approaches that:

- employ differing speeds of Making, that slow down interactions in workshops, encourage important and personal conversations.
- provide comfort for participants through the materiality of space and sustenance present opportunity to process and externalise emotion.
- emphasize the importance for Facilitators to *be visible* in host institutions, that use practices of parity, build trust and rapport with participants.

5.2.2.1. *Fostering different kinds of interaction*

These Making and Cloth(ing)-led Approaches foster different kinds of interaction between service users and providers, outside of conventional cost and time constraints. And contrast with fast-paced Design Facilitation methods that emphasize speed in ideation workshops. They could be beneficial in Professional Facilitation practices in healthcare that design or evaluate health services to provide a deeper understanding of participant experience. Some may consider these approaches costly in terms of time and resource required to evolve and deploy them. However, the richness of data achieved when using them perhaps suggests otherwise.

5.2.2.2. *Thinking about illness and care as ongoing and relational*

The Facilitation practice framework (ref. Figure 3.13 and Figure 4.29) also features approaches that support participant reflections across time, which allow healthcare service user participants opportunity to consider illness as ongoing and relational.

Reviewed approaches:

- document material transformations to provide understanding of both subtle and/or significant physiological changes occurring through illness and associated treatments.
- support consideration of illness not as an isolated condition at a single stage of life, but as something relational; as a collection of interrelated (worn) items and events.

Applying concepts of *transformation* in Professional Facilitation workshops in healthcare could be beneficial in understanding service user experience beyond single points of care. A key strategy for this sector, currently, is to understand the changing health and care needs of people across their lives; to transition care from a disease-oriented to a Life Course approach. The Facilitation Approaches reviewed in this study could aid understanding of the health and wellbeing of an individual and how this can be influenced across time, by wider determinants (GOV.UK, 2022).

5.2.2.3. *Empowering participants through self-knowledge*

Such approaches also hold direct benefits for service user participants in enhancing self-knowledge and in supporting recognition of a capacity for self-care. Facilitation Approaches deployed in phase 2 of the research (Wardrobe Probe) supported breast cancer service users to identify their wardrobes as being a tangible tool for self-care.

These Approaches:

- drew on a multitude of senses to engage the felt dimensions of clothing and garments, enabling participants to learn in an embodied way, about their anatomy, health and wellbeing.
- detected traces of wear, by zooming in and out of wardrobe changes, to inform participants of their ability to craft their own experiences of recovery.
- motivated participants to re-configure their clothing and wardrobes, enhancing self-efficacy and confidence.

Facilitation Approaches that encourage access to embodied knowledge and which cultivate self-awareness hold very practical applications for supporting service user participants, therapeutically, in furthering an understanding of self and resilience. They could also inform Facilitation activities in healthcare, with communities who find it hard to retrieve this type of information (ageing, neurodivergent or post-operative communities) further reinforcing the capabilities of these approaches to engage marginalised voices in Facilitation in healthcare. Wearing as a form of self-care is already employed as a concept by national (and international) cancer charities and services, through the provision of supportive workshops that impart styling, wearing, fitting and make-up techniques (Breast Cancer Now, 2014; 2022; Lookgoodfeelbetter.co.uk, 2024; Weston Park, 2024). Making and cloth(ing)-led Facilitation Approaches could enhance this therapeutic offer to cancer service users, enhancing awareness of the experiential dimensions of clothing during cancer experiences and its capacity to help process recovery and address physical and emotional needs.

Figure 5.1. A Look Good Feel Better workshop (2020). Photographer unknown. (This image has been removed by the author for copyright reasons).

5.2.3. ADDRESSING MICRO-ETHICS IN HEALTHCARE

The practice framework also features Facilitation Approaches with potential to address micro-ethics in healthcare.

They may enhance interaction in Professional Facilitation contexts, by providing:

- Transitional Objects to link participant experiences, support conversation and elicit collective wisdom between participants.
- different methods of touch to broker conversations across different perspectives, languages and disciplines.
- crafted, anonymised artefacts to frame valuable conversations.
- facilitative activities outside of the healthcare domain to create *neutral ground*.

5.2.3.1. *Addressing power dynamics*

These approaches encourage different modes of communication and interaction between healthcare service users and providers and enable conversations to be framed on a service users terms, offering deep context of individual experiences. They also have the added benefit of providing important spaces for service providers or clinicians to openly explore complex experiences of professional care (Pym, Solomon), which could inform the design and evaluation of future health services through engaging, facilitating and managing clinician vulnerability.

Whilst Making and Cloth(ing)-led Facilitation Approaches may seem conceptual by design, they offer a very practical set of tools to subvert established power dynamics at play within Facilitation practices in healthcare and could be effectively adopted in healthcare service design and evaluation.

5.3. KEY BENEFICIARY COMMUNITIES

5.3.1.1. *Breast cancer service users*

The Wardrobe Probe and Facilitated Workshop methods developed in phase 2 of this study have the potential to therapeutically support people affected by breast cancer. These methods provide enhanced self-knowledge and awareness for self-care. They also provide a set of tools to support breast cancer recovery through clothing choices.

5.3.1.2. *Professional Facilitators in healthcare*

The Making and Cloth(ing)-led practice and ethical frameworks developed through this study could inform Professional Facilitation practices in healthcare to enhance participation and collaboration, as well as the ethical framing of facilitative practice. Healthcare Facilitation and Design Facilitation in health service design are tasked with evaluating and/or designing effective health services, yet rarely engage a Making and Cloth(ing)-led approach.

5.3.1.3. *Practicing Making and Cloth(ing)-led Facilitators in healthcare*

The Making and Cloth(ing)-led frameworks generated additionally serve to benefit disciplines that have been reviewed within the thesis to locate Making and Cloth(ing)-led Facilitation, including Therapeutic, Socially Engaged Creative Health and Wearable Technology communities. Making accessible the mechanics of these practices, through a New Materialist lens, and consolidating the findings into practice and ethical frameworks provides a foundation for other Making and Cloth(ing)-led Facilitators to build upon.

5.3.1.4. *Professional Facilitators outside of healthcare*

There is scope for frameworks developed through this study to benefit other Professional Facilitators operating outside of healthcare, whose practices are concerned with facilitating participation and collaboration in complex group settings. While the research has focused specifically on the application of Making and Cloth(ing)-led approaches to Facilitation in healthcare settings, the frameworks provide a resource to explore Facilitation in both individual and collective working that may be tailored for other professional Facilitation contexts.

5.4. MAKING AND EN(CLOTH)ED FACILITATION

To conclude, the researcher defines the approach to Facilitation that has been developed through this study as Making and En(cloth)ed Facilitation. A practice that combines making, cloth/clothing materialities and foregrounds the intimate relationship between cloth(ing) and the body, through practices of wearing and making, in its methodology. Recommendations for future work would be to develop the frameworks evolved through this research into an open-source methodology and a how-to guide for professionals seeking to adopt a Making and En(cloth)ed Facilitation approach in future Facilitation practices within healthcare, and other sectors..

LIST OF REFERENCES

Adam, H. and Galinsky, A. D. (2012) Enclothed cognition. Journal of Experimental Social Psychology. Elsevier Inc. 48 (4), p.918–925. Available from: doi: 10.1016/j.jesp.2012.02.008.

Adamson, G. et al. (2007) Thinking through Craft, Oxford:Berg.

Agelab MIT. (2024) About (Online). Available at: https://agelab.mit.edu/methods/agnes-age-gain-now-empathy-system (Accessed 3rd July 2021)

Aguirre, M. & Paulsen, A. (2014) Using material properties to understand and shape relationships in public and social services. RSD3, Third Symposium of Relating Systems Thinking to Design. Oslo, Norway: Oslo School of Architecture and Design, 15th-17th October, 2014. 1–17.

Aguirre, M. Agudelo, N. & Romm, J. (2016) Facilitating generative emergence within large-scale networks: unpacking six dimensions of design practice. In: Proceedings of Relating Systems Thinking and Design (RSD5) Symposium. Toronto, Canada, October 13-15, 2016. 1–16.

Aguirre, M. Agudelo, N. & Romm, J. (2017) Design Facilitation as emerging practice: Analyzing how Designers support multi-stakeholder Co-creation. She Ji. [Online] 3 (3), 198–209. Available from: doi:10.1016/j.sheji.2017.11.003.

Aho, J. (2013) Body Matters. A phenomenology of sickness, disease, and illness. Lanham:Lexington Books.

Akama, Y. & Prendiville, A. (2013) A phenomenology of co-designing services: the craft of embodying, enacting and entangling design. 10th European Academy of Design Conference: Crafting the Future, 17th-19th April. Gothenburg, Sweden. p1–16.

Akkerman, S.F. & Bakker, A. (2011) Boundary crossing and boundary objects. Review of Educational Research. [Online]. Available from: doi:10.3102/0034654311404435.

Alaoui, S. F. Bevilacqua, F. Jacquemin, C. (2015) Interactive visuals as metaphors for dance movement qualities. ACM Transactions on Interactive Intelligent Systems. 5 (3), p.1-24. Available from: doi: 10.1145/2738219.

Alcoff, L.M. (2005) Visible Identities: Race, gender and the self. Studies in feminist philosophy. Oxford:Oxford University Press.

Alhonsuo, M. (2020) Healthcare Design Sprints: What can be changed and achieved in five days? In: Boess, S., Cheung, M. and Cain, R. (eds.), Synergy - DRS International Conference 2020, 11-14 August, Help online. Available at: https://doi.org/10.21606/drs.2020.231

Almeida, T. Comber, R. Olivier, P. & Balaam, M. (2014) Intimate care: Exploring eTextiles for teaching female pelvic fitness. In: DIS'14 Companion Publication of the 2014 ACM SIGCHI Conference on designing ingteractive systems. 21st-25th June. Vancouver, Canada. p.5-8.

Almeida et al. (2015) Labella. In: Proceedings of the British HCI Conference, 13th-17th July. Lincoln, UK. p.310-311.

Almeida, T. (2015) Designing intimate wearables to promote preventative health care practices. In: UbiComp and ISWC 2015 - Proceedings of the 2015 ACM International Joint Conference on Pervasive and Ubiquitous Computing and the Proceedings of the 2015 ACM International Symposium on Wearable Computers. [Online]. 2015. Available from: doi:10.1145/2800835.2809440.

Almeida, T. Comber, R. Wood, G. Saraf, D. et al. (2016) On looking at the vagina through Labella. In: Conference on Human Factors in Computing Systems - Proceedings. [Online]. 2016. Available from: doi:10.1145/2858036.2858119.

Almeida, T. (2018) Interaction Designer, Associate Professor and Facilitator: Interview with Rhian Solomon, (Online) Date of interview 19th April 2018.

Almeida, T. & Tomasello, G. (2020) Empowerment and self-care: Designing for the female body, In: Townsend, K. Solomon, R. & Briggs-Goode, A. (eds) Crafting Anatomies: Archives, Dialogues, Fabrications, London: Bloomsbury.

Almila, A.-M. & Zeilig, H. (2022) In Older Men's Wardrobes: Creative tales of affect, atyle and constraint. Fashion Theory. [Online] 26 (5), p.651–672. Available from: doi:10.1080/1362704X.2021.1936402.

Altschwager, B. (2021) Fibre arts and the amelioration of shared trauma in Art Therapy, Mount Mary University. PhD Thesis.

Anderson, B. (2006a) Becoming and Being Hopeful: Towards a theory of Affect. Environment and planning D: Society and Space. [Online] 24 (5), p.733–752. Available from: doi:10.1068/d393t.

Anderson, R. (2006b) Body Intelligence Scale: Defining and measuring the intelligence of the Body. The Humanistic Psychologist. [Online] 34 (4), p.357–367. Available from: doi:10.1207/s15473333thp3404_5.

Arnstein, S. R. (2019) A Ladder of Citizen Participation. Journal of the American Planning Association, 85(1), p.24–34. Available from: doi: 10.1080/01944363.2018.1559388.

Art Rabbit (2012) 60/40 Starting Point series (Online). Available at: https://www.artrabbit.com/events/6040-starting-point-series-2012 (Accessed 6th March 2024)

Arts and Health (2025) Lived Lives: Materialising stories of young Irish suicide (Online). Available at: https://www.artsandhealth.ie/wp-content/uploads/2012/08/Lived-Lives-Overview-July-12.pdf (Accessed Oct 5th 2017)

Arts and Humanities Research Council (2020) Design Fellows, Challenges of the Future (Online). Available at: https://www.designresearchforchange.co.uk/wp-content/uploads/2020/08/PUBLICPOLICY2.pdf (Accessed 1st Mar 2021)

Autism UK (2022) Interoception and Wellbeing (Online). Available at: https://www.autism.org.uk/advice-and-guidance/professional-practice/interoception-wellbeing (Accessed 10th March 2024)

Ballie, J. (2014) E-Co-Textile Design: How can textile design and making combined with social media tools, achieve a more sustainable fast fashion future? PhD thesis, University of the Arts London.

Bandura, A. (1978) Self-efficacy: Toward a unifying theory of behavioral change. Advances in Behaviour Research and Therapy. [Online] 1 (4), 139–161. Available from: doi:https://doi.org/10.1016/0146-6402(78)90002-4.

Banfield, R. Lombardo, C.T. & Wax, T. (2015) Design Sprint: A practical guidebook for building great digital products. O'Reilly Media.

Banim, M. et al. (2003) Through the wardrobe: Women's relationships with their Clothes, London: Bloomsbury Publishing.

Barad, K. (2011) Erasers and erasures: Pinch's unfortunate 'uncertainty principle'. Social Studies of Science. [Online] 41 (3), 443–454. Available from: doi:10.1177/0306312711406317.

Barad, K. (2013) Meeting the universe halfway. In: Meeting the universe halfway. [Online]. Available from: doi:10.1215/9780822388128-002.

Barbieri, D. (2019) Costume in Performance: Materiality, Culture, and the Body. London:Bloomsbury Academic.

Barbour, R. & Kitzinger, J. (1999) Developing focus group research. [Online]. Available from: doi:10.4135/9781849208857.

Bardey, A. Booth, M. Heger, G. & Larsson, J. (2021) Finding yourself in your wardrobe: An exploratory study of lived experiences with a capsule wardrobe. International Journal of Market Research. [Online] 64 (1), 113–131. Available from: doi:10.1177/1470785321993743.

Barnard, M. (2002) Fashion as Communication. Oxfordshire: Routledge.

Batalden, M. Batalden, P. Margolis, P. Seid, M. et al. (2016) Coproduction of healthcare service. BMJ Quality and Safety. [Online] 25 (7), 509–517. Available from: doi:10.1136/bmjqs-2015-004315.

Bate, P. & Robert, G. (2007) Toward more user-centric OD: Lessons from the field of Experience-Based Design and a case study. The Journal of Applied Behavioral Science. [Online] 43 (1), 41–66. Available from: doi:10.1177/0021886306297014.

Bate, P. & Robert, G. (2022) Bringing user experience to healthcare improvement. [Online]. London, CRC Press. Available from: doi:10.1201/9781846197086.

Bennet, D. & Bennet, A. (2008) Engaging tacit knowledge in support of organizational learning. VINE. [Online] Available from: doi:10.1108/03055720810870905.

Bennett, J. (2010) Vibrant Matter : A Political Ecology of Things. Durham, UNITED STATES, Duke University Press.

Bergold, J. & Thomas, S. (2012) Participatory research methods: A methodological approach in motion. Historical Social Research/Historische Sozialforschung. 191–222.

Binder, T. De Michelis, G. Ehn, P. Jacucci, G. et al. (2011) Design Things. Design Thinking, Design Theory. MIT Press.

Binder, T. Brandt, E. Ehn, P. & Halse, J. (2015) Democratic design experiments: between parliament and laboratory. CoDesign. [Online] Available from: doi:10.1080/15710882.2015.1081248.

