



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Song, JE;McFerran, K

Title:

A critical literature review: deconstructing narratives of trauma in art therapy with young people

Date:

2024-01-01

Citation:

Song, J. E. & McFerran, K. (2024). A critical literature review: deconstructing narratives of trauma in art therapy with young people. *International Journal of Art Therapy Inscape*, 29 (1), pp.19-29. <https://doi.org/10.1080/17454832.2023.2294712>.

Persistent Link:

<https://hdl.handle.net/11343/350318>



# International Journal of Art Therapy

Formerly Inscape

ISSN: (Print) (Online) Journal homepage: [www.tandfonline.com/journals/rart20](http://www.tandfonline.com/journals/rart20)


## A critical literature review: deconstructing narratives of trauma in art therapy with young people

Jae Eun (Jane) Song & Katrina McFerran


To cite this article: Jae Eun (Jane) Song & Katrina McFerran (2024) A critical literature review: deconstructing narratives of trauma in art therapy with young people, International Journal of Art Therapy, 29:1, 19-29, DOI: [10.1080/17454832.2023.2294712](https://doi.org/10.1080/17454832.2023.2294712)

To link to this article: <https://doi.org/10.1080/17454832.2023.2294712>

 View supplementary material 

 Published online: 06 Feb 2024.

 Submit your article to this journal 

 Article views: 1182

 View related articles 

 View Crossmark data 

 Citing articles: 1 View citing articles 

# A critical literature review: deconstructing narratives of trauma in art therapy with young people

Jae Eun (Jane) Song  and Katrina McFerran 

The University of Melbourne, Australia

## ABSTRACT

**Background:** This paper addresses the need for critical reflection on how art therapists position themselves and represent their work in the context of diverse frameworks for understanding young people's adverse life experiences, particularly in relation to the prevalence of trauma discourses.

**Aims:** The study examined how art therapists have represented in the literature their practice and research with young people (12–18 years old) experiencing adversity, from 2000 to 2019.

**Methods:** Employing Critical Interpretive Synthesis (Dixon-Woods et al., 2006), 26 theoretically-sampled articles were systematically reviewed through an interpretive, inductive and recursive process.

**Results:** Art therapists commonly use trauma as a lens to conceptualise young people's diverse adverse life experiences, with variations based on their theoretical and philosophical orientations. These variations influence how they perceive young people's needs and art therapy aims. The study also highlights varying levels of creativity and self-agency that young people express in art therapy, emphasising the importance of art therapists' flexible and tailored approaches.

**Conclusions:** The importance of art therapists' critical awareness when framing and working with young people's complex life experiences and presentations to avoid stigmatisation and disempowerment is underscored.

**Implications for practice/policy/future research:** The study suggests that art therapists' critical awareness that can enable collaborative practice and research with young people with adverse life experiences. It encourages more research into and cultivating art therapists' conscious awareness of their choice of theoretical alignment and its implications. Additionally, it encourages future research to understand young people's own conceptualisations of their lived experiences and their perspectives on the ongoing relevance and meaning of art therapy.

## ARTICLE HISTORY

Received 18 April 2023  
Accepted 10 December 2023

## KEYWORDS

Art therapy; trauma; young people; critical interpretive synthesis; critical trauma theory; youth perspective

## Plain-language summary

This study sought to present the key findings of a critical review of art therapy literature. The main focus of the review was to examine how art therapists represented their work and if there were dominant understandings of trauma influencing art therapists. Using a Critical Interpretive Synthesis method developed by Dixon-Woods et al. (2006), 26 peer-reviewed journal articles published between 2000–2019 were selected based on their relevance to this study. The selected articles described art therapy practice and research with young people (12–18 years old) who had various adverse life experiences. These articles were thoroughly reviewed and analysed through a cyclic process of re-examination and interpretation. Findings indicated that while young people's diverse adverse life experiences were often labelled as trauma, art therapists' conceptualisations of trauma varied depending on their theoretical and philosophical orientations. Intriguingly, how art therapists perceived the meaning of adverse life experiences influenced how they formulated young people's needs and the aims of art therapy. Findings also highlighted young people's creativity and expression of self-agency in their art therapy programmes and the importance of art therapists' flexible and tailored approaches. Overall, this study highlights the importance of art therapists' critical awareness when framing and working with young people's complex life experiences and presentations to avoid stigmatisation and disempowerment. It recommends further exploring and cultivating art therapists' conscious awareness of what theoretical concepts they align with and the implications of their choice. Additionally, future art therapy practice and research should actively explore the perspectives of young people with adverse life experiences to inform the ongoing relevance and meaning of art therapy.

## Introduction

As a socio-culturally specific (Summerfield, 2001) and politically constructed concept (Goodman, 2015), *trauma* has been a popular topic of engagement across mental health services in the past two decades (Tseris, 2017). The creative arts therapy profession has also readily embraced the rise

of neurobiological explanations about the psychosomatic and developmental impacts of traumatic stress (Johnson, 2009). Within the art therapy profession, examples of systematic literature reviews on the subject, such as Eaton, Doherty and Widrick's study (2007), van Westrhenen and Fritz's study (2014) and Cohen-Yatziv and Regev's study

(2019), suggest that art therapy with young people who have experienced adversity is practised internationally, and it is one of the most frequently researched topics. Such findings reflect the influence of psychology trends on art therapy, where the neurobiological and psychological concept of trauma has been increasingly applied to understanding people's responses to overwhelming and distressing experiences (Malchiodi, 2012).

### ***Recognising trauma as a valuable framework for understanding people's mental distress***

In the last 20 years, the concept of trauma has increasingly gained traction as a new paradigm for acknowledging the profound impacts of painful human experiences and contextualising mental health difficulties within human suffering (Dillon et al., 2014, p. 226). Jacqui Dillon, a writer, activist, and speaker (Dillon et al., 2014, p. 323), astutely articulates that trauma offers a 'biopsychosocial' framework, enabling a more comprehensive understanding of mental health difficulties and challenging the reductionistic approach by a biomedical model of psychiatry. This perspective, emphasising the positive contributions of the trauma discourse, is echoed by other scholars and practitioners like Read et al. (2014) and Johnstone and Boyle (2018), who provide evidence-informed critiques of the prevailing biomedical model that pathologises individuals' mental distress.

While recognising the value of a trauma framework for better understanding the impacts of adverse life experiences, it is also crucial to acknowledge that the discourse of trauma in Western psychology is not a neutral space: Understanding trauma has always been a political act involving considerations of power and control inherent in defining experiences and reactions to them (Goodman, 2015), and the specificity of contexts of traumatic events that involve specific power relations among human beings (Burstow, 2003). In the following sections, issues of defining what events and reactions qualify as trauma and the mechanisms used to make these determinations are explored further.

### ***Issues of defining trauma***

The definition of psychological trauma in western psychiatry, as outlined in the latest edition of the Diagnostic Statistical Manual (DSM-5 TR), refers to mental distress and an event (s) causing the distress (American Psychological Association, 2022). DSM-5 TR also underscores the need to consider individual and cultural variations in understanding adverse events and their impacts. Despite the increasing sensitivity to personal and cultural variations in people's expressions of distress, as demonstrated in the latest DSM, unfortunately, the generalised and uncritical application of the medicalised term trauma is still ubiquitous among mental health professionals (Tseris, 2017). Such practice risks marginalising nuanced meanings of adverse life experiences from diverse perspectives (Papadopoulos, 2005) and undermining people's resilience (Jones & McNally, 2022). Papadopoulos (2005) argues that assuming a commonsensical causal link between people's presentations and adverse life events generates a reductionistic and deterministic view toward otherwise complex and idiosyncratic interactions between life experiences and people's responses and meaning-making, including growth and transformation.

