

Addressing Intersectionality in Child and Adolescent Psychotherapy: Chances and Methods of Creative Therapies

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This article tackles how to address intersectionality in child and adolescent psychotherapy. Specifically, intersectional discrimination experiences are put into the context of traumatic adversities¹, along with a description of the cognitive-behavioral therapeutic technique of the trauma narrative in this framework. As creative therapies² are a particularly promising approach for children and adolescents due to their language-reduced, creative, and personal expression of individual experiences and emotions, the integration of creative therapeutic approaches will be demonstrated using a practical example of art therapy including a case vignette³, highlighting its potential in the field of intersectional- and trauma-informed child and adolescent psychotherapy.

Discrimination in childhood and adolescence

Childhood and adolescence are formative periods of the lifespan, in which fundamental developmental foundations are established. The effects of adverse experiences in childhood and adolescence on mental health over the entire lifespan are therefore undeniable. However, not all children and adolescents grow up with the same conditions and privileges. In Germany, many children and adolescents face chronic experiences of marginalization and discrimination as part of their everyday lives. Among 5,037 LGBT*Q youth between the ages of 14 and 27,82 % reported experiencing at least one incident of discrimination based on their sexual orientation or gender

1 See several articles (Bosch; Cuff-Schöttle & Saase; Fall & Kirschbaum; Grafwallner & Saase; Hinterschwepfinger; Kreß; Lerch; Mmari & Gold; Schwartz) in this book that explore the context of trauma and experiences of discrimination (ed. note).

2 See several articles (Bosch; Schwartz) in this book for creative therapy approaches (ed. note).

3 See several articles (Burgermeister et al.; Cuff-Schöttle & Saase; Laguna; Zacharia) using case vignettes in this book, of which some focus also children and adolescence (Burgermeister et al.; Cuff-Schöttle & Saase) (ed. note).

identity (Krell & Oldemeier, 2017). Furthermore, racism and racist violence are increasingly affecting children and young people: in Germany, the reported number of children and adolescents impacted by right-wing violence increased from 288 in 2021 to 520 in 2022, almost twice as many as in the previous year (VBRG, 2023). Supporting this, the majority of racialized individuals reported having experienced racial discrimination already during adolescence (Foroutan, 2022). Referring to sexism as another form of discrimination, a survey of 2,172 adults revealed that 68 % of female and 42 % of male participants in Germany were most likely to experience sexist assaults between the ages of 16 and 24 (Wippermann, 2020).

Intersectional discrimination and its impact on mental health

The numbers mentioned above represent isolated categories of discrimination and therefore do not accurately reflect the daily lives of discriminated children and adolescents who often belong to more than one minority group. Negative effects of intersectional discrimination are consistently reported for a wide range of outcomes, as in academic achievement (Price et al., 2019), future educational participation, and general mental health (Vargas et al., 2020). Among negative mental health effects are psychological distress (Robertson et al., 2021), depressive symptoms, post-traumatic stress disorder (PTSD) symptoms (Matheson et al., 2019), and (stress related) suicidal ideation (Mallory & Russell, 2021; Wilson et al., 2016), just to name a few. Also, the mental strain caused by experienced discrimination can be seen as an additional stress factor for the developmental challenges faced by children and adolescents (Rivas-Koehl et al., 2023).

Taken together, the impact of intersectional discrimination during childhood and adolescence is crucial for the lifespan and mental health of the individuals and needs to be given much more attention in society, pedagogical principles, and particularly in the practice of child and adolescent psychotherapy. Understanding the profound effects of intersectional discrimination, particularly when experienced as traumatic events, is essential for addressing the comprehensive mental health needs of young individuals, as described below.

Intersectional discrimination as traumatic experiences during childhood and adolescence

Experiencing traumatic events due to direct discrimination, physical, or sexual violence poses an increased (mental) health risk for minority groups based on ethnicity/race, sexual orientation, gender, ability, or certain religions (Richards et al., 2018; McIntosh, 2019). However, non-direct discrimination, such as institutional or structural discrimination (Kalin, 2021), vicarious discrimination of members of the same group (Louie & Upenieks, 2022), or racial microaggressions (Moody & Lewis, 2019), can also cause trauma-like symptoms among those affected. For example, children may find witnessing life- or safety-threatening discrimination against loved ones just as traumatizing as experiencing discrimination themselves, especially when their own safety depends on that person (Saleem et al., 2020).

