St. Stephen's College

Toward an Illustrated Understanding of Art Therapy for ADHD:
A Creative Inquiry Using Scoping Review, Autoethnography, and Visual Methods

by

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Abstract

Affecting at least 5% of youth and 2.5% of adults worldwide, ADHD is associated with considerable suffering. Art therapists must therefore know how best to support clients of all ages who live with this neurodevelopmental disorder. Unfortunately, literature describing or evaluating art therapy for this population is sparse and typically produced by scholars who do not have ADHD themselves. This qualitative inquiry thus addressed the question: *How does an illustrated description of research about art therapy for ADHD, incorporating the researcher's firsthand experience of the disorder, illuminate possibilities and guide future inquiry in this area?* To this end, I combined scoping review, autoethnography, and visual methods in an arts-based bricolage inspired by and aspiring toward research-creation. I sought English-language articles, books, chapters, and student works released between 1990 and 2020 which explicitly describe art therapy for people with ADHD. Descriptive numerical analysis shows that the collected sources are characterized by limited access, recency, and continuity, as well as citation distortions. Creative qualitative analysis using mixed-media visual methods including altered books and collage identified three clinical consensus themes: framework for freedom, practising success, and accounting for symptoms. Other key themes relate to research quality and assessments. This thesis tells the story of its own creation, punctuated and interrupted by autoethnographic texts and images reflecting my struggle through a degree which I am less likely to complete than are my typically developing peers. The work offers an evocative personal narrative, a multi-modal illustration of the existing literature, and recommendations for future study.

   Keywords: ADHD, art therapy, autoethnography, scoping review, arts-based research

For Little One:

You do not have to be good.

Acknowledgements

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Chapter 1: Introduction

Long considered a childhood affliction causing ample disruption but minimal harm, attention-deficit/hyperactivity disorder (ADHD) is now understood as a neurodevelopmental disorder that can persist into adulthood and have consequences well beyond fidgeting and distractibility. In fact, the executive function symptoms that characterize ADHD, including impulsiveness, disorganization, and difficulty with task and time management, are linked to startlingly serious risks. Compared to typically-developing people, people with ADHD have a significantly higher risk of being unemployed, dropping out of school, developing a substance use problem, contracting a sexually transmitted infection, getting into a car accident, making a false confession to police, being incarcerated, becoming pregnant in adolescence, being the victim of a sexual crime, perpetrating or experiencing intimate partner violence, struggling with problem gambling, and dying early (Faraone et al., 2021). We are also more likely to live with a disorder affecting mood, behaviour, eating, or substance use (Faraone et al., 2021). Research shows that childhood ADHD can reduce estimated life expectancy by roughly a decade (Barkley & Fischer, 2019). Furthermore, studies of a combined 10 million people show that ADHD attempt and complete suicide at rates between two and six times those of typically developing people (Faraone et al., 2021). A recent Canadian study (n = 21,744) found this rate to be even higher among women: while 14% of studied adults with ADHD had attempted suicide (compared to 2.7% of those without), the rate among women with ADHD was 1 in 4 (Fuller-Thomson et al., 2020). Though estimates vary, recent reviews of meta-analyses indicate that at least 5.9% of children and adolescents and 2.5% of adults meet diagnostic criteria for ADHD (Faraone et al., 2021);

this proportion rises to up to 14% in Black children and youth (Faraone et al., 2021). ADHD is clearly a serious, common condition that can worsen, shorten, and end lives. Adequate treatment and management are critically necessary.

Art therapy, as an approach to psychotherapy that integrates creative expression and artmaking to foster emotional and mental well-being, is one treatment that might be helpful in supporting people with ADHD. Given the prevalence of this disorder and the psychosocial difficulties it can cause, it seems safe to assume that most art therapists will see clients with ADHD over the course of their careers. In fact, a small survey of 31 art therapists found that 91% had treated at least one child with ADHD, and 20% marketed directly to people who have ADHD (Bartoe, 2014). Clinicians who recommend art therapy for ADHD typically say that art therapy can be developmentally appropriate at all ages, relies on visual rather than verbal skills, provides structure for the therapeutic process, and facilitates creative expression (Safran, 2012). However, the evidence base supporting art therapy for ADHD is in fact very, very thin.

It is therefore necessary to address this gap in the research, which is partly related to the scarce quantity of available literature. However, another important element of the problem is that the literature is written from the perspective of the nondisabled expert. Of the publications cited in this manuscript, almost none include any disclosure of an author's experience with ADHD. This is almost expected, since people with ADHD generally complete less post-secondary education than their neurotypical peers (Biederman et al., 2008), who are nine times more likely to obtain a graduate degree by age 32 (Kuriyan et al., 2013). The voices of people who have ADHD thus tend to be heard as subjects rather than as researchers, which has led to the publication of some

work that comes across as condescending or even ableist.

I have lived with the profoundly detrimental effects of undiagnosed and unmanaged ADHD, which have sparked a personal, professional, and academic interest in the ways other people experience life with this disorder. Specifically, I am interested in the potential for art therapy to support people of all ages in coping with the distressing sequelae of the disorder's primary symptoms, such as the shame, isolation, and low self-esteem that characterize life with ADHD. I hope that my own voice, informed by my lived experience as someone diagnosed with ADHD in early adulthood, can help to provide a more compassionate and relational approach to research on the subject. By publicly disclosing my relationship to this condition, I am also hoping to challenge the shame associated with disability (O'Toole, 2013).

Research Question

The research question at the heart of this study is: *How does an illustrated description of research about art therapy for ADHD, incorporating the researcher's firsthand experience of the disorder, illuminate possibilities and guide future inquiry in this area?* The purpose of this qualitative inquiry is to explore and describe the available research related to art therapy for ADHD, identifying edges, gaps, and connections. Through a scoping review, and in the service of future inquiry, I set out to develop a rich, multimodal illustration of existing research that can support the development of future art therapy research and practice for people with ADHD. The intended research products are a collection of illustrations, a map of the literature, and a research agenda—all of which, to varying degrees, incorporate elements of my own experience as a person with ADHD.

Lived Experience

I have a strong personal connection to the topic of this study because I was diagnosed with ADHD at age 21, near the end of an undergraduate career characterized by academic excellence. I had volunteered abroad, worked as a research assistant, participated in student government, taught lab courses, taken credit overloads, and maintained an active social life. I was a "gifted" model student who would eventually graduate with two degrees, the highest GPA in my faculty, and an offer of admission to medical school. I was hardly the hyper or spacey poster child for ADHD.

Even so, I misplaced my keys in my own apartment several times per week, sobbed for hours before every major deadline, lost track of time so thoroughly that I often forgot to eat, and was at least five minutes late to class every single day. Most of the symptoms were invisible to my professors and peers, so I felt as though I was living a double life. When I sought help, I was first prescribed medication for depression and anxiety. In the final weeks of my second to last semester, after my eventual ADHD diagnosis but before any treatment, I fell asleep at the wheel on a rural highway, received a substantial speeding ticket, misplaced my car keys in another city, and lost the contents of my wallet only days before an international trip. I felt worthless for having failed at the most basic tasks of adulthood. The shame was unbearable.

My experience, while inconsistent with popular representations of ADHD, is similar to that of many women with the disorder. Like me, women with ADHD tend to be diagnosed in adulthood, to have their symptoms mistaken for a mood disorder, to experience inattention symptoms rather than hyperactivity symptoms, and to live with persistent, overwhelming shame. That shame is apparent in some of the artwork I created

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at this time in my life. My first works on the subject, like Figure 1, are diagrammatic depictions of my symptoms, such as chronic tardiness and trouble sleeping. Later, once I found a stimulant medication that worked well to manage my symptoms, making art helped me to encounter and express the depth of the pain, shame, and panic I felt as I spiralled into the same challenges over and over again (Figure 2, Figure 3).

Figure 1

Late!
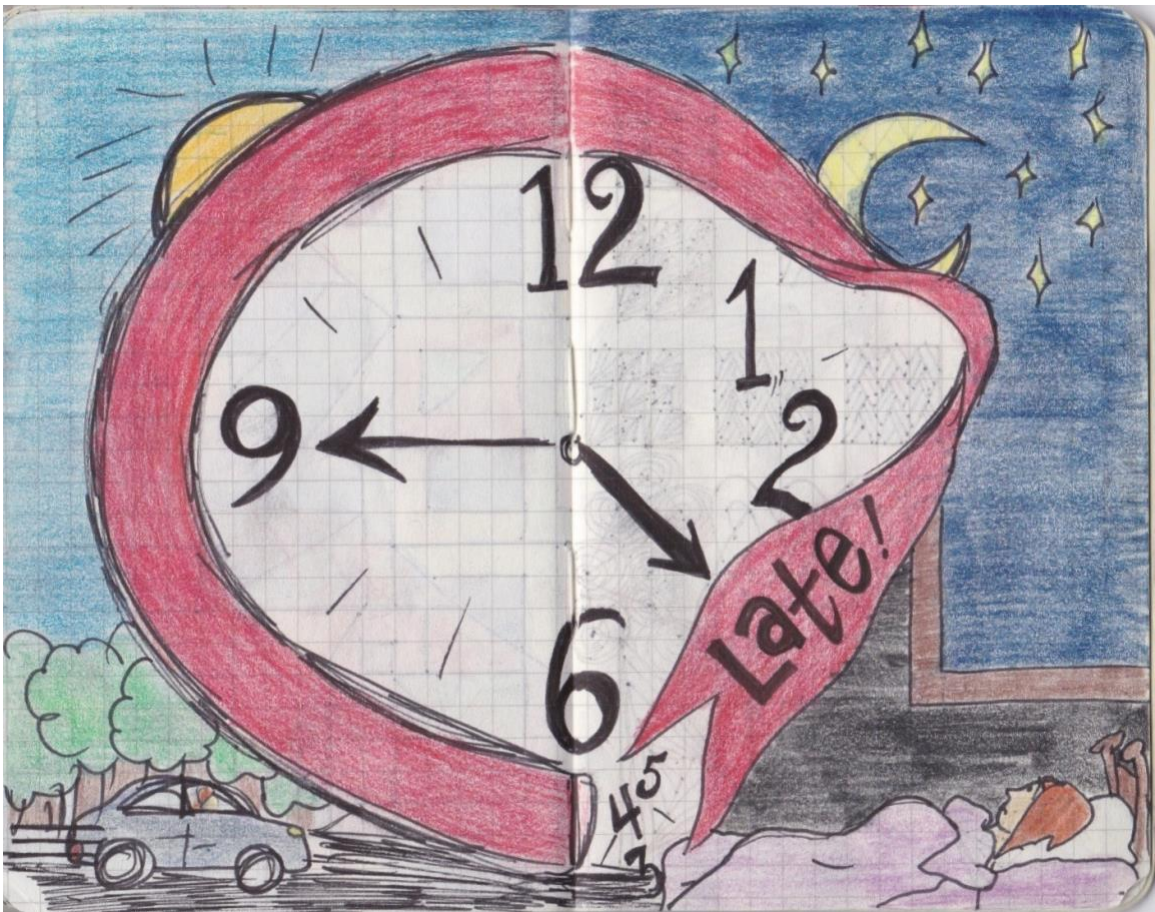
Note. Godel, S. N. (2014). *Late!* [Coloured pencil on paper].

Figure 2

Crying Alone in the Study (Reprise)

Note. Godel, S. N. (2017). *Crying Alone in the Study (Reprise)* [Watercolour and felt pen

on paper].

Figure 3

Again, Still, Always, Again

Note. Godel, S. N. (2018). *Again, Still, Always, Again* [Charcoal on paper].

A Note About Language

A note on my use of the word *disorder*: this is the word with which I feel most comfortable when referring to my experience of ADHD. I must however acknowledge that the term implies deficit or pathology (Rashed, 2019), therefore communicating abnormality rather than diversity; this deficit model is what makes it compatible with the DSM and, effectively, incompatible with the idea of neurodiversity. I am not a disability scholar and while I want to explore neurodiversity, that discussion is outside the scope of the current project. For now, I am doing my best to do as Price (2013) suggests and aim to use "language in a way that operates as inclusively as possible, inviting coalition, while also attending to the specific texture of individual experiences" (p. 298).

As such, I tend toward the use of person-first language in this text, generally referring to "people with ADHD" despite acknowledging that identity-first language is often preferred. This is primarily due to the grammatical difficulty I encounter in using identity-first language with a disorder that has no associated adjective. I find identity-first language organic in phrases like "autistic people" or "she is autistic," but far less manageable (for me) in "ADHD people" or "I am ADHD." That being said, some people use and prefer this approach and others, such as the noun "ADHDers." Out of personal and stylistic preference, I identify as a "person with ADHD" rather than an "ADHD person" or an "ADHDer." I am also comfortable with "ADHD-haver," but I find this phrasing a bit awkward in academic writing. Of course, "people with ADHD," "people diagnosed with ADHD," "people with an ADHD diagnosis," and "people living with ADHD" are certainly all rather clunky and awkward themselves.

This is all to say that I know that my words here may not be the words preferred

by the reader, who may be encountering this text in a near-future where phrasing and language has developed in such a way that the awkwardness has become irrelevant or the words themselves have changed. Words have immense power, and soon enough the ones I have chosen may not land as gently as I would like—especially to anyone who themselves is part of the heterogeneous group of ADHD people / people with ADHD / neurodivergent folks for whom this research has been conducted. If this is the case, I am sorry for the twinges, bristles, and aches that I know the wrong words can cause.

Methodology

Given my experience with the transformative power of art as a way of knowing (Allen, 1995), I find that qualitative inquiry and arts-based research align well with the post-modern, feminist, and transformative lenses through which I see the world. However, I am hesitant to artificially restrict this particular exploration to art-based approaches alone. Art therapy and ADHD, in research and in practice, are not confined to or claimed by any single discipline or field; rather, ideas in these fields move across borders and within cracks between art, education, therapy, medicine, and other domains. The essentially interdisciplinary nature of this research problem called for "a problem-based approach in which the research-question comes first and the disciplinary tools and methods adequate to that research-question second" (Truman et al., 2019, p. 214). Along with art-based research, I have therefore looked to research-creation (Loveless, 2019; Manning, 2016) and developed a methodological bricolage in which I work without a blueprint, using what I have on hand (Berry, 2015.)

The resulting inquiry is an iterative, five-stage process made up of three layered methods: scoping review, autoethnography, and visual methods incorporating multimodal

art responses. I delve into a detailed description of method and methodology, along with some scholarly context and my rationale for their use, in Chapter 3. For the time being, I offer some context about the autoethnography and visual methods, which run through the entirety of this document rather than being neatly confined to specific chapters.

Autoethnography

I chose autoethnography as one of the layered methods because one of my hopes for this thesis is to illustrate one firsthand experience of life with ADHD. Autoethnography—that is, "research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political" (Ellis, 2004, p. xix)— serves this aim well. For Ellis, whose writing serves as both inspiration and instruction in this method, autoethnography involves "concrete action, emotion, embodiment, self-consciousness, and introspection portrayed in dialogue, scenes, characterization, and plot. Thus, autoethnography claims the conventions of literary writing" (2004, p. xix). My approach to this way of doing research may not fully *claim* conventions of literary writing, but it certainly borrows. Though I have not included much in the way of dialogue, I have considered plot, along with emotion, embodiment, and a great deal of self-consciousness. Per Ellis's (2004) advice to students, I have tried to turn this non-linear, messy thing into a coherent story without making it too reductive. As a result, this is not a thesis in which "the 'I'… disappear[s] after the introduction and reappear[s] abruptly in the conclusion" (Ellis & Bochner, 2000, p. 734); rather, my lived experience of the thesis process runs all the way through the thesis itself.

Visual Methods

At the outset of this project, I meant to make an altered book as the primary

artistic product. Altered books are a type of mixed-media artwork crafted by altering an existing book (Brazelton, 2004). The structure of the original book offers sturdy base upon which to create something new (Brazelton, 2004), both literally and metaphorically. I was inspired by other art therapy scholars (Chilton, 2013; Muggeridge, 2016) who have used this method in their work. I tried, but I soon found that I could not limit myself to the altered book alone. In addition to the altered book, this thesis ultimately includes collage, scribble drawings, various paintings, found poetry, and some sculpture. The visual artworks I have produced and included here range in size from a business card to several feet of kraft paper. The artmaking, both in process and product, has served many purposes. I have used collage as inquiry (Butler-Kisber, 2012), large-format scribbling "as a doorway to felt meaning" (Rappaport, 2013), and a sock puppet named Debbie as reminder to get out of my own way and get to work. Art is a way of knowing (Allen, 1995) at every step of the way.

Spirituality

This way of knowing makes up a large part of the spiritual component required for all theses at my institution. In my creative and spiritual practices, Allen (1995, 2005, 2012) is my guide; for me, like for her, art is a way of knowing (1995), a spiritual path (2005), and "a research method that holds soul truth" (2012, p. 13). Allen's works have inspired me from the beginning of my art therapy training, when I wrote a short paper (Godel, 2016) about *Art is a Way of Knowing* (1995) for my very first art therapy course. It seems only fitting that as I round the corner toward the end of my program, I return to the central metaphor of that first text: the river. In describing the river, Allen (1995) says:

It is swirling, tumultuous, dark gray, unforgiving. I am dragged, gasping, through

its twists and turns, caught the gut by rocks concealed beneath its boiling surface.