Determining the precise boundaries of trauma is complicated due to the significance of subjective meaning-making by people (Green et al., 2013; Lannamann & McNamee, 2020). Green et al. (2013) problematise the tendency of popular culture to focus on the event when defining trauma, as people may construe varied meanings about the same event. Furthermore, they argue that an event's impact would vary according to individuals' attributed meaning. Accordingly, defining a person's adverse experience and its impact as trauma is a subjective activity of negotiating meaning that requires a critical analysis of sociocultural and political assumptions (Tseris, 2019, p. 6).

### ***Power involved in defining trauma***

Notably, power influences and determines the boundaries of the definition of trauma (Goodman, 2015). Goodman (2015) stresses that deciding the boundaries of trauma is a political matter due to the power and control involved in labelling specific experiences and individuals' responses. The introduction of posttraumatic stress disorder (PTSD) as a mental health diagnosis in 1980 is an illustrative example: It was initially perceived as a successful political activity undertaken by feminist activists and the US Department of Veterans Affairs advocates for bringing awareness and recognition to mental distress caused by violence (Burstow, 2003). However, debating what and whose experiences and responses count as 'trauma' and scrutinising the authority to make decisions has continued since the conception of the diagnosis (Lannamann & McNamee, 2020). Numerous critical scholars, practitioners, and activists advocated for problematising the universal construct of trauma and instead viewing trauma as a socio-culturally specific (Summerfield, 2001) and politically-constructed concept (Goodman, 2015). In this respect, the concept of trauma can be considered to be 'glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests and moral arguments that mobilised these efforts and resources' as noted by Young (1995, p. 5).

### ***Critiques of the biomedical trauma paradigm***

In addition to the DSM's stipulation, the concept of trauma has been conceived from various other perspectives. They include a developmentally specific perspective (e.g. 'Developmental Trauma', Bessel Van der Kolk, 2005), a neurological perspective (e.g. 'Neurobiology of Trauma', Bessel Van der Kolk, 2003), effects of cumulative and multiple adverse events (e.g. 'Complex Trauma', Judith Herman, 1992/2015; Type 1 Type 2 Trauma, Lenore Terr, 1991), a historical and collective perspective (e.g. 'Transgenerational trauma', Yael Danieli, 1998), an interpersonal perspective (e.g. 'Relational Trauma', Allan Schore, 2002), as well as critical trauma perspectives (e.g. Bonnie Burstow, 2003; Emma Tseris, 2017; 2019) that challenge the underlying assumptions within the dominant biomedical trauma model.

It is beyond the scope of this study to outline each trauma paradigm in detail. Instead, some of the critiques of the hegemonic medicalised trauma paradigm (Tseris, 2017) are briefly summarised here as they informed this literature review by offering a critical perspective. The issues of the biomedical trauma paradigm are summarised here as these four ideas (these critiques capture key ideas we have noticed repeatedly in the critical trauma theory literature, although the

construction as four separate points is our own, and there is overlap between them):

- Stigmatising and pathologising effect (Tseris, 2019)
- Individualising and obscuring effect on sociocultural and political issues (Goodman, 2015)
- Universalising effect on culturally and geopolitically specific experiences and responses (Summerfield, 2000)
- Disempowering effect on clients in therapy by emphasising the negative impacts of trauma and accentuating professionals' expert status (Tseris, 2017)

### ***The rationale for this study***

In the present globalised world, art therapists work in increasingly diversified socioeconomic, cultural and political contexts (Kapitan, 2015). In response to these ever-shifting landscapes, art therapists are urged to reflexively examine taken-for-granted assumptions underpinning the art therapy profession for their relevance and compatibility with the profession's ethos (Bal & Kaur, 2018; Moon, 2014). In this respect, this study was prompted by the first author's grappling with the discrepancies between the prevalence of the medicalised conceptualisation of trauma-focused therapy and her observation of its limitations for capturing the nuanced, dynamic, relational, and mutually empowering nature of working with young people in art therapy. This observation also stimulated questioning of the overwhelming emphasis on vulnerabilities of individuals and communities with adverse life experiences and its resulting pathologising and stigmatising effect (Ginwright, 2018). As Ginwright (2018) postulates, applying trauma to policies and services has a dual nature. On one hand, it has the potential to provide a framework for understanding individuals' challenging experiences. However, it also runs the risk of overly individualising these experiences and focusing on treating trauma symptoms, which can lead to pathologising and disempowering people.

This study is positioned at a nexus where art therapy practice and research with young people have interfaced with various discourses in the last 20 years. The main questions guiding the review were:

1. How have art therapists described their practice and research with young people who had adverse life events in literature in the last 20 years?
2. How does the art therapy literature on working with this population reflect what art therapists have valued and privileged in the last 20 years?
3. What insights about art therapy research and practice can be gained by deconstructing prevailing art therapy narratives about working with this population?

### ***The context for this study: self-critical appraisal of the researchers' positions and perspectives***

This critical interpretive synthesis was conducted as part of the first author's doctoral investigation of the experiences of individually-tailored art therapy with young people who self-identify as individuals with challenging life experiences, traditionally referred to as trauma. We decided to situate this review within a social constructionist epistemology (Burr, 2015): the subjective, plural and situated nature of

the interpretations and syntheses depending on the person undertaking the review at different points in time are acknowledged (Barnett-Page & Thomas, 2009).

The following reflexive statements serve to position our investigation, with a particular grounding in the first author's experience as an art therapist and the second author's as a music therapist:

I (first author) am a female immigrant of South Korean heritage in Melbourne, Australia. My sensitivity to power dynamics originates from my complicated cultural and social identity that affords my daily experience of navigating a complex web of marginalised and privileged realities. This complex social space continuously discomforts me, especially regarding the power dynamics within health and social services. This unease serves as an impetus for critically appraising my art therapist identity and the profession to which I belong. With a background as a US-trained art therapist, I have primarily worked in a mental health clinician's role with children, young people, and their families in the context of community-based trauma treatment programs. Since commencing my doctoral research, I have begun to grapple with certain critiques and antitheses of a medicalised approach to trauma and the common conception of art therapy as a form of treatment. Reflecting on my lived experience of observing the limitations of a psychological treatment model for capturing the more nuanced, dynamic, relational, and mutually empowering nature of working with young people in art therapy prompted me to question the overwhelming emphasis on vulnerabilities of individuals with adverse life experience and the stigmatising effect of using a label like trauma that tends to silence a person's other qualities and experiences.

Moreover, in the juncture between my aspiration to be a 'helpful art therapist' and my growing awareness that assuming the position of a 'helper' holds more power than the one receiving help in therapy, I begin to complicate my presumed therapist identity and service users' client identity and question what might be possible beyond the conventional boundaries of the institutionalised therapeutic relationship.

I (second author) am an ageing white Australian woman with an increasing awareness of my multiple and intersecting privileges as a professor within one of Australia's leading research universities. Over my decades of practice and research as a music therapist with young people, I have observed the growing popularity of labelling youth as 'traumatised'. Teenagers who would previously be recognised for what has specifically happened in their lives (bereavement, abandonment, geographical dislocation, disability, illness, etc.) have been increasingly referred to as traumatised. This has felt uncomfortable, particularly when neurological methods are posed to repair the 'brain damage' that has occurred as a result of the 'trauma'. Although there have been some positives in recognising the nature of the challenging conditions that many young people survive, I have felt uncomfortable with the suggestion that specific methods might be able to 'heal' trauma (such as rhythmic patterning) when my experience of being with young people is that it is they who decide whether they will be 'healed', whether they will even participate. And it is I who strives to make myself interesting enough to them that they would risk being in relationship with me and my art form, based on the possibility that it might help them feel better. The 'expert status' that the clinical trauma model suggests does not represent my practice, and the theories that suggest generalisable methods of therapeutic practice do not match what is feasible. So whilst I appreciate the attention it affords young people, and hope that funding will follow so they have more opportunities to access support services, I am critical of the nature of the discourse in the creative arts therapies and beyond.

