

The Creative Art Therapies in Work with Children and Adolescents with Traumatic Experiences

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Abstract

This article is theoretical in nature and sets out to explore how creative art therapies create useful intervention and therapeutic approaches for working with children and adolescents. Creative art therapy is an approach in the treatment of child trauma widely used by art therapists as well as psychologists and counsellors. Published articles and books that focus exclusively on the use of creative art therapies for treating children who have experienced a traumatic event were included in this review. An overview of the unique characteristics and potential difficulties of treating children and adolescent who have been exposed to traumatic experiences with individual and group creative art therapies is presented. Finally, the article provides an overview of the effectiveness of creative art therapies in working with children and adolescents who have experienced trauma. **Conclusion** – The research, albeit few in number and methodologically limited, shows that expressive creative therapies help children and adolescents express their traumatic experiences in a safe way and gives them the skills and hope they need to enjoy life to the fullest despite their traumatic experience. Several methodological issues are discussed and suggestions for future research are provided in this review.

Key Words: Creative Art Therapies ■ Expressive Therapies ■ Childhood Trauma ■ Individual and Group Therapies.

Introduction

Trauma is defined as an experience which has long-lasting psychosocial and health consequences for the person exposed to the traumatic experience (1). Traumatic experiences in childhood and adolescence can have a formative effect and may shape the way these individuals will experience themselves, other people, but also the community in which they live later in their lives (2). Children with traumatic experiences may have difficulties verbalizing them because of the developmental stage they are in, or the level of development of their vocabulary. For all children, talking about feelings, especially those related to negative experiences, requires a high level

of emotional literacy (3). Therefore, therapists must use developmentally acceptable methods and interventions aimed at traumatic experiences, which make emotional relief possible (4). Therapeutic approaches must be continually adapted to the needs of the child, but at the same time, it is necessary to consider the goal of the treatment (5).

Creative art therapy is deemed to be the therapy of choice for children and adolescents with traumatic experiences because artistic expression is a non-verbal tool for exploring trauma and does not require verbal explanation of traumatic experiences, which is extremely difficult for people who have had traumatic experiences (6). Resistance, which often occurs during classical therapy sessions with

adolescents, is significantly less if expressive and non-verbal techniques are used (7). Creative expression enables representation of trauma in a symbolic and metaphorical way, it reduces the anxiety which arises during classical therapy, encourages expression of memories stored on conscious and unconscious levels, and makes it possible for non-verbal images to acquire a verbal description and a timeline, which makes it possible to contextualize fragmented memories once again, and to process them in the past (3, 8). During the therapy process, the child can express painful emotions in a creative way, but still maintain a safe distance from the painful experiences (9). The child's creative work during the treatment may be something that forms the basis for the developing relationship between the child and the therapist (10). The artistic work, which is the outcome of the therapeutic treatment with the child, must be seen in the framework of the child's context, and with awareness of separation, environmental and other influences, before any conclusions are drawn about the effects of therapy (11). Art therapy is applicable in many therapy settings and may be easily integrated into theoretic models, such as person-centred therapy, cognitive behavioural therapy, and solution-focused therapy (12), and encompasses various forms of artistic expression, such as art, drama, dance, movement, drawing, painting, creating sculptures, music, poetry, writing, and play (1). Art therapy is therefore deemed to be a good alternative to conventional psychotherapy (13-14).

Although the benefits of creative-art based therapies are relatively well documented in the literature, they are based mainly on studies of its effectiveness in working with adults (15-20). This unequal interest in creative arts-based therapy with adults does not correspond to the reality that art therapists deal with a much larger proportion of children and adolescents with various types of mental disorders (21-23). Partly because of the modest presentation of systematic reviews of creative approaches to working with children and adolescents, and the need to test this type of approach for working with children exposed to traumatic experiences, we decided to

offer a review of the current state of the literature as a possible enrichment and extension of traditional approaches to working with children and youth.