Binder, T. De Michelis, G. Ehn, P. Jacucci, G. et al. (2019) Participation in Design Things. Design Things. [Online] (January 2008). Available from: doi:10.7551/mitpress/8262.003.0011.

Bissola, R. and Imperatori, B. (2011) Organizing individual and collective creativity: Flying in the face of creativity clichés, Creativity and Innovation Management, 20 (2), p. 77–89. Available from: doi: 10.1111/j.1467-8691.2011.00597.x.

Björgvinsson, E. Ehn, P. & Hillgren, P.A. (2012) Design things and design thinking: Contemporary participatory design challenges. Design Issues. [Online] 28 (3), 101–116. Available from: doi:10.1162/DESI_a_00165.

Bjørn, P. & Østerlund, C. (2014) Sociomaterial-Design: Bounding Technologies in Practice. Computer Supported Cooperative Work. New York: Springer International Publishing.

Blackman, L. (2012) Immaterial Bodies: Affect, Embodiment, Mediation. London:SAGE Publications Ltd. Available from: doi: 10.4135/9781446288153.

Blackwell, R.W. née, Lowton, K. Robert, G. Grudzen, C. et al. (2017) Using Experience-based Co-design with older patients, their families and staff to improve palliative care experiences in the Emergency Department: A reflective critique on the process and outcomes. International Journal of Nursing Studies. [Online] 68, 83–94. Available from: doi:10.1016/j.ijnurstu.2017.01.002.

Blanco F. J. (2014) Revealing myself: A phenomenological approach to my underwear choices through the years, Critical Studies in Men's Fashion, 1(2), p. 117–131. Available from doi: 10.1386/csmf.1.2.117_1.

Bodker, S. Grønbæk, K, & Kyng, M. (1995) Cooperative Design: Techniques and Experiences From the Scandinavian Scene. In: Readings in Human–Computer Interaction, Baecker, R. Grudin, J. Buxton, W. Greenberg, S. (eds.) Morgan Kaufmann, p.215–224. Available from: https://doi.org/10.1016/B978- 0- 08-051574- 8.50025- X.

Bodker, S. (2021) Participatory Design. Springer: London.

Body, J. (2008) Design in the Australian taxation office, Design Issues, 24 (1), p.55-6.

Body, J. Terrey, N. & Tergas, L. (2010) Design Facilitation as an emerging Design skill: A Practical Approach. DTRS8: Interpreting Design Thinking, University of Technology Sydney, Sydney, 19-20 October. 61–70.

de Boer, M. van der Hulst, R. & Slatman, J. (2015) The Surprise of a breast reconstruction: A longitudinal phenomenological study to women's expectations about reconstructive surgery. Human Studies. [Online] Available from: doi:10.1007/s10746-015-9360-6.

Boland, R. & Tenkasi, R. (1995) Perspective Making and Perspective Taking in: Communities of Knowing. Organization Science - ORGAN SCI. [Online] 6, 350–372. Available from: doi:10.1287/orsc.6.4.350.

Bourdieu, P. (2013) Distinction: A Social Critique of the Judgement of Taste. Routledge Classics. Oxfordshire: Taylor & Francis.

Bowen, S. McSeveny, K. Lockley, E. Wolstenholme, D. et al. (2013) How was it for you? Experiences of participatory design in the UK health service. CoDesign. [Online] 9 (4), 230–246. Available from: doi:10.1080/15710882.2013.846384.

Bowker, Geoffrey C. Star, S.L. (2000) In: Sorting Things Out Classification and Its Consequences. MIT Press. (Online). Available from: https://doi.org/10.7551/mitpress/6352.001.0001.

Braidotti, R. (2006) Transpositions: On Nomadic Ethics. Oxford: Polity Press.

Braidotti, R. (2013) The Posthuman. New Jersey: Wiley.

Braidotti, R. (2018) Transformations. In; Schwab, M. (ed) Transitions: Aesthetico-epistemic operators in artistic research, Leuven:Leuven University Press. P.23-32.

Brandt, E. (2007) How Tangible Mock-Ups Support Design Collaboration. Knowledge, Technology & Policy. [Online] 20 (3), p.179–192. Available from: doi:10.1007/s12130-007-9021-9.

Brandt, E. Binder, T. & Sanders, E.B.N. (2012) Tools and techniques: Ways to engage telling, making and enacting. In: Routledge International Handbook of Participatory Design. [Online]. Available from: doi:10.4324/9780203108543.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology; In qualittaive research in psychology. UWE Bristol. 3 (2), p.77–101.

Braun, V. & Clarke, V. (2012) Thematic analysis. APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological. [Online]. p.57–71. Available from: doi:10.1037/13620-004.

Breast Cancer Now (2014) Breast Prosthesis, Bras and Clothes after surgery (Online). Available at: https://breastcancernow.org/sites/default/files/publications/pdf/bcc123_breast_prostheses_2014_web_1.pdf (Accessed 5th April 2015).

Breast Cancer Now (2021) Transgender People and Breast Cancer (Online). Available at: https://breastcancernow.org/about-us/blogs/transgender-people-breast-cancer/ (Accessed 5th October, 2021).

Breast Cancer Now (2022) Moving Forward support booklet (Online). Available at: https://breastcancernow.org/sites/default/files/publications/pdf/bcn_moving_forward_booklet_web.pdf (Accessed 8th January 2024).

Breast Cancer Now (2024) Breast cancer facts. Available at: https://breastcancernow.org/about-us/why-we-do-it/breast-cancer-facts-and-statistics/#:~:text=develop%20breast%20cancer%3F-,Breast%20cancer%20is%20the%20most%20common%20cancer%20in%20the%20UK,every%20year%20in%20the%20UK (Accessed 22nd April 2024).

Breward, C. & Evans, C. (2005) Fashion and Modernity. Oxford: Berg Publishers.

Briggs-Goode, A. et al. (2016). Wellbeing and Smart Textiles: Reflecting on Collaborative Practices and the Design Process. Journal of Textile Design Research and Practice, 4 (1), p.63–83. Available from: https://doi.org/10.1080/20511787.2016.1256599.

Brooks, A. Fletcher, K. Francis, R.A. Rigby, E.D. et al. (2017) Fashion, sustainability, and the Anthropocene. Utopian Studies. [Online] 28 (3), p.482–504. Available from: doi:10.5325/utopianstudies.28.3.0482.

Brown, J.S. & Duguid, P. (1998) Organizing Knowledge. California Management Review. [Online] 40 (3), 90–111. Available from: doi:10.2307/41165945.

Brown, J.S. & Duguid, P. (2001) Knowledge and organization: A social-practice perspective. Organization Science. [Online] Available from: doi:10.1287/orsc.12.2.198.10116.

Brown, J.S. & Duguid, P. (2009) Organizational learning and communities of practice: Toward a unified view of working, learning, and innovation. In: Knowledge and Communities. [Online].Available from: doi:10.1287/orsc.2.1.40.

Brownie, B. (2016) Acts of Undressing: Politics, Eroticism, and Discarded Clothing. Dress, Body, Culture. London: Bloomsbury Publishing.

Bruggeman, D. (2010) More than meets the eye: Dutch Fashion, identity and New Materialism. PhD thesis, Radboud University, Nijmegen.

Bruggeman, D. (2022) Agency that matters: Participatory practices of making-with. International Journal of Fashion Studies. [Online] 9 (Special Section: Fashion Tales), 151–172. Available from: doi:https://doi.org/10.1386/infs_00064_1.

Buchanan, R. (1992) Wicked Problems in Design Thinking. Design Issues. [Online] Available from: doi:10.2307/1511637.

Buchanan, R. (2015) Worlds in the making: Design, management, and the reform of organizational culture. She Ji. [Online] 1 (1), p.5–21. Available from: doi:10.1016/j.sheji.2015.09.003.

Buchanan, R. (2019) Systems thinking and Design Thinking: The search for principles in the world we are making. She Ji: The Journal of Design, Economics, and Innovation. [Online] 5 (2), p.85–104. Available from: doi:https://doi.org/10.1016/j.sheji.2019.04.001.

Bury, M. (1982) Chronic illness as biographical disruption, Sociology of Health & Illness, 4 (2), p. 167–182. Available from: doi: 10.1111/1467-9566.ep11339939.

Buse, C. & Twigg, J. (2014) Women with dementia and their handbags: Negotiating identity, privacy and 'home' through material culture. Journal of Aging Studies. [Online] Available from: doi:10.1016/j.jaging.2014.03.002.

Buse, C. & Twigg, J. (2015) Clothing, embodied identity and dementia: Maintaining the self through dress. Age, Culture, Humanities: An interdisciplinary Journal, 2, p71-96. Available from: doi:10.7146/ageculturehumanities.v2i.130611.

Buse, C. Twigg, J. Nettleton, S. & Martin, D. (2018) Dirty linen, liminal spaces, and later life: Meanings of laundry in care home design and practice. Sociological Research Online. [Online] Available from: doi:10.1177/1360780418780037.

Buse, C. and Twigg, J. (2018) Dressing disrupted: Negotiating care through the materiality of dress in the context of dementia, Sociology of Health and Illness. Available from: doi: 10.1111/1467-9566.12575.

Cancer Hair Care Charity (2024) About (Online). Available at: https://www.cancerhaircare.co.uk (Accessed 8th January 2024).

Cancer Research UK (2024) Cancer Incidence by Gender (Online). Available at: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/incidence-invasive#heading-Zero (Accessed 12th January 2024).

Cancer Research UK (2024) Tamoxifen (Online). Available at: https://www.cancerresearchuk.org/about-cancer/treatment/drugs/tamoxifen (Accessed 12th January 2024).

Capjon, J. (2005) Engaged collaborative ideation supported through material catalysation. (Online) Available from: https://dl.designresearchsociety.org/cgi/viewcontent.cgi?article=1032&context=nordes. (Accessed July 2017)

Carel, H. (2011) Phenomenology and its application in medicine. Theoretical Medicine and Bioethics. [Online] Available from: doi:10.1007/s11017-010-9161-x..

Carel, H. (2013) Illness: The cry of the flesh. [Online]. Available from: doi:10.1080/09672550903165779.

Carel, H. (2016) Phenomenology of Illness. [Online]. Available from: doi:10.1093/acprof:oso/9780199669653.001.0001.

Carmel, S. (2013) The craft of intensive care medicine. Sociology of Health & Illness. [Online] 35 (5), p.731–745. Available from: doi:https://doi.org/10.1111/j.1467-9566.2012.01524.x.

Carr, V. Sangiorgi, D. Büscher, M. Cooper, R. et al. (2009) Clinicians as service designers? Reflections on current transformation in the UK health services. In: First Nordic Conference on Service Design and Service Innovation. Oslo, Norway.

Chamberlain, P. Wolstenholme, D. Dexter, M. & Seals, E. (2015) The state of the art of design in health - An expert-led review of the extent of the art of design theory and practice in health and social care. Sheffield: Sheffield Hallam University Press.

Chamberlain, P. Craig, C. (2016) HOSPITAble: Domestication of healthcare. In: Desmet, P. Fokkinga, S. Ludden, G. Cila, N. & Van Zuthem, H. (eds.) Celebration & Contemplation: Proceedings of the 10th international conference on Design and emotion. Design and Emotion Society. 2016. Amsterdam, Netherlands. P.553-557.

Chamberlain, P. Craig, C. (2017) HOSPITAbLe: Critical design and the domestication of healthcare. In: Research Through Design Proceedings. June, 2017. Edinburgh, Scotland.

Chamberlain, P. Craig, C. Dulake, N. (2019) 'Thinking through things' to support cooperative design in the development of technology to support health & wellbeing. In: IADIS international conference on Interfaces and Human Computer Interaction. 2019. IADIS Press, p.19-26.

Chaoul, A. Milbury, K. Sood, A.K. Prinsloo, S. et al. (2014) Mind-body practices in cancer care. Current oncology reports. [Online] 16 (12), 417. Available from: doi:10.1007/s11912-014-0417-x.

Chapin, C. (2022) Masculine renunciation or rejection of the feminine?: Revisiting J.C. Flügel's Psychology of Clothes. Fashion Theory. [Online] 26 (7), p.983–1008. Available from: doi:10.1080/1362704X.2021.1952919.

Charmaz, K. (2014) Constructing grounded theory. London:Sage.

Cheng, T. et al. (2018) Restoring wholeness: Women's embodied experiences in considering post-mastectomy delayed breast reconstruction, Cogent Social Sciences. Cogent, 4 (1), p. 1–14. Available from: doi: 10.1080/23311886.2018.1479478.

Chisholm, L. Holttum, S. & Springham, N. (2018) Processes in an experience-based co-design project with family carers in community mental health. Sage Open. 8 (4), Available from: doi. 2158244018809220.

Civilotti, C. et al.(2015) Dissociative symptomalogy in cancer patients. Front Psychology. 6,p.118. Available from: doi:10.3389/fpsyg.2015.00118.

Clarke, R.E. Briggs, J., Armstrong, A. MacDonald, A. et al. (2021) Socio-materiality of trust: Co-design with a resource limited community organisation. CoDesign. [Online] 17 (3), p.258–277. Available from: doi:10.1080/15710882.2019.1631349.

Clement, A. & Van den Besselaar, P. (1993) A retrospective look at Participatory Design projects. Communications of the ACM, 36 (3), p.29-37.

Cleveland Clinic (2025) Interoception. Online. Available at: https://my.clevelandclinic.org/health/articles/interoception (Accessed July 2025)

Clough, P. (2004) Future Matters: Technoscience, global politics, and cultural criticism. Social Text. [Online] 22, p.1–23. Available from: doi:10.1215/01642472-22-3_80-1.

Common Threads (2016) About us (Online). Available at: https://commonthreadsproject.org/home (Accessed 9th Oct 2018)

Conklin, J. (2005) Some problems are so complex that you have to be highly intelligent and well informed just to be undecided about them. Social Complexity. October. [Online] 20. Available from: doi:10.1097/NNA.0b013e3181b9228f.

Conklin, J. (2006) Wicked Problems and social complexity. Dialogue Mapping: Building shared understanding of Wicked Problems. [Online] Available from: doi:10.1016/j.jacr.2013.08.013.

Cook, A. Pullin, G. (2016-2017) Hands of X at Institute of Making, Kimgs College London. Available at: https://www.instituteofmaking.org.uk/research/hands-of-x. (Accessed: 9th Oct 2024)

Cook, A. Pullin, G. (2020) Fashion and Participation in Hands of X. In: Crafting Anatomies. Townsend, K. Solomon, R. Briggs-Goode, A. (eds). Bloomsbury, p.113-135.

Cook, A. Pullin, G. (2023) Beyond the Bespoke: Agency and Hands of X. In: After Universal Design: The disability design revolution. Guffey, E. (ed) Bloomsbury, p.71-76.

Coole, D. & Frost, S. (2010) New Materialisms. Ontology, agency, and politics. Duke University Press. [Online] Available from: doi:10.1215/9780822392996.

Cornelissen, A.J.M. Tuinder, S.M.H. Heuts, E.M. van der Hulst, R.R.W.J. et al. (2018) What does a breast feel like? A qualitative study among healthy women. BMC Women's Health. [Online] Available from: doi:10.1186/s12905-018-0577-1.

Cottam, H. & Leadbeater, C.W. (2004) Red paper 01: Health: Co-Creating Services. Design Council Books. London: Design Council.

Cottam, H. Burns, C. Vanstone, C. & Winhall, J. (2006) PAPER 02 Transformation Design. London: Design Council.

Crabtree, A. Hemmings, T. Rodden, T. Cheverst, K. et al. (2003) Designing with care: Adapting cultural probes to inform design in sensitive settings. In: Proceedings of the 2004 Australasian Conference on Computer-Human Interaction (OZCHI2004). p.4–13.

Crafts Council (2015) Parallel Practices (Online). Available at: https://vimeo.com/118822823 (Accessed 9th January 2024).

Craik, J. (2003) The Face of Fashion: Cultural Studies in Fashion. Oxfordshire: Taylor & Francis.