## **Methods**

### ***Study design***

Critical Interpretive Synthesis (CIS) (Dixon-Woods et al., 2006) is an interpretive and inductive approach to recursively

reviewing the literature. It serves to interrogate the literature for taken-for-granted assumptions and offers a critical analysis of meta-narratives or dominant research traditions that have guided knowledge generation in a particular field rather than providing an exhaustive summary of aggregative reviews of existing literature. Key methodological features of CIS are systematic data extraction and analysis, critical questions, interpretation (McFerran, 2016), and a methodologically flexible approach to synthesising a diverse body of literature that leads to the generation of theory with compelling explanatory power (Dixon-Woods et al., 2006, p. 2).

Numerous meta-syntheses of literature within the neighbouring music therapy field have implemented CIS to address salient questions. For example, McFerran et al. (2020) investigated the commonly assumed relationship between music, rhythm, and trauma. Hense (2015) examined the degree of congruence between research practices and recovery principles in youth mental health in Australia, while Comte (2016) explored the assumptions of music therapists reflected in the literature about working with refugees. CIS appears to be not yet utilised commonly by art therapists. However, there are examples of employing other critical approaches to the literature review, including Van Lith et al.'s (2013) review of the evidence-base for the benefits of art-based practices in mental health recovery.

## Procedures

### Data collection

The search and selection of manuscripts occurred iteratively through theoretical sampling (i.e. manuscripts were selected based on theoretically relevant concepts; Hancock et al., 2007). Several searches were conducted on multiple online electronic databases for publications (see below for more detail), and reference chaining was used (i.e. locating relevant literature in the reference lists in the manuscripts to find the next relevant manuscript; Dixon-Woods et al., 2006). The manuscripts were limited to English publications, authored by credentialed visual art therapists and published in peer-reviewed journals between 2000-2019. Some manuscripts that described collaborative research or practice among art therapists, related health professionals and community leaders were included. Peer-reviewed journals were the focus of searching because they typically publish manuscripts reporting diverse practice and research. Manuscripts were excluded from the synthesis when they reported systematic literature reviews or discussed using art therapy in conjunction with other creative arts therapies and when the authors were not art therapists. The focus was art therapy with young people aged between 12-18 years. However, four manuscripts that reported cases or studies with youth and children or young adults whose age fell outside the range were included as the authors in these articles referred to 'adolescence' to characterise the participants. Two manuscripts that did not specify the ages of young people were included when other information in the manuscripts indicated that the ages of the young people likely fell between 12-18 years old (e.g. 'adolescent,' 'adolescent in an alternative school setting').

Multiple electronic databases, such as PsychInfo, ScienceDirect, Taylor & Francis, Google Scholar, and the university library's database, were utilised for the search. Initial search terms were a combination of 'art therapy,' 'adolescents,'

and 'trauma.' Other search terms for trauma included 'adversity,' 'adverse life experience,' and 'abuse.' Additional search terms for adolescents were 'youth,' 'teenagers,' and 'young people.' The literature search ceased when no new articles relevant to the aims of this review were found, and a manageable sample size within a limited timeframe was reached. The 26 included manuscripts and information on author, year, setting, number and age of participants, study design/reporting format, and publishing journal are summarised and listed chronologically in Table 1 (Supplementary material – full details of these articles are included in the references list).

### Data extraction

After reading the included manuscripts several times, data were initially extracted according to predetermined categories and populated in cells using an Excel spreadsheet. The initial categories for data extraction include demographic information and other characteristics of young people and art therapists, descriptions of youth's adverse life experiences, art therapy settings, theoretical frameworks and art therapy models, components of art therapy programmes or research (i.e. aims, structure, methods, descriptions of sessions), evaluation methods, and main reported outcomes. In the recursive process of familiarising with, interpreting and posing questions to data, questions about young people and art therapists' roles, actions, and interactions emerged. Accordingly, further data describing young people's and art therapists' actions and interactions were extracted. Additionally, young people's feedback on their experience of art therapy was extracted to analyse its ascribed benefits from youth perspectives.

### Data analysis

In keeping with the traditions of the CIS analytic processes, data analysis accompanied the data extraction and categorisation process (McFerran et al., 2017). During the descriptive analysis phase, tables, graphs, and pie charts were created to visually represent data, obtain an overall data representation, and detect any particular trends. Then, a comparative analysis method was used to find connections or discrepancies between manuscripts and identify patterns.

The articles were organised on a continuum between the two constructed categories of trauma-focused and non-trauma-focused art therapy based on various characteristics of the art therapy programmes described. Although multiple definitions of these two terms exist in literature, we used them to differentiate between an approach that targeted treating the mental health symptoms that were viewed to result from adversity (trauma-focused) and an approach that addressed broader therapeutic themes that were mostly self-constructed by youth or collaboratively constructed by youth and art therapists (non-trauma-focused). The first category of trauma-focused art therapy practice and research includes eleven manuscripts (five case illustrations, six research articles; (article number#) 3, 4, 5, 8, 9, 11, 12, 21, 23, 25, 26). The second category of non-trauma-focused art therapy practice and research includes 15 manuscripts (eight case illustrations and seven research articles; 1, 2, 6, 7, 10, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24). Using this categorisation system, various features of the art therapy programmes were analysed comparatively.

## Reflexivity

Our ongoing process of immersing in the critical trauma literature paralleled this review and informed our analysis of the assumptions and beliefs underpinning authors' descriptions of young people, their lived experiences, and the rationale for their approach. Such a process sharpened our critical awareness of the issues under investigation and guided the recursive analysis process. As authors did not always explicitly state their assumptions and beliefs that may have influenced their construction and representation of the needs of young people with adverse life experiences and the roles and benefits of art therapy, these assumptions and beliefs needed to be interpreted. Such interpretations were informed by considering the authors' demographics, theoretical orientations, art therapy settings, and publishing journals' characteristics. Throughout these processes, reflexive journaling and regular supervision were utilised to examine and document the first author's values and assumptions grounded in her lived experience as a practitioner and how they seemed to influence the interpretation and synthesis of emerging learnings from this study.

## Results

### *Art therapists' theoretical orientations: dominant conceptualisation of adverse life experiences as trauma*

Complex and diverse types of youth's adverse life experiences were reported in all included articles ( $n = 26$ ). The complexity and diversity in the types of adverse life events were evident in the art therapy programmes across trauma-focused and non-trauma-focused categories, as illustrated in Figure 1 (Supplementary material).