This is not what I expected. I paint and draw and discover that I am broken

inside… This is the price of clarity. The images I make draw out the pain,

intensify it. (p. 55)

The river runs through my artistic and academic work. It never goes where I think

it will go; it "meanders where it wants, taking me with it" (Allen, 1995, p. 152).

Consequently, when I trust in the river and let it take me where it will, I end up with art

that misbehaves (Godel, 2018a).

Knowing this, I should not have been at all surprised when the spiritual

component I had envisioned for this thesis did not proceed according to my stated plan. I

thought I would explore the theological and spiritual facets of the literature, using

Pargament's (2007) spiritually integrated psychotherapy approach to see where the

clients described in the literature might be ascribing sacred qualities to their experience of

ADHD. I was particularly interested in the way that people with ADHD might have

spiritual or religious beliefs related to shame and self-worth. I should have known that the

river—the art, the story, the inquiry—would not take me where I wanted to go, but where

I needed to go: not toward the external world of others' experiences, but back again

through my own.

Thus, despite my best laid plans, I have once again conducted a firsthand art-

based inquiry into work, worth, shame, and suffering (Godel, 2018b). These topics have

preoccupied me for years, so it is natural that they should turn up again here, when the

stakes are so high. Some of the images in this text are not developed in relationship with

the river; they are more diagrammatic and less evocative. Nevertheless, the river runs through this text, moving along and against the border of my intentions. It works with and against my plans, redirecting, enriching, surprising, and sometimes scuttling.

Poioumenon

The autoethnographic and visual elements of this thesis are both process and product (Ellis et al., 2011, p. 1); these roles are reflected in the document itself. I have crafted a sort of non-fiction, academic *poioumenon*: a story that tells the story of its own creation (Fowler, 1982). Using evocative personal narrative (Ellis & Bochner, 2000) and autoethnographic images, I have tried to illustrate moments and facets of the winding thesis process that cannot be readily expressed in other ways. Some texts and images are shown here to illustrate my attempts to make sense of the thesis process, or as a means to solve problems; others are simply expressions of the intense, visceral anxiety characterizing my every academic endeavour.

In more concrete terms, my use of these two methods means that the "body" of this thesis will be [ir]regularly interrupted by text and images that do not adhere entirely to the conventions of, say, the relevant style guide. At times, I have included personal reflections directly into the academic text, as I have done with the Lived Experience section earlier in this chapter. Other scraps of autoethnographic writing, usually in the present tense, may be positioned as interludes (Manning, 2013), productive impasses (Lewkowich, 2021; after Berlant, 2007) or interruptions. To preserve the of voice these interruptions, I have included any required citations as footnotes. I have excluded the interruptions from the table of contents, because they do not fit into its hierarchy and were not planned; however, I have appended an index of the first lines of the

interruptions (Appendix A). Some images are presented conventionally: I refer to them in the text, provide a figure title and note, and describe the image in clear relation to the topic at hand. Others, however, will appear without so much context or convention, allowing for a more organic representation of the images and their process. The result may feel disruptive to the flow of the "academic" text, but this is intentional. I want these fragments of art and experience to interrupt the reader just as they interrupted me, flinging me into a panic or a passion as the case may have been. I have nevertheless incorporated graphical cues to help orient the reader and arranged the interruptions according to a combination of chronological, thematic, and stylistic considerations. I have also withheld and redacted some of the original correspondence and writing. In this sense, the work is not entirely documentary and not entirely performance, but "truthful in a narrative sense" (Ellis & Bochner, 2000, p. 753); selectively, intentionally vulnerable.

Organization

However, keeping in mind the role of narrative structure in autoethnography, and guided by the concept of "framework for freedom" in art therapy (Rubin, 2005; further discussed in Chapter 3 of this text) I have positioned the non-linear, unpredictable pieces of this work around and between a more conventional six-chapter structure.

In this introductory chapter, I have presented the research problem, question, and purpose. I shared a vignette of the lived experience that has led me to this inquiry and provided a brief overview of the methods I will use to conduct it. I explained how art and autoethnography serve as the spiritual component of this work, referred to some literature guiding this choice, and framed these elements as interruptions.

Chapter 2 is a pragmatic overview of the literature that will serve as background

information for this thesis. First, I outline the medical elements of ADHD: its definition, biology, symptoms, and treatments. Next, I provide an overview of the limited existing literature directly related to art therapy for people with ADHD, including a rationale for the potential use of art therapy for people with ADHD. This chapter also sketches out some relevant historical context for art therapy research in general.

Chapter 3 is concerned with the methodology of the study, including the research paradigms, specific methods, and protocol used. In this chapter I discuss literature informing the methods and methodology, as well as considerations related to scope, ethics, and rigour.

Chapter 4 reports the findings of the study in two parts: a descriptive numerical summary analysis of the scoping review, followed by a presentation of the images developed through creative analysis. The iterative nature of the study means that the data analysis repeatedly folds backward onto data collection, so there is some overlap between the third and fourth chapters.

Chapter 5 contains a more fulsome discussion of the findings presented in Chapter 4, organized according to themes related to the collected literature as a whole, the quality of that literature, practice themes drawn from the included sources, and one theme associated with sources that were ultimately excluded. It also includes a map of the relationships between the included sources.

Chapter 6 summarizes the findings, then lays out the research agenda and clinical applications arising from the findings. This final chapter also contains a discussion of the scope and limitations of the thesis and a personal statement related to the autoethnographic, artistic, and spiritual elements of this text.

Chapter 2: Informational Literature Review

Because this thesis is itself a scoping review of the literature related to ADHD, this chapter is an informational literature review rather than a comprehensive one. It is meant to provide readers from various fields with the necessary background and contextual information related to ADHD and art therapy. The first part relates to ADHD in general: its definition, symptoms, associated risks, and typical treatments. Most of the literature cited in this part are reviews, meta-analyses, consensus statements, and practice guidelines. The next part summarizes available scholarship about art therapy for ADHD, including the rationale for its use, key literature in the field, and known gaps in the research. I close with a brief discussion of art therapy research more generally, which I hope will provide important historical and scholarly context for the present study. Literature related to methods and methodology appears in Chapter 3.

ADHD

Once described as a "defect of moral control" (Still, 1902, p. 1008), ADHD has been re-conceptualized, reconfigured, and renamed with such frequency that it has become difficult to discuss without dispelling myths and clarifying outdated information. Indeed, it seems that ADHD is best defined by what it is not. ADHD is not a mental illness, a childhood disease, a conspiracy, a gift, a choice, or an excuse; it is not particularly predictive of intelligence or work ethic; it is not "kids being kids," or "boys being boys"; and it cannot be grown out of, willed away, or cured. According to the most recent definitions provided by the American Psychiatric Association (APA; 2022) and the World Health Organization (2019), ADHD is a neurodevelopmental disorder that can continue into adulthood. It is characterized by deficits in executive functions — the

cognitive processes required for starting, stopping, making changes, managing attention and working memory, remembering, being aware of self or others, and regulating emotions (Sira & Mateer, 2013). Structural and functional imaging studies, as well as other tests of neurobiological function, generally show small differences between the brains of people with ADHD and those of their neurotypical peers, particularly in the prefrontal cortex (Curatolo et al., 2010). Brains with ADHD appear slightly smaller, the activation of certain areas is reduced, and there is dysregulation of neurotransmitter pathways related to dopamine (Curatolo et al., 2010). Together, these differences contribute to an overall reduction in neurological inhibition and executive function. While any further discussion of neurobiology is well beyond the scope of the proposed study, I offer the details to make it clear that ADHD has a neurological basis.

Despite the evidence of differences in brain chemistry and anatomy among people with ADHD and the general consensus about diagnostic criteria (Barkley, 2002), popular science and culture are still rife with claims that ADHD is overdiagnosed and overmedicated or that an ADHD diagnosis represents a pathologization of normal childhood behaviours. The book *ADHD Does Not Exist* (Saul, 2014) was published over a dozen years after Barkley et al. (2002) issued a joint consensus statement which states quite unequivocally: "the notion that ADHD does not exist is simply wrong" (p. 89). As I have already mentioned, questions about pathologization and diagnostic categories do have a place in the overall discussion about ADHD as a disorder, disability, or disease. However, ongoing skepticism is relevant to the present study insofar as it contributes to public stigma and consequently increases the burden of disease experienced by people with ADHD (Masuch et al., 2019; Mueller et al., 2012). It is hard to live with a disorder

that is so frequently and publicly dismissed and denied.

Symptoms

Primary Symptoms. ADHD is diagnosed on the basis of persistent, developmentally inappropriate symptoms of hyperactivity/impulsivity or inattention that interfere with everyday life, occur in more than one setting, were present before age 12, and are not better explained by another disorder (APA, 2022). These symptoms fall into two categories: hyperactivity and impulsivity/impulsivity and inattention.

Hyperactivity/Impulsivity. Most people know the telltale signs of hyperactivity and impulsivity that call to mind a familiar image of the stereotypically hyperactive child. The diagnostically significant symptoms are, according to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR; APA, 2022): fidgeting, not staying put, climbing or running at the wrong time, difficulty playing quietly, appearing restless, excessive talking, blurting or interrupting, difficulty waiting one's turn, and intruding into conversations or activities without permission. The DSM-5 (2013a)[1] was the first edition to contain examples of these symptoms specific to adolescents and adults, who may feel restless rather than actually climbing or running.

Adults with ADHD may also experience manifestations of hyperactivity and impulsivity that are not immediately recognized as symptoms. Impulsive behavior means that people with unmanaged ADHD are more likely to experience impulsive spending, substance use problems, reckless driving, sexually transmitted infections, and extra-marital affairs (Antshel & Barkley, 2011). Impulsivity is also reflected on a neurological level: decreased nervous system inhibition in ADHD causes emotional dysregulation, so

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[1] The 2022 revision to the DSM did not result in changes to the classification or text of ADHD. I cite the DSM-5-TR for recency's sake where possible but will occasionally refer to the DSM-5.

people with ADHD may have more emotional lability and negative emotional response (Beheshti et al., 2020).

   Inattention. Inattention symptoms often go unnoticed because they tend to be less externalized. Those of diagnostic significance include overlooking details, struggling to maintain focus, appearing to "space out" when spoken to, failing to follow tasks through to completion, struggling to organize tasks and time, avoiding work that requires sustained mental effort, losing important items, becoming distracted by unimportant stimuli, and failing to remember important things (APA, 2022).

   As in the case of hyperactivity and impulsivity, adults with ADHD are likely to experience symptoms of inattention in ways that go beyond the criteria listed in the DSM before 2013. Clinical portraits in self-help books for ADHD say that due to misdirected attention, adults with many inattentive symptoms tend to struggle with half-finished projects, procrastination, difficulty prioritizing, constant tardiness, late bills, missed appointments, lost keys, forgotten conversations, messy workspaces, and deadline panic (Kelly & Ramundo, 2006; Ramsay & Rostain, 2015). Current DSM criteria include "has poor time management; fails to meet deadlines" and "forgetful… returning calls, paying bills, keeping appointments" (APA, 2022, Attention-Deficit/Hyperactivity Disorder, A.1.e, i) as parenthetical examples, among others.

   Broadly speaking, these two categories of symptoms have colloquially been associated with the terms "ADHD" and "ADD," respectively. However, ADHD has been the official classification since the DSM-III-R (APA, 1987). Now, ADHD is single diagnostic category with multiple presentations (formerly called "types" in the DSM-IV; APA, 1994). Depending on symptoms, a person may be diagnosed with one of three

ADHD presentations: predominantly hyperactive (ADHD-PH), predominantly inattentive (ADHD-PI), or combined (ADHD-C).

Secondary Symptoms. People with ADHD face a host of secondary challenges that are the natural consequences of untreated primary symptoms. Executive function difficulties can lead to very low self-esteem and a persistent feeling of under-achievement (Canadian ADHD Resource Alliance [CADDRA], 2020a) because of constant struggles with tasks that are considered straightforward or easy. Adults who have been constantly told that they are "lazy, stupid, or crazy" (Kelly & Ramundo, 2006) are likely to internalize these messages, which ultimately contributes to the symptoms make it hard to distinguish ADHD from anxiety or mood disorders in adulthood (CADDRA, 2020a). Compared to boys and men, women have a stronger tendency to turn their symptoms inward, leading to anxiety and depression, as well as an increased risk of developing eating disorders and substance use problems (Quinn, 2005). This internalization contributes to beliefs like "this is my problem, my fault" (Waite, 2007, p. 119); it is also assumed to contribute to higher incidences of self-harm among girls and women with ADHD (Hinshaw et al., 2022).

Rejection sensitivity (RS) is a related concept described as a tendency to "anxiously expect, readily perceive, and overreact" (Downey & Feldman, 1996) to interpersonal rejection, often responding with over-the-top anger or social withdrawal (London et al., 2007). This can generate a self-fulfilling prophecy whereby the person's outsized response to or expectation of rejection only invites more of the same (Downey et al., 1998). Online, consumer-facing resources like Psychology Today and Healthline describe RS or rejection sensitive dysphoria (RSD) as a feature of ADHD (Bonior, 2019;

Brice, 2019), but scholarly work on the subject has not confirmed this clinical hunch. To date, only a few studies have assessed the connection: two recent inquiries found evidence of higher RS among children and adolescents with ADHD (Babinski et al., 2019; Bondü & Esser, 2015) while another, smaller study found no higher RS among men with ADHD-C or ADHD-PI (Canu & Carlson, 2007), and a review of 21 articles found no association between RS and ADHD (Rosenbach & Renneberg, 2011). While this relationship is still being explored, RS is worth considering in conjunction with ADHD symptoms; the experience evidently resonates among people with ADHD and may be a factor in the social difficulties experienced by people with ADHD.

Co-Occurring Conditions

In addition to the primary and secondary symptoms I have described here, large studies regularly show that people with ADHD often have other co-occurring disorders including "depression, bipolar disorder, autism spectrum disorders, anxiety disorders, oppositional defiant disorder, conduct disorder, eating disorders, and substance use disorders" (Faraone et al., 2021, p. 794). Researchers are still investigating the relationships between ADHD and these other disorders. Studies about ADHD and depression, for example, are exploring whether the relationship could be related to shared genetic makeup, ADHD symptoms causing depression, or both (Riglin et al., 2021).

These topics are only somewhat addressed in the available literature about art therapy and ADHD; my literature search revealed one master's thesis about art therapy for anxiety and ADHD in adults (Loomis, 2018) and two master's theses reviewing literature about art therapy assessments for children with ADHD and depression (McGovern, 1995; Spaier, 2003). This inquiry does not explicitly address the literature

about ADHD and associated conditions, but my personal experiences of anxiety and depression are inextricably linked to my personal experience of ADHD. Depressive episodes, for me, are obviously secondary to unmanaged ADHD symptoms. My anxiety likely has other developmental, attachment-associated roots, but even those may be related to ADHD, since children with ADHD show a "remarkabl[y] high frequency of insecure attachment" (Darling Rasmussen et al., 2021, p. 1). The autoethnographic elements I have included here are often borne out of this anxiety and insecurity.

A small number of the autoethnographic interruptions in this text relate indirectly to physical health problems that have interfered with my thesis process. I worried about their inclusion, and indeed there are others I omitted, because they are not explicitly related to ADHD. However, it turns out that people with ADHD have higher-than-expected rates of a surprising number of physical health conditions including allergies, asthma, astigmatism, diabetes, epilepsy, high blood pressure, migraines, psoriasis, ulcerative colitis, and more (Faraone et al., 2021). Thus the weeks when my work slowed or stopped because of my physical health; the time I spent preparing, submitting, and appealing health benefit claims; the dozens of appointments and investigations that have punctuated the years it has taken me to produce this research—all are, in fact, relevant to the topic at hand and possibly to the experience of other people with ADHD.

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feeling great panic

I was worried about it

This went on for months

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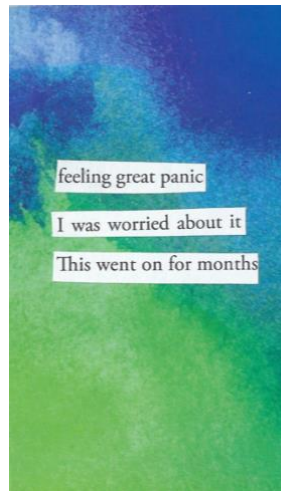
Treatment

Current evidence-based guidelines for the treatment of ADHD recommend a
multimodal approach that incorporates both medication and psychosocial interventions
(CADDRA, 2020a).

Pharmacological Treatments. Both randomized-controlled trials and naturalistic
studies show that pharmacological treatment for ADHD is safe and effective (Faraone et
al., 2021). Current practice guidelines recommend long-acting stimulant drugs as the
first-line option for pharmacological treatment (CADDRA, 2020a). Drugs in this class
are either amphetamine-based (Adderall XR, Vyvanse) or methylphenidate-based
(Biphentin, Concerta, Foquest), while long-acting stimulants (Dexedrine, Ritalin) or non-
stimulant drugs (Strattera, Intuniv XR) are second-line options (CADDRA, 2020b).[2]

Stimulant medications are more effective than non-stimulant medications, and

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[2] These brand names reflect a Canadian context. Children and Adults with Attention-Deficit/Hyperactivity
Disorder (CHADD) maintains an equivalent document for US drugs.

both are more effective than are non-pharmacological treatments (Faraone et al., 2021).