Crawford, A. (2010) If 'the Body keeps the score': Mapping the dissociated Body in trauma narrative, Iitervention and theory. University of Toronto Quarterly. [Online] p.79. Available from: doi:10.1353/utq.2010.0231.

Cromwell, D. Browne, J. and Van Der Meulen, J. (2011) Fourth annual report of the national mastectomy and breast reconstruction audit. (Online) Available at: https://associationofbreastsurgery.org.uk/media/1085/nmbra-annual-report-2011.pdf (Accessed May 2015).

Cross, N. (2006) Designerly ways of knowing, Designerly Ways of Knowing, 3 (4), p. 1–114. Available from: doi: 10.1007/1-84628-301-9.

Cruickshank, L. & Evans, M. (2012) Designing creative frameworks: Design thinking as an engine for new Facilitation approaches. International Journal of Arts and Technology. [Online] 5 (1), p.73–85. Available from: doi:10.1504/IJART.2012.044337.

Cutress, R.I. McIntosh, S.A. Potter, S. Goyal, A. et al. (2018) Opportunities and priorities for breast surgical research. The Lancet Oncology. [Online]. Available from: doi:10.1016/S1470-2045(18)30511-4.

Dahl, Y. & Sharma, K. (2022) Six facets of Facilitation: Participatory Design Facilitators' perspectives on their role and it's realisation. In: Proceedings of the 2022 CHI Conference on Human Factors in Computing Systems, 29th April-5th May, New Orleans, USA. p.1 – 14. Available from: https://doi.org/10.1145/3491102.35020.

de Boer, M. van der Hulst, R. and Slatman, J. (2015) The surprise of a breast reconstruction: A longitudinal phenomenological study to understand women's expectations about reconstructive surgery', Human Studies, 38(3), p. 409–430. Available from: doi: 10.1007/s10746-015-9360-6.

DeLanda, M. (2016) Assemblage Theory. Speculative realism. Edinburgh:Edinburgh University Press.

Deleuze, G. (1988) Spinoza, practical philosophy. San Francisco:City Lights Books.

Deleuze, G. & Guattari, F. (1988.) A thousand plateaus : Capitalism and schizophrenia. London: Athlone Press. Available from: doi: LK - https://worldcat.org/title/17951952.

Deleuze, G. & Guattari, F. (2013) Anti-Oedipus : Capitalism and schizophrenia. [Online]. London SE, Bloomsbury Academic London. Available from: doi:LK - https://worldcat.org/title/821702506.

Department of Health (2000) The National Archives – NHS Reform Plan (Online). Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4002960 (Accessed 24th January 2017).

Design Council (2024) Systemic Design Framework (Online). Available at: https://www.designcouncil.org.uk/our-resources/systemic-design-framework/ (Accessed 12th January 2024).

Design Research Techniques (2024) Design Research Techniques (Online). Available at: www.designresearchtechniques.com (Accessed 21st May 2024).

Desouza, K. C. and Vance, E. (2003) Facilitating Tacit Knowledge Exchange, Communications of the ACM, 46(6), p. 85–88. Available from: doi: 10.1145/777313.777317.

De Vos, E. (2024) Like stones in the river: Understanding the nature of boundary objects in participatory futures workshops. Journal of Futures Studies. 29(1).

Dialogical Bodies conference: Everything and everybody as material (2024) Boras, Sweden: Swedish School of Textiles, University of Boras.

D'Ignazio, C. et al (2016) A Feminist HCI Approach to Designing Postpartum Technologies. In: Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems, 7th-12th May. San Jose, California, USA. p. 2612-2622. Available from: https://doi.org/10.1145/2858036.2858460

D'Igniazio, C. (2021) Towards a feminist hackathon: The 'Make the breast pump not suck' hackathon (Online) Available at: https://kanarinka.com/wp-content/uploads/2021/01/DIgnazio-et-al.-2016-Towards-a-Feminist-Hackathon-The-Make-the-Breast.pdf

Dillaway, H. & Wershle, L. (2021) Musings on perimenopause and menopause: identity, experience, transition. Ontario: Demeter Press.

Dixit, S. Varshney, S. Gupta, D. & Sharma, S. (2023) Textiles as fomites in the healthcare system. Applied microbiology and biotechnology. [Online] 107 (12), p.3887–3897. Available from: doi:10.1007/s00253-023-12569-2.

Dogherty, E. et al (2010) Facilitation as a role and process in achieving evidence based practice in nursing: a focused review of concept and meaning. Worldviews on Evidence Based Nursing. 7, p.76–89. Available from: https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/j.1741-6787.2010.00186.x

Donetto, S. Tsianakas, V. & Robert, G. (2014) Using Experience-based Co-design (EBCD) to improve the quality of healthcare: mapping where we are now and establishing future directions. National Nursing Research Unit. (July 2015), p.1–71.

Donetto, S. Pierri, P. Tsianakas, V. & Robert, G. (2015a) Experience based Co-design and healthcare improvement: Realizing participatory design in the public sector. Design Journal. [Online] 18 (2), 227–248. Available from: doi:10.2752/175630615X14212498964312.

Donetto, S. Pierri, P. Tsianakas, V. & Robert, G. (2015b) Experiencebased co-design and healthcare improvement: Realizing participatory design in the public sector. Design Journal. [Online] 18 (2), p.227–248. Available from: doi:10.2752/175630615X14212498964312.

Dong, D. Kettley, S. (2024) Shifting boundaries: 'Contextual examples' as boundary objects in a Jeweller Visual Artist distributed collaboration. In: Gray, C. Ciliotta, E. Hekkert, P. Forlano, L. Ciuccarelli, P. Lloyd, P. (eds) DRS2024: 23rd-28th June, Boston, USA. Available from: https://doi.org/10.21606/drs.2024.1109.

Dupont (2024) What is Tyvek? (Online) Available at: https://www.dupont.com/what-is-tyvek.html (Accessed 22nd March 2024)

Earley, R. & Hornbuckle, R. (2023) Design Materials and Making for Social Change: From Materials We Explore to Materials We Wear. Design Research for Change. Oxfordshire: Taylor & Francis.

Eckersley, A. (2008) A non-representational approach to fashion. In: IFFTI Conference, Melbourne, Australia, March. 2008 p. 8–11.

Ehlers, N. (2018) The prosthetic promise: Breast cancer and technologies of corporeal repair, Third Text. Taylor & Francis, 32(1), p. 68–77. Available from: doi: 10.1080/09528822.2018.1449460.

Ehn, P. (1988) Work-Oriented Design of Computer Artifacts. [Online]. Available from: doi:10.1525/awr.1989.10.4.14.

Ehn, P. Nilsson, E.M. & Topgaard, R. (2015) Making Futures | The MIT Press.

Embodied Labs (2024) About (Online). Available at: https://www.embodiedlabs.com (Accessed 24th January 2024).

Empathy Museum (2020) A Mile in my Shoes (Online). Available at https://www.empathymuseum.com/a-mile-in-my-shoes/ (Accessed 4th March 2021).

Engeström, Y. Engeström, R. and Vähäaho, T. (1999) When the centre does not hold: The im- portance of knotworking. In: Chaiklin, S. Hedegaard, M. and Jensen, U.J. (eds) Activity theory and social practice, p.345-374. Aarhus University Press, Aarhus.

Entwistle, J. (2000a) Fashion and the fleshy Body: Dress as embodied practice. Fashion Theory: The Journal of Dress, Body & Culture. [Online] 4, 323–347. Available from: doi:10.2752/136270400778995471.

Entwistle, J. (2000b) The Fashioned Body: Fashion, dress and modern social theory. The Fashioned Body: Fashion, Dress, and Modern Social Theory. Hoboken: Wiley.

Entwistle, J. (2001). The Dressed Body. In J. Entwistle & E. Wilson (Ed.) Body Dressing: Dress, Body, Culture. Oxford: Berg Publishers.

Entwistle, J. (2015) The Fashioned Body: Fashion, dress and social theory. New Jersey: Wiley.

Entwistle, J. (2016) The Fashioned Body 15 Years On: Contemporary fashion thinking. Fashion Practice. [Online]. Available from: doi:10.1080/17569370.2016.1147693.

Eriksen, M. A. (2009) Engaging design materials, formats and framings in specific situated Co-designing - A micro-material perspective. Nordes 2009: Engaging Artifacts. p.1–10.

Eriksen, M. A. (2012) Material matters in Co-Designing: Formatting & staging with participating materials in Co-Design projects, events & situations. PhD Thesis, Malmo University, Sweden.

Eriksen, M.A. (2014) What triggers us?! A close look at socio- material situations of Co-designing services. In: Proceedings of ServDes, 9th-11th April, 2014. Lancaster, UK. p.259–269. Available from: https://ep.liu.se/ecp/099/ecp14099.pdf

Etikan, I. (2016) Comparison of convenience sampling and purposive sampling. American Journal of Theoretical and Applied Statistics. [Online] 5, 1. Available from: doi:10.11648/j.ajtas.20160501.11.

Farnsworth, C. et al. (2016) Design Thinking beyond Post It Notes. In: Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems, 7th-12th May. San Jose, California, USA. p.1115-1118. Available from: https://doi.org/10.1145/2851581.2886428.

Findley, J. (2018) Fragmentation: Materialising Mourning through Complicated Grief, Royal College of Art. PhD Thesis.

Finlay, L. (2002) Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. Qualitative research. 2 (2), 209–230.

Fischer, G. & Ostwald, J. (2005) Knowledge communication in Design communities. In: Barriers and Biases in Computer-Mediated Knowledge Communication. [Online]. Available from: doi:10.1007/0-387-24319-4_10.

Fischer, G. (2011) Understanding, fostering, and supporting cultures of participation. Interactions. [Online] 18 (3), p.42–53. Available from: doi:10.1145/1962438.1962450.

Fisher, H.E. Craig, C. & Chamberlain, P. (2019) Life Café. A Co-Designed method of engagement. The Design Journal. [Online] 22, p.445–461. Available from: doi:10.1080/14606925.2019.1595431.

Fletcher, K. & Klepp, I.G. (2017) Opening up the wardrobe: A methods book. Novus Press.

Floyd, C. Mehl, W. M. Resin, F. M. Schmidt, G. & Wolf, G. (1989) Out of Scandinavia: Alternative approaches to software design and system development. Human–Computer Interaction 4 (4), p.253–350. Available from: https://doi.org/10.1207/s15327051hci0404_1.

Foster, R.G. & Roenneberg, T. (2008) Human responses to the geophysical daily, annual and lunar cycles. Current biology. 18 (17), R784–R794.

Foucault, M. (1977) Discipline and punish, panopticism. Discipline and punish: The birth of the prison. [Online] Available from: doi:10.2307/2065008.

Foucault, M. (2012) The Birth of the Clinic. [Online]. Available from: doi:10.4324/9780203715109.

Fox, N. & Ward, K. (2008) What are health identities and how may we study them? Sociology of health & illness. [Online] 30, p.1007–1021. Available from: doi:10.1111/j.1467-9566.2008.01093.x.

Fox, N. & Alldred, P. (2014) The research assemblage: a new materialist approach to social enquiry. (Online) Available at: https://www.researchgate.net/publication/270685981_The_research-assemblage_a_new_materialist_approach_to_social_inquiry (Accessed December 2018)

Fox, N.J. & Alldred, P. (2015) New materialist social inquiry: Designs, methods and the research-assemblage. International Journal of Social Research Methodology. [Online] 18 (4), p.399–414. Available from: doi:10.1080/13645579.2014.921458.

Fox, N.J. & Alldred, P. (2016) Sociology and the New Materialism : Theory, research, action. London:SAGE Publications, Limited.

Fox, N.J. & Alldred, P. (2017) New Materialism. Encyclopedia of Educational Philosophy and Theory. [Online] (October), 1565–1565. Available from: doi:10.1007/978-981-287-588-4_100690.

Fox, N. & Alldred, P. (2019) New Materialism. In: SAGE Research Methods Foundations, London: SAGE.

Fox, N.J. & Alldred, P. (2021) Applied research, diffractive methodology and the research-assemblage: Challenges and opportunities. Sociological Research Online. [Online] 28 (1), p.93–109. Available from: doi:10.1177/13607804211029978.

J Fox, N. & Powell, K. (2021) Non-human matter, health disparities and a thousand tiny dis/advantages. Sociology of Health and Illness, 43: 779-795. Avai;able from: https://doi.org/10.1111/1467-9566.13265.

Fox, N.J. & Alldred, P. (2022) Doing New Materialist data analysis: a Spinozo-Deleuzian ethological toolkit. International Journal of Social Research Methodology. [Online] 25 (5), p.625–638. Available from: doi:10.1080/13645579.2021.1933070.

Françoise, J. Candau, Y. Alaoui, S. Schiphorst, T. (2017) Designing for kinaesthetic awareness: Revealing user experiences through second-person inquiry. In: Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems, 6th-11th May. Denver, Colorado, USA. p.5171-518.

Freire, K. & Sangiorgi, D. (2010) Service design & healthcare innovation : From consumption to Co- production and Co-creation. ServDes. 2010 Second Nordic Conference on Service Design and Service Innovation. Linkoping, Sweden.

French, T. & Teal, G. (2016) Design for empathy within participatory design approaches. In: Cumulus Conference 2016 proceedings. 21st-24th November, 2016. Hong Kong.

French, T. Teal, G. & Raman, S. (2016) Experience Labs: Co-creating health and care innovations using design tools and artefacts. DRS2016: Future-Focused Thinking. [Online] 7, p.1–15. Available from: doi:10.21606/drs.2016.458.

Freysteinson, W. M. et al. (2012) The Experience of viewing oneself in the mirror after a mastectomy, Oncology Nursing Forum, 39(4), p. 361–369. Available from: doi: 10.1188/12.ONF.361-369.

Frick, E. Tardini, S. Cantoni, L. (2013) White paper on Lego Serious Play: A state of the art of its applications in Europe. Available from: https://www.researchgate.net/publication/262636559_White_Paper_on_LEGO_R_SERIOUS_PLAY_A_state_of_the_art_of_its_applications_in_Europe (Accessed 12th June 2018).

Gamestorming (2024) Games (Online). Available at: www.gamestorming.com (Accessed 21st May 2024).

Gant, N. & Hill, K. (2022) Well-making in social design: Opening the potential for makerspaces in social design projects. Journal of Applied Arts & Health. [Online] 13, p.291–306. Available from: doi:10.1386/jaah_00112_1.

Garlock, L. (2016) Stories in the Cloth: Art Therapy and Narrative Textiles. Art Therapy, 33(2), p.58–66. Available from: https://doi.org/10.1080/07421656.2016.1164004

Gastaldo, D. Magalhães, L. Carrasco, C. and Davy, C. (2012) Body-Map Storytelling as research (Online). Available at http://www.migrationhealth.ca/undocumented-workers-ontario/body-mapping (Accessed 10th June 2018).

Gastaldo, D. Rivas-Quarneti, N. & Magalhaes, L. (2018) Body-Map storytelling as a health research methodology: Blurred lines creating clear pictures. Forum Qualitative Sozialforschung Forum: Qualitative Social Research, 19(2). Available from: https://doi.org/10.17169/fqs-19.2.2858.

Gaver, W. Dunne, A. & Pacenti, E. (1999) Design: Cultural Probes. Interactions. [Online] 6, p.21–29. Available from: doi:10.1145/291224.291235.

Geaney, V. (2021) Vital Assemblages: A Fashion-Led Research Investigation into Collaboration Between Fashion Design Research and Biology (Online). Available at: https://www.victoriageaney.co.uk/research (Accessed 9th August 2023).

Gell, A. (1998) Art and Agency: An Anthropological Theory. Oxford: Clarendon Press.

Gentles, S.J. Jack, S.M. Nicholas, D.B. & McKibbon, K.A. (2014) Critical approach to reflexivity in grounded theory. The Qualitative Report. 19 (44), 1–14.