The authors commonly used the term 'trauma' ( $n = 25$ , except for #19) to describe young people's various adverse life experiences and to understand their impacts. In the articles presenting trauma-focused approaches (#3, 4, 5, 8, 9, 11, 12, 21, 23, 25, 26), trauma was conceptualised predominantly in accordance with the biomedical paradigm: it was grounded in the combined perspectives of PTSD, neurobiology, and complex developmental trauma theories. Commonly referenced theorists for the neurobiology of trauma and complex developmental trauma theories were Bruce Perry (#18, 20, 23, 26), Bessel van der Kolk (#12, 14, 18, 20, 23, 25, 26) and Judith Herman (#16, 20, 23). Additionally, trauma-focused art therapy programmes tended to include structured approaches developed with art therapists' targeted aim of improving young people's intrapsychic difficulties. Some of these programmes (#3, 4, 8, 23) integrated other psychological treatment models, such as a staged model of trauma-focused cognitive behavioural therapy (TF-CBT) and other phase-based models (i.e. Staged model in #3, TF-CBT model in #4, 8, 23), which were guided by a sequential process of developing safety, therapeutic alliance and coping skills, constructing narratives and the meaning of trauma memories, and reintegration. These characteristics of trauma-focused art therapy programmes correspond to the existing research reporting art therapists' integration of TF-CBT and other phase-based models when addressing individuals' trauma (Naff, 2014; Rankin & Taucher, 2003; Schouten et al., 2019).

It appears that conceptualising art therapy as an assessment and treatment tool in trauma-focused art therapy

programmes aligns with the western medical model of psychotherapy that prioritises reducing symptoms by a linear cause-and-effect mechanism (Bracken & Thomas, 2017). In the medical model, therapists assume an expert position, leveraging their training and knowledge to perform specialised interventions to ameliorate clients' intrapsychic symptoms of mental distress. The development and implementation of intervention protocols hold technological and instrumental functions for 'correcting' the dysfunctional internal mechanism of the clients (Bracken & Thomas, 2017, p. 100). In this respect, art therapists in the trauma-focused category in this study may be seen as aligning with the western medical model of psychotherapy, which implies a focus on treating mental distress symptoms. Understandably, therapists may prioritise symptom reduction, considering adverse life experiences can lead to substantial distress and predicaments for individuals (Read et al., 2014). Moreover, it is important to note that art therapists may integrate into their practice various approaches, including the biomedical model of psychotherapy. Therefore, it is difficult to ascertain the specific positionality of art therapists based solely on a review of the manuscripts in this study.

By comparison, more diverse conceptualisations of trauma were espoused by the authors adopting non-trauma-focused approaches to art therapy practice and research. Non-trauma-focused art therapy programmes tended to be unstructured or co-structured, facilitating diverse and multiple uses of art according to client-generated or client and therapist's collaboratively constructed aims. Active participation in artmaking was valued as the key principle of these programmes.

In these programmes, young people's experiences of adverse life events were acknowledged and understood according to various trauma concepts. More diverse conceptualisations of trauma considered social, cultural, and historical aspects, ongoing barriers and sources of oppression, and growth and resilience resulting from adversity. Such concepts of trauma were grounded in theories of complex developmental trauma (#16 & 18), resilience, posttraumatic growth, social transformation of trauma (#2, 7, 13, 19, 20, 24), and cultural, social, historical and collective trauma (#15, 17, 22).

Notably, the art therapists in five articles who adopted social, cultural, and historical trauma perspectives, and resilience and posttraumatic growth theories, critiqued the limitations of a narrowly defined notion of trauma and its impacts as outlined in the DSM (#13, 15, 17, 19, 20). They argued that the biomedical paradigm of trauma was deficit-focused and limited in capturing the multifaceted nature of young people's past and ongoing struggles, resiliency and their idiosyncratic meanings. For example, Czamanski-Cohen (#15) posited, 'Often we speak of the traumatic experiences and are quick to treat the PTSD symptomatology in a clinical manner. It is important to remember that this symptomatology is often a so-called "normal" response to a not so normal situation' (Czamanski-Cohen, 2010, p. 413). Thus, by embracing broader sociocultural and historical perspectives on trauma, these art therapists challenged the narrow and deficit-focused biomedical model of trauma.

### *What is the issue? Art therapists' conceptualisations of young people's needs*

In addition to art therapists' conceptualisations of youth adverse life experiences, their approaches to working with

youth were closely linked to how they perceived the issues presented by young people that were relevant to art therapy. The art therapists' descriptions of young people's presentations in the reviewed articles were compared after being categorised into trauma-focused and non-trauma-focused art therapy programmes, as illustrated in Figure 2 (Supplementary material).

Notably, a clear correlation was noted between the articles that emphasised young people's negative psychological and emotional predicaments and presented art therapy as trauma-focused treatment (# 3, 4, 5, 8, 9, 11, 12, 21, 23, 25, 26). In these articles, young people's intrapsychic and behavioural struggles were highlighted and viewed as the inevitable consequences of their adverse life experiences. Accordingly, descriptions of these difficulties provided a rationale for young people's need for treatment, and art therapy was presented as an effective treatment modality. In contrast, in the articles describing non-trauma-focused art therapy approaches, art therapists presented broader personal, social, cultural, and relational impacts and the growth and resilience resulting from adversity (e.g. social stigma in #7; limited and unequal access to social and cultural activities in the community in # 2, 7, 17; young people's need for experiencing community in #18, young people's need for positive role models and relationships in #10 & 24; ongoing social and political factors perpetuating challenging life circumstances in #15 & 17; resiliency in #13; posttraumatic growth in #20). As a result, presenting issues and programme objectives were formulated more broadly and collaboratively with young people and their communities, in addition to addressing young people's intrapsychic difficulties.

To further interrogate how art therapists conceptualised young people's needs, we examined the aims of the art therapy programmes described in the 26 manuscripts. Our assumption was that these aims would unveil what art therapists considered relevant issues to be addressed in art therapy with young people with adverse life experiences. A compilation of the stated aims is presented in Table 2 (Supplementary material).

Overall, a notable correlation was observed between art therapists' theoretical alignments and their stated aims. Specifically, in the ten articles included (#3, 4, 5, 8, 9, 11, 12, 23, 25, 26), when trauma was understood through the biomedical paradigm, the aim of art therapy often centred on providing psychotherapeutic treatment for young people's presenting symptoms of PTSD or other mental health conditions. In this approach, art therapists combined art therapy with a staged model of trauma-focused treatment as illustrated in five of these articles (#3, 4, 8, 11, 23), while the other five articles (#5, 9, 12, 25, 26) described a psychodynamic model of processing. In both cases, the art therapists predetermined the therapy aims to align with the objectives of each stage of the treatment.

In contrast, when the art therapists adopted non-trauma-focused art therapy approaches, they emphasised the importance of collaboratively exploring the needs and aims with young people and addressing broader goals to align with young people's multifaceted life experiences and complex presentations. These aims prioritised fostering community connection and creativity (#2 & 18), promoting mastery, self-esteem, artist identity, and positive interpersonal relationships (#10 & 19), exploring autobiographic narratives and identity (#16 & 22), building resilience and strengths

(#7 & 24), exploring posttraumatic growth (#20), encouraging emotional expression (#1), and exploring the needs and value of art therapy from young people and their community's perspective (#13, 14, 15, 17). This finding suggests that art therapists' conceptualisation of trauma and the role of art therapy influences how they facilitate their practice. This view is consistent with Harris and Fallo's (2001) perspective that practitioners' understanding of trauma informs their service and role.

Critically, there were limited descriptions in the included articles regarding young people's beliefs about and motivations for participating in art therapy programmes. This contrasted with the rationales for art therapy, which were primarily provided by art therapists themselves. The limited representation of youth perspective raises concerns since their needs for art therapy were primarily conceptualised by art therapists. This finding underscores the importance of art therapists actively engaging with young people to explore their diverse interests, needs and motivations for art therapy.

### ***What about the participants? Actions of young people in art therapy***

In addition to the art therapists' theoretical underpinnings, young people's actions appeared influential in directing the art therapy processes and outcomes, as evident in the reviewed articles. The following sections discuss various ways young people's actions in art therapy were illustrated in the included manuscripts.