Within the framework of the *Developmental and Ecological Model of Youth Racial Trauma* (Saleem et al., 2020), racial discrimination during the developmental stages of childhood and adolescence is linked to traumatic symptoms and the possible occurrence of PTSD. For example, vicarious discrimination experienced by children of primary school age is associated with fears for the safety of the caregivers involved (Saleem et al., 2020). Additionally, the discovery of one's racial identity during adolescence is connected with perceived stereotypes of the in-group, which can lead to internalized negative attributions towards one's own identity (Saleem et al., 2020). Moreover, belonging to multiple marginalized groups and witnessing structural, institutional, and individual oppression among the affiliated group members increases the likelihood of experiencing personal and vicarious discrimination (Earnshaw et al., 2018) and the probability of internalizing negative attributions towards one's own social identities (Szymanski & Steward, 2010), which can contribute to lower self-esteem (Mereish et al., 2022). While the *Developmental and Ecological Model of Youth Racial Trauma* (Saleem et al., 2020) is framed in terms of racial trauma specifically, implications for intersectional trauma in childhood and adolescence can be derived from it.

Experiencing intersectional discrimination is neither a one-time event nor a one-time situation; it comprises cumulative sequences of direct or indirect oppression, violence, or microaggressions. Experiencing these forms of degradation sequentially from an early age negatively affects socioemotional development and mental health and promotes the assimilation of negative self-esteem (Berry et al., 2021). Thus, it is crucial for any psy-

chotherapeutic or counseling professional setting to address these sequential trauma sequelae triggered by multiple experiences of discrimination in an intersectionality-informed approach to treat them holistically.

Given the profound impact of intersectional discrimination on the mental health of children and adolescents, the following section will describe a cognitive-therapeutical approach to address intersectional trauma with children and adolescents in the psychotherapeutic or counseling setting.

Addressing intersectional discrimination within a cognitive-behavioral therapeutic technique: Using an intersectional trauma narrative

Narrative Exposure Therapy (NET) (Schauer et al., 2011) is a method of trauma-focused cognitive behavioral therapy, applied to complex and multiple trauma experiences. NET includes an optional exercise of laying one's own lifeline, such as by using a rope, initiated in the first session following a psychoeducational introduction. From birth to the present, life is explored sequentially with stones placed for traumatic, difficult situations and with flowers for positive experiences. Over the subsequent approximately 10 sessions, these life experiences will be elaborated using a narrative to integrate previous traumatic encounters as well as pleasant ones into a cohesive biographical context. This narration is documented, corrected, and amended throughout the sessions and is ultimately handed over as written testimony to the patient by the psychotherapist at the end of therapy. Through the verbal, emotional, and cognitive reliving of the individual experiences, a contextualization is initiated that brings emotions, cognitions, physical arousal, and perception from the past into the present. Collecting one's history and acknowledging both traumatic and positive experiences in psychotherapy aims to consolidate traumatic memories by linking hot (emotional, trauma-related) and cold (non-trauma-related) aspects of events helping to reduce psychological distress.

As intersectional discrimination represents a unique and multi-level dynamic of oppression, experienced exclusively and individually by the affected person, NET is an appropriate method to address multiple and sequential traumatic experiences of discrimination by having the ability to work on them on an intersectional level, regarding their individual consequences for the affected person (Schauer et al., 2017a). KIDNET (Schauer et al., 2017b) is the adapted version for children and adolescents with multiple and complex trauma; it does not differ substantially from the

NET approach but requires specific knowledge and experience in developmentally appropriate, resource-oriented, and trust-building psychotherapy with children and adolescents. Special consideration should be given to the therapist's intersectionality-sensitive attitudes and behaviors to avoid potential acts of discriminatory microaggression. Incorporating an intersectional perspective on traumatic events can be facilitated by using a broad choice of materials, such as colored and different-sized stones. Simultaneously, experiences of intersectional discrimination cannot always be divided into single categories, which can be classified and placed unitarily in one category as flowers or stones, but rather represent an interrelated dynamic. Therefore, integrating more creative approaches may help to recognize the individual intersectional identities more clearly.

The potential of creative therapies in child and adolescent intersectional-informed therapeutic approaches

Creative techniques comprise imaginative, meaningful, innovative, and original forms of thinking and operating (Schmid, 2005). Following Malchiodi (2012), interventions involving art, poetry, music, dance, or theater are subsumed as creative interventions. Even in clinical settings, art-therapeutic methods can be facilitated by their multisensory channel focus, their procedural and media access, and their initiation of intrapsychic interaction with minimized verbal communication (Gühne et al., 2012). Creative interventions focus on externalization, sensory processing, right-hemisphere dominance, arousal reduction, affect regulation, and relational social aspects, which are central key processes of trauma interventions (Perry, 2014). It is important to note that a high sensitivity to specific trauma and their characteristics, as well as to the intersectionality of experiences of discrimination, is essential for therapists. To achieve this, an informed, interdisciplinary therapeutic team is crucial for the implementation and supervision of art-therapeutic methods for intersectional experiences of discrimination.