Giles, E. (2021) E-textiles for Self-Expression: Participatory Making with Blind and Visually Impaired People. The Open University. PhD thesis. Available from: https://doi.org/10.21954/ou.ro.00013023.

Gill, V. et al (2024) Supporting the stillbirth journey at BC Women's Hospital and health centre. BCMJ, (66) 9. p.340-345 Clinical Articles Original Research. Available from: https://bcmj.org/articles/supporting-stillbirth-journey-bc-womens-hospital-and-health-centre

Goffman, E. (1999) The Presentation of Self in Everyday Life. Palatine, IL:Anchor books.

Goleman, D. McKee, A. Waytz, A. (2017) Empathy. Harvard Business Review, Emotional Intelligence Series. Brighton, Massachusetts: Harvard Business Review Press.

GOV.UK (2015) Five year forward - NHS review (Online). Available at: https://www.gov.uk/guidance/moving-healthcare-closer-to-home (Accessed March 2023).

GOV.UK (2015) Moving healthcare closer to home (Online). Available at: https://assets.publishing.service.gov.uk/media/5a800b3de5274a2e8ab4dd99/Moving_healthcare_closer_to_home_clinical_review.pdf (Accessed March 2021).

GOV.UK (2019) A life course approach to prevention (Online). Available at:
https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach#:~:text=A%20life%20course%20approach%20values,the%20life%20course%20approach%20to (Accessed 4th January 2024).

GOV.UK (2019) Health matters: Prevention - A life course approach (Online). Available at: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach#a-life-course-approach (Accessed 9th February 2024).

GOV.UK (2019) 10 year health plan for England. Fit for the future (Online). Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (Accessed Mar 2024)

GOV.UK (2022) People at the heart of care - white paper (Online). Available at: https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform (Accessed 9th March 2023).

GOV.UK (2022) Women's health strategy for England (Online). Available at: https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#womens-health-across-the-life-course (Accessed 4th December 2022).

Green, S. (2020) ManCraft: Textile crafting and dialogue in facilitating a wellbeing group for men experiencing vulnerabilities. Loughborough University. PhD Thesis. Available from: https://doi.org/10.26174/thesis.lboro.13122023.v1.

Gregory, J. (2003) Scandinavian approaches to Participatory Design. International Journal of Engineering Education, 19 (3), p.62–74.

Greenhalgh, T. Wherton, J. Sugarhood, P. Hinder, S. et al. (2013) What matters to older people with assisted living needs? A phenomenological analysis of the use and non-use of telehealth and telecare. Social science & medicine (1982). [Online] 93C, 86–94. Available from: doi:10.1016/j.socscimed.2013.05.036.

Greenhalgh, T. Jackson, C. Shaw, S. & Janamian, T. (2016) Achieving research impact through Co-creation in community-based health services: Literature Review and Case Study. Milbank Quarterly. [Online]. Available from: doi:10.1111/1468-0009.12197.

Greenhalgh, T. & Papoutsi, C. (2018) Studying complexity in health services research: Desperately seeking an overdue paradigm shift. BMC Medicine. [Online]. Available from: doi:10.1186/s12916-018-1089-4.

Greer, G. (2009) The Female Eunuch. New York: HarperCollins.

Grosz, E. (1994) Volatile Bodies: Toward a Corporeal Feminism. Theories of Representation and Difference. Indiana University Press. Bloomington: Indiana.

Gunn, W. (2013) Design anthropology, London:Routledge.

Hackney, F. Onions, L. Rogers, G. Figueiredo, D. et al. (2022) Maker-centricity and 'edge-places of creativity': CARE-full making in a CARE-less world. European Journal of Cultural Studies. [Online] 25, p.1572–1596. Available from: doi:10.1177/13675494221136612.

Hackney, F. (2022) Interview with Angela Maddock. Journal of Applied Arts and Health, 13 (3), p.417-426.

Hackney, F. et al. (2022) Well Making and Making Well: Craft, Design and everyday creativity for health and wellbeing. Journal of Applied Arts in Health [Online]. Available from: https://doi.org/10.1386/jaah_00111_2.

Hall, E. T. (1966) The Hidden Dimension (Online). Available at: https://www.academia.edu/43785083/The_Hidden_Dimension_Edward_Hall (Accessed 5th May 2024).

Halpern, M. Erickson, I. Forlano, L. & Gay, G. (2013) Designing collaboration: Comparing cases exploring cultural probes as boundary-negotiating objects. In: Proceedings of the ACM Conference on Computer Supported Cooperative Work, CSCW. [Online] Available from: doi:10.1145/2441776.2441900.

Halskov, k. & Brodersen, N. (2015) The diversity of Participatory Design research practice at PDC 2002–2012. International Journal of Human-Computer Studies. 74, p.81–92. Available from: https://doi.org/10.1016/j.ijhcs.2014.09.003.

Hancock, B.H. (2018) Michel Foucault and the problematics of power: Theorizing DTCA and medicalized subjectivity. Journal of Medicine and Philosophy (United Kingdom). [Online]. Available from: doi:10.1093/jmp/jhy010.

Hansen, N.B. & Dalsgaard, P. (2012) The productive role of material design artefacts in participatory design events. NordiCHI 2012: Making Sense Through Design - Proceedings of the 7th Nordic Conference on Human-Computer Interaction. Copenhagen, Denmark. [Online] p.665–674. Available from: doi:10.1145/2399016.2399117.

Hansen, N. (2016) Materials in Participatory Design Processes. PhD thesis, Aarhus University, Denmark.

Haraway, D. J. (1997) Feminism and Technoscience. Cultural studies. Oxfordshire: Routledge.

Harcourt, D. & Rumsey, N. (2001) Psychological aspects of breast reconstruction: A review of the literature. Journal of Advanced Nursing. [Online] Available from: doi:10.1046/j.1365-2648.2001.01865.x.

Head, B. (2008) Wicked Problems in public policy - Understanding and responding to complex challenges. London: Palgrave Macmillan.

The Health Foundation (2024) The NHS Plan 2000 (Online). Available at: https://navigator.health.org.uk/theme/nhs-plan-2000 (Accessed 24th January 2021)

Helix Centre (2024) About (Online). Available at: https://helixcentre.com (Accessed 20th March 2024)

Henriksen, D. Jordan, J. Foulger, T. S. Zuiker, S. Mishra. P. (2020) Essential tensions in facilitating design thinking: Collective reflections. Journal of Formative Design in Learning, 4 (1) p.5-16.

Heron, J. (1999) The Complete Facilitator's Handbook. London:Kogan Page.

Heyen, N. et al (2022) Patient Science: Citizen Science involving chronically ill people as Co-Researchers. Journal of Participatory Research Methods, 3(1). https://doi.org/10.35844/001c.35634.

Hill, O. & White, K. (2008) Exploring women's experiences of TRAM flap breast reconstruction after mastectomy for breast cancer. Oncology nursing forum. [Online] 35 (1), p.81–88. Available from: doi:10.1188/08.ONF.81-88.

Hirsch, T. (2020) Practicing without a license: Design research as psychotherapy. Conference on Human Factors in Computing Systems - Proceedings. [Online] (April). Available from: doi:10.1145/3313831.3376750.

Hodson, E. Svanda, A. Dadashi, N. (2023) Whom do we include and when? Participatory Design with vulnerable groups. Co-Design. 19(4), p.269–286. Available at: https://doi.org/10.1080/15710882.2022.2160464.

Hogan, C. (2002) Understanding Facilitation: Theory & principles, London:Kogan Press.

Hogan, C.F. (2003) Practical Facilitation: A toolkit of techniques. New York:Kogan Page.

Höök, K. (2010) Transferring qualities from horseback riding to design. In: Proceedings of the 6th Nordic Conference on Human-Computer Interaction Extending Boundaries - NordiCHI '10, 16th-20th October, Reykjavik, Iceland. p. 226-235. Available from: doi: 10.1145/1868914.1868943.

Höök, K. Jonsson, M. P. Ståhl, A. & Mercurio, J. (2016) Somaesthetic appreciation design. In: Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems, 7th-12th May, San Jose, California, USA. p. 3131-3142. Available from: doi: 10.1145/2858036.2858583.

Höök, K. (2019) Designing with the Body - Somaesthetic Interaction Design. In: [Online]. 2019. Available from: doi:10.5753/ihc.2018.4168.

Hornbuckle, R. (2022) Designing proximities. DRS2022: Bilbao. [Online] p.0–3. Available from: doi:10.21606/drs.2022.1058.

Hornbuckle, R. (2022) Project proximities: A meta review of how design addresses distance in complex collaborations. [Online]. Available from: doi:10.21606/drs.2022.677.

Hornbuckle, R. (2024) Translational design: Enabling impact un complex, multi stakeholder research projects, through design. In: Gray. C. Hekkert, P. Forlano, L. Ciuccarelli, P. (eds) DRS2024, 23rd-28th June, Boston, USA. Available from:doi.org/10.21606/drs.2024.129.

Hornecker, E. & Buur, J. (2006) Getting a grip on tangible interaction: A framework on physical space and social interaction. In: Proceedings of the SIGCHI Conference on Human Factors in Computing Systems, April 22nd-27th. Montreal, Canada. p.437-446.

Hummels, C. & van Dijk, J. (2015) Seven principles to design for embodied sensemaking. In: Proceedings of the Ninth International Conference on Tangible, Embedded, and Embodied Interaction - TEI ’15, January 15th-19th. Stanford, California, USA. p.21-28.

Hunter, D. (2012) The Art of Facilitation, Hoboken: Jossey-Bass.

Hussain, S. Sanders, E. B.-N. & Steinert, M. (2012) Participatory Design with marginalized people in developing countries: Challenges and opportunities experienced in a field study in Cambodia. International Journal of Design, 6(2), p.91-109.

Huybrechts, L. & Geib, J. (2017) Institutioning: Participatory Design, Co-Design and the public realm. CoDesign. [Online] 13 (3), p.148–159. Available from: doi:10.1080/15710882.2017.1355006.

Ideo (2024) Design kit (Online). Available at: www.designkit.org (Accessed 21st May 2024).

Ideo (2024) Methods cards (Online). Available at: www.ideo.com (Accessed 21st May 2024).

Imbody Lab (2023) As light as your footsteps (Online). Available at: https://imbodylab.com/publications/as-light-as-your-footsteps-a-shoe-based-wearable-device-for-real-time-modification-of-footstep-sounds-for-illusory-changes-in-body-weight-2/ (Accessed 3rd December 2023).

Imbody Lab (2023) Body-X-Materials (Online). Available at: https://imbodylab.com/publications/body-x-materials-a-workshop-exploring-the-role-of-material-enabled-body-based-multisensory-experiences/ (Accessed 3rd December 2023).

Improvement Cymru Academy (2025) Improvement Cymru – Academy toolkit guide. Online. Available at: https://performanceandimprovement.nhs.wales/functions/quality-safety-and-improvement/improvement/improvement-cymru-academy/resource-library/academy-toolkit-guides/a-guide-to-facilitation-toolkit-guide/ (Accessed June 2025)

Ingold, T. (2007) Materials against materiality. Archaeological Dialogues. [Online] 14, p.1–16. Available from: doi:10.1017/S1380203807002127.

Ingold, T. (2010) The textility of making. Cambridge Journal of Economics. [Online] p.34, 91–102. Available from: doi:10.1093/cje/bep042.

Innovate UK (2023) Silent designers (Online). Available at: https://iuk.ktn-uk.org/news/silent-designers-podcast-series/ (Accessed 24th January 2024).

The Institute of Health Equity (2023) The Health Equity Network (Online). Available at: https://www.instituteofhealthequity.org/in-the-news/the-health-equity-network (Accessed 9th December 2023).

Integra Therapy (2024) Somatic Body Mapping (Online). Available at: https://www.integratherapy.co.uk/authentic-movement-2/somatic-body-mapping/ (Accessed 8th January 2024).

Islam, S. Parvin, F. Urmy, Z. Ahmed, S. et al. (2021) A study on the human health benefits, human comfort properties and ecological influences of natural sustainable textile fibres. [Online] Available from: doi:10.5281/zenodo.3778984.

Jacucci, G. and Wagner, I. (2007) Performative roles of materiality for collective creativity, Creativity and Cognition 2007, CC2007 - Seeding Creativity: Tools, Media, and Environments, p. 73–82. Available from: doi: 10.1145/1254960.1254971.

J Fox, N. & Powell, K. (2021) Non-human matter, health disparities and a thousand tiny dis/advantages. Sociology of Health and Illness. [Online] 43 (3), p.779–795. Available from: doi:10.1111/1467-9566.13265.

de Jager, A. Tewson, A. Ludlow, B. & Boydell, K. (2016) Embodied ways of storying the self: A systematic review of Body-Mapping. Forum Qualitative Social Research 17(2). Available from: https://doi.org/10.17169/fqs-17.2.2526.

Johnson, J. (2005) Complexity science in collaborative design, CoDesign, 1(4), p. 223–242. Available from: doi: 10.1080/15710880500478346.

Johnston, M. & Johnston, D. (2017) What is behavioural medicine? Commentary on definition proposed by Dekker, Stauder and Penedo. International journal of behavioral medicine. [Online] 24 (1), p.8–11. Available from: doi:10.1007/s12529-016-9611-6.

Jones, P. (2013) Design for care: Innovating healthcare experience. New York: Rosenfeld Media.

Kaner, S. Lind, L. Toldi, C. Fisk, S. Berger, D. Doyle, M. (2007) Facilitators guide to participatory decision making, Hoboken: Jossey-Bass.

Kannampallil, T. G. et al. (2011) Considering complexity in healthcare systems, Journal of Biomedical Informatics, 44(6), p. 943–947. Available from: doi: 10.1016/j.jbi.2011.06.006.

Karakayali, N. (2015) Two ontological orientations in sociology: Building social ontologies and blurring the boundaries of the 'social'. Sociology. [Online] 49 (4), p.732–747. Available from: doi:10.1177/0038038514551089.

Kawamura, Y. (2005) Fashion-ology: Dress, Body, Culture, London:Berg.

Kelly, M. Svrcek, C. King, N. Scherpbier, A. et al. (2020) Embodying empathy: A phenomenological study of physician touch. Medical Education. [Online] 54 (5), p.400–407. Available from: doi:https://doi.org/10.1111/medu.14040.

Kelsick, J.R. Freysteinson, W.M. Young, A. & Nurse, R. (2021) Experiences of viewing self in the mirror for men and women with dementia as perceived by their caregivers: A phenomenological study. Applied Nursing Research. [Online] 58. Available from: doi:https://doi.org/10.1016/j.apnr.2021.151398.

Kettley, S. and Smyth, M. (2004) The materiality of wearable computers – Craft and authentic user experience, The Design Journal, 7(2), p. 32–41. Available from: doi: 10.2752/146069204789354381.

Kettley, S. Kettley, R. and Bates, M. (2015) An introduction to the person-centred approach as an attitude for participatory design, UbiComp and ISWC 2015 - Proceedings of the 2015 ACM International Joint Conference on Pervasive and Ubiquitous Computing and the Proceedings of the 2015 ACM International Symposium on Wearable Computers, Osaka, Japan. p. 1101–1104. Available from: doi: 10.1145/2800835.2807945.

Khalsa, S.S. Rudrauf, D. & Tranel, D. (2009) Interoceptive awareness declines with age. Psychophysiology. [Online] 46 (6), p.1130–1136. Available from: doi:10.1111/j.1469-8986.2009.00859.x.

Khazen, M. (2022) Power dynamics in doctor-patient relationships: A qualitative study examining how cultural and personal relationships facilitate medication requests in a minority with collectivist attributes. Patient Education and Counseling. [Online] 105 (7), p.2038–2044. Available from: doi:https://doi.org/10.1016/j.pec.2021.11.023.