Therefore, the purpose of this paper is to give a review of literature based on the use of creative therapeutic approaches in work with children and adolescents, especially those who have had traumatic experiences, as well as the value of the evidence available on the topic. The remaining sections of the paper are organized as follows: First, the theoretical background of the creative-art based approach is presented. Forms of expressive arts therapy, such as language therapy, visual therapy, movement therapy, sound therapy, as well as symbolic words therapy, provide a comprehensive understanding of how the various approaches contribute to the effectiveness of trauma treatment. In the next line of discussion, we focus on how the various forms of expressive art therapy provide understanding in working with children and adolescents, particularly those who have been traumatized. We then go a step further to provide an understanding of the group processes in trauma work. We conclude this discussion with a look at the effectiveness of research into the various forms of expressive art therapy.

Literature Review

An extensive literature review was conducted to investigate and understand the use of creative art therapy with children and adolescents who have experienced trauma. The literature was searched through various search engines, namely Google, Research Gate, and PubMed. Only scientific literature in English was reviewed. The period of publication was not defined. The articles and books used in this review were searched using keywords such as: "creative art therapy" "trauma," "expressive therapies and trauma," "creative interventions for children and adolescents who have experienced trauma," "childhood trauma," "group therapy," "art based therapy for children and adolescents, who have experienced trauma," "group expressive arts with children and adolescents who have

experienced trauma,” “dance therapy with traumatized children and adolescents,” “drama therapy and traumatized children and adolescents,” “music therapy and traumatized children and adolescents,” and “art therapy and traumatized children and adolescents.” These search terms were used to narrow the list to peer-reviewed scientific articles and books. Relevant categories were then created to convey important information from the material, and enhance understanding of the phenomenon. The headings included: definition of (childhood) trauma, expressive art therapy, and expressive group therapy with traumatized children and adolescents. It is important to note that it is beyond the scope of this article to address each of these categories and to discard all concepts.

Theoretical Approach in Expressive Art Therapy

In this section, we review a theoretical model that explains the therapeutic basis of the creative approach to treatment. We examine two of the most well-known therapeutic approaches used, to understand expressive art therapy: Solution-Focused Brief Art Therapy and Person-Centered Expressive Arts Therapy.

Solution-Focused Brief Art Therapy (SFBAT) is a combined therapeutic approach for meeting the developmental needs of adolescents (7). SFBAT is a time restricted therapeutic approach, which is optimally aligned with the developmental requirements of adolescents. It is less confronting and therefore eases adolescents’ resistance to therapy, and gives them a feeling of autonomy (7). Through the therapeutic process, adolescents are increasingly directed to a solution rather than the cause of their problem. The therapist and client work together in creating an artistic product, using techniques and materials chosen by the adolescent. The artistic product they make represents the client’s problem. As they work on the artistic product, the therapist and the adolescent make minor changes to the product, in order to illustrate the gradual changes that take place as they move towards a solution to the adolescent’s

problem. The artistic product gives adolescents the opportunity to distance themselves from their problem, in the way and at the pace that suits them. The completed artistic product represents the solution to their problem and is a symbol of success at the end of the treatment. Integration of creative art therapy and the solution-based therapy model is a practical and time efficient therapeutic approach, which encourages adolescents’ creativity and maintains their motivation during the treatment (7, 24-25). A more negativistic opinion on its effectiveness with adolescents may be that they are drawn to the instant gratification SFBT offers over the more incremental changes possible in longer-term therapies (26).

Person-Centered Expressive Arts Therapy (PCEAT) is an integrative multi-modal therapy, with the emphasis on the healing aspects of the creative process (27). PCEAT is based on a humanistic paradigm in psychology, in which non-verbal processes are used as a means for communicating internal thoughts and emotions. Movement, drawing, painting, sculpting, expression through music, writing, sound and improvisation are used in a supportive, client-centred way, in order to promote the experience and expression of feelings by the client. During therapy work, the client takes part in a wide range of creative activities that facilitate active expression - from movement to creative writing. These transfers help to liberate them from inhibitions and make them aware of their emotions, which enables the process of self-discovery, personal growth and the development of personal creative power. Participation in the treatment is voluntary, spontaneous, and self-exploratory. No artistic talent or skills are needed for participation. The therapist is an “empathic witness” and follows the client’s wishes in terms of which expressive media they want to use and when in the treatment they want to use them. The client has the freedom to accept the therapists’ suggestions or to make their own personal choice of expressive media. After the expressive activity, the client, not the therapist, describes the experience and the meaning of what they have made. The therapist listens and encourages the

client's self-exploration. In this therapy, it is key for the therapist to respect the client's interpretation of their artistic expression. The role of the therapist is as a companion and a witness, who listens with empathy, rather than an expert authority figure who interprets or offers advice (27). The therapeutic use of person-centred expressive art has been shown to be an effective intervention in the treatment of children and adolescents who have been exposed to sexual abuse (28).