However, there are nevertheless challenges associated with pharmacological treatment.

Physicians can be hesitant to prescribe stimulants due to concerns about abuse, and many

jurisdictions have complex regulations in place related to prescribing and dispensing

practices (Canadian Agency for Drugs and Technologies in Health, 2015). For many

years, prescriptions for some stimulant drugs in Alberta had to be prepared on a special

secure prescription pad and faxed or hand-delivered to a pharmacy within 3 days

(Canadian Agency for Drugs and Technologies in Health, 2015). Refills and transfers of

prescriptions have historically been limited, although pandemic-related exemptions to

rules about controlled substances have now been extended to 2026 (Alberta College of

Pharmacy, 2021). These restrictions presented logistical obstacles that are particularly

challenging given that people with ADHD have difficulty managing exactly this kind of

multi-step, time-limited task. Stimulant medications can also be unaffordable, especially

given that adults with ADHD tend to earn less money than their non-ADHD peers

(Fletcher, 2014; cited in Faraone et al., 2021). Studies have not yet adequately assessed

the safety of stimulant medications during pregnancy (Ornoy, 2018), which ultimately

makes pregnancy more fraught for people with ADHD (Baker et al., 2022). Medications

for ADHD can have side effects, though they are usually mild (Faraone et al., 2021).

Finally, there is considerable stigma associated with stimulant use for ADHD (Masuch et

al., 2019; Mueller et al., 2012). As a student who relies on stimulant drugs to function in

my daily life, I know that I am sometimes seen as a cheater. As a woman of child-bearing

age who will still need medication should I ever become pregnant, I know they remain a

highly effective treatment option that "reduces accidental injuries, traumatic brain injury,

substance abuse, cigarette smoking, educational underachievement, bone fractures, sexually transmitted infections, depression, suicide, criminal activity and teenage pregnancy" (Faraone et al., 2021, p. 792). Pharmacological treatments also seem to improve the effectiveness of non-pharmacological interventions (CADDRA, 2020a).

Non-Pharmacological Treatments. Pharmacological treatment can address the neurochemical symptoms of ADHD, but it is "powerless to erase the legacy of bad feelings left by years of coping with ADHD" (Waite, 2007, p. 122). Non-pharmacological, psychosocial approaches are therefore recommended (CADDRA, 2020a). Psychoeducation is particularly important because the disorder is so often misunderstood and misrepresented, so psychotherapists believe it can be immensely beneficial for people with ADHD to understand the biological nature of their disorder (Young, 2002). Behavioural interventions, such as coaching, are also recommended (CADDRA, 2020a). My personal experience with ADHD coaching has been focused on developing strategies and skills related to time awareness, prioritization, routine maintenance, project coordination, and anxiety management.

Psychotherapeutic approaches to ADHD are often grounded in cognitive behavioural therapy (CBT), which randomized controlled trials have shown to have significant positive effects on adults with ADHD (Weiss et al., 2012). While the potential value of art therapy as a psychotherapeutic intervention for ADHD has not yet been studied extensively, the following section provides an overview of the available research on the subject.

Art Therapy for ADHD

Art therapy is one such approach that may work, but the research canon in this

area consists of only a few frequently cited publications. Here I provide a brief overview of the literature on the subject, grouped into two categories: clinical observations and art therapy assessments.

Clinical Observations

When it comes to published literature about art therapy for people with ADHD, two names arise more often than any others: Safran (2002, 2003, 2012) and Henley (1998, 1999, 2000, 2007; see also 2018). Both authors write clinical observations about group art therapy for people (mostly children) who have ADHD. In this section, I summarize each author's work in detail.

Safran (2002, 2003, 2012). Safran's 2002 book *Art Therapy and AD/HD: Diagnostic and Therapeutic Approaches* is the only book on the subject available in English. Her later works are chapters in the first and second editions of Malchiodi's *Handbook of Art Therapy* (2003, 2012), and largely contain the same content as the original book. The text is effectively a how-to guide based on Safran's experiences providing group art therapy to children, adolescents, and adults in a private practice in Connecticut. Safran recommends groups in particular because they provide an opportunity for the therapist to observe and assess group members' behaviour as they unfold. She also says that they provide opportunities for the group members themselves to experiment and practice interacting with others in a safe social setting.

Safran does not explicitly name a theoretical orientation or approach, but often stresses the importance of psychoeducation and appears to work from a cognitive-behavioural perspective. As can be seen from the title of the text, diagnosis and assessment feature prominently in Safran's work. This is one area where US and

Canadian art therapy resources differ, because art therapists in Canada cannot make diagnoses unless operating within the scope of practice of some other regulated health profession. In any case, Safran (2002) lists an assortment of behaviour rating scales to try, suggests specific professionals to consult in order to rule out other disorders, and names specific projective drawing assessments to use with children, though she does not elaborate on ways in which these assessments might specifically indicate that a child has ADHD.

In her 2002 book, Safran describes an eight-week educational art therapy group, which runs parallel to an educational group for parents. The overarching goals for these groups are to improve self-awareness, social skills, and self-esteem; learn about ADHD; learn skills and strategies to use in different settings; and to practise these skills in the group (Safran, 2012, p. 197). Each session revolves around one or two questions, such as "How do you feel about having AD/HD?" (Safran, 2002, p. 62) or "How does AD/HD get in your way?" (p. 64). She recommends using 18" x 24" paper and scented felt markers, so the resulting images tend to be diagrammatic. In the final three sessions of the group, the children address strategies to deal with ADHD, draw the parts of ADHD they would like to throw out, and finally engage in a bridge drawing in which they turn their attention to the future. The parent education groups address the nature of ADHD (two sessions), educational considerations, behaviour management (two sessions), medication, the effect of ADHD on siblings (who are invited to participate), and a final session dealing with future plans.

Safran's (2002) book describes two other time-limited groups. The first is a five-week educational group for newly diagnosed adults, with variations on the child-directed

questions like "What is the impact of AD/HD on your career and/or home management?" (2002, p. 140). The other is a closed group for couples where one partner has ADHD; Safran leads these groups with her husband, a psychologist who has ADHD. She stresses that the power of art as a means to communicate without words is particularly valuable in these sessions, because "for many of these couples, verbal communication has deteriorated dramatically" (2002, p. 159).

Ongoing groups for women and men are also described in the 2002 book, though Safran discuss the women's group in far more detail. The goals for this group are similar to those of other groups, with the addition of "teach them the ABCs of home management and parenting skills" and "teach them skills that put them in charge of their lives and their children" (p. 145). To me, Safran misses the mark with this goal; while she is exceedingly familiar with ADHD as a wife and mother to people who have it, she does not have firsthand experience herself. In expecting to teach the absolute basics of home management to women with ADHD, she fails to recognize that the issue is rarely "a problem of lack of knowledge about what to do, but rather it is a performance problem– being unable to reliably do what you set out to do" (Ramsay & Rostain, 2015, p. 1). That being said, the descriptions of the ongoing groups make it clear that the women's groups are something generative and helpful to the participants. Safran says that she thinks they help to counteract the shame and isolation that so often characterizes women's experiences with ADHD.

I re-examine Safran's works in relation to the results of the scoping review later in this text.

Henley (1998, 1999, 2000, 2018). Working largely around the same time and not

too far from Safran in the Northeastern United States, describes a psychodynamic and cognitive-behavioural approach to expressive arts therapy for children with ADHD in multiple settings. He and co-therapists "provide therapeutic support and activities that might increase each child's capacity to adapt to [their] world" (Henley, 1998, p. 2) in ongoing twice-weekly group therapy sessions (1998, 2000) and in a therapeutic day camp setting (1999). Most of the children described are boys between the ages of 6 and 12. Like Safran (2002, 2003, 2012), Henley emphasizes the importance of group work, routines, and socialization in providing art therapy for children with ADHD. He also acknowledges the importance of a multimodal approach, affirming that: "By drawing upon all the strategies—behaviorism, cognition, empathy, creativity, group process, and medication—it is possible that children with ADHD will indeed master their formidable challenges in ways that permit them to remain true to themselves" (1998, Discussion, para. 12). Henley's approach differs, however, in that it is also rooted in psychodynamic and object relations theories. In his papers and his longer (2018) book, Henley refers to art as a means to channel libidinal energy, and comments on the quality of sublimation observed in sessions.

Much more descriptive in nature than the other quasi-experimental studies produced around the same time, and like Safran's (2002, 2003) work in this sense, Henley's papers tend to include many vignettes and day-in-the-life illustrations of the therapeutic process. The group therapy, "club" and summer camp programs Henley describes generally include a period of free play, followed by social interaction in a "friendship circle," then expressive therapy activities (Henley, 1998). He emphasizes the importance of routine in each of these contexts.

Henley's 2018 book *Creative Response Activities for Children on the Spectrum: A Therapeutic and Educational Memoir* does not, at first glance, appear to be related to art therapy for ADHD, and indeed it only narrowly met inclusion criteria for my scoping review. However, the book ultimately describes art therapy with children, adolescents, and college-age young adults "on the autism continuum, as well as children with varying combinations of hyperactivity, attention deficits, sensory integration problems, tics, mood disorders, and emotional and relational involvements" (Henley, 2018, p. 5). His is a neurodiversity approach that is quite unlike the other available literature about art theory for people with ADHD, perhaps due in part to the fact that it is not meant to be labelled as such. Deliberate avoidance of categorization and labelling makes texts like this 2018 book difficult to identify in searches.

Assessments

The other group of frequently cited art therapy publications are experimental studies related to assessment.

The most seminal of these is Epperson and Valum's (1992) investigation into the effect of stimulant medications on the drawings and behaviour of eight children with ADHD. The children, aged 6-12, were participants in a summer treatment camp that included group art therapy. In this double-blind, placebo-controlled trial, children whose parents requested a medication evaluation took different levels of stimulant medication. Their behaviour was observed in group therapy sessions and their artwork was assessed for "line quality, use of materials, degree of organization, integration, and completeness" (p. 36)—expressive qualities thought to indicate "motor movement, attention, and degree of impulsivity" (p. 37). The article does not specify the art directives given, nor is it clear

whether all the children did the same art task or repeated it during the trial. The authors

conclude that these qualities were influenced by the medications and that there were

positive correlations between the results of the drawing assessment and the results of the

behavioural observations.

There are considerable limitations to this study, only some of which are addressed

by the authors. For instance, the Expressive Qualities Rating Form used to measure the

expressive qualities was developed by Epperson but was not validated or included with

the article; the authors recommend that future studies address the question of validation.

The study included eight children, but the article inexplicably presents data for only four.

I have not been able to locate follow-up work by either author.

Continuing in this vein a decade later, Canadian researchers investigated the

effects of methylphenidate on the artwork of children with ADHD under double-blind,

placebo-controlled conditions (Malone et al., 2002). The case study of six boys and one

girl with ADHD-C aimed to explore the possibility of cognitive restriction caused by

stimulant treatment by assessing unstructured drawings according to qualitative

observations, the percentage of the page taken up by the drawing, and an artist-developed

rating scale. The scale was used by two artists to measure "color, size, creativity,

complexity, motor control, subject originality, and positive social theme" (p. 9). The

study found a statistically significant decrease in the proportion of page space and the

absolute size of the drawings produced when children were taking a high dose of

methylphenidate. No statistically significant changes were identified using the other

dimensions of the rating scale. Qualitatively, the researchers also observed differences in

the children's art process and products in terms of perceived effort, expressions of

difficulty, and attempts at precision. Generally speaking, "particularly on the higher dose, evidence of originality or humor tended to be lacking" (p. 10).

This study shares some of the same potential weaknesses as its predecessor (Epperson & Valum, 1992), although the authors in this case were not art therapists. The creator of the art rating scale is named, but the scale itself is not included in the online version of the article[3] and it is not clear whether the scale has been tested or validated. Additionally, both studies present only a small subset of a larger group. Malone et al. (2002) specifically state that they selected "those [children] who showed considerable interest in drawing and whose artwork exhibited marked variation from one test session to another" (p. 8). Because the study was meant to assess the variation in drawings between one test session and another, it seems inappropriate for the authors to have chosen a sample of the most varied drawings—presumably eliminating those children whose drawings were not affected by the stimulants, thus skewing the results.

Munley's (2002) article is another which reports the qualities of children's drawings in a comparative study of unmedicated children who have ADHD. In this age-matched experiment, the authors compared the Person Picking an Apple from a Tree (PPAT) drawings of five boys with ADHD to those of five boys without ADHD using the Formal Elements Art Therapy Scale (FEATS; Gantt & Tabone, 1998). Munley's (2002) study also used an established projective drawing directive and a validated rating scale with a manual. Five raters used the FEATS to assess the PPAT drawings of two groups of five boys aged 6–11. There was a statistically significant difference in three domains of the scale: the drawings made by boys with unmedicated ADHD showed "less Prominence

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[3] There is a reference to an appendix in the article, but the scale is not appended in the PDF and there are no supplementary materials available online.

of Color, fewer Details of Objects and Environment, and reduced Line Quality" (Munley, 2002, p. 73). The author notes that the raters were largely able to sort drawings into control and case groups after the ratings were complete, despite being blind to the hypotheses, suggesting that the differences were very stark. Munley makes some clear recommendations for future iterations of this pilot project, recommending that it "then be used as a model for future, larger, well-controlled, and randomized studies" (2002, p. 75). Based on searches for texts citing this article, no such studies appear to have been published in the 20 years since these recommendations were made.

Summary of Literature About Art Therapy for ADHD

In summary, most of the readily available literature about art therapy for ADHD describes its use with children. This much was clear even before I began collecting data for this study; Safran's (2002) book is the only published work explicitly addressing art therapy for adults with ADHD. Without delving into the themes I ultimately identified through the scoping review and analysis, I will say that the existing research I have summarized here does not adequately ask or answer questions about adults, women, individual therapy, efficacy, or the subjective experience of art therapy for people with ADHD. The published literature is outdated and, like most of the papers submitted to *Art Therapy* in the early 1990s, focuses either on clinical observations or art-based assessments (Malchiodi, 1995). Emerging scholarship in this field is more varied but far less accessible.

I will unpack these themes in far more detail in Chapters 4 and 5. For now, I turn to a discussion of the art therapy research landscape within which this particular study is located.

Historical Context for Art Therapy Research

      To complement and contextualize the literature I have presented here and will explore later on, I want to briefly mention the traditions and history of art therapy research in general. This commentary to art therapy research in the United States, because most of the scholarship in this study comes from the United States and because Canadian art therapy is closely related to that of its American neighbours. A complete history is well beyond the scope of this work, so I will focus on one key idea which I believe Kapitan illustrates well:

> I like to imagine art therapy knowledge as like a river, with each of our contributions like stone thrown in that create both depth and a foundational support for the river's constantly moving flow… One might imagine art therapy as a community of practice that has many encampments all along the river— villages and towns with their histories and local characters, and the river itself with its eddies, safe landings, and flotsam. Each location has its own history, focus, systems of accountability, and distinctive approaches. (Kapitan, 2014, pp. 11-12)

      For decades, art therapists have engaged in discussion and debate about the role of art in art therapy. This is natural for a community of practitioners who come to art therapy from either side of the term: the *art as therapy* camp and the *art psychotherapy* camp (Junge, 2014). These perspectives inform art therapists' identities as well as our approaches to clinical and research practices. Editorials and articles about the state of art therapy research are rife with examples of what Kapitan calls "the polarizing debate" (2018, p. xxv). Tibbetts (1990/1995) does not mince words when he positions himself on

the side of post-positivist art therapy research, saying that "most clinically oriented art therapists tend to view empirical research[4] with the same enthusiasm they reserve for going to the dentist" (p. 257). An invited response to the paper responds by asking:

> Is the true value of what we do as art therapists actually measurable through scientific, quantifiable data? Do we want to be absorbed into such a purely scientific community? Or, is what we do very special and different from other 'scientific' therapies and, therefore, in need of new and different venues of application as well as tools of measurement? (Wolf, in Tibbetts, 1990/1995, p. 259)

Another invited response suggests that more doctoral art therapy programs would help improve the quality and quantity of art therapy research, most art therapists are trained in two-year graduate programs (Wadeson, in Tibbetts, 1990/1995). She ends with a hopeful call: "If we develop methodologies that are more consonant with the nature of our art therapy work, more art therapists might become impelled toward research" (p. 259).

Years later, Kaiser and Deaver (2013) conducted a Delphi study in which they consulted a small group of hand-selected experts in art therapy research. The resulting research agenda reflects the panel's opinions about the most important areas, questions, and methods in art therapy research. They prioritized outcome and efficacy studies, questions about efficacy, and experimental studies. However, even among their panel of experts, there is disagreement about which research methods should be prioritized. The top three responses were experimental and quasi-experimental outcome

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[4] Mayan (2009) reminds qualitative researchers that "empirical" is not another word for experimental but means "that which can be observed or experienced. Qualitative inquiry is empirical" (p. 20).

studies/randomized controlled trials, followed by large scale multisite studies, and then mixed methods (2013, p. 118). However, two respondents made comments about the order of these methods relative to arts-based and qualitative methods, arguing that the final order is not congruent with "the ways in which art therapists work" or "the nature of art therapy" (Kaiser & Deaver, 2013, p. 118). The authors interpret the latter comment to mean that it is "meaningless to quantify what art therapists do" (p. 118), demonstrating that the polarizing debate was certainly alive and well at the time.