Kilbourne, A.M. et al (2023) How does Facilitation in healthcare work? Using mechanism mapping to illuminate the black box of a meta-implementation strategy. Implementation Science Communications. 4, p.53 (2023). Available from: https://doi.org/10.1186/s43058-023-00435-1

Kimbell, L. & Blomberg, J. (2018) The object of service design. In: Designing for Service. [Online]. Available from: doi:10.5040/9781474250160.ch-006.

Kimbell. L. (2024) Social Design Methods Menu (Online). Available at: www.lucykimbell.com (Accessed 21st May 2024).

Kings College London (2025) Artists in Residence: Angela Maddock (Online). Available at: https://www.kcl.ac.uk/cultural/artists-in-residence/artists-in-nursing-midwifery-palliative-care/angelamaddock (Accessed 10th December 2020)

Kingsfund (2023) The rise and decline of the NHS in England (Online). Available at: https://assets.kingsfund.org.uk/f/256914/x/0ab966500b/rise_decline_nhs_england_2000-20_2023.pdf (Accessed 3rd Mar 2024)

Klemmer, S. R. et al (2006) How bodies matter: Five themes for interaction design. In: Proceedings of the 6th conference on Designing Interactive Systems (DIS '06), Association for Computing Machinery, June 26th - 28th. New York, USA. p.140-149.

Klepp, I.G. & Bjerck, M. (2014) A methodological approach to the materiality of clothing: Wardrobe studies. International Journal of Social Research Methodology. [Online] 17 (4), p.373–386. Available from: doi:10.1080/13645579.2012.737148.

Klepp, I. G. and Rysst, M. (2017) Deviant Bodies and Suitable Clothes, Fashion Theory - Journal of Dress Body and Culture. Routledge, 21(1), p. 79–99. Available from: doi: 10.1080/1362704X.2016.1138658.

Klepp, I.G. Laitala, K. & Wiedemann, S. (2020) Clothing Lifespans: What should be measured and how. Sustainability. [Online] 12 (15). Available from: doi:10.3390/su12156219.

Knutz, E. & Markussen, T. & Thomsen, S. M. & Ammentorp, J. (2014) Designing for democracy : Using design activism to re-negotiate the roles and rights for patients. In: Proceedings of DRS 2014. Umea, Sweden. P.1–16.

Knutz, E. Markussen, T. & Thomsen, S.M. (2018) Materiality in probes: Three perspectives for co-exploring patient democracy. CoDesign. [Online] 15 (2), p.142–162. Available from: doi:10.1080/15710882.2018.1445759.

Knutz, E. Markussen, T. (2022) Artifacts in the co-production of knowledge in social design. In: Lockton, D. Lenzi, S. Hekkert, P. Oak, A. Sádaba, J. Lloyd, P. (eds.), DRS2022: Bilbao, 25 June - 3 July, Bilbao, Spain. https://doi.org/10.21606/drs.2022.708.

Komada, Y. Sato, M. Ikeda, Y. Kami, A. et al. (2021) The relationship between the lunar phase, menstrual cycle onset and subjective sleep quality among women of reproductive age. International Journal of Environmental Research and Public Health. [Online] 18 (6). Available from: doi:10.3390/ijerph18063245.

Koopman, W. J. Watling, C.J. & LaDonna, K.A. (2020) Autoethnography as a strategy for engaging in reflexivity. Global Qualitative Nursing Research. 7, 2333393620970508.

Kothari, A. Rudman, D. Dobbins, M. Rouse, M. et al. (2012) The use of tacit and explicit knowledge in public health: A qualitative study. Implementation Science. [Online] Available from: doi:10.1186/1748-5908-7-20.

Krist, A.H. Tong, S.T. Aycock, R.A. & Longo, D.R. (2017) Engaging patients in decision-making and behavior change to promote prevention. Studies in health technology and informatics. 240, p.284–302.

La, J. Jackson, S. and Shaw, R. (2019) 'Flat and fabulous': Women's breast reconstruction refusals post-mastectomy and the negotiation of normative femininity, Journal of Gender Studies. Routledge, 28(5), p. 603–616. Available from: doi: 10.1080/09589236.2019.1601547.

Langley, J. (2016) Participatory Design: Co-creation, Co-production, Co-design, Combining Imagination and Knowledge. Sheffield Hallam University. Online. Available at: https://shura.shu.ac.uk/14631/1/Langley%20-%20KU16%20-%20Participatory%20Design.pdf. (Accessed June 2018).

Langley, J. Wolstenholme, D. & Cooke, J. (2018) 'Collective making' as knowledge mobilisation: The contribution of participatory design in the co-creation of knowledge in healthcare. BMC Health Services Research. [Online] 18 (1), p.1–10. Available from: doi:10.1186/s12913-018-3397-y.

Langley, J. (2019) Developing a rapid Urinary tract infection test device for primary care settings (Online) Available at: https://lab4living.org.uk/projects/uti-testing-in-primary-care/.

Latour, B. (2005) Reassembling the social: An introduction to Actor-Network-Theory [Online]. Available from: doi:10.1016/S0969-4765(04)00066-9.

Layton, S. (2013) Bedside Manners (Online). Available at: http://www.sofielayton.co.uk/installations.34.html (Accessed 10th Oct 2019)

Layton, S. (2016) Exploring the uniqueness of congenital heart disease. *Journal of Applied Arts in Health.* 7, (1). p.77-91.

Layton, S. (2017-2018) Heart of the Matter (Online). Available at: https://www.insidetheheart.org (Accessed 10th Oct 2019)

Layton, S. (2021) Bearing Witness: The Artist within the medical landscape, In: Vear, C. (ed) The Routledge International Handbook of Practice Based Research, London: Routledge.

Lazar. A. (2018) Making as expression: Informing Design with people with complex communication needs through Art Therapy. In: Proceedings of CHI 2018, April 21st–26th, 2018. Montréal, QC, Canada. https://doi.org/10.1145/3173574.3173925.

Leder, D. (1990) The Absent Body. Philosophy/Psychology. Chicago: University of Chicago Press.

Leder, D. (1992a) A tale of two bodies: The Cartesian corpse and the lived body. In: [Online]. Available from: doi:10.1007/978-94-015-7924-7_2.

Leder, D. (1992b) The Body in medical thought and practice. [Online]. Available from: doi:10.1007/978-94-015-7924-7.

Leder, D. (2005) Visceral Perception, In: Classen, C. (Ed.) 2005. The Book of Touch (1st ed.). Oxfordshire:Routledge. https://doi.org/10.4324/9781003135463.

Leder, D. (2016) The Distressed Body: Rethinking Illness, Imprisonment, and Healing. Chicago: University of Chicago Press.

Lee, Y. (2006) Design participation tactics : Redefining user participation in Design. 2006 Design Research Society International Conference in Lisbon IADE. [Online] Available from: doi:10.1080/15710880701875613.

Lee, Y. (2008) Design participation tactics: The challenges and new roles for designers in the Co-design process. CoDesign. [Online] Available from: doi:10.1080/15710880701875613.

Lego (2025) Lego Serious Play – About (Online). Available at: https://www.lego.com/en-gb/themes/serious-play/background (Accessed 10th Jan 2021)

Lemke, T. (2015) New Materialisms: Foucault and the 'government of things'. Theory, Culture \& Society. [Online] 32 (4), p.3–25. Available from: doi:10.1177/0263276413519340.

Lennon, K. (2019) Feminist perspectives of the body (Online). The Stanford Encyclopaedia of Philosophy. Available at: https://plato.stanford.edu/archives/fall2019/entries/feminist-body/.

Leone, L. (2021) Craft in Art Therapy: Diverse approaches to the transformative power of craft materials and methods. Oxon: Routledge.

Leslie, M. Khayatzadeh-Mahani, A. & MacKean, G. (2019) Recruitment of caregivers into health services research: Lessons from a user-centred design study. Research Involvement and Engagement. [Online] 5 (1), p.17. Available from: doi:10.1186/s40900-019-0150-6.

Leunissen, T. de Boer, M. van der Hulst, R. & Slatman, J. (2016) Exploring novel dimensions of body experience after breast reconstruction. JPRAS Open. [Online] Available from: doi:10.1016/j.jpra.2015.10.001.

Light, A. & Akama, Y. (2012) The human touch: From method to participatory practice in facilitating designing with communities. In: Proceedings of the 12th Participatory Design Conference: Research Papers. Volume 1 (2012), 61-70. New York.

Lin, J.A. & Cook, A.C. (2020) A surgeon's review for difficult conversations. Current Surgery Reports. [Online] 8 (2), p.1–8. Available from: doi:10.1007/s40137-020-00247-5.

LivedLives, (2024) About (Online). Available at: https://www.livedlivesproject.com (Accessed 3rd March 2018).

Lock, M. Reviews, A. and Review, A. (1993) Cultivating the Body:Anthropology and epistemologies of bodily practice and knowledge, Annual Review of Anthropology, 22(1993), p. 133–155. Online. Available at: http://www.jstor.org/stable/2155843 (Accessed June 2019)

Loke, L. & Robertson, T. (2011) The lived body in design: Mapping the terrain. In: Proceedings of the 23rd Australian Computer-Human Interaction Conference, OzCHI 2011. Brisbane, Australia. [Online]. 2011. Available from: doi:10.1145/2071536.2071565.

Loke, L. Sydney, T. Workshop, G. S. (2013) Re-sensitising the body: Interactive art and the Feldenkrais method. International Journal of Arts and Technology, 6 (4) p.339-356.

Lorgelly, P. (2006) Gender inequalities in health and healthcare: What do we know so far? In: Naturbilder und Lebensgrundlagen, Ernst, W. (ed) Hamburg; Lit Verlag.

Lu, L. & Yuen, F. (2012) Journey women: Art therapy in a decolonizing framework of practice. The Arts in Psychotherapy. [Online] 39, p.192–200. Available from: doi:10.1016/j.aip.2011.12.007.

Luft, S. (2013) The Routledge Companion to Phenomenology. [Online]. Available from: doi:10.4324/9780203816936.

van der Lugt, R. & van der Laan, T. (2017) Design Facilitators' journeys through the jungle of Co- in healthcare. The Design Journal. [Online] 20, S2057–S2067. Available from: doi:10.1080/14606925.2017.1352724.

Lupton, D. (2012) Medicine as culture: Illness, disease and the body. [Online]. Available from: doi:10.4135/9781446254530.

Lupton, D. (2019) Towards a more-than-human Analysis of digital health: Inspirations from Feminist New Materialism. Qualitative Health Research. [Online] Available from: doi:10.1177/1049732319833368.

Macdonald, A. & Robert, G. (2014) Reconciling Science and Art within healthcare Service Design. In: Mapping and developing service design research in the UK. p.36–37. Sangiorgi, D. Prendiville, A. Ricketts, A. (eds). Online. Available at: https://imagination.lancaster.ac.uk/wp-content/uploads/2020/03/sdr_mapping-and-devloping-sdr-in-the-uk.pdf.

Maguire, H. & Fahy, F. (2022) Practising fashion and wardrobe studies: A geographical reframing? Area. [Online] 54 (1), p.69–77. Available from: doi:https://doi.org/10.1111/area.12761.

Make Tools (2024) Convivial Toolbox (Online). Available at: www.maketools.com (Accessed 21st May 2024).

Malmqvist, E. and Zeiler, K. (2019) Bodily exchanges, bioethics and border crossing: Perspectives on giving, selling and sharing bodies. (Routledge Studies in the Sociology of Health and Illness). Oxfordshire:Taylor & Francis.

Malone, K.M. McGuinness, S.G. Cleary, E. Jefferies, J. et al. (2017) Lived Lives: A Pavee Perspective. An arts-science community intervention around suicide in an indigenous ethnic minority. Wellcome open research. [Online] 2, p.27. Available from: doi:10.12688/wellcomeopenres.11330.1.

Malone, K. Cleary, E. Kelleher, CC. Jefferies, J. Lane, A. Lucey, JV. McGuiness, S. (2020) Bringing Lived Lives to Swift's Asylum: A psychiatric hospital perspective. Wellcome Open Res. 2021 Dec 20;6:85. doi: 10.12688/wellcomeopenres.15588.3.

Malterud, K. Fredriksen, L. & Gjerde, M.H. (2009) When doctors experience their vulnerability as beneficial for the patients: A focus-group study from general practice. Scandinavian journal of primary health care. [Online] 27 (2), p.85–90. Available from: doi:10.1080/02813430802661811.

Manrique, M. (2011) Depersonalisation in breast cancer patients. Breast. 20. (Online) Available from: 10.1016/S0960-9776(11)70273-9.

Manzini, E. and Rizzo, F. (2011) Small projects/large changes: Participatory design as an open participated process, CoDesign, 7(3–4), pp. 199–215. Available from: doi: 10.1080/15710882.2011.630472.

Manzini, E. (2015) Design, when everybody designs: An introduction to Design for social innovation. Cambridge, MA: MIT Press.

Marmot, M. et al. (2020) Health equity in england: The Marmot Review 10 years on. Institute of Health Equity. Available at: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on (Accessed 15th December 2020).

Massumi, B. (2021) The autonomy of affect. In: Movement, affect, sensation. [Online]. New York, USA, Duke University Press. p.25–48. Available from: doi:doi:10.1515/9781478021971-005.

Mattelmäki, T. Battarbee, K. Mattelmiiki, T. & Battarbee, K. (2002) Empathy Probes. In: Proceedings of the 7th Biennial Participatory Design Conference, 2002. June 23rd-25th 2002, Malmo, Sweden.

Mattelmäki, T. (2006) Design Probes. Publication series of the University of Art and Design Helsinki, Finland.

Mattelmäki, T. & Sleeswijk Visser, F. (2011) Lost in Co-X: Interpretations of Co-design and Co-creation. In: Proceedings of IASDR2011, the 4th World Conference on Design Research.

McCusker, S. Swan, J. C. (2018) The use of metaphors with LEGO® SERIOUS PLAY® For Harmony And Innovation, International Journal of Management and Applied Research, 5(4), p.174-192. https://doi.org/10.18646/2056.54.18-013.

McGuinness, S. (2011) Materialising stories of young Irish suicide. In: Jefferies, J. Wood-Conroy, D. Clark, H. (eds) Handbook of Textile Culture; Routledge International Handbook of Practice Based Research, London:Routledge.

McGuinness, S. (2018) Artist and Facilitator: Interview with Rhian Solomon, The Royal College of Art, London, Date of interview 12th April 2018.

McKenzie, D. Muljono D. Sanders, E.B. (2016) Collective dreaming in the virtual world: The first step. In:Relating systems thinking and design symposium. 13th-15th October. Toronto, Canada.

Mellander, E. & Petersson McIntyre, M. (2021) Fashionable detachments: Wardrobes, bodies and the desire to let go. Consumption Markets & Culture. [Online] 24 (4), p.343–356. Available from:doi:10.1080/10253866.2020.1802258.

Melville-Richards, L. Rycroft-Malone, J. Burton, C. & Wilkinson, J. (2019) Making authentic: Exploring Boundary Objects and bricolage in knowledge mobilisation through National Health Service-university partnerships. Evidence & Policy: A Journal of Research, Debate and Practice. [Online] Available from: doi:10.1332/174426419x15623134271106.

Merleau-Ponty, M. & Landes, D.A. (2013) Phenomenology of perception. [Online]. Available from: doi:10.4324/9780203720714.

Miettinen, R. (2000) The concept of experiential learning and John Dewey's theory of reflective thought and action, International Journal of Lifelong Education, 19(1), p. 54–72. Available from: doi: 10.1080/026013700293458.

Millar, L. Kettle, A. (2024) Reading the thread; Cloth and communication, Reading the thread, cloth and communication, London:Bloomsbury.

Miller, E. Hayter, C. Manchester, H. (2025) Facilitating Co-Design in healthcare: A collaborative autoethnography of personalities, power and competing priorities. In: Co-Design. p.1–15. Available from: https://doi.org/10.1080/15710882.2025.2460037.