#### ***Young people's participation in art making and sharing their artworks***

Across the manuscripts, various levels of young people's active, creative, expressive, intentional, and collaborative art-making actions were illustrated. Young people's collaborative or self-directed approach to artmaking was mentioned in 16 articles (#1, 4, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24). In 12 articles, art therapists introduced a protocol with specific directives for each session to facilitate predetermined objectives (#3, 4, 8, 11, 13, 17, 18, 19, 20, 21, 23, 24). Interestingly, even in the therapist-directed programmes, young people were described as taking the initiative by working creatively with the given instructions (e.g. choosing the art materials or interpreting the directives in #3, 4, 11, 18, 23) and negotiating their level of participation (e.g. deciding to withdraw from certain activities in #23).

Young people's readiness, interest, and skills appeared to be the factors that mediated their self-modulation of artmaking actions. Some authors described readiness as being dictated by young people's shifting emotional states (#1, 5, 10, 12, 16, 24, 25) or evolving physical health states (#3). The emerging therapeutic relationship with the art therapist also affected a young person's readiness to disclose personal and sensitive subjects in their art (#9). The impact of current life circumstances on young people's readiness to visualise and discuss distressing memories and their associated emotions with art therapists or group members was also mentioned (#15 & 26). Accordingly, the art therapists' sensitivity to and acceptance of young people's varying levels of readiness for engaging with artmaking and using art to process emotions and thoughts associated with their adverse life experiences were highlighted as vital skills (#3).

Additionally, interest in art appeared salient in guiding young people's artmaking actions, as highlighted in Fliegel's case illustration (#2). Similarly, the art therapist's attunement to a young person's interest in art materials or media was pivotal in the treatment process described in Miller's work (#12). In Basto, Warson and Barbour's work (#17), the group of Native American youth's interest and connection to art, embedded in their culturally esteemed meaning of artmaking, were perceived to direct these young people's confident and creative artmaking approach.

Young people's artmaking also reflected their knowledge of artistic techniques, insight into the materials, and purposeful engagement with artmaking to attain their goals. Such skills practised by young people served as their integral resource for emotional coping and companionship (#13), relaxation, concentration, entertainment, building self-confidence, navigating interpersonal relationships (#14), sustaining cultural and spiritual connection and identity (#17), and engaging in community development and recovery (#20).

### *Young people's interaction with art therapists: co-shaping the role of the art therapist*

Young people appeared to be integral in shaping art therapists' various roles. Young people's act of negotiating multiple aspects of art therapists' roles described in the manuscripts involved communicating their needs for support and guidance. For example, art therapist Appleton (#3) described her evolving roles as a witness, art teacher, facilitator, advocate, and family therapist in the course of treatment shaped by the recovery process of the young person. Accordingly, the need for art therapists' flexibility was highlighted. The term 'negotiation' was used by some authors to describe their interactions with young people that highlighted the mutual processes of decision-making (#3, 9, 26).

Importantly, considering young people's influence on shaping art therapists' roles challenges the conventional expert therapist status (Maddux, 2008). Instead of the client passively following the therapist's lead, the notion of negotiation between young people and art therapists reflects more equalised dynamics in therapeutic interactions in which the not-knowing art therapist who is open to being guided by the client's expertise (Riley, 2001, p. 283) is invoked. Moreover, young people's capability and agency in tailoring art therapists' roles to their unique needs are recognised.

### *Young people sharing opinions and life stories*

Young people sharing their thoughts, feelings, or life stories with art therapists and other group members were described across all articles ( $n=26$ ). In addition to artmaking and sharing their artworks, young people were described as participating in discussions and interviews and completing questionnaires and outcome measurement tests to share their perspectives. Furthermore, in numerous articles, young people were described as capable of articulating complex and intense emotions (#1, 9, 22, 23), symbolically representing various aspects of their life stories through art (#12, 16, 17, 20, 21, 23, 24), monitoring the levels of self-disclosure in a group programme (#5) and making a social commentary (#7, 15, 17, 18). Young people's expression of opinions was illustrated through their decision-making on what their programme should be called (e.g. requesting the programme

to be named 'art class' instead of 'art therapy' in #15), expressing their ongoing needs beyond participating in art therapy research (#17), and requesting an activity (e.g. 'worksheets' in #16).

### *Young people informing the benefits of art therapy*

Across all manuscripts, it was evident that young people ascribed various benefits to art therapy. Some of these benefits include helping with expressing and communicating feelings indicated in five articles (#6, 13, 23, 24, 26), supporting interpersonal relationships indicated in four articles (#6, 9, 14, 19), and claiming artist identity mentioned in three articles (#2, 13, 20). Additionally, young people's descriptions of reduced trauma symptoms were observed in half of the included manuscripts ( $n=13$ ). The finding suggests that whilst addressing the trauma-related symptoms in art therapy was valued by some young people, there were broader benefits highlighted by them. Accordingly, it can be inferred that young people attributed more varied meanings beyond perceiving art therapy as a trauma treatment alone.

## **Discussion**

Trauma appeared as the dominant lens through which young people's diverse adverse life experiences and their impacts were viewed in the included literature. This prevalence can be attributed, in part, to the inclusion of 'trauma' in search terms. It also implies that art therapists have recognised trauma as an apt framework to understand various adverse life experiences and their profound impacts on young people. Interestingly, depending on the art therapists' different theoretical alignments, trauma was conceived diversely, which led to various formulations of the characteristics of art therapy, such as its aim, process, therapeutic relationship, and outcome. In some manuscripts, art therapy was framed as a mental health treatment, and the role of the art therapist and art therapy as a specialised intervention and the expert healing agent was emphasised. On the other hand, the art therapy programmes in other articles were described as a social and community resource where young people and their actions and collaborative and relational work between young people, art therapists, and the community were highlighted as the key agent of change.

Importantly, power is involved in art therapists conceptualising young people's adverse life experiences and determining the relevant issues in art therapy. Practitioners' conceptualisation of individuals' needs from deficit-focused perspectives and in narrowly defined psychological and emotional terms is problematic: it can result in privileging practitioners' perspectives and discounting other sociocultural aspects of health and illness and idiosyncratic perspectives of clients (Burstow, 2005). This view complements Kapitan's (2015, p. 106) commentary on art therapists' tendency to 'professionalise' global distress based on the universal notion of bio-neurological impacts of trauma grounded in the hegemonic western biomedical model. Kapitan warns that people's cultural competency may be undermined due to highlighting negative biological and psychological responses to distress when art therapy is a culturally mediated practice that relies on clients' culture-specific interpretations of meanings of trauma and predicaments (2015, p. 106). In this respect, art therapists' reflexivity is

warranted to advance an anti-oppressive and culturally conscious framework that challenges the problematic therapy traditions and privileges the client's worldview (Bal & Kaur, 2018).

Interestingly, regardless of art therapists' conceptualisations of their programmes, diverse aspects of young people's contributions to art therapy were evident across most articles. It appeared that young people's contributions were mediated by varied levels of youth agency and competency in communicating their readiness, interests, needs, and desires and collaborating with art therapists. Moreover, negotiating the roles and decisions illustrated the mutual exchange of power and influence between young people and art therapists. Accordingly, the findings support that the art therapists' flexible and tailored approaches and acceptance of young people's diverse levels and forms of participation, motivation, and expression play a crucial role in encouraging active involvement (Marxen, 2020).