All this to say that art therapists have long had complicated relationship with research paradigms and methods. I think this context is important to keep in mind over the following chapters, as I elaborate on the methodological decisions I have made and examine those made by others.

Summary of Chapter 2

This chapter has reviewed key information related to the main topics of this study. I provided a primer on the basic details of ADHD in terms of diagnosis, symptoms, and treatment. Of note, I have emphasized that ADHD is a neurodevelopmental disorder, relevant across the lifespan, and associated with extremely serious risks and co-occurring conditions. It is neither rare nor benign; we as art therapists must know how best to treat it. Next, I reviewed key literature about art therapy for ADHD. Published scholarship on the subject is limited to a handful of clinical observations and a small group of papers evaluating drawings rather than therapeutic interventions. Thus the published literature is sparse and outdated. Finally, I outlined some conflicting perspectives about art therapy research which I think are important in contextualizing both the present inquiry and the studies reviewed within it.

Chapter 3: Methodology

The aim of this qualitative study is to explore and describe the available research related to art therapy for people with ADHD, identifying the edges and gaps. Working from the perspective of a person with ADHD, and in the service of future inquiry, I set out to develop a rich, multimodal illustration of existing research that can support the development of future art therapy research and practice for this population. The research question at the heart of the study is: *How does an illustrated description of research related to art therapy ADHD, incorporating the researcher's own experiences with ADHD, illuminate possible connections and guide future research in this area?*

This chapter explains my approach to the above question. First, I name the assumptions underpinning this inquiry and the lenses through which I see it. Next, I present the scoping review, autoethnography, and visual art methods used in this study, as well as my rationale for their use. I then describe the research design and data collection strategies in detail. Finally, I address issues related to ethics and rigour, as well as the scope and limitations of the study.

Approach

Three key assumptions inform my methodological approach to this project:

1. A thorough overview of existing literature will support future research;

2. My perspective as a person with ADHD will enrich current research;

3. My art can generate valuable data that cannot be accessed through text alone.

Despite the post-positivist flavour of the first assumption, I see this study through a postmodern, feminist lens that is informed by my experience with therapeutic artmaking and my novice phenomenological approach to clinical art therapy.

With these assumptions in mind, I have approached the present inquiry inspired and informed by bricolage and research-creation: two ways of doing qualitative research that value creative production and less-accepted ways of knowing. They add depth and richness that are not always accessible through post-positivist or other procedural work. These qualitative approaches are particularly well-suited to the multi/inter/trans-disciplinary work of exploring art therapy and ADHD in a way that is "essentially multifaceted, heterogeneous, and sometimes even contradictory" (Chapman & Sawchuk, 2012, p. 15). Figure 4 shows an early attempt to conceptualize this inquiry using collage.

Figure 4

Lens(es)

Note. Godel, S. N. (2020*). Lens(es)* [Collage on paper].

Bricolage is a term borrowed from the French language (Levi-Strauss, 1966) and expanded by Denzin and Lincoln (2005), among others, to describe a qualitative approach in which researchers employ "any methods necessary to gain new perspectives on objects of inquiry" (Kincheloe, 2001, p. 687), rather than being constrained by a single method. The resulting product "is a complex, quiltlike bricolage, a reflexive collage or montage — a set of fluid, interconnected images and representations" (Denzin & Lincoln, 2005, p. 6).

Research-creation is likewise not constrained by any one method, or even any one definition. Sometimes synonymous with arts-based research, practice as research, practice-led research, performative research, and/or studio-based inquiry (Chapman & Sawchuk, 2012), research-creation is, in some ways, resistant to definition (Manning, 2016). As a result, one of the only straightforward, static definitions available in a Canadian context is provided by a funding body. According to the Social Sciences and Humanities Research Council (SSHRC) (2020), research-creation is:

> An approach to research that combines creative and academic research practices, and supports the development of knowledge and innovation through artistic expression, scholarly investigation, and experimentation. The creation process is situated within the research activity and produces critically informed work in a variety of media (art forms). Research-creation cannot be limited to the interpretation or analysis of a creator's work, conventional works of technological development, or work that focuses on the creation of curricula. The research-creation process and the resulting artistic work are judged according to SSHRC's established merit review criteria. (Entry 24; "Research Creation")

My attempt at research-creation is shaped by SSHRC's (2020) definition, as well as other categorizations offered by Frayling (1993) and Chapman and Sawchuk (2012). Frayling (1993) names three ways to consider research related to art and design: *into*, *through,* and *for*. Research *through* art and design is perhaps the most appropriate descriptor for the present study, given that my intended result is "a hybrid written thesis and artistic object, installation, or action exhibited and documented in some way" (Loveless, 2019, p. 52). Another way to conceive of this project is through Chapman and Sawchuk's (2012) four blurry, interconnected types of research-creation. In this inquiry, artmaking is part of the research data and part of its presentation. This project is somewhere between *research-from-creation,* because the artmaking has supported data generation, and *creative presentations of research*, because some of the research is presented artistically. I have also used creative expression to illustrate concepts, as in the first two chapters of this text, and to navigate the research process. Many of the methodological decisions made throughout this thesis work have been prompted by or untangled through artmaking used "as a knowledge management tool" (Janis et al., 2020, p. 1) and "as a form of reflection on the basic problems of living" (Milner, 1950, p. xviii).

I am drawn to and inspired by Loveless's (2019) approach to research-creation as a mode of inquiry that disrupts institutions and uses art as a way to re-make what can be known. However, I cannot help but notice every gentle mention of weak inquiry (Truman et al., 2019), which attract me like my own shadow. Admittedly, this thesis may well be an example of weak inquiry, having "little relation to, or understanding of, contemporary art practices" (Truman et al., 2019, p. 231), and involving "existing data collected

through more traditional and procedurally driven qualitative methods" (p. 249) that might even lead to "not very good art" (p. 249). While I aspire to be someone who does research-creation, I nevertheless do not think that I am doing it (Figure 5). I think this simultaneous aspiration and failure might be key to the idea of weak inquiry, where weakness is productive not in spite of but because of its relationship to vulnerability, ambivalence, and openness; at least, I hope so. Research creation, after all, is meant to be disruptive (Chapman & Sawchuk, 2012; Loveless, 2019; Truman et al., 2019), and though I personally do not believe my work is disruptive enough to be called research-creation, perhaps this is because, as a novice researcher, I am not yet brave enough to make it so.

Figure 5

Me-search
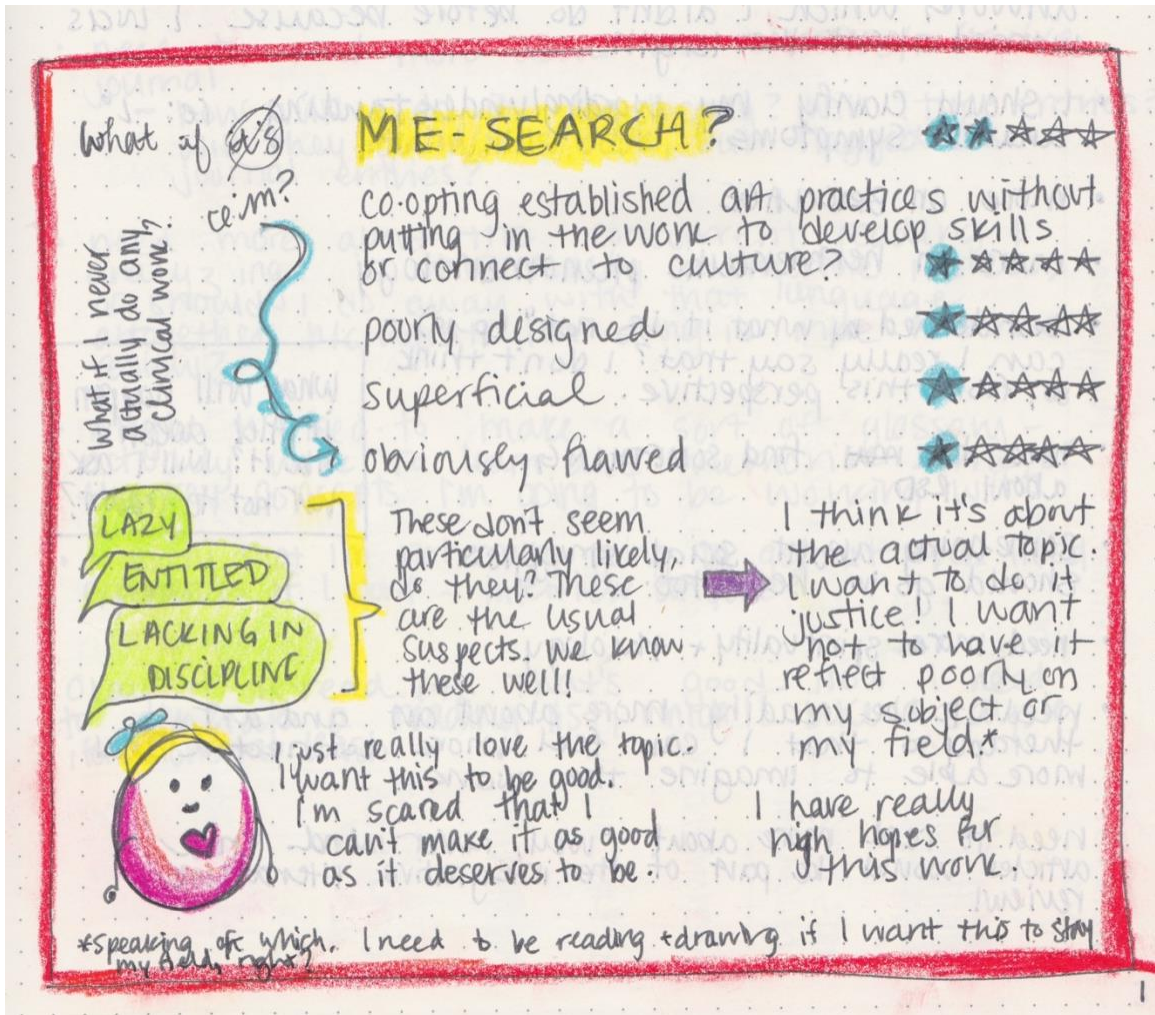
Note. Godel, S. N. (2020*). Me-search* [Pen and watercolour crayon on paper].

Instead, I will hedge in order to save myself the embarrassment of calling this research-creation and being wrong about it. I will call my project an example of arts-based research, situated within a postmodern paradigm, and whose methods are held together via bricolage in a way that wants to be research-creation: arts-based-bricolage-toward-research-creation. This is not *yet* research-creation, but it might be, if I can be

attentive, flexible, and responsive enough to let it. I therefore consider this work a methodological bricolage in which I am *inspired* by research-creation but cannot yet fully embody its commitment to uncertainty and disruption.

Methods

This particular bricolage is comprised of three methods, each aligned with one of the previously stated guiding assumptions. In this section, I present and describe the scoping review, autoethnography, and visual methods used in this inquiry, along with my rationale for each. I then outline the research design and describe the specific steps undertaken toward the collection, analysis, and presentation of the data at the heart of this inquiry.

Scoping Study

The first of the three methods involved in this inquiry is the scoping review, which I chose in alignment with my assumption that a thorough review of the literature would be beneficial to future research in the area of art therapy and ADHD. I used the scoping review framework proposed by Arksey and O'Malley (2005) and refined by others (Colquhoun et al., 2014; Levac et al., 2010; Peters et al., 2020). The specific stages of the framework are described in detail in the Process section; for the moment, I will outline the key elements of the scoping review framework that make it well-suited to the present inquiry.

Also called scoping studies, scoping reviews are "a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing knowledge" (Colquhoun et al., 2014, pp. 1291,

1294). They can be used to develop maps that illustrate the lay of the land in a particular

field (Miake-Lye et al., 2016). Consequently, scoping reviews function as research in

their own right and as building blocks for future study (Arksey & O'Malley, 2005). The

products of such a study do not require strict comparisons, which allows for diversity in

the research designs of the included literature. As a result, scoping reviews are free from

the limitations of systematic reviews and meta-analyses that require a large corpus of

studies using equivalent designs (Arksey & O'Malley, 2005).

These characteristics make scoping reviews especially appropriate for the study of

art therapy and ADHD. Current scholarly work related to art therapy and ADHD is a mix

of qualitative and quantitative research, experimental and otherwise, that cannot be

adequately captured using traditional systematic review methods. The available research

is also startlingly sparse. Fortunately, the scoping review framework is ideal for such

situations in "disciplines with emerging evidence… because researchers can incorporate a

range of study designs in both published and grey literature, address questions beyond

those related to intervention effectiveness, and generate findings that can complement the

findings of clinical trials" (Levac et al., 2010, p. 1). This describes the field of art therapy

in general and the subject of this inquiry in particular: there are no clinical trials testing

art therapy for ADHD and very few studies adequately address questions about

intervention effectiveness.

I was initially drawn to other systematic literature review frameworks because of

their reassuring structures and positioning under the "legitimating banner of systematic

review" (Dixon-Woods et al., 2006, p. 39). In fact, I originally proposed another

systematic approach known as the *integrative literature review* (Torraco, 2005;

Whittemore & Knafl, 2005). After some preliminary searches with this method in mind, I came up quite sharply against the "uneasy fit between the frame offered by conventional systematic review methodology and the kinds of epistemological assumptions and research practices associated with qualitative research" (Dixon-Woods et al., 2006, p. 40). Seeking methodological coherence (Mayan, 2009), I chose Arksey and O'Malley's (2005) scoping review framework because it requires a thorough systematic literature *search* but does not purport to offer objective conclusions, nor does it insist on linear analysis. Thus the scoping review framework is a fertile middle ground upon which to layer the creative methods that make up this bricolage.

Autoethnography

One such creative method is autoethnography. A sort of combination between autobiography and ethnography, autoethnography is a way of doing research that allows and invites the researcher's own experience into the work (Ellis et al., 2011). Indeed, autoethnographic texts make use of the researcher's personal experience to understand cultural experiences (Ellis et al., 2011). This attitude toward the researcher's perspective is consistent with my second guiding assumption: that my personal experience can make a valuable addition to the existing research.

Philosophically speaking, autoethnography is a good fit for the present study because the available research on art therapy and disabilities is "dominated by the perspectives of therapists who are nondisabled, yet hold the position of expert in relation to people with mental illness or disabilities" (Yi & Moon, 2020, p. 59). I suspected from the outset that this would likely be the case in the literature about art therapy and ADHD. I therefore turned to autoethnography as a way to expand upon the literature and offer a

typically undervalued perspective. Hewitt-Parsons (2021) does just that in her article "An Other's Perspective: Establishing a Disabled Identity in a Traditional Healthcare Setting". The author uses autoethnography to describe, examine, and share her experience as a disabled art therapist working in a part of Newfoundland that had not yet encountered another art therapist or another disabled mental health professional. She also cites Yi and Moon (2020) and seems to endorse their observations about existing literature, stating:

> I have read many accounts and research from "experts in the field" who are not disabled and do not have that lived experience. I am certain that these authors are well-meaning, but their words may further entrench the stigma that I must live with as a professional art therapist with a disability. Expertise includes lived experience. Therefore, I encourage my fellow art therapists with disabilities to write and publish about what they know. (p. 97)

I am not yet an art therapist and am still not sure if I identify as disabled; even so, Hewitt-Parson's encouragement renewed my dedication to autoethnography. I credit her with re-igniting my determination to share my perspective and am grateful to her for extending the invitation to do so.

According to Ellis and Bochner (2000), there are dozens of names for different ways to do autoethnography. My own take on this method is, perhaps unsurprisingly, a bricolage of these various ways that incorporates elements from several types. Like Van Maanen's *confessional tales* (1988), my intent is to pull back the curtain and provide an inside look at my experience of doing this research; unlike the authors of most confessional tales, the research process I describe is not ethnographic fieldwork. Similarly, I could describe myself as an *opportunistic researcher* because I am already a

member of the group I am studying, but again my focus is more heavily on the *auto* and the *graphy* rather than the *ethno* (Ellis & Bochner, 2000). Perhaps the closest label I can employ is that of *evocative personal narrative*, because I see myself as part of the topic of study and have chosen to write quite vividly about my academic and personal life (Ellis & Bochner, 2000).

Practically speaking, autoethnographers endeavour to produce rich, thick descriptions of experience, often playing with creative writing techniques to communicate artfully or in ways that go well beyond what is traditionally permitted in scholarly texts. One example which I have found particularly instructive is a methodological novel about autoethnography. Made up of "ethnographic scenes that happened and… fictional scenes that didn't–but could have" (Ellis, 2004, p. xx), the novel was, as intended, a compelling way to learn about autoethnography through the layered experiences of others doing the same thing. Following the lead of Ellis and her (occasionally fictional) students, I have included personal reflections on the research and writing process, thick descriptions of my experiences, and artefacts such as emails. These make up part of the autoethnographic texture of this project; the dozens of images created over more than two years of thesis work make up the rest of it.