Minder, B. & Heidemann Lassen, A. (2018) The Designer as Facilitator of multidisciplinary innovation projects. Design Journal. [Online] Available from: doi:10.1080/14606925.2018.1527513.

Moi, T. (1999) What is a Woman? And other essays. Oxford: Oxford University Press.

Mol, A. (2002) Body Multiple: Ontology in Medical Practice. North Carolina: Duke University Press.

Møller, T. & Kettley, S. (2017) Wearable health technology design: A humanist accessory approach. International Journal of Design, 11(3), p.35-49.

Moore, L.J. & Kosut, M. (2010) The Body Reader: Essential social and cultural readings. NYU Press.

Morgan, J. (2004). Long Life: Positive HIV Stories. Cape Town: Double Storey.

Morrison, C. & Dearden, A. (2013) Beyond tokenistic participation: Using representational artefacts to enable meaningful public participation in health service design, Health Policy. Elsevier Ireland Ltd, 112(3), p. 179–186. Available from: doi: 10.1016/j.healthpol.2013.05.008.

Mosely, G. Markauskaite, L. & Wrigley, C. (2021) Design Facilitation: A critical review of conceptualisations and constructs. Thinking Skills and Creativity. [Online] 42. Available from: doi:https://doi.org/10.1016/j.tsc.2021.100962.

Mosely, G. & Markauskaite, L. (2023) Design Facilitation practice; An integrated framework. In: Straker, K. Wrigley, C. (eds) Research Handbook on Design Thinking, Cheltenham: Edward Elgar Publishing.

Mosleh, W.S. & Larsen, H. (2020) Exploring the complexity of participation. CoDesign. [Online] 00 (00), p.1–19. Available from: doi:10.1080/15710882.2020.1789172.

da Motta Amadeu, F. (2015) Reflecting on capabilities and interactions between designers and local producers through the materiality of rubber from the Amazon Rainforest. PhD thesis, University of the Arts London.

Murasaki, Aryel K. & Galheigo, Sandra M. (2016) Juventude, homossexualidade e diversidade: Um estudo sobre o processo de sair do armário usando mapas corporais. Cadernos de Terapia Ocupacional da UFSCar, 24(1), p.53-68. Available from: https://doi.org/10.4322/0104-4931.ctoAO0648 (Accessed: November 27, 2017)

Murphy-Morgan, C. et al (2024) Stepping outside the red line. In: proceedings of the 7th International Conference on Design4Health, 25th-27th June. Sheffield, UK. p. 288-292. Available from: https://researchportal.northumbria.ac.uk/en/publications/stepping-outside-the-red-line-an-exploration-of-two-co-design-met

Myckatyn, T.M. Parikh, R.P. Lee, C. & Politi, M.C. (2020) Challenges and solutions for the implementation of shared decision-making in breast reconstruction. Plastic and reconstructive surgery. Global open. [Online] 8 (2), e2645. Available from: doi:10.1097/GOX.0000000000002645.

Napier, P. & Wada, T. (2015) Co-Designing for healthcare: Visual Designers as researchers and Facilitators. Visible Language. 49 (1/2), p.129.

Napier, P. & Wada, T. (2016) Position Paper: Defining Design Facilitation: Exploring and advocating for new, strategic leadership roles for Designers and what these mean for the future of Design education. Dialectic. [Online] I (1), p.154–178. Available from: doi:10.3998/dialectic.14932326.0001.110.

National Centre for Creative Health (2023) Creative Health Review (Online). Available at: https://ncch.org.uk/creative-health-review (Accessed December 2023)

National Centre for Creative health (2024) Impact Report (Online). Available at: https://ncch.org.uk/uploads/NCCH-Impact-Report-2001-2024_Digital.pdf (Accessed 1st Oct 2024)

National Centre for Creative Health (2025) About (Online). Available at: https://ncch.org.uk/what (Accessed 5th Mar 2025)

Nelson, R.R. & Winter, S.G. (1982) An Evolutionary Theory of Economic Change. Cambridge, Massachusetts: Harvard University Press.

Newman, D. (2015) From the front of the room: Notes on Facilitation for experienced practitioners, Rome: Matter Group.

NHS.UK (2009) A handy guide to Facilitation (Online). Available at: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/2010_handy_guide_to_facilitation_final__low-res_-1.pdf (Accessed 14th March 2018)

NHS.ORG (2018) Secure Carers Toolkit (Online). Available at: https://www.england.nhs.uk/wp-content/uploads/2018/05/secure-carers-toolkit-v2.pdf (Accessed 10th June 2019).

NHS.ORG (2022) Personalised care (Online). Available at: https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/. (Accessed 24th January 2024).

NHS.UK (2022) 2022-2023 Priorities and operational planning guidance (Online). Available at: https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (Accessed 5th February 2024).

NHS.ORG, (2024) Six Thinking Hats (Online). Available at: https://aqua.nhs.uk/wp-content/uploads/2023/07/qsir-six-thinking-hats.pdf (Accessed 10th September 2024).

NHS.ORG, (2025) Evolving to meet a changing world. Available at: https://www.england.nhs.uk/future-of-human-resources-and-organisational-development/the-future-of-nhs-human-resources-and-organisational-development-report/evolving-to-meet-a-changing-world/ (Accessed 4th March 2025).

Nimkulrat, N. & Groth, C. (2024) Craft and Design Practice from an embodied perspective, New York: Routledge.

Oertzen, A. S. et al. (2022) Navigating the tensions of integrating lived experience in participatory healthcare design. The Design Journal. [Online] 25 (6), p.997–1018. Available from: doi:10.1080/14606925.2022.2113223.

Oppenheim (2024) Body research tool (Online). Available at: https://www.bodyresearchtool.com (Accessed 3rd December 2023).

Orth, D. (2019) Designing meaningful objects. PhD thesis. University Technology Sydney. Online. Available at: https://opus.lib.uts.edu.au/bitstream/10453/135822/1/01front.pdf (Accessed June 2022)

O'Shea, A. Boaz, A.L. & Chambers, M. (2019) A hierarchy of power: The place of patient and public involvement in healthcare service development. Frontiers in Sociology. [Online] Available from: doi:10.3389/fsoc.2019.00038.

Østerlund, C. (2008) The Materiality of Communicative Practices: The boundaries and objects of an emergency room genre, Scandinavian Journal of Information Systems, 20(1), p. 7–40.

Olmos-Vega, F.M. Stalmeijer, R.E. Varpio, L. & Kahlke, R. (2023) A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. Medical Teacher. [Online] 45 (3), p.241–251. Available from:doi:10.1080/0142159X.2022.2057287.

Orbach, S. (2010) Bodies. London: Profile.

Orlikowski, W. J. (2010) The sociomateriality of organisational life. Cambridge journal of economics. 34(1), p.125-141. (Online) Available from: https://doi.org/10.1093/cje/bep058

Orlikowski, W.J. & Scott, S. V. (2015) Exploring material-discursive practices. Journal of Management Studies. [Online] Available from: doi:10.1111/joms.12114.

Ortner, S.B. (1972) Is female to male as nature is to culture. Feminist Studies. 1, 5.

OurOwnsKIN (2017) Reboot (Online). Available at: http://ourownskin.co.uk/portfolio/reboot-kings-college-london/ (Accessed 19th January 2023).

Palinkas, L.A. Horwitz, S.M. Green, C.A. Wisdom, J.P. et al. (2015) Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Administration and policy in mental health. [Online] 42 (5), p.533–544. Available from: doi:10.1007/s10488-013-0528-y.

Papastavrou, E. Ciokajlo, E. & Solomon, R. (2020) OurOwnsKIN: The development of 3D printed footwear inspired by human skin, In: Townsend, K. Solomon, R. & Briggs-Goode, A. (eds) Crafting Anatomies: Archives, Dialogues, Fabrications, London: Bloomsbury.

Papert, S. & Harel, I. (1991) Situating Constructionism. In: Harel, I. (ed) Constructionist Learning. Cambridge, MA: MIT Media Laboratory.

Parallel Practices (2014) About (Online). Available at: https://www.youtube.com/watch?v=HT7d_kL1nAw&list=PL3dHwye4ClRIuR8g9H47HSbpetVekdow1&index=1 (Accessed July 2014)

Patrício, L. Sangiorgi, D. Mahr, D. Čaić, M. et al. (2020) Leveraging service design for healthcare transformation: Towards people-centered, integrated, and technology-enabled healthcare systems. Journal of Service Management. [Online] 31 (5), p.889–909. Available from: doi:10.1108/JOSM-11-2019-0332.

Paulicelli, E. Manlow, V. & Wissinger, E. (2021) The Routledge Companion to Fashion Studies. Routledge Media and Cultural Studies Companions. Oxfordshire:Taylor & Francis.

Penin, L. (2018) An introduction to Service Design: Designing the invisible. London: Bloomsbury Publishing.

Peters, B.G. (2017) What is so wicked about Wicked Problems? A conceptual analysis and a research program. Policy and Society. [Online] 36 (3), p.385–396. Available from: doi:10.1080/14494035.2017.1361633.

Petreca et al. (2023) Body x Materials: A workshop exploring the role of material-enabled body-based multisensory experiences. In: Extended Abstracts of the 2023 CHI Conference on Human Factors in Computing Systems, April 23rd-28th, 2023. Hamburg, Germany. Available from: https://doi.org/10.1145/3544549.3573807.

Petrilli, C. et al. (2015) Understanding the role of physician attire on patient perceptions, BMJ Open, 5(1). Available from: doi: 10.1136/bmjopen-2014-006578.

Pfannstiel, M.A. & Rasche, C. (2018) Service design and service thinking in healthcare and hospital management: Theory, concepts, practice. NYC:Springer International Publishing.

Pfannstiel, M.A. Brehmer, N. & Rasche, C. (2022) Service Design practices for healthcare innovation: Paradigms, principles, prospects. NYC: Springer International Publishing.

Pfeifer, R. & Bongard, J. (2006) How the Body shapes the way we think: A new view of intelligence. A Bradford Book. Cambridge, MA: MIT Press.

Pierre Johnson, M. Ballie, J. Thorup, T. & Brooks, E. (2017) Living on the edge: Design artefacts as boundary objects. The Design Journal. [Online] 20, S219–S235. Available from: doi:10.1080/14606925.2017.1352771.

Pihkala, S. & Karasti, H. (2022) Towards response-able Participatory Design: Putting Feminist New Materialisms to work in the practices of Participatory Design. ACM International Conference Proceeding Series. [Online] 1, p.98–108. Available from: doi:10.1145/3536169.3537784.

du Plessis, R. (2023) Nott, J. & Harris, A. (eds), Making Sense of Medicine: Material Culture and the Reproduction of Medical Knowledge. Social History of Medicine. [Online] Available from: doi:10.1093/shm/hkad054.

Polanyi, M. (1966) The tacit dimension. Cranleigh:Anchor books.

Policy Lab (2024) Lived Experience Guide (Online). Available at: https://openpolicy.blog.gov.uk/wpcontent/uploads/sites/35/2024/03/PL_Livedexperienceguide_v6-1.pdf (Accessed 19th March 2024).

Ponty, M. (1962) Phenomenology of Perception, London:Routledge.

Popova, K. Garrett, R. Núñez-Pacheco, C. Lampinen, A. et al. (2022) Vulnerability as an ethical stance in soma design processes. Conference on Human Factors in Computing Systems - Proceedings. [Online] Available from: doi:10.1145/3491102.3501994.

Potts, A. (2004) Deleuze on Viagra (Or, what can a 'Viagra-Body' do?). Body & Society. [Online] 10 (1), p.17–36. Available from: doi:10.1177/1357034X04041759.

Prendiville, A. (2016) Connectivity through service design. In: The Routledge Companion to Design Studies. Oxfordshire: Routledge.

Prendiville, A. (2019) Service Design methods: Knowledge Co-production in health and social care. In: Service Design and Service Thinking in Healthcare and Hospital Management. [Online]. p. Available from: doi:10.1007/978-3-030-00749-2_21.

Price, C. J. & Hooven, C. (2018) Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT). Frontiers in Psychology. [Online] 9, p.1–12. Available from: doi:10.3389/fpsyg.2018.00798.

Pym, C. (2015) Mending and anatomy (Online). Available at: https://celiapym.com/work/mending-and-anatomy/ (Accessed 4th January 2015).

Pym, C. (2016) Artist and Facilitator: Interview with Rhian Solomon, Stoke Newington, London, Date of interview 2nd November 2016.

Pym, C. (2017) Mending and Anatomy: Making Your Hands Knowledgeable. Utopian Studies. [Online] 28 (3), p.562–575. Available from: doi:10.5325/utopianstudies.28.3.0562.

Pym, C. & Panzeri, M. (2022) On Mending: Stories of Damage and Repair. Quickthorn Series. Stroud: Hawthorn Press.

Qin, S. and Johnson, J. (2005) Special issue on exploring complexity in collaborative design and solutions, CoDesign, 1(4), p. 219–221. Available from: doi: 10.1080/15710880600580702.

Raijmakers, B. van Dijk, G. Lee, Y. & William, S. (2009) Designing empathic conversations for inclusive Design Facilitation. In: Proceedings of the INCLUDE09. Online. Available at: https://www.stby.eu/wp_15/wp-content/uploads/2009/06/raijmakersetal_include09.pdf. (Accessed May 2015)

Raman, S. & French, T. (2022) Towards a shared understanding of genuine Co-design with people with lived experience: Reflections from co-designing for relational and transformational experiences in health and social care in the UK. In: Morton, S. (ed) Designing Interventions to Address Complex Societal Issues. Design Research for Change. Abingdon: Routledge.

Rana, M. & Hackney, F. (2018) Making and material affect: From Learning and Teaching to Sharing and Listening. In: [Online]. Available from: doi:10.2307/j.ctv36xvzf5.14.

Rana, M. & Smith, J. (2020) Knitting with my mother: Using interpretative phenomenological analysis and video to investigate the lived experience of dyadic crafting in dementia care. Journal of Arts and Communities, 11 (1-2), p.51-62.

Raynor, D. et al. (2020) Experience Based Co-Design – Adapting the method for a researcher initiated study in a multi-site setting. Health Expectations. (Online). 23(3), p.562-570. Available from: https://doi.org/10.1111/hex.13028.

RCOG.ORG.UK (2019) Better for women - Report (Online). Available at: https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf (Accessed 15th December 2019).

Realpe, A. & Wallace, L. M. (2010) What is Co-production? The Health Foundation. Coventry:Coventry University.

Realpe, B. A. and Wallace, L. M. (2012) Co-creating health, Health Foundation: London. Online. Available at: https://www.health.org.uk/sites/default/files/CoCreatingHealthEvaluationOfFirstPhase.pdf (Accessed July 2018)

Rees-Lee, J. & Kneebone, R. (2015) Cutting for a career: A discussion of the domains of surgical competence using expert bespoke tailoring as a metaphor for surgical practice. Advances in Health Sciences Education [Online] 20 (1), 283–298. Available from: doi:10.1007/s10459-014-9521-9.

Resnick, E. (2019) The social design reader. London: Bloomsbury Academic.

Revista Mesa (n.d) Lived Lives: Conversation and journeys through young Irish suicide. Interview with Seamus McGuinness (Online). Available at: https://institutomesa.org/revistamesa/edicoes/6/portfolio/seamus-mcguiness/?lang=en (Accessed 5th Oct 2019)

Rittel, H.W.J. & Webber, M.M. (1973) Dilemmas in a general theory of planning. Policy Sciences. [Online] 4 (2), p.155–169. Available from: doi:10.1007/BF01405730.

Robert, G. Cornwell, J. Locock, L. Purushotham, A. et al. (2015a) Patients and staff as Co-designers of healthcare services. BMJ (Online). [Online] 350 (February), 1DUMMUY. Available from: doi:10.1136/bmj.g7714.

Robins, F. (2015) What do I need to do to make it okay? Touring Exhibition.