Critically, young people's creative and self-agentic actions challenge some of the deficit-focused stereotypes attributed to them as young victims of trauma or resistant or passive recipients of therapeutic services (Block et al., 2005). In this regard, the ways young people take action in art therapy can be regarded as subverting the disempowered position of the client in biomedical trauma therapy (Burstow, 2003). This sentiment is shared by the feminist art therapist and educator Cathy Moon (2002, p. 295), who perceptively points to the subversive potential of art therapy grounded in people's very act of creating. Moon posits that artmaking as action challenges the notions of disability, helplessness, and dependence often attributed to clients in therapy. Accordingly, through their involvement in creative actions, young people can be perceived as active agents of change in art therapy. This view challenges the conventional and dominant narratives about health and social programmes and practitioners' interventions being the primary cause of effecting change when in fact, it is young people who are capable of being the 'architects' of generating the change for themselves (Schwan et al., 2018, p. 361).

Additionally, privileging the youth perspective responds to a call to challenge the expert-driven trauma therapy model. Goodman (2015, p. 64) urges practitioners to generate practice grounded in a 'collaborative and critically conscious partnership' with service users to avoid the risks of being ineffective and inadvertently exacerbating people's distress. Notably, as shown in the findings, young people's varied readiness for expressing their opinions must be acknowledged so that the expectations do not unfairly burden or pressure them to provide feedback. However, in this study, nearly 70% of the articles presented young people's opinions expressed through verbal feedback, written feedback, and completing the outcome tests. This suggests that young people are willing and capable of sharing their views. Such a finding poses exciting possibilities for theorising art therapy's meanings, processes and value by consulting young people's embodied experiences.

### Limitations of the study

The data collection method employed in this review has several limitations. Only manuscripts in English available via the databases and journals to which the authors' university is subscribed were included. This review did not include

numerous manuscripts published as books, book chapters, or online blog entries. The appraisal of the relevance of manuscripts for inclusion was based on the authors' opinion on their usefulness for contributing to the review questions and within the limited timeframe set by the first author's doctoral candidature. Moreover, the findings are grounded in the authors' interpretations of the reviewed literature. Therefore, the authors recognise the subjective, plural and situated nature of the interpretations and syntheses and acknowledge that the reviewed studies could be interpreted differently depending on the person undertaking the review at different points in time. Only a small number of samples were selected for this review: thus, the overall sample is not representative of an exhaustive list of literature available on the topic.

### Implications for policy, practice and further research

Art therapists could pay more attention to care and sensitivity when describing young people's adverse experiences. Further work is needed to critically examine the implications of the prevalence of conceptualising and labelling adverse life experiences and young people's responses by relying on jargon, such as trauma. This includes exploring young people's perspectives on how well the concept of trauma aligns with their lived experiences, which can offer valuable insights for professionals. Moreover, positioning in a particular discourse of trauma requires art therapists to critically examine and consider its implications for the disparity of power in therapist and client status (Karcher, 2017), the potential stigmatising effect on young people (Ginwright, 2018), and the marginalisation of the personal meaning of adversity and resilience (Jones & McNally, 2022).

Additionally, the findings suggest that young people's exercise of self-agency and competency in the art therapy process can be promoted by flexible, open, and non-judgmental approaches by art therapists. Accordingly, actively encouraging their participation and offering options for autonomous decision-making can increase the opportunities for young people's expression of self-agency and collaborative actions. Importantly, art therapists need to consider young people's varying levels of readiness, desires and competency for negotiating and self-guiding the art therapy process by tailoring their approach to each unique individual's interests and needs.

### Recommendations for future research

Exploring young people's embodied experiences of art therapy and the meanings they ascribe to these experiences could inform theorising art therapy's relevance, value, and processes of change with youth with adverse life experiences. Additionally, exploring the barriers to and limited resources for accessing art therapy in their communities could reveal structural issues that require a collective response.

Future research could also explore what factors influence art therapists' development of their theoretical orientations and if, and how, they review whether their chosen orientation aligns with their and clients' values. Van Lith (2016) asserts that art therapists' theoretical orientations tend to be informed by their practice contexts, the influences of their training, the presentations of service users and their

philosophical or political stances. Importantly, these dimensions are not static, and they need to be continually interrogated. Additionally, for art therapy pedagogy, further research in this area can reveal if art therapists have sufficient exposure to diverse theories and worldviews during their training and what more can be done to ensure the diversifying of the art therapy literature. Also, investigating if art therapists' approaches change throughout their careers and what factors facilitate such change might be revealing.

Lastly, further research exploring the relevance and meanings of art therapy to contemporary young people with adverse life experiences in diverse contexts and cultures from the youth's perspective can inform our understanding of the evolving meanings of art therapy in the lives of diverse groups of young people. Also, given the significance of young people's agentic actions in social and health programmes (Schwan et al., 2018), more research exploring youth-specific conditions in art therapy that motivate and constrain youth's agentic actions would be beneficial for developing co-created theories about the key process of change in art therapy. Additionally, investigating the role of art therapy contexts and interactions among young people, art therapists, and specific art therapy contexts may reveal systemic resources and barriers that require more attention (Karcher, 2017).

## Conclusion

This study underscores the importance of art therapists' critical awareness regarding the limitations of adopting the dominant biomedical trauma paradigm. It questions how young people's complex life experiences and their impacts can be understood and respected in art therapy to prevent further stigmatisation and disempowerment. This study also underscores the value of integrating young people's competency, perspectives and the potential of art to facilitate young people's creative and self-agentic actions. These principles are envisioned to underpin various practice and research models and contexts involving young people with adverse life experiences.

## Acknowledgements

The authors want to thank Dr Michal Bat-Or and Dr Lucy Bolger for valuable feedback on an earlier version of this manuscript.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

This study was undertaken as part of the first author's doctoral research project that has been supported through an Australian Government Research Training Program Scholarship at The University of Melbourne.

## Declaration of interest statement

The authors report that there are no competing interests to declare.

## Notes on contributors

**Dr Jae Eun (Jane) Song** is a South Korean immigrant woman who has undertaken most of her clinical and research work in Australia. She is a visual artist and an art therapist registered with the Australian New Zealand and Asian Creative Arts Therapies Association (ANZACATA). She has 10+ years of experience facilitating art therapy with children, young people and families in community-based trauma care organisations and working with university students in Australia. Her current practice and doctoral research focus on promoting young adults' wellbeing and mental health, exploring possibilities of offering art therapy in the tertiary education setting.

**Dr Katrina McFerran** is a Professor and Head of Creative Arts Therapies at The University of Melbourne. She is an experienced music therapist and researcher with expertise in critical and qualitative approaches. Her publications include 93 articles and 4 books, including 'Writing Research Questions in Creative Arts Therapy'. She has also created a free Massive Open Online Course (Coursera) called How Music Can Change Your Life, and a TedX talk on Coming Back from the Darkside with Music.