Visual Methods

Naturally, these images are the third methodological element of this bricolage. As previously mentioned, this project sits somewhere between *research-from-creation* and *creative presentations of research* (Chapman & Sawchuk, 2012). Perhaps unsurprisingly, given the nature of research-creation, the collection of arts-based moves I have made in the service of this inquiry have evaded tidy definition. I would like to say: "I used *these*

methods and found *these* results." However, I have not been able to find such a statement

to authentically describes the way that artmaking has run all the way through the process,

serving different purposes throughout. Rather than forcing the images into a box that does

not fit, I am loosely labeling this strand of the research "visual methods."

The remainder of this section contextualizes these visual methods in two ways.

First, I outline six different roles played by art and artmaking, based on my experience of

the creative process throughout this inquiry. Next, I describe two specific visual art

methods used by other scholars, which I have adapted for my own use.

I asked myself: *What does the art do? What is the art for?* Thinking back on the

dozens of images I have made in the service of this inquiry, I have identified the

following purposes/functions/roles:

- o Reckoning: Many entries in my research journal end abruptly with something
  like, "Oh! I'll make art about it." When I am wrestling with a problem at any
  stage of the research, I make art to make sense of it.

- o Response: After reading sources gathered as part of the scoping review, I make art
  in response to what I have read.

- o Release: When I am feeling frustration, anguish, panic, or some other un-
  nameable agitation, I make art to release that libidinal energy. Some of the
  scribbles and scrawls produced in this way have eventually made their way into
  the altered book intended for this purpose, but none were produced in the book
  itself. The small pages could not contain the sweeping movements and scraping
  marks required for this function.

- o Reflection: I make art as a tool for reflection.

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o   Refinement: I make art to distill or refine ideas and themes.

o   (Re)presentation: I make art to represent or illustrate my experience, so that someone else might gain a sense of my perspective. Any number of these functions might overlap, either simultaneously or sequentially, within a single art expression, and I did not always know the purpose of a particular piece before I started creating it. Indeed, sometimes the function changed as the art came to be. As I keep saying, the art is a process, in that the image-making has a purpose in and of itself, and a product, in that the images are all part of the results of my attempts to answer the central research question. Consequently, as I keep saying, the images do not all fit into any one chapter. Perhaps I feel compelled to spell this out so repetitively because of my own discomfort with the idea.

Altered Books. Though Berry (2015) illustrates the do-it-yourself, handyman spirit of bricolage in conversation with her Acadian neighbour, my own understanding of the term has always implied a particular arts and crafts flavour. For me, the verb bricoler involves glue sticks, scrap paper, and the tip of a tongue stuck out in quiet, determined concentration. This vivid image may be the result of some mistranslation early in my French immersion education; nevertheless, it has pointed me toward a multimodal process/product that can connect the other element of this inquiry: the altered book.

Altered books are a type of mixed-media artwork created by modifying and embellishing an existing book (Brazelton, 2004). In creating an altered book, an artist uses the structure of the original book as a canvas upon which they build something new, using the original text as much or as little as they choose (Brazelton, 2004). Artists typically begin by tearing pages out of the book so that it will still close once it has been

modified, and then transform it using paper, photographs, and other available materials—

bricolage. Altered books can be used as a personal journal or scrapbook (Brazelton,

2004), as an art therapy directive (Cobb & Negash, 2010; Muggeridge, 2016) that can

"provide containment while promoting creativity" (Chilton, 2007, p. 59), and as a tool for

arts-based research (Chilton, 2013).

Practical and symbolic considerations led me to alter a hardcover agenda for this

project (Figure 6). Hardcover books are more durable and able to withstand modifications

more readily than are paperbacks. The selection of an agenda rather than a dictionary or a

novel relates to the research topic: "Get a planner!" is a common refrain among the well-

meaning friends, family, and colleagues of people with ADHD. I chose this planner from

a collection of several such books that I used diligently for weeks or months and then

abandoned without a backward glance. I also see the choice of book as symbolically

related to the research objectives, one of which is to generate a research agenda for

further inquiry into the topic of art therapy for people with ADHD.

Figure 6

Agenda

Note. Hardcover 12-month weekly planner with 144 pages, 5" x 8.25".

I am particularly inspired by the latter option, in which Chilton (2013) used altered book creation as a method of inquiry into literature about arts-based research. She created an annotated bibliography of key literature in the field, then constructed an altered book in which to "capture… artistic reflections and emergent understandings" (Chilton, 2013, p. 458). As she developed the annotated bibliography, Chilton transformed pages in the altered book, illuminating new connections that she added to her original review of the literature. The final article included a synthesis of the literature, images of the altered book, and a personal narrative describing the experience. I followed a similar process in the present study.

Thought Chronicle. The process I used is also similar to the *Thought Chronicle*, a "multimodal practice of response and transmediation" (Lewkowich, 2019, p. 129) used in preservice teacher training. In fact, my adaptation of Chilton's procedure is so much like the one Lewkowich assigns his students that I feel silly for not seeing the commonalities until my work was well underway. Returning to the article with fresh eyes after completing more than a dozen spreads in the altered book, I suddenly saw that I might well have been following his course outline, which reads in part:

> Throughout this course, you will keep a chronicle of personal reflection, artistic endeavour, performance, poetic meanderings, questions, apprehensions, etc. For each class, your entry will serve as a response to one of the readings we have looked at, whether from Bridging English [the course textbook] or any of our other materials. However, it's important to recognize that these responses needn't be direct or straightforward; indeed, tangents are always encouraged. […] (p. 131)

If the two approaches are so similar, the reader may wonder, then what is the value of describing *both* in relation to my work, particularly if only one was involved from the outset? In the interest of transparency, I want to acknowledge that Lewkowich is my thesis supervisor, which is how I encountered the *Thought Chronicle* in the first place. I think it is only ethical (though a bit awkward) to admit that I revisited his 2019 article because I had been looking for a good way to cite my supervisor's work.

That being said, elements of Lewkowich's *Thought Chronicle* add important nuance to the way I have understood and conducted the altered book work. As a current student and a former teacher, I find that I can identify more strongly with preservice teachers than with experienced art therapy researchers. I had been doubting my skills as

an artist and researcher as I made my way through the first dozen spreads in the altered book, a more fulsome discussion of which can be found in Chapter 5. For now, suffice it to say that Lewkowich's framing of the *Thought Chronicle*—playful, uncertain, experimental, even anxious—greatly influenced my approach to the altered book.

Summary of Methods

I imagine the scoping review framework, autoethnography, and visual methods as three layers, each offering a different texture to this study. I can also envision them as three strands that intertwine and sometimes get tangled. Together, they make up a multifaceted research design guided by the assumptions that there is value in literature, personal experience, and artmaking, respectively. The following section describes this design.

Process

The containment provided by an altered book is an example of the many ways in which I am inspired, in my academic work as well as my artistic and clinical practices, by the image of a *framework for freedom* (Rubin, 2005). Used in relation to child art therapy, the literal and symbolic *frame* can provide clients with enough structure to safely hold powerful, unpredictable artistic expressions. In the case of the present inquiry, Arksey and O'Malley's scoping review framework lends a basic five-stage structure to the creative research design:

Stage 1: identifying the research question

Stage 2: identifying relevant studies

Stage 3: study selection

Stage 4: charting the data

Stage 5: collating, summarizing and reporting the results (2005, p. 22)[5]

These stages form a kind of scaffolding onto which I have layered autoethnographic and visual expressions to create a multifaceted, iterative inquiry process. This process is portrayed in Appendix B and described in the following sections of this chapter.

Before we turn to this description, I would like to remind the reader of my earlier note about the organization of this document—that neither the methods nor the findings of this inquiry have submitted particularly readily to confinement within their respective chapters. This is a natural consequence of my use of three methods that act as both means and ends. As shown in Appendix B, it is also a reflection of the twisting, looping path(s) I have taken along this line of inquiry. The upcoming sections explain the stages of Arksey and O'Malley's (2005) framework, the strategies and criteria used to guide the scoping review, and my rationale for the decisions made along the way. The results of the search itself are presented in Chapter 4.

Stage 1: Identifying the Exploratory Research Question

Identifying the exploratory research question is the first step in a scoping review. Initially, my goal was to gather all the scholarly research directly related to the central topic of group art therapy for women with ADHD. The guiding question for the literature search was: *"What is known about the use of group art therapy for women with ADHD?"* However, a preliminary natural-language search of "art therapy for women with ADHD" in ERIC, MEDLINE®, and PsycINFO via Ovid revealed no results with a relevancy rating above three stars, indicating a lack of indexed literature directly relating to all three

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[5] Arksey and O'Malley (2005) recommend an optional consultation stage in their framework. The addition of such a stage was not feasible for this inquiry.

search concepts. I had hoped to use a handful of core sources directly related to the three search concepts as the basis for an expanded search, but the complete absence of peer-reviewed literature on the subject led me to broaden the scope of the project. Eventually, the guiding question became: *"What is known about the use of art therapy for people diagnosed with ADHD?"*

The first two-page spread I created in the altered book for this project is called *Snakes and Ladders* (Figure 7). It is a sparse collage on top of light crayon drawings in primary colours across the monthly calendar pages for January and February, 2021. The literature search period is outlined in solid yellow that becomes dashed in the first week of February; I was not sure when the search stage would be completed. (Reflecting on this over a year later, I became aware that I never saw this uncertainty as anything but a sign I was doing something wrong.)

Figure 7

Snakes and Ladders

Note. Godel, S. N. (2021*). Snakes & Ladders* [Altered book spread: Drawing and collage].

A brown hill takes up most of the left-hand page, dropping off steeply into the water on the right. Signposts for *AT + ADHD* and *Theses* mark the top of the hill, while smaller signs for *Articles*, *Adults*, and *Women* are underwater. A stick figure rappels along a red thread down the cliff and into the water. The spread is decorated with search terms in the top left and search results elsewhere; titles with "children" highlighted in yellow dominate the left-hand side while only a few on the right, beneath the water, have

"adult(s)" highlighted in blue. A small, collaged ladder connects two weeks in January and a much larger yellow snake spans the page gutter to connect the two months. The gutter is an unplanned visual metaphor for the unpleasant depths of the iterative process. Handwritten text above the surface of the water expresses the feelings that prompted the image: "Am I wading? Digging? Diving? Drowning?"

There seemed to be so many theses and books but so few articles; so many results about children and expressive therapies but so very few about adults and art therapy. The experience demanded metaphor: I was *in the weeds* or *at a drop-off*; the irrelevant results were *muddying the waters* or I was *wading* through them. At bottom are some of my initial hopes for this project: "So much to be said about the children, but what of the grownups who made them? What of the grownups they became?"

Stage 2: Identifying studies

With the broad guiding question in mind, I prioritized sensitivity over specificity, intentionally casting a wide net and planning to later exclude irrelevant results. I sought three types of sources: peer-reviewed articles, academic books and chapters, and theses and dissertations. Some equivalent student research projects were also involved; this is discussed later on in this chapter.

The search targeted English-language publications between 1990 and 2020, inclusive. This 31-year range was originally based on my understanding that women and girls were rarely diagnosed with ADHD before the 1990s, along with the fact that preliminary searches of literature related to ADHD and art therapy revealed very few sources before 1990. Once it became clear that limiting results by gender was not feasible, I preserved the date range. The limits on language and publication type were

practical considerations made according to the time and resources available for this master's-level work.

I conducted searches for the three types of sources between January 20th and February 2nd, 2021, using remote University of Alberta library access. The searches were originally separated according to the type of source targeted, then combined before the selection step. Extensive search terms were required to capture search concepts; Appendix C shows the full search strategy for each database. The specific databases and aggregators were chosen for their coverage of publications in psychology, medicine, nursing, and education, as well as their inclusion of top art therapy journals. Logistical factors complicated the search for books and book sections: research databases with sophisticated search functions yielded very few relevant results, while publisher databases with limited search functions yielded many irrelevant results. Following the advice of a research librarian (V. Pow, personal communication, January 29, 2021[6]), I used the University of Alberta Library catalogue and a global library catalogue (WorldCat OCLC) instead of the book databases I had originally identified. I also searched through my own small collection of papers gathered through coursework since 2016 and searched the reference list of studies selected for inclusion.

Stage 3: Study Selection

The next task in the scoping review is to establish and apply specific inclusion criteria. Arksey and O'Malley (2005) warn that the development of such criteria can be an iterative process that evolves with the researcher's sense of the available literature. Even so, I was not alone in finding the source selection process to be even less linear and

[6] During this meeting, Virginia Pow also introduced the idea of a scoping review, which was unfamiliar to me at the time. I remain grateful to her for this remarkably helpful suggestion.

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more fraught than I had anticipated (Levac et al., 2010).

        Initial Screening. Screening titles and abstracts for "ADHD," "art therapy", and their most obvious direct synonyms would have led me to exclude texts that were probably relevant, but which used key words like *learning disabled, learning disordered, behaviour disordered, aggressive, impulsive,* or *disruptive.* Upon reflection, I suspected that my own experience with ADHD-PI was colouring my perception of relevance. I noticed myself thinking, "Well, I'm not interested in aggression, I'm interested in ADHD," despite knowing that aggression can indeed be a part of ADHD—just not a part of *mine*. I could tell that when I came upon related terms that were not clear synonyms, I had stopped screening for relevance to my topic and accidentally began to screen for relevance to my experience. I needed something a little less subjective in order to strengthen the quality of the work and to streamline the selection process. I did not want to read the whole mountain (Figure 7) before ever touching the ocean floor, but neither did I want to read only one face of it without ever realizing or admitting my error. I had to add a preliminary level of relevance in order to keep myself on track. I had to slide down the snake again.

        While I sought to establish the criteria I would use to include or exclude sources, I created the second two-page spread (Figure 8). Using acrylic paint, watercolour crayon, and gel pen, I built up an incomplete tartan pattern aligning with the original grid of the book's calendar, then used both grids as a guide to add overlapping boxes in blue. This piece is less diagrammatic than the first, and less obvious in its representation; it is an illustration of an impression rather than a diagram of a situation. The visual metaphors from which I drew inspiration were about interwoven layers, like tartan built from

multiple stripes, and interlocking pieces, like the classic games of Jenga and Kerplunk, where structures built from wooden blocks or plastic sticks, respectively, are gradually dismantled until the whole thing collapses all at once. Another visual that came to mind after the creation was that of a waffle: I felt like I was *waffling* back and forth between possibilities, unable to identify which criteria could be safely eliminated and which were essential to the overall structure of the study. I worried that if I excluded any one category, I might suddenly be left with nothing of substance. It was through the creation of this spread that I determined, reluctantly, that I would need to chart data from most of the literature I had collected before I could safely establish the inclusion and exclusion criteria.

Figure 8

Criteria
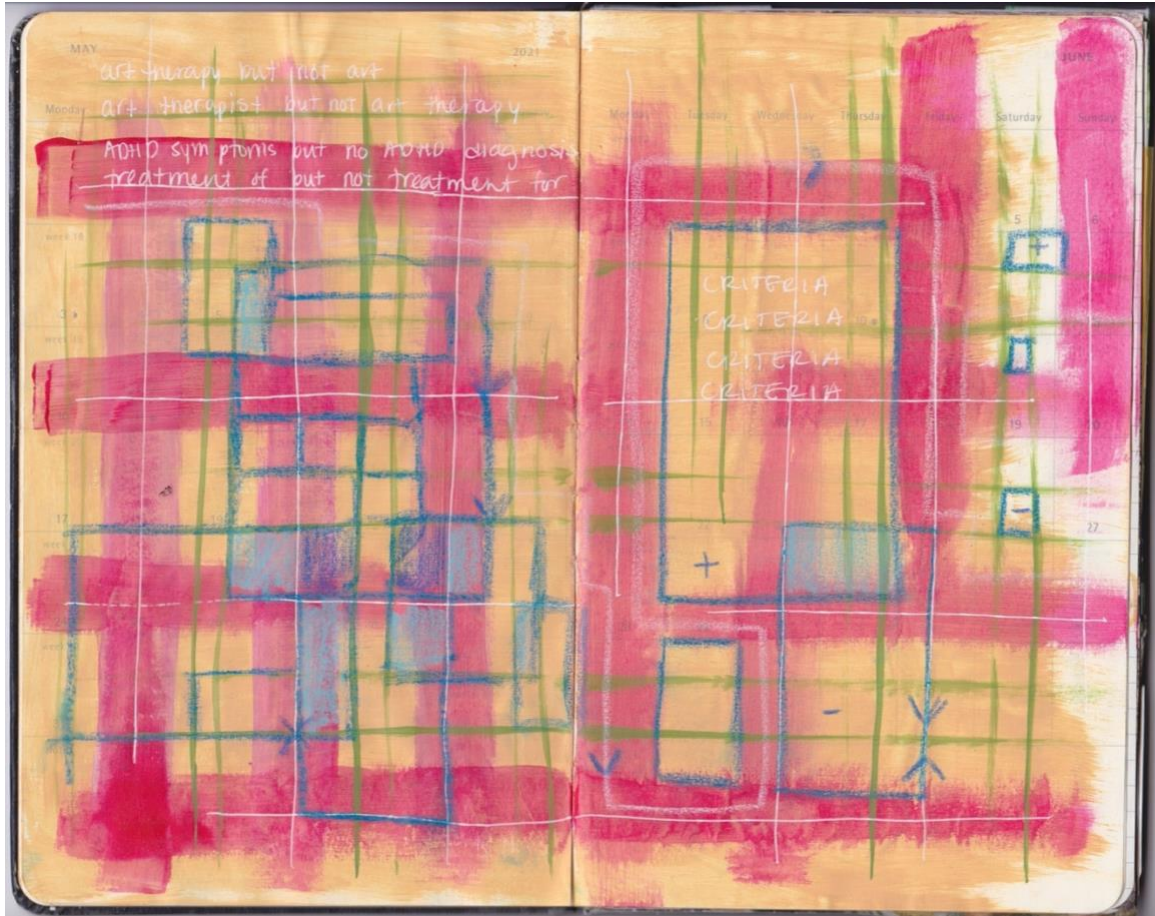
Note. Godel, S. N. (2021*). Criteria* [Altered book spread: Acrylic paint and mixed media].