Forms of Expressive Art Therapy

Language Art Therapy

Drama therapy integrates role playing, telling stories, improvisation and other techniques stemming from theatrical performances, in combination with psychotherapy (29). Other therapeutic methods have also developed from drama therapy, such as psychodrama and sociodrama. All these are based on the belief in the healing power of drama. Improvisation theatre games and telling stories are some of the therapeutic techniques used in drama therapy. Drama therapy has the characteristics of an experiential and active therapeutic approach, and clients are included in all phases of the therapeutic process. The therapy setting is characterised as a safe environment which gives clients the opportunity to explore their internal experiences, to achieve catharsis, resolve problems, set goals, develop relationships, and externalise traumatic experiences. During drama therapy, a dramatic space is created for play and expressing creativity. The space serves the children as a means to feel free and to explore freely. In the drama, victims can be conquerors, dwarfs can become giants, and children who feel driven into a corner, can see some new ways to face the situation they find themselves in (29). Use of drama therapy techniques gives traumatized children and adolescents the possibility of a psychological distance from the material, which reduces the consequences of re-traumatization. Puppets and toys help children to externalize their problems, giving the opportunity for exploring stories and characters, but they also enable children to

detach themselves from their problems in order to replace dominant stories with desirable narratives about their life (30). A feeling of safety and control develops during the treatment because the child has the power to manoeuvre as the session develops. Research into the field of traumatic developmental psychopathology, neurobiology and attachment gives strong support to the use of drama therapy as a method for treating traumatized children (29).

Therapy using poetry and bibliotherapy are therapeutic approaches based on the use of poetry and other literary forms for the growth and development of individuals, as support in understanding psychological processes, in order to ease problems in psychological functioning (31). Bibliotherapy covers a wide range of genres, from self-help books to fiction, and is usually divided into self-help books, which offer advice; creative bibliotherapy which focuses on the use of fiction, poetry, biographies, and creative writing for improving mental health; and informal bibliotherapy which focuses on reading groups (31). Bibliotherapy is especially useful for exploring children's feelings, self-respect, personal experience, and the ability to connect with the experiences of the characters in the stories, with the aim of developing insights, and the ability to adjust to and face changes in life (32). Books also offer an opportunity for children to explore and develop their own feelings and attitudes to the world around them. Finally, as a character finds understanding for him or herself, the reader can also reflect this in their own life, and often experience the beginning of closure, healing and renewal of wholeness. The steps for successful bibliotherapy include: defining the specific problem the child has, creating goals and activities for resolving that problem, choosing an appropriate book for the situation, reading activities and consideration after reading, and in the end assessment of the effect of the bibliotherapy on the child (33). When children are faced with traumatic experiences in life, books can offer support, understanding and guidelines for recovery. Bibliotherapy is most effective when the book is carefully chosen for the child's specific needs or situation. Whilst reading, the child is

guided to think about what they have read, which helps the child to think about the situation(s) in their own life. When the child has managed to identify with the book or a character, and begins to deal with their own experiences, negative traumatic effects can be reduced, and the process of healing begins (34). Bibliotherapy is a method which yields positive outcomes for treating trauma, according to the literature (35-36).