Rocamora, A. & Smelik, A. (2020) Thinking through fashion. In: Thinking through Fashion. [Online]. Available from: doi:10.5040/9780755694785.ch-001.

Rodgers, P. Winton E, Urquhart L, O'Reilly J, Anderson C. (2024) Co-designing for the NHS: The development of sustainable theatre garments. In: Proceedings of the Design Society. 4, p.1657-1666. Available from: doi:10.1017/pds.2024.168.

Rousseau, P. C. and Blackburn, G. (2008) The touch of empathy, Journal of Palliative Medicine, 11(10), p. 1299–1300. Available from: doi: 10.1089/jpm.2008.0174.

Royal College of Art (2024) To well make and make well conference. London, UK, 19th-21st June.

Ruggerone, L. (2017) The feeling of being dressed: Affect studies and the clothed body. Fashion Theory - Journal of Dress Body and Culture. [Online] Available from: doi:10.1080/1362704X.2016.1253302.

Sadkowska, A. et al (2015) Third Age men's experience of fashion and clothing: An interpretative phenomenological analysis. Age Culture Humanities - An inter-disciplinary Journal. 2: p.35–70.

Salinas, L. (2019) Participatory Design and Facilitation (Online lecture), short course. University of the Arts, London. May, 2019.

Sampson, E. (2018) The cleaved garment: The Maker, the wearer and the "me and not me" of Fashion practice. Fashion Theory. [Online] 22 (3), p.341–360. Available from: doi:10.1080/1362704X.2017.1366187.

Sampson, E. (2020) Worn: Imprint, attachment and affect. In: Worn. [Online]. Available from: doi:10.5040/9781350087217.ch-008.

Sanders, E.B.-N. & Stappers, P.J. (2008a) Co-creation and the new landscapes of design. CoDesign. [Online] 4 (1), 5–18. Available from: doi:10.1080/15710880701875068.

Sanders, E.B.-N. & Stappers, P.J. (2012) Introduction. In: Convivial design toolbox: generative research for the front end of design. Amsterdam:BIS Publishers.

Sanders, E.B.N. & Stappers, P.J. (2014a) Probes, toolkits and prototypes: Three approaches to making in codesigning. CoDesign. [Online] 10 (1), p.5–14. Available from: doi:10.1080/15710882.2014.888183.

Sanders, L. & Stappers, P.J. (2014b) From designing to Co-designing to collective dreaming: Three slices in time. Interactions. [Online] 21 (6), p.24–33. Available from: doi:10.1145/2670616.

Sangiorgi, D. (2011b) Transformative services and transformation design. International Journal of Design. [Online] 5 (2), p.29–40. Available from: doi:10.1080/21650349.2013.827103.

Sangiorgi, D. (2014) Bringing complexity into service design research. Systemic perspectives in design for services. Systemic Design Symposium. Oslo, Norway.

Sangiorgi, D. Prendiville, A. & Ricketts, A. (2014) Mapping and developing service design research in the UK. Lancaster University.

Sangiorgi, D. (2015) Designing for public sector innovation in the UK: Design strategies for paradigm shifts. Foresight. [Online] 17, p.332–348. Available from: doi:10.1108/FS-08-2013-0041.

Sangiorgi, D. Patrício, L. & Fisk, R. (2017) Designing for interdependence, participation and emergence in complex service systems. In: [Online]. P.49–64. Available from: doi:10.5040/9781474250160.ch-004.

Sangiorgi, D. & Prendiville, A. (2017) Designing for service: Key issues and new directions. London: Bloomsbury Publishing.

Sangiorgi, D. Farr, M. McAllister, S. Mulvale, G. et al. (2019) Designing in highly contentious areas: Perspectives on a way forward for mental healthcare transformation. Design Journal. [Online] Available from: doi:10.1080/14606925.2019.1595422.

Schaper, M. Marquez-Segura, E. Malinverni, L. Pares, N. (2023) Think-4-EmCoDe Framework: Highlighting key qualities in embodied Co-Design techniques for children. In: International Journal for Human Computer Studies. 177, https://doi.org/10.1016/j.ijhcs.2023.103065.

Schiphorst, T. Sheppard, R. Loke, L. Lin, C. (2013) Beautiful dance moves: Mapping movement, technology & computation. In: Proceedings of the 9th ACM Conference on Creativity & Cognition, 17th-20th June, Sydney, Australia. p. 429-433, Available from: doi: 10.1145/2466627.2487289.

Schleicher, D. Jones, P. & Kachur, O. (2010) Bodystorming as embodied designing. Interactions. [Online] Available from: doi:10.1145/1865245.1865256.

Schuman, S. (2005) The IAF handbook of group facilitation. Best practices from the leading organisation in Facilitation. Hoboken:John Wiley and Sons.

Schwalbe, A. (2018) Somatic Body-Mapping Facilitator: Interview with Rhian Solomon, Coleford, Date of interview 9th April 2018.

Schwalbe, A. (2018) Love the gap: Embodied longing for the other in the therapeutic space. Body, Movement and Dance in Psychotherapy. [Online] Available from: doi:10.1080/17432979.2018.1485746.

Schwalbe, A. (2019) Somatic Body Mapping with women during life transitions. In: The Routledge International Handbook of Embodied Perspectives in Psychotherapy. [Online]. Available from: doi:10.4324/9781315159416-11.

Schwalbe, A. (2020) Body-Mapping (Online). Available at: www.annetteschwalbe.co.uk (Accessed 4th January 2024).

Schwalbe, A. (2025) Email to Rhian Solomon - BodyMapping Newsletter Spring, April 7th.

Schwartz, K. L. et al. (2017). Effective facilitation of interdisciplinary team functioning: A qualitative study of health care professionals' perceptions. BMC Health Services Research, 17(1) p.1-11.

Schwarz, R. (2002) The Skilled Facilitator Fieldbook, Consulting to Management. Hoboken, John Wiley and Sons.

Schwarz, R. (2002) The Skilled Facilitator: A Comprehensive Resource for Consultants, Facilitators, Managers, Trainers, and Coaches (Jossey Bass Business & Management Series), Hoboken: John Wiley & Sons.

Seasons of a Woman (2015) About (Online). Available at: https://www.annetteschwalbe.co.uk/2014/08/seasons-of-a-woman-exhibition-introduction/ (Accessed 13th July 2018)

Sebri, V. & Pravettoni, G. (2023) Tailored psychological interventions to manage body image: An opinion study on breast cancer survivors. International journal of environmental research and public health. [Online] 20 (4). Available from: doi:10.3390/ijerph20042991.

Senior-Suit (2024) About (Online). Available at: https://senior-suit.com (Accessed 3rd July 2021).

Sennett, R. (2008) The Craftsman. Connecticut: Yale University Press.

Seravalli, A. (2014) Making Commons. Malmo University. PhD Thesis.

Seravalli, A. Agger Eriksen, M. & Hillgren, P.A. (2017) Co-Design in Co-production processes: Jointly articulating and appropriating infrastructuring and commoning with civil servants. CoDesign. [Online] Available from: doi:10.1080/15710882.2017.1355004.

Seravalli, A. & Eriksen, M.A. (2018) Beyond collaborative services: Service design for sharing and collaboration as a matter of commons and infrastructuring. In: Designing for Service. [Online] Available from: doi:10.5040/9781474250160.ch-017.

Service Design Tools (2024) Tools (Online). Available at: www.servicedesigntools.org (Accessed 21st May 2024).

Service Design Toolkit (2024) Toolkit (Online). Available at: www.servicedesigntoolkit.org (Accessed 21st May 2024).

Setterington, L. (2020-2022) Health and Wellbeing (Online). Available at: https://lynnsetterington.co.uk/health-well-being/ (Accessed 3rd March 2023)

Shakespeare, V. and Postle, K. (1999) A qualitative study of patients' views on the effects of breast-reduction surgery: A 2-year follow-up survey, British Journal of Plastic Surgery, 52(3), p. 198–204. Available from: doi: 10.1054/bjps.1999.3106.

Shercliff, E. & Holroyd, A. (2020) Stitching Together: Participatory textile making as an emerging methodological approach to research. Journal of Arts & Communities. [Online] 10, 5–18. Available from: doi:10.1386/jaac_00002_1.

Simonsen, J. & Robertson, T. (2012) Routledge International Handbook of Participatory Design. Routledge International Handbooks. Oxfordshire: Taylor & Francis.

Sinatra, S.T. Sinatra, D.S. Sinatra, S.W. & Chevalier, G. (2023) Grounding - The universal anti-inflammatory remedy. Biomedical journal. [Online] 46 (1), p.11–16. Available from: doi:10.1016/j.bj.2022.12.002.

Sissons, J. (2020) Pattern Anatomies; Can surgery cutting inform zero-waste fashion design? Global Fashion Conference. Fashion Legacy: Past, present, future. University of Fashion Lumiere, Lyon, France. 21st-23rd October 2020.

Skills for Health (2017) Person centred approaches to care (Online). Available at: https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Person-Centred-Approaches-Framework.pdf (Accessed 6th March 2024).

Slatman, J. (2011) The meaning of body experience evaluation in oncology, Health Care Analysis, 19(4), p. 295–311. Available from: doi: 10.1007/s10728-010-0153-9.

Slatman, J. (2014) Multiple dimensions of embodiment in medical practices. Medicine, Health Care and Philosophy. [Online] Available from: doi:10.1007/s11019-014-9544-2.

Slatman, J. & Widdershoven, G. (2015) An ethics of embodiment: The body as object and subject. In: [Online]. Available from: doi:10.1007/978-94-017-9870-9_6.

Slatman, J. (2016) Is it possible to 'incorporate' a scar? Revisiting a basic concept in phenomenology', Human Studies. Springer Netherlands, 39(3), p. 347–363. Available from: doi: 10.1007/s10746-015-9372-2.

Slatman, J. (2019) The Körper-Leib distinction. In: Weiss, G. A Murphy & G Salamon (eds), 50 concepts for a critical phenomenology. Evanston: Northwestern University Press, p.203-209.

Slatman, J. (2022) To hear one's body: A phenomenological analysis of body awareness in health and illness. Chiasmi International. 24.

Sleeswijk Visser, F. Stappers, P.J. van der Lugt, R. Lugt, D. et al. (2005) Contexmapping: Experiences from practice E.B.N. International Journal of CoCreation in Design and the Arts. [Online] 1. Available from: doi:10.1080/15710880500135987.

Smelik, A. (2018) New Materialism: A theoretical framework for fashion in the age of technological innovation. International Journal of Fashion Studies. [Online] Available from: doi:10.1386/infs.5.1.33_1.

Smelik, A. (2022) Fractal folds: The posthuman fashion of Iris van Herpen. Fashion Theory. [Online] 26 (1), p.5–26. Available from: doi:10.1080/1362704X.2020.1850035.

Smith, R. (2017) Participatory Design in an era of participation. Co-Design Journal, 13(2), p.65-69.

Smith, R. Loi, D. Winschiers-Theophilus, H. Huybrechts, L. Simonson, J. (eds) (2025) Routledge international handbook of contemporary Participatory Design. Abingdon: UK.

Soares, L. & Kettley, S. (2024) The ripple framework: The social value of a co-design approach for care home innovation. In: proceedings of the 7th International Conference on Design4Health, 25th-27th June. Sheffield, UK. Available from:

https://www.research.ed.ac.uk/en/publications/the-ripple-framework-the-social-value-of-a-co-design-approach-for

Solomon, J. (2008) Living with "X": A Body-Mapping journey in the time of HIV and AIDS. 27 Facilitator's guide (Online). Available at: http://www.comminit.com/?q=africa/node/284318 (Accessed 10th June 2018).

Solomon, R. (2005) Size matters (Online). Available at: https://www.rhiansolomon.co.uk/size-matters (Accessed 10th June 2023).

Solomon, R. (2008) Skin as cloth (Online). Available at: https://www.rhiansolomon.co.uk/skin-as-cloth (Accessed 10th June 2023) .

Solomon, R. (2012-15) sKINship (Online). Available at: https://www.rhiansolomon.co.uk/skinship (Accessed 10th June 2023).

Solomon, R. (2014) Pattern Cutting with Plastic Surgeons (Film). Available at www.skinship.co.uk (Accessed 25th February 2023).

Solomon, R. (2014) sKINship: An exchange of material understanding between plastic surgery and pattern cutting for fashion, In: Ravetz, A. Kettle, A. Felcey, H. (eds) Collaboration through Craft, London: Bloomsbury.

Solomon, R. Sissons, J. (2014) Materials and making based languages to transcend disciplines. Mapping the Territory. Futurescan Journal – FTC Association of Degree courses in Fashion and Textiles.

Solomon, R. (2015) Fashioning Stories/Reconstructing Ourselves (Online). Available at: https://www.rhiansolomon.co.uk/reconstructing-ourselves (Accessed 10th June 2023)

Solomon, R. (2014-15) Reconstructing Ourselves (An Artist Residency and accompanying series of artworks exploring women's experiences of breast cancer and reconstruction – through the wardrobe)

Solomon, R. (2015a) Nipple reconstruction workshop for the Reconstructing Ourselves project. Morriston Hospital. 11th February, 2015.

Solomon, R. (2015b) Pattern cutting and plastic surgery workshop with patients and clinicians – for the Reconstructing Ourselves project. Morriston Hospital. 7th February, 2015.

Solomon, R. (2017) Reboot (Footwear Co-Design workshops and research project re-designing shoes for people living with Epidermolysis Bullosa). Debra annual meeting 13th May, 2017 + Kings College London 4th October, 2017.

Stallybrass, P. (1993) Worn worlds: Clothes, mourning and the life of things, The Yale Review, 81 (April 2) p.35-50.

Stanes, E. (2019) Clothes-in-process: Touch, texture, time, Textile: Journal of Cloth and Culture. Routledge, 17(3), p. 224–245.Available from: doi: 10.1080/14759756.2018.1548553.

Star, S.L. (2002) Infrastructure and ethnographic practice: Working on the fringes. Scandinavian Journal of Information Systems. [Online] Available from: doi:10.1145/214427.214429.

Star, S.L. & Griesemer, J.R. (1989) Translations and Boundary Objects: Amaeteurs and professionals in Berkeley Museum of Vertebrate Zoology, 1907-39, Social Studies of Science, 19(3), p387-420.

Starostka, J. Evald, M.R. Clarke, A.H. & Hansen, P.R. (2021) Taxonomy of design thinking facilitation. Creativity and Innovation Management. [Online] 30 (4), p.836–844. Available from: doi:https://doi.org/10.1111/caim.12451.

Stitching Together (2020) About (Online). Available at: https://stitchingtogether.net (Accessed 20th November 2020)

Straker, K. & Wrigley, C. (2023) Research handbook on Design Thinking. Research Handbooks in Business and Management series. Edward Elgar Publishing.

Sustar, H. Dearden, A. Bowen, S. Fisher, M. et al. (2013) Using popular culture to enable health service Co-Design with young people. In: Proceedings of EAD 2013 - Crafting the Future. Gothenburg, Sweden.

Sutherland, S. (2025) Designing Design possibilities for UK public breastfeeding for maternal, infant and planetary health, University of Brighton. PhD Thesis.

Svenaeus, F. (2012) What is phenomenology of medicine? Embodiment, illness and being-in-the-world. In: Health, Illness and Disease: Philosophical Essays. Slough:Acumen Publishing. P.97-111.

Svaneus, D. (2013) Interaction design for and with the lived body: Some implications of Merleau-Ponty's phenomenology. ACM Transactions on Computer Human Interaction, 20 (1) p. 1-30. Available from: 10.1145/2442106.2442114.

Svenaeus, F. (2016) Phenomenology and Medicine. In: The Bloomsbury Companion to Contemporary Philosophy of Medicine. Marcum, J. (ed) [Online]. Available from: doi:10.5040/9781474233033.ch-009.

Tan, L. (2012) Understanding the different roles of the designer in design for social good: A study of design methodology. In: DOTT 07 (Designs of the Time 2007) Projects. 07.