Some sources met the letter of my criteria but not the spirit; for example, initial criteria allowed for the inclusion of sources describing therapeutic art activities facilitated by a classroom teacher, or art therapy provided to a client who was suspected to have ADHD. These cases further highlighted the need for more nuanced selection criteria.

Such nuance required particularly close reading of the texts, so I began some preliminary data charting (also called abstraction or extraction) using articles I believed

were likely to be relevant. Current scoping review recommendations (Arksey &

O'Malley, 2005; Levac et al., 2010; Peters et al., 2020) recommend that data charting be

piloted with a small sample of sources before the whole data set is examined. My process

was partially consistent with this framework, except that I began abstracting data before

the final selection of articles had been made. I charted data from 24 articles using a table

that I modified as needed to fine-tune the categories and the criteria. Multiple iterations

of this process eventually yielded the inclusion and exclusion criteria shown in Appendix

D.

Stage 4: Data Charting

Once I had finished selecting sources to include, I once again returned to the data

charting process, at which point I found myself stuck.

I made another altered book spread Figure 9 to express another struggle. I was

still stuck trying to make the book-length manuscripts I had collected fit into the data

abstraction chart that had worked so well for the articles and theses. The books would not

fit because they did not report research questions or designs, but I was hesitant to exclude

them because they were relevant! I worried that if I excluded them, I would be

gatekeeping—refusing to acknowledge them because they were not "Research." I lay

down graph paper to express the rigidity, then had to pull it off because it did not seem to

work with the other layers. The found-word poem reads:

What's the point of research Questions?

Ask the right question and listen:

All of the answers you seek.

we don't know what we don't know—until we start looking

go back and explore the source.

The path to knowledge depends on the tiny choices

those hunches and feelings that come to you

important information

Unfolding.

The student will need to justify that "fact."

How?

quality storytelling is important ~~but significance is even better.~~

Figure 9

Gatekeeping

Note. Godel, S. N. (2021*). Gatekeeping* [Altered book spread: Found poetry collage with paint].

I returned to the charting after my supervisor suggested the obvious solution that I could not see: split the studies into two charts, using one set of headings for the primary research reported in articles and theses, and another for the more general, secondary literature available in books and book sections. Faced with the same difficulty, I later

learned, other researchers have also added this unplanned step to facilitate the development of appropriate charting categories (O'Brien et al., 2010, cited in Levac et al., 2010). As the charting progressed, I merged the two charts into a single document. The final chart includes basic bibliographic data, along with (where applicable), information about participants, research design, interventions, and the author's stated relationship to ADHD. The completed chart is discussed at greater length in Chapter 4.

$$\rule{6cm}{0.4pt}$$

March 10, 2021

It's almost spring. A year ago, I thought I would be putting the finishing touches on this document by now. I thought even with the ongoing pandemic, that I would be done on time to graduate as planned.

One day in early March, I realize quite suddenly that I will not, in fact, meet the deadline. I was never going to meet the deadline. I think I should have been able to see this months ago, but I couldn't. I can see it now and I don't know what to do.

For a few weeks, a pair of absurd exclamations rattle around in my head: I can't be depressed! I was depressed in the fall! As if a previous episode does anything but increase the odds of another. As if depression only shows up when time permits.

I start to do nothing. I am too scared to approach my work. Every day, I plan to "finally make some progress;" every day, I welcome the smallest distractions or excuses with open arms. One morning, I sit down to choose a pattern for my first-ever knit hat. I stand up five hours later, still in my pyjamas, having knit the whole thing. I reorganize my bookcases by colour instead of going to bed. They were in fact already arranged by colour, but I thought maybe I could make them better. I listen to or read twenty novels in thirty days. I write less than 500 words in March—maybe more, but I stop keeping track.

I can't admit to anyone that I am wasting my time so extravagantly. I get stuck in loops: three hours tracking down the best curtains for our new patio door; even more spent rearranging the digital floorplan of the basement guest bedroom that may very well go

another year without welcoming single guest.

I walk outside every day. I try to drink enough water. I am so anxious. I know this spot: all I have to do is do the work! Every few days I tell myself to stop being lazy and get back to it; then I remember that I can't bear it. I am so far behind. I should have known I couldn't do this. I should never have even tried.

Spring

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Stage 5: Collating, Summarizing and Reporting the Results

Critics say, with good reason, that the fifth stage of Arksey and O'Malley's framework lacks clarity (Levac et al., 2010). The framework combines three tasks into one unwieldy grab-bag that is meant to include data analysis, which is not readily understood from the original wording. I agree with recommendations to split this stage into three steps: "analyzing the data, reporting the results, and applying meaning to results" (Levac et al., 2010, p. 6).

5a. Analyzing the Data. My approach to data analysis was consistent with the original and enhanced frameworks in that it involved a straightforward descriptive numerical summary and a somewhat more elusive thematic analysis, both of which are presented in Chapter 4.

The numerical summary required the extraction of basic bibliographic and study details—such as publication year, peer-review status, or the age of participants—to show trends in the existing research without any sophisticated statistical analysis.

To accomplish the thematic analysis, I used the altered book and *Thought Chronicle* methods presented earlier in this chapter. After a number of false starts, I settled into a slow routine: I read the included sources in groups with the same author, topic, or other characteristic; drafted memos in response to each source; created an art response to the group of sources; then described and reflected upon the art in writing. Only some of the groups were apparent ahead of time. Once I ran out of predetermined groupings, I allowed groups to emerge as I went along. Some readings elicited more immediate responses than did others, so I sometimes read more than one group at a time

until some theme or visual metaphor became clear. In addition to the notes I drafted in direct response to each source and altered book spread, I documented themes that recurred in the readings and responses, and then produced art from these themes. There was a long gap between the first and second half of the art responses, which I address briefly in Chapter 4.

5b. & 5c: Reporting and applying meaning to results. The results of the descriptive numerical summary and the creative analysis are presented in Chapter 4. Their meaning is discussed at length in Chapter 5.

<p style="text-align:center">_____</p>

Stuck, again, I write: What is the problem I am stuck at right now?

I don't know where to go and I worry that I am going to be doing this forever. The only way out is through. The only way out is through. The only way out is through. But which way? Using what? How fast, how far, *how*?

I am casting about. I know this is a sign that I am trying too hard. Trying too hard to stitch together a bunch of loose, frayed edges. They don't make… maybe they do. It's just not a recipe. It's not a cookbook. I am suddenly realizing that I'm sort of surrounded by a bunch of different threads I can't make sense of.

Then, of course, I realize that I can only make sense of this through art. I sketch a messy doodle of myself sitting dejectedly in the centre of several vague messes, each with a tangled bit of string stretching out toward me. Behind me is an alarm clock on a box, beside a precariously wobbling tower of five spheres that seem likely to be set off by the impending vibration of the alarm. There is a green-gold pencil crayon accent on some parts of the string and some of the objects, but I can't discern what those parts have in common. It's a hopeless mess.

Middles

Feeling lighter, I try to draw what I want to feel—what I imagined it would feel like to do this part of the work. I am once again seated, but not so dejected. The messes are gone, the stacked spheres are separated, and the alarm clock (smaller and less scribbly) sits quietly at my side. The threads are yarn now: five colours in a tangled mess fill the speech bubble above my head, then wind (impossibly) into five separate balls that are being knit into a long and complicated scarf.
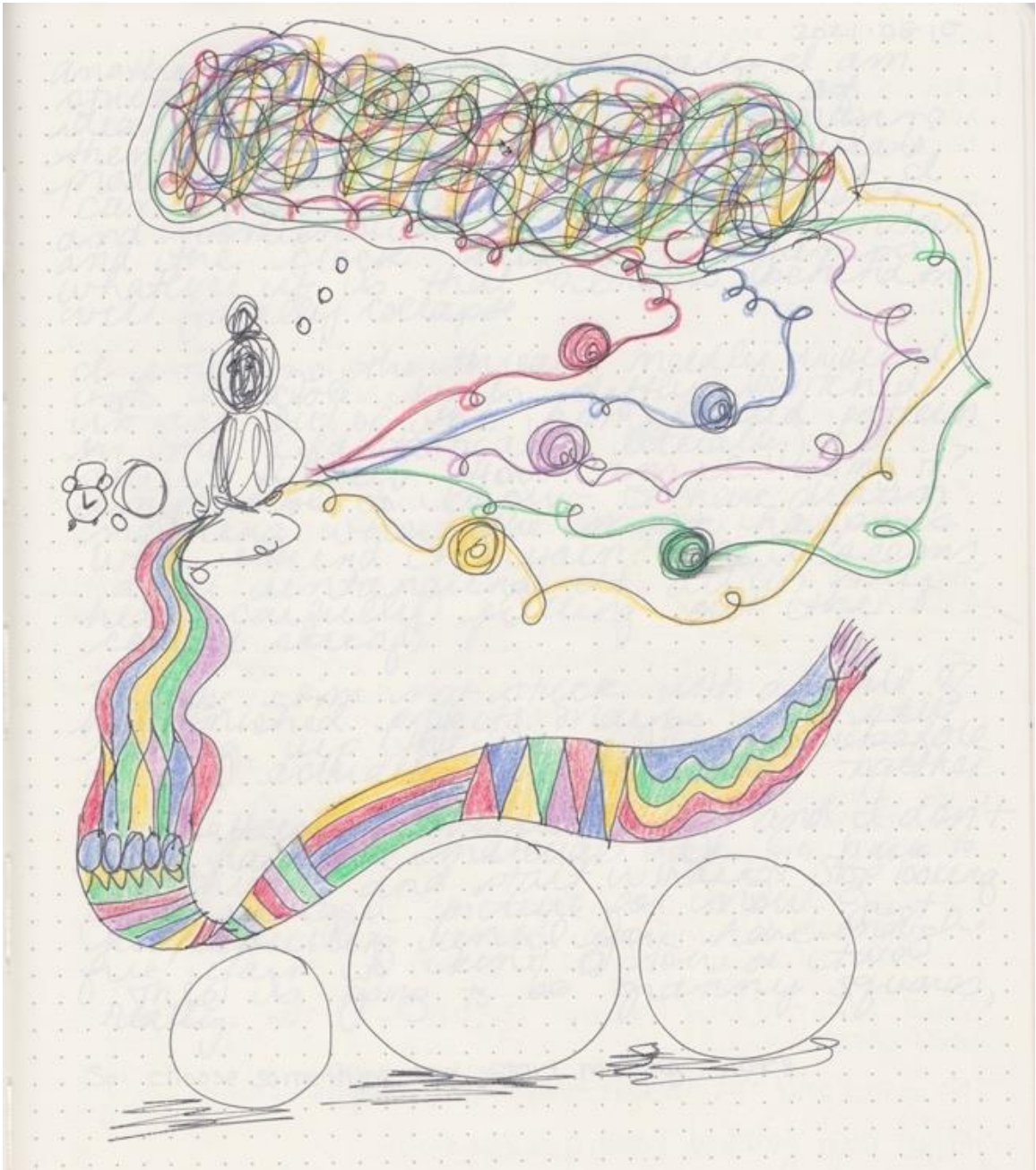
Threads

I imagine the threads neatly wound into usable balls, deftly switched in and out of the complicated pattern by my (fantastically) skilled fingers. How am I doing it? Impossible to know—I have drawn nothing there, but the magic happens. Who wound the yarn? Me, it seems, after untangling it all in my head, carefully pulling out the individual threads.

Maybe I'm not stuck with a pile of half-finished projects. Maybe I'm still winding up the yarn I need before I can knit.

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Delimitations

As stated earlier in this chapter, it was necessary to place some boundaries on the scope of this project so that it remained logistically feasible given the available time and resources. This section describes some of these delimitations. In Chapter 6, I discuss the limitations in more detail.

Time Restraints. Following Arksey and O'Malley's (2005) lead, I had to set a deadline after which point I could not add any more records to the review. After this self-imposed deadline, however, I came across some potentially relevant sources which did not appear in initial results and thus were not included in the scoping review. I have included these records in Appendix E for the interested reader's convenience.

I also chose to exclude the Consultation stage, an optional but strongly recommended part of the original Arksey and O'Malley (2005) framework that is required in Levac et al.'s (2010) enhanced version. It was not possible to incorporate such a stage given my limited time and budget.

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July 22, 2021

I've just taken five days off. It's more like six, though. It always takes us a full day to get ready for a camping trip. We didn't actually go camping, because the continent is on fire. It will be on fire like this every summer for the rest of my life. What am I supposed to do with this knowledge? How do I plan for a world that is guaranteed to get objectively less livable from here on out, forever? What is the *point*?

I am anxious. It's the last night of our backup-plan staycation, I feel the dread building up in me and sob as I try not to think *I want to be dead, I want to be dead, I want to be dead*. I know that suicidality is often thought of as a symptom of depression, but I only ever want to die when I am anxious. I feel anxious because I haven't been making any progress on my thesis; I haven't been making any progress on my thesis because I feel anxious. I've been doing yard work and hanging curtains and planning a hypothetical (impossible) trip and doing anything I can to feel *productive* without having to think about the twin dreads of doing the work and not doing the work. Everything hurts.

I felt sure this would be done three months ago.

_____

Research Projects. The need for another delimitation arose as I was reviewing the full text of the many student works that met the preliminary screening criteria. My original intent had been to exclude dissertations and theses. However, once I saw that there were only a handful of articles and a great many more student works, I started to wonder whether a scoping review that excluded these works word be worth producing. Would such a review paint a sufficiently accurate picture of the existing literature? Would it provide enough in the way of a foundation for future research? Would it undermine the value of my own work as a student? I decided that dissertations, theses, and other student works categorized as such had to be considered for inclusion.

Even so, the inclusion of student works required further delimitations. Of the student works produced by students which met the criteria for relevance, most were master's-level works: 26 theses and nine master's-level projects identified as culminating projects, research projects, or research papers. While the projects are technically academic works that met the criteria for inclusion, they vary greatly in terms of depth, quality, and apparent intended audience. I did not want to analyze practicum reports and

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personal reflections that were clearly not intended as primary research, but neither did I want to exclude potentially valuable research simply because the student's institution chose to designate the work with some word other than "thesis." In the end, and in the interest of time, I elected to report these non-thesis student works in the data abstraction chart and the descriptive numerical summary, but I did not include them in the creative analysis. They can nevertheless be found in the reference list.

Research Quality. A third important delimitation is related to research quality. The scoping review framework I adopted for this study very intentionally omits any standardized quality assessment of the reviewed literature (Arksey & O'Malley, 2005) There are benefits and drawbacks to this choice: on the one hand, eliminating quality appraisal allows for increased volume and diversity among included studies; on the other hand, the inclusion of potentially poor-quality studies might obscure gaps in the literature (Arksey & O'Malley, 2005). Some scholars have suggested that quality assessment using validated instruments should in fact be a requirement for scoping studies (Daudt et al., 2013), but they do not provide concrete solutions for the issue of methodological diversity requiring multiple instruments.

In keeping with the scoping review framework, and in alignment with the lenses through which I see this work, I have not systematically assessed the quality of the studies included in this review, nor have I excluded any records based on my impression of their quality. The resulting review is therefore an indication of coverage rather than depth: it can tell us, broadly speaking, which research questions have been asked, but we cannot use it to draw conclusions about whether or how well the questions have been answered.

This is not to say that issues relating to quality were completely ignored—only that I did not explicitly grade the sources according to any rubric or scale. The qualitative analysis of the data does identify strengths and weaknesses in certain studies, which I address in more detail in Chapter 5.

Ethical Considerations

Turning now to ethical considerations: this study did not require research ethics review because it did not involve any living human participants (St. Stephen's College, n.d.). However, living human participants are not the only living humans at risk in a research project such as mine. Ellis and Bochner (2000) say that "honest autoethnographic exploration generates a lot of fears and doubts–and emotional pain" (p. 738). To ensure that this qualitative inquiry was conducted as safely and ethically as possible, I paid particular attention to risks related to the researcher (Morse et al., 2008) as they pertain to the development and presentation of this document.