The utilization of creative therapy techniques, such as art therapy, offers significant benefits in addressing traumatic experiences among children and adolescents. By using these techniques, the range of emotional and behavioral responses to trauma can be effectively reflected, and individual self-expression can be integrated into the therapeutic process (Malchiodi, 2012). Definitions of art therapy vary widely; following Rubin (1999), it is

defined as a mental health profession that employs creative engagement with art materials to process emotions, resolve conflicts, reduce psychological distress reactions, and enhance internal factors like self-worth. Bucciarrelli (2016) defines art therapy as a transdisciplinary approach integrating process-oriented art practice with psychotherapy, guiding and elaborating on emergent creative processes. Transdisciplinary art therapy offers a unified, flexible, autonomous, collaborative, innovative, and holistic approach. Art therapy bridges language barriers, allowing simultaneous visual, verbal, and nonverbal expression, which is especially beneficial in therapeutic settings. Moreover, the non-confrontational and non-directive nature of certain art-therapeutic techniques has the potential to promote the therapeutic relationship (Akthar & Lovell, 2019). Art therapy employs various approaches, but a fundamental principle is to refrain from interpreting the creative outputs such as drawings or other artifacts. Instead, art therapists aim to guide individuals in discovering personal meanings, perspectives, and emotions. By focusing on the creative process and outcomes, art therapists help clients explore their present feelings concerning their lived reality. Ultimately, clients have the autonomy to interpret their created expression, while art therapists listen attentively, ask probing questions, and respond to their immediate needs (Perry, 2014).

The potential for addressing discrimination events and their emotional consequences among children and adolescents through art-therapeutic methods is promising from both a practical and scientific, evidence-based perspective. A synthesis of 33 interventional studies demonstrated lower levels of PTSD symptoms among children and adolescents after using art-based interventions (Morison et al., 2021). However, many studies to date need improvement in implementing control groups, random allocation to interventions, and longer-term follow-up periods.

In summary, integrating art into NET for trauma-sensitive intersectionality-informed therapy shows great potential and calls for comprehensive scientific studies to assess its effectiveness. Building on the preliminary yet promising scientific findings regarding the efficacy of art-therapeutic interventions, more specific art-therapeutic, trauma-sensitive, and intersectionality-informed interventions need to be developed. In the following, we describe an intervention from our therapeutic practice using a case vignette.

Practice example: Addressing intersectional discrimination through art therapy

To illustrate the promising effects of art therapy techniques in clinical settings with respect to PTSD symptoms and traumatic life events, this section will outline an art therapy approach aimed at addressing traumatic intersectional discrimination experienced by a 17-year-old Black self-identified homosexual named Lu (pronouns he/him/his). For privacy reasons, no real names are used in this case vignette.

Lu, who grew up with his *white*⁴ mother in Germany, faced significant racial discrimination throughout his time in kindergarten and high school, where he often found himself in predominantly *white* environments. At ages 12 and 16, he endured two violent attacks. The first violent incident occurred on his way home from training, when a group of four masked individuals assaulted him, hurling racist insults during the attack. Following this traumatic event, Lu began experiencing anxiety attacks, symptoms of PTSD, and sleep problems. At age 15, Lu confided in his closest friends and family about his sexual orientation, identifying as gay. By age 16, Lu fell secretly in love with Thomas, a new classmate in school. They chatted and planned to meet. However, upon arriving at the designated meeting place, Lu encountered two classmates instead of Thomas, who proceeded to film and mock him, forcibly outing him as gay to the entire class. Consequently, Lu began to skip school regularly and suffered recurring episodes of anxiety and panic. Recognizing the severity of Lu's situation, his mother became increasingly concerned and persuaded him to visit a psychotherapist with her. Together, they decided to pursue KIDNET therapy with the therapist.