Tanaka, S. (2011) The notion of embodied knowledge. In: Theoretical Psychology: Global Transformations and Challenges. Stenner, P. Cromby, J. Motzkau, J. Yen, J. Haosheng, Y. (eds). p.149-157. Washington: Captus Press.

Taylor, C. & Ivinson, G. (2013) Material feminisms: New directions for education. Gender and Education. [Online] 25. Available from: doi:10.1080/09540253.2013.834617.

Taylor, N. Clarke, L. (2018) Everybody's hacking; Participation and the mainstreaming of hackathons. In: Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems, April 2018, p.1–12. Available from: https://doi.org/10.1145/3173574.3173746.

Teece, D. & Pisano, G. (1994) The dynamic capabilities of firms: An introduction. Industrial and Corporate Change. [Online] 3, 537–556. Available from: doi:10.1093/icc/3.3.537-a.

Thackara, J. (2018) In the Bubble. Designing in a complex world [Online]. Available from: doi:10.7551/mitpress/3702.001.0001.

The NHS Institute for Innovation and Improvement (2009) The Facilitators Toolkit – Tools, technique and tips for effective Facilitation. Online. Available at: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Facilitator-Toolkit.pdf (Accessed March 2018)

This is Service Design (2024) Bodystorming (Online). Available at: https://www.thisisservicedesigndoing.com/methods/bodystorming (Accessed 8th February 2022).

Thompson, J. & Blake, D. (2020) Women's experiences of medical miss-diagnosis: How does gender matter in healthcare settings? Women's Studies Journal. 34 (1/2), p.22–36.

Thoring, K. Luippold, C. & Mueller, R.M. (2013) Opening the Cultural Probes box : A critical reflection and analysis of the Cultural Probes method. 5th International Congress of International Association of Societies of Design Research. (May 2014), p,222–233.

Tilley, C. (2007) Materiality in materials, Archaeological Dialogues, 14(1), p. 16–20. Available from: doi: 10.1017/S1380203807002139.

Toombs, S.K. (1987) The meaning of illness: A phenomenological approach to the patient-physician relationship. The Journal of medicine and philosophy. [Online] Available from: doi:10.1093/jmp/12.3.219.

Toombs, S. K. (1993) The meaning of illness: A phenomenological account of the different perspectives of physician and patient, New York: Springer Science and Business media.

Toombs, S.K. (2001) Reflections on bodily change: The lived experience of disability. In: [Online]. Available from: doi:10.1007/978-94-010-0536-4_13.

Toombs, S.K. (2012) Handbook of Phenomenology and Medicine. Philosophy and Medicine. New York: Springer.

Townsend, K. Solomon, R. Briggs-Goode, A. (2015) Crafting Anatomies: Archives, Dialogues, Fabrications. Bonington Gallery, Nottingham Trent University, UK. 7th January – 4th February 2015. (Online) Available at: https://boningtongallery.co.uk/event/crafting-anatomies/.

Townsend, K. Solomon, R. Briggs-Goode, A. (2020) Crafting Anatomies: Archives, Dialogues, Fabrications, London: Bloomsbury.

Townsend, K. Sterman, S. Salter, E. Harrigan, K. (2022) Out of Isolation: Designing reusable PPE gowns based on an understanding of healthcare workers' lived experiences. In: Proceedings of the DRS2022 Conference, 25th June – 3rd July, Bilbao, Spain. Available from: https://doi.org/10.21606/drs.2022.732.

Trachtenberg, L. J. Esplen, M. J. and Piran, N. (2019) The embodied identities of young women diagnosed and treated for breast cancer, Women's Reproductive Health. Taylor & Francis, 6(3), p. 182–203. Available from: doi: 10.1080/23293691.2019.1619054.

Trust for Indigenous Culture and Health (2015) Our positive bodies. Mapping our treatment, sharing our choices (Online). Available at: http://ticahealth.org/?p=1 (Accessed 19th September 2019)

Tseelon, E. (1995) The masque of femininity: The presentation of woman in everyday life. Published in association with Theory, Culture & Society. London: SAGE Publications.

Tsekleves, E. & Cooper, R. (2017) Design for health. [Online]. Available from: doi:10.4324/9781315576619.

Tuana, N. (2021) Feminist New Materialisms, The Oxford Handbook of Feminist Philosophy, p. 385–394. Available from: doi: 10.1093/oxfordhb/9780190628925.013.30.

van der Tuin, I. & Dolphijn, R. (2010) The transversality of New Materialism. Women: a cultural review. [Online] 21 (2), p.153–171. Available from: doi:10.1080/09574042.2010.488377.

Van Dongen, E. and Elema, R. (2001) The art of touching: The culture of 'body work' in nursing, Anthropology and Medicine, 8(2–3), p. 149–162. Available from: doi: 10.1080/13648470120101345.

Twigg, J. (2018) Why clothes matter: The role of dress in the everyday lives of older people. In: Ageing in Everyday Life. [Online]. Available from: doi:10.1332/policypress/9781447335917.003.0010.

Twigg, J. (2020) Dress, gender and the embodiment of age: Men and masculinities. Ageing and Society. [Online] 40 (1), p.105–125. Available from: doi:10.1017/S0144686X18000892.

Twigg, J. & Buse, C.E. (2013) Dress, dementia and the embodiment of identity. Dementia. [Online] Available from: doi:10.1177/1471301213476504.

Vega Cebrian, J. M. (2024) Body sensations as design material. An approach to design sensory technology for altering body perception. In: Proceedings of the 2024 Designing Interactive Systems conference, 1st-5th July. Copenhagen, Denmark. Available from: https://doi.org/10.1145/3643834.3660701.

Verhoest, X. and Kamiru, W.W. (2016) Who I am, who we are: An art project on Kenyan identity. Nairobi: Kuona Trust.

Villaman, N. (2020) Fostering resistance: Acknowledging notions of power exertion and politics in Design Facilitation. [Online]. Available from: doi:10.13140/RG.2.2.25566.87368.

Von Korff, Y. (2024) A practical guide to group facilitation: The threefold approach, Abingdon: Routledge.

Walker, S. Kettley, S. Downes, T. & Dias, T. (2015) Facilitating participatory practice for smart textiles. Adjunct Proceedings of the 2015 ACM International Joint Conference on Pervasive and Ubiquitous Computing and Proceedings of the 2015 ACM International Symposium on Wearable Computers. Osaka, Japan. [Online] p.521–526. Available from: doi:10.1145/2800835.2801658.

Wallace, J. and Press, M. (2004) All this useless beauty: The case for craft practice in design for a digital age', The Design Journal, 7(2), p. 42–53. Available from: doi: 10.2752/146069204789354417.

Wallace, J. (2010) Forget. (Online). Available at: https://www.jaynewallace.com/a-locket-that-can-forget#2 (Accessed 12th Oct 2024).

Wallace, J. (2010/11) Remember (Online). Available at: https://www.jaynewallace.com/remember-locket#3 (Accessed 12th Oct 2024).

Wallace, J. Mccarthy, J. Wright, P. & Olivier, P. (2013a) Making design probes work. [Online]. Available from: doi:10.1145/2470654.2466473.

Wallace, J. McCarthy, J. Wright, P.C. & Olivier, P. (2013b) Making design probes work. In: Conference on Human Factors in Computing Systems – Proceedings. [Online]. Available from: doi:10.1145/2470654.2466473.

Wallace, J. et al. (2013) A Design-led enquiry into personhood in Dementia. In: CHI ’13: Proceedings of the SIGCHI Conference on Human Factors in Computing Systems. (Online) p.2617-2626. Available from: https://doi.org/10.1145/2470654.24813

Warburton, T. (2025) The use of Lego Serious Play to facilitate professional identity formation. Online. Available at: https://www.researchgate.net/publication/389204094_The_Use_of_LEGOR_Serious_Play_to_Facilitate_Professional_Identity_Formation (Accessed August 2025)

Wehrle, M. (2020) Being a body and having a body. The twofold temporality of embodied intentionality, Phenomenology and the Cognitive Sciences. 19(3), p. 499–521. Available from: doi: 10.1007/s11097-019-09610-z.

Weiss, G. & Haber, H.F. (2002) Perspectives on Embodiment: The Intersections of Nature and Culture. Abingdon: Taylor & Francis.

Wenger, E. (1998) Communities of practice: Learning as a social system. Systems thinker. Cambridge University Press: Cambridge.

Wenger, E. (1999) Communities of Practice: Learning, meaning and identity. Learning in Doing: Social, Cognitive and Computational Perspectives. Cambridge University Press.

Wenger, E. (2000) Communities of Practice and social learning systems. Organization. [Online] Available from: doi:10.1177/135050840072002.

Wenger, E. (2010) Communities of practice and social learning systems: The career of a concept, Social Learning Systems and Communities of Practice, p. 179–198. Available from: doi: 10.1007/978-1-84996-133-2_11.

Wenger, E. (2010) Conceptual tools for CoPs as social learning systems: Boundaries, identity, trajectories and participation. In: Social Learning Systems and Communities of Practice. [Online]. Available from: doi:10.1007/978-1-84996-133-2_8.

Wenger, E. McDermott, R. A. and Snyder, W. (2002) Cultivating Communities of Practice: A Guide to Managing Knowledge. Brighton, MA:Harvard Business School Press.

Weston Park Charity (2024) Prosthesis and Bra Fitting Services (Online). Available at: https://www.westonpark.org.uk/bra-fitting (Accessed 8th January 2024).

Wherton, J. Sugarhood, P. Procter, R. Rouncefield, M. et al. (2012) Designing assisted living technologies 'in the wild': Preliminary experiences with cultural probe methodology. BMC Medical Research Methodology. [Online] 12, p.1–13. Available from: doi:10.1186/1471-2288-12-188.

Wickramasinghe, N. Bali, R.K. Lehaney, B. Schaffer, J. et al. (2009) Healthcare knowledge management primer. [Online]. Available from: doi:10.4324/9780203879832.

Wilde, D. (2012) Embodied Futures (Online). Available at: http://www.daniellewilde.com/embodied-futures/pki/ (Accessed 3rd December 2022).

Wilde, D. Vallgårda, A. & Tomico, O. Embodied design ideation methods. In: Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems - CHI '17, 6th-11th May. Denver, Colorado, USA. p. 5158-5170, Available from: doi: 10.1145/3025453.3025873.

Wilde, D. & Lenskjold, T. (2023). Shit! Towards an experimental multiple-perspective approach to human-microbiome relations. Human–Computer Interaction, 40 (1–4), p.143–170. Available from: https://doi.org/10.1080/07370024.2023.2276527

Wilkes, S. McCullan, C. (2023) Sensory prosthetics: Materials-led and user-centred research for more inclusive prosthetic limbs, In: Earley, R. Hornbuckle, R. (eds) Design materials and making for social change, New York: Routledge.

Williams, S. J. (2003) Medicine and The Body. London: SAGE Publications Ltd. Available from: doi.org/10.4135/9781446217795.

Williams, S. J. (2016) What is health? Thinking through the Boundaries of the Body, In: Medicine and the Body. p. 29–43. London:SAGE Publications Ltd.

Williams, S. M. and Solbrække, K. N. (2018) 'Cancer Coiffures': Embodied storylines of cancer patient-hood and survivorship in the consumerist cultural imaginary, Body and Society, 24(4), p. 87–112. Available from: doi: 10.1177/1357034X18781951.

van Wijk, C. van Vliet, K.P. & Kolk, A.M. (1996) Gender perspectives and quality of care: Towards appropriate and adequate health care for women. Social Science & Medicine. [Online] 43 (5), 707–720. Available from: doi:https://doi.org/10.1016/0277-9536(96)00115-3.

Williams, B.G. Iredale, R. Brain, K. France, E. et al. (2003) Experiences of men with breast cancer: An exploratory focus group study. British Journal of Cancer. [Online] 89 (10), p.1834–1836. Available from: doi:10.1038/sj.bjc.6601305.

Williams, S. (2012) The Biomedical Body: Reductionism, Constructionism and Beyond. In: Medicine and the Body. [Online]. Available from: doi:10.4135/9781446217795.n2.

Wilson, E. (2003) Adorned in Dreams: Fashion and Modernity. New Jersey: Rutgers University Press.

Winnicott, D. (1953) Transitional artefacts and transitional phenomena – A study of the first not-me possession; International Journal of Psycho-analysis, 34: p.89-97.

Winnicott, D. (2016) Transitional Objects and Transitional Phenomena. In: [Online]. p.447–462. Available from: doi:10.1093/med:psych/9780190271350.003.0088.

Wolf, N. (2013) The Beauty Myth: How images of beauty are used against women. New York: Random House.

Wollstonecraft, M. (2022) A Vindication of the Rights of Woman. SAGA Egmont.

Woodward, S. (2007) Why Women Wear What They Wear. [Online]. Available from: doi:10.2752/9781847883483.

Woodward, S. and Greasley, A. (2017) Personal collections as material assemblages: A comparison of wardrobes and music collections, Journal of Consumer Culture, 17(3), p. 659–676. Available from: doi: 10.1177/1469540515611202.

Woodward, S. (2020) Object interviews and elicitations (Online). In: Material methods: Researching and thinking with things, 34-53. London: SAGE Publications Ltd. Available from: https://doi.org/10.4135/9781529799699.

Woolley, D. Johnstone, F. Sampson, E. & Chambers, P. (2023) Wearable objects and curative things. In: [Online]. p.1–26. Available from: doi:10.1007/978-3-031-40017-9_1.

Xiang, Q. & Junnan, Y. (2025) Participatory Design in Human-Computer Interaction: Cases, characteristics and lessons. In CHI Conference on Human Factors in

Computing Systems, April 26th–May 1st. Yokohama, Japan. Available from: https://doi.org/10.1145/3706598. 3713436.

Yarmand, M. et al. (2021) Facilitating remote Design Thinking workshops in healthcare: The case of contouring in radiation oncology. In: proceedings of Computer Human Interaction conference ’21, Extended Abstracts, May 8th –13th, 2021, Yokohama, Japan. Available from: https://dl.acm.org/doi/pdf/10.1145/3411763.3443445

Yellen, H. (2003) Tikkun Olam to heal the world: Wearing healing flax linen attire (Online). Available at: https://www.academia.edu/39363092/Tikkun_Olam_to_Heal_the_World_Wearing_Healing_Flax_Linen_Attire (Accessed 10th April 2024).

Yi, C. (2020) The Crip Couture manifesto (Online). Available at: https://wordgathering.com/vol14/issue4/disability-futures/yi/ (Accessed 4th July 2023)

Yi, C. (2021) Demystifying the individualistic approach to self-care: Sewing as a Metaphorical process for documenting relational and communal care in disability culture. In: Leone, L. (ed), Craft in Art Therapy: Diverse approaches to the transformative power of craft materials and methods, Oxon: Routledge.

Yi, C. (2022) Crip Couture as radical care: Fashion, Art Therapy and disability art. University of Illinois, Chicago. PhD Thesis.

Young, I. (1992; 2005) Breasted experience: The look and the feeling. In: The Body in Medical Thought and Practice, Leder, D. (ed), Dordrecht: Springer Netherlands, p.213-233.

Zaharias, G. (2018) What is narrative-based medicine? Narrative-based medicine. Canadian family physician Medecin de famille canadien. 64 (3), p.176–180.

Zamenopoulos, T. Busayawan, L. & Phillips, M. (2021) Types, obstacles and sources of empowerment in Co-design: The role of shared material objects and processes. CoDesign. [Online] 17 (2), p.139–158. Available from: doi:10.1080/15710882.2019.1605383.

Zhao, E. (2021) Speed Dating (Online). Available at: https://medium.com/research-methods-s2021/speed-dating-research-method-432a90f69fd (Accessed 8th February 2022).

Zipperer, L. (2016) Knowledge management in healthcare [Online]. Available from: doi:10.4324/9781315591179.

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