There was certainly a risk of this in the present study. Through my previous work related to ADHD, I have learned that I risk harm whenever I read literature that describes or defines my disorder. Living with the same diagnostic label as my population of interest means I frequently interact with sentences that were never written with me in mind as a reader, such as: "Worst of all, they don't know how to change, as non-AD/HD behaviour is not natural to them" (Safran, 2002, p. 149). I therefore knew from the outset of this project that I would feel distressed and demoralized as I read about my flaws and likely fate(s). The cumulative weight of literature suggesting that ADHD and academic success are basically incompatible has made the thesis process slower and more difficult than it might have otherwise been, were I studying a label I did not bear. Early on, this irony was

already a source of personal frustration as well as creative inspiration. Figure 10 shows a small book-shaped work in progress through which I expressed the difficulty of conducting work that seems wholly contraindicated for someone with a brain like mine.

Figure 10

Bricoleuse

Note. Godel, S. N. (2020*). Bricoleuse* [Mixed media on cardstock].

I aimed to minimize harm to myself while allowing for creative response in service of the inquiry. My personal therapy sessions were a dedicated space in which to process affective responses. I also continued work with an ADHD coach who supported me in project and symptom management as I pushed against the self-fulfilling prophecy of failure that might otherwise have scared me into pursuing another project or giving up altogether. To counteract the triple isolation of ADHD, thesis work, and a pandemic, I participated in regular online meetings with fellow graduate students who were working

on writing projects or also conducting research in fields related to psychotherapy. The groups were valuable sources of peer support and feedback for me.

In addition to the risks of harm during the thesis process, there were risks related to self-disclosure in the thesis product. I support O'Toole's (2013) call for scholars to name their relationship to disability, and I also agree with her acknowledgment that disclosing specific *impairments* carries additional risks related to oppression and stigma. However, I want to share my own experience to challenge stigma and produce research that could be helpful to other people with ADHD. In doing so I have had to weigh the risks of being vulnerable in a public, permanent fashion: Could my clients have less confidence in me if they have seen self-portraits I drew in times of panic? Could exposing my difficulty with deadlines cost me potential jobs? Could fear of these consequences push me to craft a narrative that inauthentically presents my ongoing struggle in the past tense, sacrificing authenticity and quality?

_____

August 13, 2021

I am at the Safeway near my house, buying hot dog buns and antihistamines for a weekend camping trip. It is around noon on a hot, summer Friday. Our friends are going to meet us at our house in ninety minutes.

I meant to have finished two hours of thesis work by noon. I meant to have finished the whole thesis by June.

I think: I should stay home.

I think: What have I been doing all summer?

I think: I want to die.

My breath is too warm in my blue mask. As I notice this, I notice that I am sniffling into it, blinking back tears at the self-checkout. I glance around a bit but realize that nobody can tell - I am wearing new sunglasses. I bought them just for this trip.

I think: Iwanttodieiwanttodieiwanttodie.

I walk out of the air-conditioned store and into the heat. The day seems clear enough; there is no hint of smoky orange in the sky. In the car, I take off the mask and try not to cry. My face contorts a bit with the effort. I practice box-breathing on the short drive home: four seconds in, and hold. Four seconds out, and hold. I can't tell if it helps. I turn the radio on, then switch it off again almost immediately. I can't stand the silence or the noise. I don't really feel real. I wonder if any of the people in the cars around me feel the way I feel right now.

I park in the garage, walk up the back steps, and bring my single bag of groceries in through the sliding door. I feel relief - like I was out doing battle and I'm home safe now, even though I am carrying the battle around inside of me. All the shades are down to keep the heat out. My partner is downstairs, sleeping off a night shift. I want to collapse into sobs but I don't want to wake him. I try to move slowly, carefully, like I am a bomb squad and the bomb; like I am afraid of jostling myself.

I think: I'll stay home.

I think: It won't make a difference.

I think: I want to die.

I settle into the big blue armchair in the living room, resisting the urge to tuck my bare feet up under me and instead pressing them into the laminate floor. I know that I need to get grounded. I put in my earbuds and choose a five-minute guided meditation for panic. I sob and gasp my way through it. I grit my teeth and grip the arms of the blue corduroy chair. I want to die.

When the meditation is done, I try to catch my breath. I imagine sending my partner on this trip without me; imagine him in the backseat of our friends' car with their sweet dog.

I think: There will be other summers! There will be other trips!

I think: There will be other, hotter summers. There will be other, smokier, cancelled trips.

I am struck by sudden clarity: The safest, clearest, coolest summers of my life are over. They will only get worse from here.

I go camping. I try not to want to die.

_____

Having considered the risks, I still believe that disclosure of my identity and my experience is a key part of my unique contribution to the research on the subject of art therapy for people with ADHD. That being said, I tried to limit the possible negative effects of self-disclosure in several ways. Throughout the project, I made use of a reflexive journal to carefully invite my responses into the research. I sought out examples and discussions of selective self-disclosure in academic and professional settings, like Kerschbaum's (2014) exploration of the functions of disability self-disclosure in scholarly writing and Pearson and Boskovich's (2019) collaborative autoethnography about disclosing disability as graduate students. From an art therapy perspective, Chilton (2013) reflects upon her decision to discuss an altered book page without providing the image of the page itself; similarly, I have made some disclosures in words but withheld the images.

This measured approach to self-disclosure cannot fully prevent surprises or harm, because "no matter how skillful… disability self-disclosures do not always accomplish desired effects" (Kerschbaum, 2014, p. 62) nor do they "take place in a vacuum" (Samuels, 2017, p. 17). I have had to accept this as part of the unexpected, dynamic nature of this inquiry, revisiting and reshaping the ethical considerations as further details and directions emerged.

I knew it was possible I might try to minimize or otherwise misrepresent my struggle in order to make it more palatable or acceptable. I hadn't expected the effect that anticipation might have on the quality of my creative – tilting, flattening, and generally limiting it. This is, in hindsight, apparent in the first few pages in the altered book. They are diagrammatic and soulless because I wrote them up in my head as I made them. I read over my own shoulder as I worked, explaining my rationale as I went and effectively extinguishing the life of the image before it had even had a chance to live. I was not working with the river.

The part of me that peers over my own shoulder is depicted in *Golden Shadow* (Figure 11) the first large piece of this thesis process. I knew that in addition to trying too hard, I was working too small - another limitation that I underestimated when I chose the altered book as my primary medium. Working with acrylic paint on 18" x 24" paper taped to an easel, I painted a rich golden background and a figure that might look like me, but sharper. She is examining a part of my thesis draft in which I hedge and second-guess myself. She has circled key words like "weak" and "failure" in red. Between the draft and the figure is a messy flower, growing twistily out of the black soil at the bottom of the page. The green of the flower's stem extends into the figure, tangling into her hair and even tinting her glasses: both she and the flower contain darkness, yes, but she cannot stop the growth from emerging. The same green circles other key words in the text: "openness" and "might be." The green strands are full of potential. She cannot stop the potential from growing; she cannot keep the seeds around the plant from germinating. She tries to squash it - there is a pink-red string running along her chest, throat, and mouth into the flower and around the seeds - but she doesn't know that as I encircled

each seed, I whispered: "I love you, I love you, I love you." In faint white pen below the

seeds, I've carefully amended my most-loved, most-needed Mary Oliver line: "You [still]

do not have to be good" (1992/1986, p. 110).

Figure 11

Golden Shadow

Note. Godel, S. N. (2021*). Golden Shadow* [Acrylic and collage on paper, 18"x 24"].

Rigour

As previously stated, I wanted this study to be rich and rigorous. As a beginner autoethnographer, I agree that "research can be rigorous, theoretical, and analytical *and* emotional, therapeutic, and inclusive of personal and social phenomena" (Ellis et al., 2011, p. 11). I have chosen to use conventional, quantitative terms—*validity*, *generalizability*, and *reliability*—in relation to this qualitative inquiry, though I understand they can be limiting and their use is not entirely consistent with the transformative philosophy of research-creation. I do not want to submit to standards "that avow distance and neutrality as means for securing objectivity" (Truman et al., 2019, p. 240), but I appreciate the structure and ease of communication provided by the *terms* themselves (Mayan, 2009). With this in mind, I ensured that the study design incorporated some recommendations from Morse et al. (2002), who argue for the proactive use of verification strategies to support validity and reliability "by identifying and correcting errors before they are built in" (p. 17).

One strategy identified by Morse et al. (2002) is to maximize investigator responsiveness. The authors say this responsiveness can be impeded by factors such as "lack of knowledge..., the inability to abstract, synthesize or move beyond the technicalities of data coding..., [and] working deductively (implicitly or explicitly) from previously held assumptions or a theoretical framework" (p. 18). I therefore read a variety of qualitative research to increase my knowledge, become more familiar with examples of thoughtful synthesis, and challenge my own tendency to think deductively. I also kept a personal journal (Mayan, 2009) in which I reflected on the research process, including snags and stumbles, as a way to externalize my assumptions and facilitate the

responsiveness required for this type of work. In addition, I used spontaneous art-making and visual reminders to welcome the unexpected and the mysterious instead of proceeding by rote (Berry, 2015). Furthermore, I collected and analyzed data concurrently and ensured appropriate sampling (of texts, in this case) by cycling through the process of analysis and collection until I reached a point of saturation (Morse et al., 2002). Saturation, for me, occurred when I stopped encountering new sources during the reference list search.

That being said, there is one element of this study which I designed to meet some conventional, quantitative standards of rigour. Because I wanted to gather all literature directly related to the core topic of art therapy for people with ADHD, it was important that the literature search stage be somewhat reproducible. Where feasible, I therefore followed conventional guidelines for the reporting of scoping reviews (Aromataris & Munn, 2020).

———————————————

You do not have to be good;[7]
not really, not always.
But I can still see you trying.

Try not to ugly cry.
Try to be sad but like, interesting!

Read "how to have a productive meltdown"[8]:
First make art out of your pain.
No wait, announce first that

---

[7] Oliver, 1992/1986, p. 110
[8] Facebook post (The Wall Street Journal, 2020) linking to "The Art of the Pandemic Meltdown" (Bernstein, 2020)

Your pain is Art and also Research;

Justify it justify it justify it!

Read and write and argue

find "nuance"

and "juxtaposition."

Get so far into your head that you can't even feel your body, yourself

as you talk about yourself.

Imagine someone reading everything you write.

Imagine: "What, How, and So what?"

only it's your goddamn diary and it sucks

Because you wrote it like you were trying to publish it, because you are.

You do not have to be good, sure

but have you started to notice yet that you cannot be good by trying?

You can't open a box with the crowbar inside it[9]

You can't polish your heart while you break it.

If – I don't know, if you want this to be real, you have to surrender a bit.

Stop imagining the beautiful, clever genius who will write this or read this and let her…

send her on sabbatical or something. Find your way back into the little womb where that

artist sits. Let her ask you in.

You don't have to be
the greatest of all
that is not your goal

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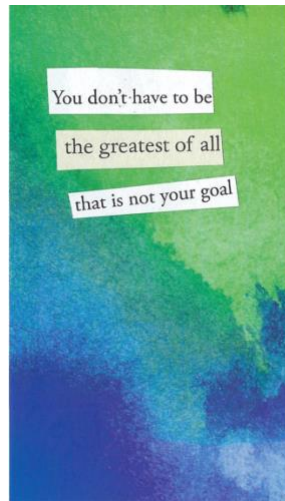
Summary of Chapter 3

The methodology described in this chapter was chosen to answer the question

How does an illustrated description of research related to art therapy and ADHD,

incorporating the researcher's own experiences with ADHD, illuminate possibilities and

guide future research in this area? The aim is to produce multimodal illustration of

existing literature to support future inquiry into the use of art therapy with people who

have ADHD. The inquiry is guided by assumptions that there is value in examining the

existing research, my own perspective, and my own images in order to develop a rich

description and analysis of the available literature. To this end, I conducted a scoping

review using autoethnography and visual methods in an iterative five-stage process,

which I have described in this chapter and illustrated in Appendix B. This process

produced a collection of visual artworks, a citation map of the existing work, and a

research agenda for future work. Considerations about ethics, primarily relating to the

researcher's own risk, were built into the study from the outset, as were strategies to

support validity and reliability; in both cases, comprehensive documentation and reflection were key tools. I also laid out the delimitations of the present study.

In the next chapter, I present the findings of the inquiry using text and images.

_____

Subject: Chapter 4 not ready
Tue, Apr 5, 2022 at 11:22 PM

Hi David,

It will probably come as no surprise that I don't have the findings chapter ready. I discovered a mistake I made earlier on and had to spend most of my dedicated writing time trying to fix it instead of writing things up. I'm trying to follow your advice to choose the scope-narrowing option wherever I can just to get things done, but I couldn't find a way to let this mistake slide.

I'm aiming to send you a draft by next Tuesday morning instead (that is, late Monday night). I still genuinely can't tell if I'm going to be able to meet the June deadline, keeping in mind that you'll need time to read it in May, but I'm going to keep trying just in case I can pull it off. I'm so grateful to you for tolerating and supporting this never-ending, always-extending project.

Stephanie

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Chapter 4: Findings

This chapter fulfills part of the *reporting* task in Levac et al.'s (2010) approach to the fifth stage of Arksey and O'Malley's (2005) scoping review framework. Findings related to the literature search and data abstraction are reported in the first two sections. First, I display the literature search results in a conventional PRISMA flow diagram. Next, I provide a descriptive numerical summary analysis of the data in the abstraction chart. Findings generated through visual means are reported in the third section, which contains the altered book and *Thought Chronicle* images created in response to the included sources.

Literature Search and PRISMA Flow Diagram

Using the 2020 PRISMA flow diagram recommended for this type of review (Page et al., 2021), Appendix F shows the literature search and screening process, implying a more linear process than that presented Appendix B.

The search for books, articles, and theses across eight databases originally yielded 289 records. Before screening, I removed 81 records: 67 duplicates, 8 records of non-English works, and 6 records with ineligible or missing publication dates. I then screened the titles and abstracts of the remaining 208 records using the criteria in Appendix G. I discarded 83 ineligible records and sought full text access to 125 potentially relevant sources. Of these, 19 were marked unretrieved.[10] Assessment of the 106 available full text sources initially led to the exclusion of 61 sources that did not meet inclusion criteria due to content (ADHD = 10, art therapy = 29, overlap between the two = 10), audience (3), or study type (9). At this point, 45 sources were selected for initial analysis.

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[10] This number includes Strazisar (1994), which I incorrectly marked as unretrieved and did not locate in time to include in the data analysis.

However, I further refined my criteria as the analysis progressed and ultimately excluded another 10 sources due to the role of art therapy in the study. In total, 39 sources were excluded because they did not meet inclusion criteria for the art therapy component. Ultimately, 71 sources were excluded after full text assessment, and the database searches yielded 35 eligible sources. I did not use any automation tools to screen or deduplicate records.

I then searched the reference lists of the 45 initially included sources for titles containing any of the eligible synonyms in Appendix G. This process yielded 20 records, to which I added a single record that I had identified during my coursework and had already retrieved directly from the author. I eliminated 4 potentially relevant sources that were not available in English, then sought the remaining 17 sources and retrieved 16. Assessment of these sources resulted in the elimination of 14 sources due to insufficient reference to art therapy (12) or ADHD (2). The remaining 2 sources were added to the total collection.

The final collection includes 37 sources: 4 peer-reviewed articles, 2 books, 5 book chapters, and 26 student works. As previously mentioned, the 9 student works not identified as theses are reported in the descriptive numerical summary but were not part of the qualitative analysis. A complete list of sources excluded after full text retrieval, along with reasons for their exclusion, is available in Appendix H.

Descriptive Numerical Analysis

Using the criteria in Appendix D, I selected sources reporting art therapy provided by an art therapist (or student art therapist), for therapeutic purposes explicitly addressing the person's diagnosed ADHD. I also required that included sources describe the art

therapy in detail and be intended for a professional or academic audience. The review ultimately includes 37 sources which meet these criteria.

Although a robust statistical analysis of the sources' characteristics is beyond the scope of this study, Arksey and O'Malley's (2005) framework requires a descriptive numerical analysis of the available research meeting the review criteria. Therefore, I now present four categories of characteristics gleaned from the data abstraction chart: bibliographical characteristics, research designs, demographic information, and details related to interventions. The completed data abstraction chart, showing the characteristics of the included sources, is available in Appendix I.

Bibliographic Characteristics

Appendix J shows the types of sources included in the review. The majority of the 37 included sources (25, 67.5%) are student works at the master's level. The remaining third of the collection includes a doctoral practicum report (2.7%), two books (5.4%), four peer-reviewed journal articles (10.8%), and five book chapters (13.5%). One book chapter (Safran, 2012) is a minimally revised second edition of another included chapter (Safran, 2003) that is functionally a reprint. Both editions contain very similar content to the book that preceded them (Safran, 2002).

Despite repeated calls for more research and comments about the apparent increase in ADHD diagnoses, the number of sources produced per year does not appear to be increasing. Figure J2 shows the number of sources released in each year between 1990 and 2020, categorized by publication status. The types of sources are unevenly distributed across the date range: the first half of the range is a mix of books, journal articles, unpublished works, and sources available in digital repositories, whereas more

than three quarters of the sources produced after 2005 are unpublished. Only 11 sources were produced in the last decade of the date range, though none are peer-reviewed. In fact, the most recent of the four peer-reviewed articles (Henley, 2000) was published over twenty years ago.