## ORCID

Jae Eun (Jane) Song  <http://orcid.org/0000-0002-7406-3587>  
Katrina McFerran  <http://orcid.org/0000-0003-0699-3683>

## References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).
- Bal, J., & Kaur, R. (2018). Cultural humility in art therapy and child and youth care: Reflections on practice by Sikh women (L'humilité culturelle en art-thérapie et les soins aux enfants et aux jeunes: Réflexions sur la pratique de femmes sikhes). *Canadian Art Therapy Association Journal*, 31(1), 6–13. <https://doi.org/10.1080/08322473.2018.145409>
- Barnett-Page, E., & Thomas, J. (2009). Methods for the synthesis of qualitative research: A critical review. *BMC Medical Research Methodology*, 9(1), 1–11. <https://doi.org/10.1186/1471-2288-9-59>
- Bracken, P., & Thomas, P. (2017). Reflections on critical psychiatry. In B. M. Z. Cohen (Ed.), *Routledge international handbook of critical mental health* (pp. 98–106). Routledge.
- Burr, V. (2015). *Social constructionism* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315715421>
- Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. *Violence Against Women*, 9(11), 1293–1317. <https://doi.org/10.1177/1077801203255555>
- Burstow, B. (2005). A critique of posttraumatic stress disorder and the DSM. *Journal of Humanistic Psychology*, 45(4), 429–445. <https://doi.org/10.1177/0022167805280265>
- Cohen-Yatziv, L., & Regev, D. (2019). The effectiveness and contribution of art therapy work with children in 2018-what progress has been made so far? A systematic review. *International Journal of Art Therapy*, 24(3), 100–112. <https://doi.org/10.1080/17454832.2019.1574845>
- Comte, R. (2016). Neo-colonialism in music therapy: A critical interpretive synthesis of the literature concerning music therapy practice with refugees. *Voices: A World Forum for Music Therapy*, 16(3), <https://doi.org/10.15845/voices.v16i3.865>
- Danieli, Y. (Ed.) (1998). *International handbook of multigenerational legacies of trauma*. Springer Science & Business Media.
- Dillon, J., Johnstone, L., & Longden, E. (2014). Trauma, dissociation, attachment and neuroscience: A new paradigm for understanding severe mental distress. In E. Speed, J. Moncrieff, & M. Rapley (Eds.), *De-medicalizing misery II: Society, politics and the mental health industry* (pp. 226–234). Palgrave Macmillan UK.
- Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., ... Sutton, A. J. (2006). Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology*, 6(35), <https://doi.org/10.1186/1471-2288-6-35>
- Eaton, L. G., Doherty, K. L., & Widrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. *The Arts in Psychotherapy*, 34(3), 256–262. <https://doi.org/10.1016/j.aip.2007.03.001>

- Ginwright, S. (2018). The future of healing: Shifting from trauma-informed care to healing centered engagement. *Occasional Paper*, 25, 25–32. <https://kinshipcarersvictoria.org/wp-content/uploads/2018/08/OP-Ginwright-S-2018-Future-of-healing-care.pdf>
- Goodman, R. D. (2015). A liberatory approach to trauma counselling: Decolonizing our trauma-informed practices. In R. D. Goodman, & P. C. Gorski (Eds.), *Decolonizing "multicultural" counselling through social justice* (pp. 55–72). Springer.
- Green, M. R., Flaherty, L. T., Harper, G., Hendren, R. L., King, R. A., Lester, P., ... Wong, S. W. (2013). Trauma and adolescence I 6 the nature and scope of trauma. *Adolescent Psychiatry, V. 27: Annals of the American Society for Adolescent Psychiatry*, 143.
- Hancock, B., Windridge, K., & Ockleford, E. (2007). *An introduction to qualitative research*. The NIHR RDS EM / YH.
- Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, 2001(89), 3–22. <https://doi.org/10.1002/yd.23320018903>
- Hense, C. L. (2015). *Musical identities of young people recovering from mental illness* (Unpublished doctoral dissertation). University of Melbourne, Melbourne, Australia.
- Herman, J. L. (1992/2015). *Trauma and recovery: The aftermath of violence —from domestic abuse to political terror*. Basic Books.
- Johnson, D. R. (2009). Commentary: Examining underlying paradigms in the creative arts therapies of trauma. *The Arts in Psychotherapy*, 36(2), 114–120. <https://doi.org/10.1016/j.aip.2009.01.011>
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, <https://doi.org/10.1177/00221678187932>
- Jones, P. J., & McNally, R. J. (2022). Does broadening one's concept of trauma undermine resilience? *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(1), S131–S139. <https://doi.org/10.1037/tra0001063>
- Kapitan, L. (2015). Social action in practice: Shifting the ethnocentric lens in cross-cultural art therapy encounters. *Art Therapy*, 32(3), 104–111. <https://doi.org/10.1080/07421656.2015.1060403>
- Karcher, O. P. (2017). Sociopolitical oppression, trauma, and healing: Moving toward a social justice art therapy framework. *Art Therapy*, 34(3), 123–128. <https://doi.org/10.1080/07421656.2017.1358024>
- Lannamann, J. W., & McNamee, S. (2020). Unsettling trauma: from individual pathology to social pathology. *Journal of Family Therapy*, 42(3), 328–346. <https://doi.org/10.1111/1467-6427.12288>
- Maddux, J. E. (2008). Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology*, 57(s1), 54–70. <https://doi.org/10.1111/j.1464-0597.2008.00354.x>
- Malchiodi, C. A. (2012). Art therapy and the brain. In C. A. Malchiodi (Ed.), *Handbook of art therapy* (2nd ed., pp. 17–26). The Guilford Press.
- Marxen, E. (2020). *Deinstitutionalizing art of the nomadic museum: Practicing and theorizing critical art therapy with adolescents*. Routledge. <https://doi.org/10.4324/9781351116664>
- McFerran, K. S. (2016). Contextualising the relationship between music, emotions and the well-being of young people: A critical interpretive synthesis. *Musicae Scientiae*, 20(1), 103–121. <https://doi.org/10.1177/1029864915626968>
- McFerran, K. S., Hense, C., Medcalf, L., Murphy, M., & Fairchild, R. (2017). Integrating emotions into the critical interpretive synthesis. *Qualitative Health Research*, 27(1), 13–23. <https://doi.org/10.1177/1049732316639284>
- McFerran, K. S., Lai, H. I. C., Chang, W. H., Acquaro, D., Chin, T. C., Stokes, H., & Croke, A. H. D. (2020). Music, Rhythm and Trauma: A Critical Interpretive Synthesis of Research Literature. *Frontiers in Psychology*, 11, 324. <https://doi.org/10.3389/fpsyg.2020.00324>
- Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. Jessica Kingsley Publishers.
- Moon, C. H. (2014). Theorizing from the margins. *Art Therapy Online*, 5(1), <https://doi.org/10.25602/GOLD.atol.v5i1.339>
- Naff, K. (2014). A framework for treating cumulative trauma with art therapy. *Art Therapy*, 31(2), 79–86. <https://doi.org/10.1080/07421656.2014.903824>
- Papadopoulos, R. K. (2005). Political violence, trauma and mental health interventions. In D. Kalmanowitz, & B. Lloyd (Eds.), *Art therapy and political violence: With art, without illusion* (pp. 35–59). Routledge.
- Rankin, A. B., & Taucher, L. C. (2003). A task-oriented approach to art therapy in trauma treatment. *Art Therapy*, 20(3), 138–147. <https://doi.org/10.1080/07421656.2003.10129570>
- Read, J., Fosse, R., Moskowitz, A., & Perry, B. (2014). The traumagenic neurodevelopmental model of psychosis revisited. *Neuropsychiatry*, 4(1), 65–79. <https://doi.org/10.2217/NPY.13.89>
- Riley, S. (2001). Commentary. In J. A. Rubin (Ed.), *Approaches to art: Theory and technique* (2nd ed., pp. 281–284). Brunner-Routledge.
- Schore, A. N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian & New Zealand Journal of Psychiatry*, 36(1), 9–30. <https://doi.org/10.1046/j.1440-1614.2002.00996.x>
- Schouten, K. A., van Hooren, S., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. (2019). Trauma-focused art therapy in the treatment of posttraumatic stress disorder: A pilot study. *Journal of Trauma & Dissociation*, 20(1), 114–130. <https://doi.org/10.1080/15299732.2018.1502712>
- Schwan, K. J., Fallon, B., & Milne, B. (2018). "The one thing that actually helps": Art creation as a self-care and health-promoting practice amongst youth experiencing homelessness. *Children and Youth Services Review*, 93, 355–364. <https://doi.org/10.1016/j.childyouth.2018.08.002>
- Summerfield, D. (2000). Childhood, war, refugeedom and 'trauma': Three core questions for mental health professionals. *Transcultural Psychiatry*, 37(3), 417–433. <https://doi.org/10.1177/136346150003700308>
- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *BMJ*, 322(7278), 95–98. <https://doi.org/10.1136/bmj.322.7278.95>
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148(1), 10–20. <https://doi.org/10.1176/ajp.148.1.10>
- Tseris, E. (2017). A feminist critique of trauma therapy. In B. M. Cohen (Ed.), *Routledge international handbook of critical mental health* (pp. 251–257). Routledge. <https://doi.org/10.4324/9781315399584>
- Tseris, E. (2019). *Trauma, women's mental health, and social justice: Pitfalls and possibilities*. Routledge.
- Van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics*, 12(2), 293–317. [https://doi.org/10.1016/S1056-4993\(03\)00003-8](https://doi.org/10.1016/S1056-4993(03)00003-8)
- Van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408. <https://doi.org/10.3928/00485713-20050501-06>
- Van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy*, 47, 9–22. <https://doi.org/10.1016/j.aip.2015.09.003>
- Van Lith, T., Schofield, M. J., & Fenner, P. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(16), 1309–1323. <https://doi.org/10.3109/09638288.2012.732188>
- van Westrhenen, N., & Fritz, E. (2014). Creative arts therapy as treatment for child trauma: An overview. *The Arts in Psychotherapy*, 41(5), 527–534. <https://doi.org/10.1016/j.aip.2014.10.004>
- Young, A. (1995). *The harmony of illusions: Inventing post-traumatic stress disorder*. University Press.