Visual Art Therapy

Drawing as a form of expressive expression, begins in very early childhood. Within the psychodynamic and developmental approach, using drawings in work with children gives an insight into the child's internal world, emotions and internal conflicts. Through drawing, children express their ideas and perception of the world in which they live, but also how they cope with the world around them (37-38). Children see drawing as a natural, accessible language that they can use in order to express and identify their emotions and feelings in a way that is not possible using verbal expression (37). Communicating through drawing about frightening, violent and painful experiences can alter a child's emotional state (10). Through the process of drawing, a child is able to explore intense memories which can then be reorganized in the memory through therapeutic treatment. Some theoreticians emphasize that the child's verbalization of their drawing is extremely important for healing trauma (39). The healing effect of art therapy is confirmed in work with children exposed to domestic violence (40). However, alongside all the advantages of this method in the context of art therapy, it is necessary to take into account the standards of reliability, validity and norms of comparison (38-39).

Movement and Sound Art Therapy

Dance/movement therapy (DMT) is a therapeutic approach in which movement and dance are used to promote the client's growth and recovery. The treatment is founded on the assumption that

there is a connection between thought, feelings, behaviour, and the body. Therapists endeavour to develop a safe environment for therapy in which the therapeutic process takes place in a natural way. Therapy encounters are sometimes accompanied by music, and scarves, elastic ribbons or body ribbons may also be used, but the body remains the primary therapeutic tool. Body movements are the heart of the therapeutic process. The most important elements of the treatment are non-verbal expression and developing meaning from the creative process. Dance and movement therapy is recommended in work with children with traumatic experiences. Children tell their own story using their body and movement. Through the therapeutic process, the child is able to "see through" the traumatic experience, and this sets them on the road to recovery (41). DMT is a good therapy choice that overcomes cultural differences in providing help to traumatised people (42). The findings of the literature review revealed that dance/movement therapy may be an efficacious intervention for children and youth who have experienced trauma (41). However further research is needed to qualify the efficacy of these methods.

Music therapy. The basic tool of this therapeutic approach is the language of sounds and music, which is used to establish contact with the client. The therapist does not teach the client musical skills, but uses music as a form of therapeutic intervention. Music facilitates the establishment of contact between the client and the therapist, and serves to build the therapeutic relationship (43-44). Therapeutic sessions with music therapy include clients who listen to, play, compose or improvise to music, or sing along to a song they know. The forms of intervention during the session are based on the client's psychological, physical and cognitive abilities. Music therapy is not linked to musical education and may be used in the clinical and rehabilitation contexts, and as a form of preventive activity. In work with traumatized children, music therapy is a medium for expressing feelings and complex internal experiences (45). Furthermore, music therapy offers a safe grounding in the present

for approaching traumatic memory with reduced emotional pain, improving the mood, and introducing chronological connections with memories before and after the trauma (46). According to Felsenstein (47) music therapy is useful in the treatment of PTSD in preschool children. There also exists evidence to support the use of music therapy for adolescents grieving the loss of a loved one (48).

Symbolic Words Therapy

Play therapy. Treatment based on play therapy is deemed to be a useful method for exploring all aspects of the child's life in a way that is developmentally acceptable for children and without judgement (49-50). Play therapists use a wide range of toys which are carefully chosen in order to enable the children to express and explore their own experiences (49). In the room in which play therapy takes place it is recommended that there should be a doll's house with a family including children, hand and finger toys (people and animals), pencils, paints, cars and lorries, plastic animals, toy soldiers and action figures, Lego bricks or some other type of building bricks, a child's kitchen with all the appropriate equipment, toys for playing doctors and patients, play money, clothes, musical instruments, balls etc. (51). In play therapy, children can literally and/or metaphorically play out their own internal experiences or experiences from the real world in a way that enables them to build insight and develop their capacity. Play therapy enables children to express, regulate, communicate, practise and master new skills, as well as their emotional response, with the help of natural materials and tools (3). Play facilitates the child's contact with the therapist, and enables a friendly and safe environment, which encourages the child to express themselves, and the therapist to find potential solutions in line with the child's characteristics, such as gender, age etc. (49-50). The use of non-verbal methods for expressing experiences is particularly important for therapeutic work with sexually abused children, who may have difficulty verbalizing the experience of abuse. Aspects of the trauma are brought out in a more

direct and less imaginative way than in typical children's play. Children have the opportunity to repeat traumatic situations through play in order to assimilate their experiences and be redirected to post-trauma play (52). Play therapy gives children the possibility of taking control of their traumatic experiences. As a child takes control of how they release the trauma experiences in a safe environment, they can then externalize the event, and move from being a passive recipient to an active agent. The outcome of treatment is the development of their own patterns of experience, which are given new meaning (53). Although the results of research show the high effectiveness of play therapy, this approach is not suitable for all children, or all types of problems traumatized children may have. Before taking children into this therapy, it is necessary to have a conversation with the parents in order to obtain as much information about the child as possible, and to decide on the best therapeutic approach for that child (54).