In Session 7, the focus was on revisiting Lu's lifeline and delving deeper into the traumatic event he experienced at the age of 12. The session began by exploring both hot (sensory, emotional, cognitive, physical reactions) and cold memories (time, onset, location, environment) associated with the traumatic event. Lu vividly recalled the taste of blood in his mouth, his initial thoughts of being attacked for his cell phone, and the overwhelming fear of dying when confronted by his assailants (hot memory). In contrast, his cold memory included details like the warm summer air that allowed him to wear just a shirt in the evening after the training, the specific time

⁴ In this context, *white* is written in lower case and italics to expose the non-marked norm of whiteness, while still differentiating from the self-designation Black as a socio-political positioning and emancipatory resistance.

of day (evening), and the location behind a large tree, near the sidewalk. To visually and creatively contrast the *then* and *now*, a creative method was employed: a blank DIN A1 sheet was divided into two sections. On one hand, Lu was guided to draw the traumatic event as he experienced it *then*, using a fear curve to capture the intensity of emotions during the process. On the other hand, he drew on his current experience (*now*) of the same event. This exercise aimed to facilitate the comparison between the two images and help Lu transition from his past memory to his present perception. Additionally, to aid this transition, Lu physically moved between standing in front of the drawing representing the *then* and the one representing the *now*. This physical movement was integrated into the therapeutic process to support Lu in connecting his past traumatic experience with his current understanding and feelings. Lu was then instructed to physically cut the sheet in half, separating the portion depicting the traumatic event and placing it a bit further away from himself. Following this, Lu was prompted to depict his feelings of fear related to the hot memory of the attack on a separate piece of paper, without any limitations on his creativity. The most important thing was allowing Lu to immerse himself in the emotion and then create a representation that resonated with him personally. Next, Lu was guided to place this artwork depicting his emotion onto the section of the paper representing the past traumatic event (*then*-half). Throughout this process, the therapist provided support by asking questions such as: “How does it feel to look at the emotion picture? What does it feel like to put the picture further away? What thoughts were going through your mind during the incident? What thoughts are going through your mind now? What sensations do you feel in your body when you approach the event? What sensations do you experience when you move closer to the *now* image?” In addition to these introspective questions, specific inquiries were made about the artwork itself: “What other emotions does the painting evoke besides fear? Does the painting capture the experience as accurately as possible? If not, what needs to be changed?”

The goal of this art-therapeutic method is to help confront and process traumatic experiences of discrimination, ultimately fostering a shift in perspective. This transformation is facilitated strategically by physically positioning the artwork which depicts the emotions and is related to the traumatic event. Integrating this visual representation into the written autobiography further enhances this process.

It is crucial to emphasize that art therapy methods in clinical settings are most effective when integrated within general psychotherapeutic therapy,

serving as a valuable complement. These techniques provide a beneficial enhancement in therapeutic settings involving children and adolescents. Thematically, they allow young clients to express and process intense emotions in a symbolic and non-verbal manner, such as *wrapping up* big feelings or using proxies to explore difficult topics. On an organizational level, they can bridge communication gaps, especially in cases involving language barriers, and enhance the therapeutic relationship. The role of the therapist is critical to the effectiveness of art therapy techniques. Therapists should assess the client's interests and motivation for creative expression and tailor the exercises accordingly. Importantly, therapists should employ these methods with care, maintaining a non-interpretive stance to respect the client's autonomy. This approach fosters a supportive environment where clients can explore and process their emotions safely and creatively.

Conclusion and call to action

Given that childhood and adolescence are critical and vulnerable periods for experiencing discrimination that has lifelong effects, it is essential to emphasize intersectionality-informed psychotherapy for young people, addressing key implementation challenges such as inadequate professional training and systemic resource limitations. This calls for extensive structural and societal changes, such as creating a pipeline of socially diverse child and adolescent psychotherapists that reflects actual diversity in society. On an individual level, psychotherapists and counselors should continuously self-reflect on their attitudes and own social identities and expand their knowledge and behavioral tendencies concerning intersectionality.⁵ Therapists have reported barriers when working with marginalized groups, including discomfort of *appropriately* addressing intersectionality or intersectional discrimination (Utsey et al., 2005). A careful and active approach to address these topics can be facilitated through creative methods, which offer flexibility in how emotionally charged topics are disclosed. Art-therapeutic methods, with their playful, language-reduced and symbolic nature, provide especially for children and adolescents a platform for individuals to process experiences of discrimination and should be integrated in general psychotherapies. For example, KIDNET as a cognitive behavioral trauma-

⁵ See several articles (Fall & Kirschbaum; Kreß; Schneller) in this book for ways of intersectionality-informed (self-)reflection (ed. note).

sensitive therapy approach can be enhanced by creative methods, offering a broader range of modalities for affected individuals to engage with their memories.

A call to action is therefore issued to child and adolescent psychotherapists and counsellors to not only actively address intersectional traumatic experiences but also work on them specifically with creative methods. This approach aims to initiate a creative examination of individual life experiences, including both their unpleasant and pleasant aspects, allowing for transformation. Employing a transdisciplinary approach often requires courage, as some methods may lie outside of one's comfort zone. However, the facilitated access to strong emotions and difficult topics is rewarding for both clients and psychotherapists.

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