## Included Literature in the CIS

- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy*, 18(1), 6–13. <https://doi.org/10.1080/07421656.2001.10129454>
- Basto, E., Warson, E., & Barbour, S. (2012). Exploring American Indian adolescents' needs through a community-driven study. *The Arts in Psychotherapy*, 39(2), 134–142. <https://doi.org/10.1016/j.aip.2012.02.006>
- Bennink, J., Gussak, D. E., & Skowran, M. (2003). The role of the art therapist in a juvenile justice setting. *The Arts in Psychotherapy*, 30(3), 163–173. [https://doi.org/10.1016/S0197-4556\(03\)00051-0](https://doi.org/10.1016/S0197-4556(03)00051-0)
- Block, D., Harris, T., & Laing, S. (2005). Open studio process as a model of social action: A program for at-risk youth. *Art Therapy*, 22(1), 32–38. <https://doi.org/10.1080/07421656.2005.10129459>
- Briks, A. (2007). Art therapy with adolescents: Vehicle to engagement and transformation. *Canadian Art Therapy Association Journal*, 20(1), 2–15. <https://doi.org/10.1080/08322473.2007.11432288373>

- Czarnowski-Cohen, J. (2010). "Oh! Now I remember": The use of a studio approach to art therapy with internally displaced people. *The Arts in Psychotherapy*, 37(5), 407–413. <https://doi.org/10.1016/j.aip.2010.09.003>
- Fliegel, L. S. (2000). An unfound door: Reconceptualizing art therapy as a community-linked treatment. *American Journal of Art Therapy*, 38(3), 81–89.
- Hanes, M. J. (2000). Catharsis in art therapy: A case study of a sexually abused adolescent. *American Journal of Art Therapy*, 38(3), 70–74.
- Harber, K. (2011). Creating a framework: Art therapy elicits the narrative. *Art Therapy*, 28(1), 19–25. <https://doi.org/10.1080/07421656.2011.557766>
- Hartz, L., & Thick, L. (2005). Art therapy strategies to raise self-esteem in female juvenile offenders: A comparison of art psychotherapy and art as therapy approaches. *Art Therapy*, 22(2), 70–80. <https://doi.org/10.1080/07421656.2005.10129440>
- Jang, H., & Choi, S. (2012). Increasing ego-resilience using clay with low SES (Social Economic Status) adolescents in group art therapy. *The Arts in Psychotherapy*, 39(4), 245–250. <https://doi.org/10.1016/j.aip.2012.04.001>
- Jue, J., & Kim, H. (2014). Draw-a-Story response characteristics of young North Korean defectors. *The Arts in Psychotherapy*, 41(5), 504–510. <https://doi.org/10.1016/j.aip.2014.08.007>
- Kay, L., & Wolf, D. (2017). Artful coalitions: Challenging adverse adolescent experiences. *Art Education*, 70(5), 26–33. <https://doi.org/10.1080/00043125.2017.1335542>
- Kruger, D., & Swanepoel, M. (2017). Gluing the pieces together: Female adolescents' construction of meaning through digital metaphoric imagery in trauma therapy. *The Arts in Psychotherapy*, 54, 92–104. <https://doi.org/10.1016/j.aip.2017.04.011>
- Lyshak-Stelzer, F., Singer, P., Patricia, S. J., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy*, 24(4), 163–169. <https://doi.org/10.1080/07421656.2007.10129474374>
- Mazloomian, H., & Moon, B. L. (2007). Images from purgatory: Art therapy with male adolescent sexual abusers. *Art Therapy*, 24(1), 16–21. <https://doi.org/10.1080/07421656.2007.10129367>
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy*, 24(4), 184–190. <https://doi.org/10.1080/07421656.2007.10129470>
- Mohr, E. (2014). Posttraumatic growth in youth survivors of a disaster: An arts-based research project. *Art Therapy*, 31(4), 155–162. <https://doi.org/10.1080/07421656.2015.963487>
- Nielsen, F. (2018). Responsive Art Psychotherapy as a component of intervention for severe adolescent mental illness: a case study. *Art Therapy OnLine*, 9(1), <https://doi.org/10.25602/GOLD.atol.v9i1.487>
- Nielsen, F., Isobel, S., & Starling, J. (2019). Evaluating the use of responsive art therapy in an inpatient child and adolescent mental health services unit. *Australasian Psychiatry*, 27(2), 165–170. <https://doi.org/10.1177/1039856218822745>
- Parisian, K. (2015). Identity formation: Art therapy and an adolescent's search for self and belonging. *Art Therapy*, 32(3), 130–135. <https://doi.org/10.1080/07421656.2015.1061257>
- Persons, R. W. (2009). Art therapy with serious juvenile offenders: A phenomenological analysis. *International Journal of Offender Therapy and Comparative Criminology*, 53(4), 433–453. <https://doi.org/10.1177/0306624X08320208>
- Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Therapy*, 19(1), 12–22. <https://doi.org/10.1080/07421656.2002.10129724>
- Pifalo, T. (2006). Art therapy with sexually abused children and adolescents: Extended research study. *Art Therapy*, 23(4), 181–185. <https://doi.org/10.1080/07421656.2006.10129337>
- Prescott, M. V., Sekendur, B., Bailey, B., & Hoshino, J. (2008). Art making as a component and facilitator of resiliency with homeless youth. *Art Therapy*, 25(4), 156–163. <https://doi.org/10.1080/07421656.2008.10129549>
- Slayton, S. C. (2012). Building community as social action: An art therapy group with adolescent males. *The Arts in Psychotherapy*, 39(3), 179–185. <https://doi.org/10.1016/j.aip.2011.12.01>