Sandbox therapy, which is a symbolic form of play, is often used in the clinical environment. Children use the sandbox to create their own imaginative world. Using various figures (miniature animals, people, plants, means of transport, buildings...) children show their understanding of the world and aspects of their own reality, giving clinicians a symbolic presentation of their internal world (55). This playful approach provides children with a safe space where they can share aspects of their experience (56). During sandbox play, it is important to notice the child's behaviour as well as the content of the game, as this enables a deeper understanding of the activity for future analysis for therapeutic purposes. These observations can include the way in which the child uses the sand, the number of toys they use, how the child becomes involved in the game, and all changes and revisions to the game. The content relates to the topics that develop in the imaginary world and the connections between them (57). The results of research into therapy outcomes with children who were victims of sexual abuse show that using a sandbox can help children to externalize conflict and take

control of negative experiences, which is of crucial importance for psychotherapy work, because it enables the child to find new meaning in the traumatic experience (56, 58).

Group Creative Art Therapy

Group art therapy is the therapy of choice in work with victims of sexual abuse, or in general with persons who have had traumatic experiences. Artistic activities that combine different media, together with a group discussion at each session are designed to encourage group cohesion, develop trust, and strengthen self-image (59-61). Group therapy treatments are organized so that the first meeting is conducted with the parents in order to provide emotional support and enable them to express their concern for their children's future. After work with the parents, group art therapy is conducted with victims of abuse for 8 weeks. The authors (59) emphasize the importance of the participants' choosing the activities because in abusive situations they did not have the opportunity to choose. The possibility to choose activities increases their self-respect and self-confidence, but also empowers the victims. Group activities include rituals such as registering and deregistering, and lighting candles at the beginning and end of every group meeting. These ritual activities provide a feeling of security as participants share often unpleasant and painful memories. Artistic activities may include creating a mandala, in order to establish how the members of the group see themselves in the present moment. Moreover, collage projects can be used, showing their personal past, present and future, as well as glass jars containing anonymous group questions which members of the group can deal with during their group discussions. The artistic projects at first indicate significant emotional instability, but gradually became more cohesive and calmer, and positive therapy outcomes are reported (59). This approach has shown a significant reduction in anxiety, PTSD and disassociation in participants in group treatment (59-61).

Another group art therapy approach in work with girls exposed to sexual abuse (60) involved non-directive, two-week group meetings in a hospital environment. This programme enabled participants in the group process to experience a feeling of catharsis, by creating and destroying pictures of the perpetrators of abuse. After the destructive behaviour, the leader of the group helped the clients to process their emotions in a socially acceptable way, for reattribution of the event.

Although the effectiveness of group and art therapy has not been researched in any wider scope to date, the results of research conducted so far show that the group therapy approach can be the approach of choice in work with traumatized children, especially for sexually abused children (14, 62). The activities used in art therapy can enhance the benefits of the group, serving as a medium of communication. For example, dance therapy can help establish a feeling of connection and understanding between group members (63), and music is a medium of communication and building relationships (64). Group art therapy provides children in the latency stage, who have a concrete style of thought, with an opportunity for non-verbal communication. Contact with group members can also reduce sexual and abusive behaviour directed at others (65). In addition, group therapy can ease the difficulties that arise during individual psychotherapy treatment of children exposed to sexual abuse, such as for instance the feeling of lack of trust of adults, fear of intimacy, discomfort in revealing traumatic experiences to adults, and various forms of defensive behaviour (66). Further, group therapy can offer children the opportunity to understand that they are not alone in their experiences (67). A combination of group and art therapy has the advantage of treating the "whole" child, and as a result these intervention techniques represent a holistic approach through which it is possible to treat various levels of functioning, as well as the child's need for social interaction, which is also an intervention in the field of the social aspects of functioning (66).

Methodological Weaknesses of the Reviewed Literature

Research into treatment of young people has become increasingly rigorous and developmentally sensitive in recent decades. However, there is still a gap between researchers and professionals, as a large proportion of professionals do not participate in research studies and research does not adequately address the context in which therapists work, which is commonly referred to as the research-practise gap.

Although the possibilities of using art therapy appear promising, there has been very little research into the effectiveness of this kind of therapy in work with children exposed to traumatic experiences. The unstructured nature of the therapy, which depends on the client's pace, the therapist's skills, and the severity of symptoms, are challenges in conducting controlled experimental research into the effectiveness of these therapeutic approaches. The scientific research which can be found dealing with this subject consists of review articles (68-70), case studies (71-73), and research into the effectiveness of specific forms of art therapy with small groups of children exposed to traumatic experiences (8, 74-75). There is very little research dealing with an examination of the theoretical basis for using art therapy with children and adolescents exposed to traumatic experiences (71, 76). One of the many possible reasons for the lack of quality research in this field may be found in the fact that many art therapist practitioners are not necessarily part of the academic community, and conducting research and publishing scientific papers is of secondary importance to them. This is also supported by the statement by Eaton et al. (69) saying that there is a small number of creative art therapists educated in the field of experimental research methods, and that there is a small number of clinicians (a few) who have a PhD and who are educated both in the field of research methods and the field of therapeutic techniques using creative art therapy. Another reason for the lack of quality research may also be the lack of resources for conducting research in this field. Finally, it is necessary to emphasize that research into the effects of psychotherapeutic treatments, in the past, was

mainly aimed at adults and not so much at children. The same can be said of creative art therapy.

Discussion

Trauma is a subjective experience, and traumatic events affect every individual in different ways. Traumatic experiences, especially those that occur during childhood and adolescence, increase the risk of physical, psychological, emotional, social and other problems in later life. Trauma is unfortunately a reality, but it may be overcome through supportive and appropriate therapeutic interventions (77).

Creative art therapy is a widely used approach in work with children exposed to post-traumatic experiences. It includes various modalities of art, such as music, dance, and drama, in combination with other psychotherapy approaches and counselling, such as psychodynamic, cognitive, developmental, systematic therapy etc. Children and adolescents are challenging to work with, but understanding their creativity and potential for expression, which creative therapy offers, may direct and maintain positive growth and healing (61). A review of the literature available shows that many articles in the field of art therapy indicate the unique benefits of creative art therapy in the diagnostics and treatment of trauma in children and adolescents (10, 69).

The research, although there is a small amount and it has methodological weaknesses, shows that the use of expressive techniques can be useful in work with children and adolescents who are traumatized. Expressive creative therapy helps children and adolescents to express their traumatic experiences in a safe way and enables them to develop the competences and hope they need to live their lives to their full capacity despite their traumatic experience. Group expressive therapy, as a form of intervention with traumatized children and adolescents, has been shown to be the most recommended method of intervention for this population (78).

Despite the wide use of art therapy in clinical practice, research into its effectiveness has not been undertaken to any significant extent. Future

research needs to examine more closely the ‘critical’ effects of expressive arts therapy on the psychological functioning of traumatized children and adolescents. Much research has been done to investigate the effectiveness of expressive art therapy, but there is still no clear explanation of how it relates to children and adolescents. Hence, future research should be conducted to verify the effectiveness of art therapy in work with traumatized children, using well-developed methodology. We recommend that future research should examine which aspects of art therapy are most effective in work with traumatized children, and which groups would have the greatest benefit in terms of exposure to trauma and the symptomatology expressed.

Conclusion

This literature review found strong evidence that creative art interventions are beneficial for children and adolescents who have experienced various forms of trauma. Creative interventions may be particularly appropriate for children and adolescents who have experienced sexual or physical abuse. We recommend that health professionals consider creative interventions as a possible option for children and adolescents who have experienced various traumatic experiences. Future research on creative interventions for children with multiple traumatic experiences is warranted. A systematic co-production approach in the development, implementation, and evaluation of creative interventions for children and adolescents is also recommended.

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