Research Designs

In terms of research design, this review includes qualitative (22%), quantitative (14%), and mixed-methods (22%) studies, as well as many clinical observations (43%). Most of the sources in this latter category are books or book chapters (Christian, 2008; Henley, 2018; Rozum, 2001; Safran, 2002, 2003, 2012), but some articles (Henley 1998, 1999, 2000) and one thesis (May, 2000) also present clinical observations.

There are more qualitative and mixed-methods studies than there are quantitative studies, though some studies labelled as either qualitative or quantitative by the author could reasonably be classified as mixed-methods by virtue of the types of data they report. Many authors describe their work as a case study and some use the term quasi-experimental. Most who call their studies qualitative or mixed-methods inquiries do not expand on the philosophical underpinnings of their chosen approach. Some of the mixed-methods inquiries report qualitative information in very detailed narrative accounts of therapy sessions, but ultimately report dramatically less compelling quantitative data in their results. Goforth (2001) and Jones (2010), for example, base their conclusions on quantitative data weakened by design flaws despite collecting and presenting many pages of richly descriptive qualitative data.

Demographic Information

The vast majority (86%) of sources address art therapy with children who have

ADHD, while 27% address its use with adolescents, and only 11% discuss art therapy for adults. One book dedicates a chapter to group art therapy for adults (Safran, 2002) and two student works deal with adults exclusively (Charendoff, 2013; Loomis, 2018; both unpublished). Five sources (Powell & Ng, 2015; Safran, 2002, 2003, 2012) describe art therapy for families where at least one child has ADHD, though the mention of family therapy in Safran's later works is fairly brief. Figure J3 shows that the studies reporting art therapy for adults with ADHD are more frequent in recent years.

The distribution of studies across genders is more even than it is across age groups: more than half of the sources reported or discussed art therapy for girls or women with ADHD. However, sources describing art therapy with only male clients (16) far outnumber those describing only female clients (5). Figure J4 compares the number of studies reporting work with only female clients, only male clients, or female and male clients over time.

Information about race, ethnicity, or socioeconomic status was not robustly reported. Authors who do mention their clients' race use the words "Caucasian," "African-American," and "biracial."

Interventions

Almost all the available literature reports art therapy conducted in the United States, with the exception of two Canadian student works (Charendoff, 2013; Lay, 1998) and one book chapter describing work with families in Singapore (Powell & Ng, 2015). Most authors describe art therapy in a community (54%) or school (38%) setting, though a few report interventions in partial hospitalization (11%) or residential (5%) treatment programs.

The split between group and individual art therapy sessions was roughly even. The sources describing group therapy were more likely to provide a rationale for this choice than were those providing individual therapy. Individual therapy was likely the more convenient logistical option for practicum students. The value of group therapy for people with ADHD is discussed in more detail in Chapter 5.

Not all sources explicitly named their theoretical orientation or approach to therapy, but those who did reported a variety of approaches (see Appendix C). Most sources reported the use of multiple media, though some worked with a certain category such as fluid media (Loomis, 2018), photography (Michelson, 2000), or sculpture (Workman, 2001).

Summary of Literature Search and Descriptive Analysis

The bibliographic characteristics of the 37 included sources paint a picture of literature that is generally (and somewhat increasingly) unpublished, unavailable, and unreviewed. Most works are produced by master's-level students in the United States employing quasi-experimental or case study designs. The research describes group or individual art therapy with boys who have ADHD, though the number of studies addressing adults and female participants is on the rise. In the next part of this chapter, I will present my artistic responses to the content of the included sources.

Altered Book and *Thought Chronicle* Images

As previously discussed, the images created over the course of this thesis process serve multiple roles. Images in this section were created in direct response to specific sources or groups of sources. Here I will describe the art process and products; in the following chapter, per Levac et al. (2010), I will discuss their meanings.

Altered Book

All told, I created 14 spreads in the altered book. Four have already been presented in the previous chapters. In this chapter, I present and discuss four spreads that I created as responses to included sources. The remaining altered book images appear later on.

Squished. My response to one book and two editions of the same chapter by Safran (2002, 2003, 2012) is *Squished* (Figure 12). I felt stuck when I set out to create this response, so I sought guidance directly from the texts, addressing the question "How do you feel about having ADHD?" (2002, p. 62) using oil pastels on printer paper. I have previously been critical of Safran's directives because I found the questions too cognitive, the work too diagrammatic, and the media too resistive. I was therefore surprised that the process allowed me to release a great deal of tension, leaving me with wholly unexpected feelings of joy and pride. It felt good! I hung the resulting image on my easel for a few days and found its presence soothing, despite the anxious, cramped uncertainty it portrayed.

Figure 12

Squished
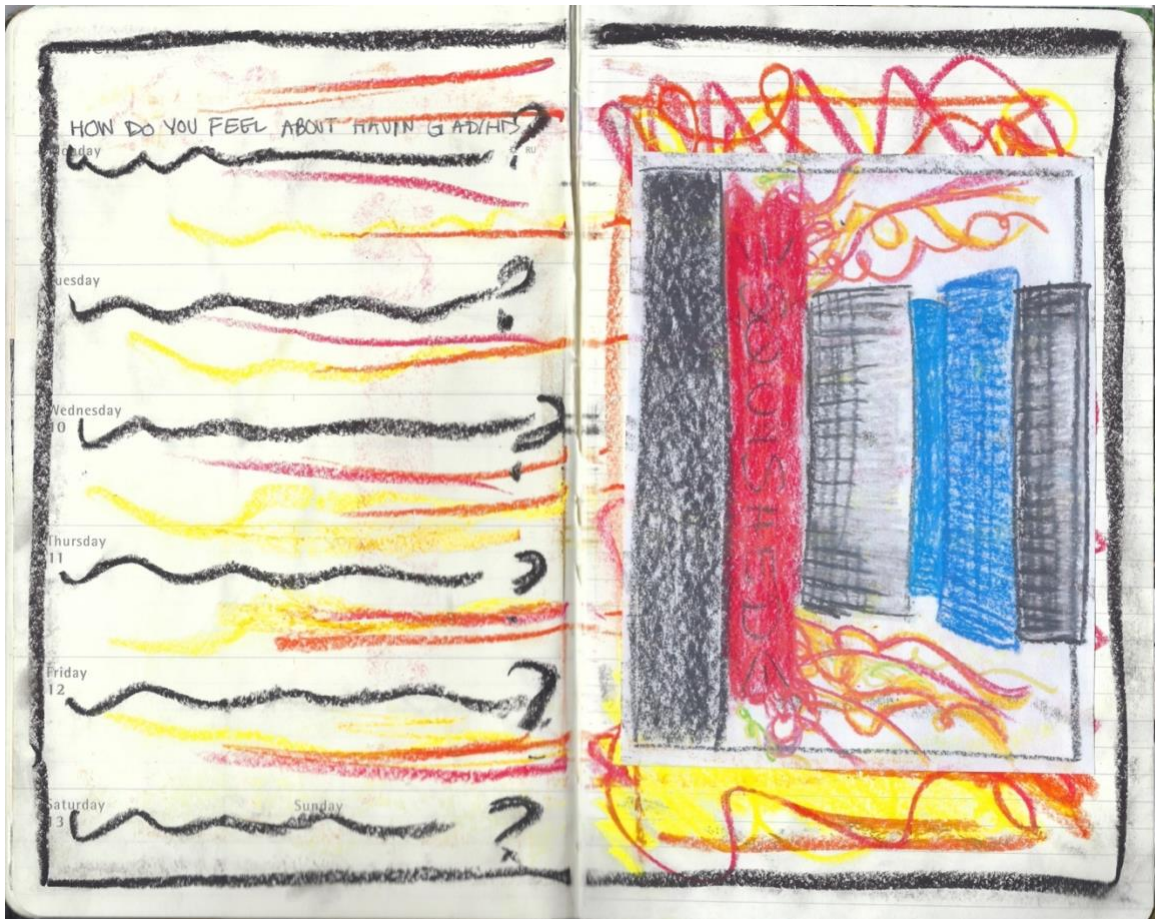
Note. Godel, S. N. (2021*). Squished* [Altered book spread: Collage and oil pastel].

The original piece was too large to fit into the altered book, so I incorporated a small colour copy into a two-page spread featuring oil pastel scribbles. I added a thick black frame and maintained the division of the days of the week to mirror Safran's scheduled, structured approach.

Chaos! My response to sources describing Henley's (1998, 1999, 2000, 2018) expressive arts therapy for children and youth with ADHD through clinics, clubs, and summer camps is *Chaos!* (Figure 13).

Figure 13

Chaos!

Note. Godel, S. N. (2021*). Chaos!* [Altered book spread: Collage].

My overall impression of these texts is one of immersive, imaginative delight. I pictured a group of children enthusiastically clambering over muddy hills, serious and earnest in their make-believe while brandishing cardboard swords and paper crowns—reminiscent of the adventures of *Jillian Jiggs* (Gilman, 1985) or *Calvin and Hobbes* (Watterson, 1988). As I struggled to depict this scene effectively, I made the art that I thought those resourceful children might have made. *Chaos!* is a cluttered, intricate, imaginary world: behind King Dino-Dragon and Ski Free Mountain is a detailed castle-

city with a waterslide, biplane, trampoline, treehouse, helipad, and rocket ship. There is

almost certainly a network of secret tunnels and trapdoors that a person could hide in

after landing their jetpack-hoverboard or finishing a spacewalk. The kraft paper evokes

the long rolls so often spread out on classroom or camp craft room floors. The whole

thing is elaborate, energetic, and chaotic. Anything is possible in this imagined universe,

and nobody is going to tell its child-artist creator that they are wrong.

Parts. In response to sources reporting the use of mandalas in art therapy contexts

(Goforth, 2001; Smitheman-Brown & Church, 1996; Somogyi, 2003), I made a mandala

of my own. As with the three previous spreads, I chose a task and supplies that were like

those described in the source. I felt tense when I first drew the circle in black permanent

marker on crisp white cardstock. The circle provided a certain framework for freedom,

but I needed something even more controlled, so I subdivided the circle with looping

lines and stripes before adding colour. The wax crayons slid smoothly over the paper as I

filled in the shapes I had made. In some of the striped sections, I made a repeating pattern

using the colours that had compound names: green yellow, yellow green, blue green, blue

violet, red violet, violet red, red orange, and orange yellow. I made up lines to control the

space, and then I made up rules to control the colours.

I loved the resulting mandala and thought about pasting it directly into the altered

book, but hesitated. Instead, I displayed it on my wall for two weeks while I dragged

myself through another impasse. Later, I cut the thick paper into pieces along the marker

lines and pasted the parts onto graph paper, laying them out as an orderly collection of

artifacts with standardized stamp labels; a tidy but decontextualized whole. Figure 14

expresses the feeling of clinical, cold distance that I felt as I read the sources, as well as

the jumbled nature of the variables in the studies; I also wanted to preserve the enjoyment I felt as I made and admired the colourful work. I felt myself trying to force a point about the picture outside the picture.

Figure 14

Parts
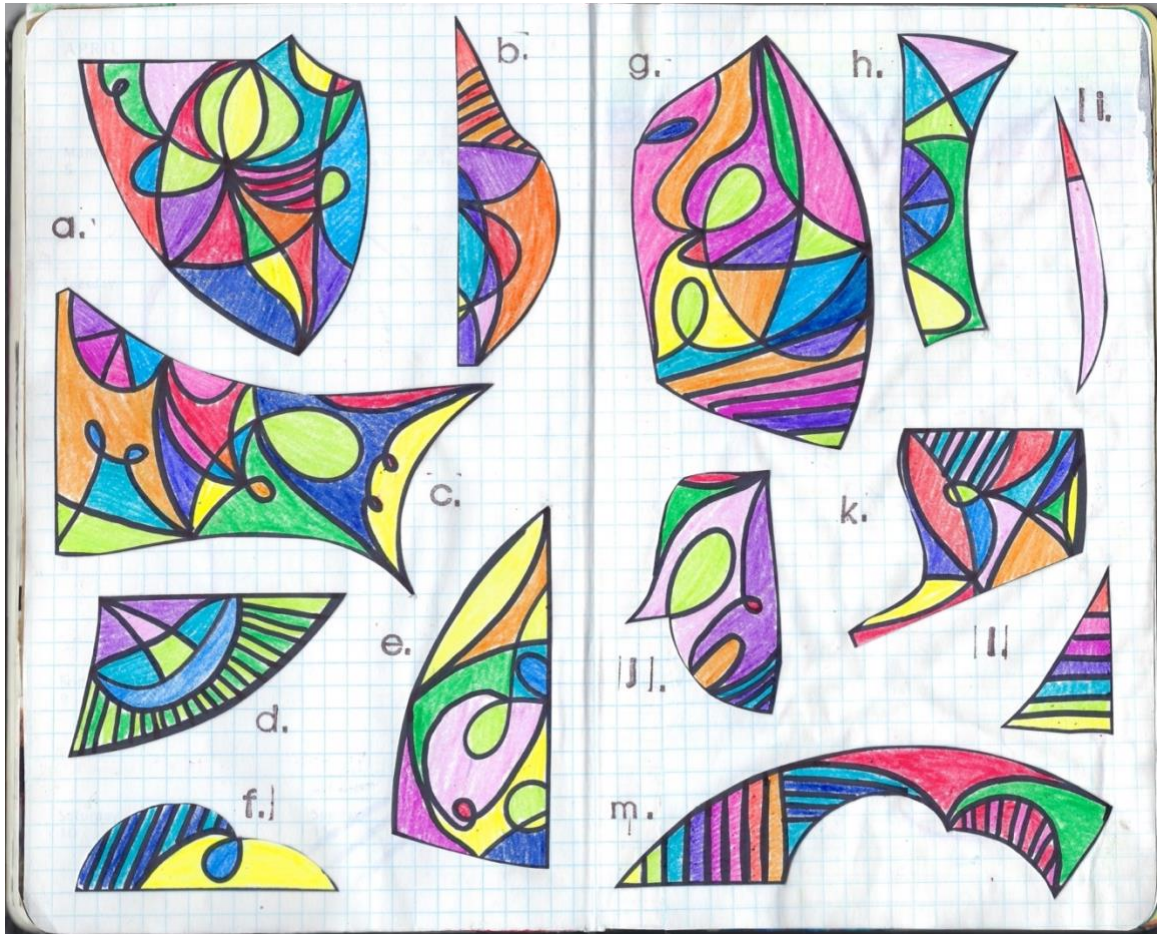
Note. Godel, S. N. (2021*). Parts* [Altered book spread: Collage].

The mandala process taught me that although I have roughly 13 square feet of desk space, I routinely work in a cleared area of only two square feet. My work is cramped and tense because I am cramped and tense when I work.

Fluid. I grouped Charendoff (2013) and Loomis (2018) together because both

studies described ETC-based interventions designed to support adults with ADHD and anxiety. They both incorporated fluid media and reported the participants' experience using the participants' own words.

Once again, the interventions in the studies informed my approach to the art response. I listened to classical music, as did Charendoff's participants, and painted using the watercolours that Loomis offered her participant. I enjoyed painting to the music; it seemed experimental, playful, and very absorbing. In the first piece (Figure 15), I imagine that some of the music's characteristics can be seen, such as the zig-zag motion of the cello and the small strings of dots indicating staccato notes.

Figure 15

Untitled Fluid Work in Progress I

The next day, I tried again, picking up where I left off in the music. It wasn't the same! Perhaps I had come to a less soothing section of the music, or I was trying too hard to replicate my previous success. I was working earlier in the day, before I had taken my second dose of stimulants. In any case, the experience felt less soothing and fluid than it had before. I added watercolour pencils to the process and incorporated more lines and outlines, creating more boundaries around the paint. I needed the framework again. As with the mandala, I was hesitant to cut or fold the resulting images and chose to display them for a while.

Weeks later, I pasted the second watercolour painting Figure 16 into the altered

book, on a background of torn-up post-it notes full of pressures and worries that tend to stack up on the corner of my desk. I toyed with the idea of gluing items from an anxiety questionnaire used in one of the sources, and even cut all the statements into little pieces, before I realized I was thinking too hard and once again trying to force a point.

Figure 16

Untitled Fluid Work in Progress II

Frustrated, I scribbled over the two pages of the spread using a capped pen in each hand. The bilateral movement pressed dents in the watercolour paper.

I could not tell if the piece was finished, so I asked myself: How can I even begin to approach the relaxed fluidity in these sources? (*Probably*, I wrote in response, *this is because I skipped the guided meditation*.) I decided to lie on the floor and listen to the birds for five minutes.

After two minutes, as I tried to soften my muscles, a childhood image-memory came to me in a flash: a frustrated young girl lies in her bathtub and tries to let her body be soft like a noodle in a giant bowl of soup. I suddenly felt enormous tenderness for Melinda, the late-sleeping, back-talking, miserably grouchy girl in *A Difficult Day* (Fernandes, 1987), and for me, the tense little girl who could not and cannot relax. I let the image (Figure 17) be finished.

Figure 17

Fluid

Caught. I had not intended for *Caught* (Figure 18) to be a direct response to a source. When I made it, I had been avoiding work for hours, painfully aware that I would

already have been finished for the day if I had started on time. I felt restless. I wanted some kind of stimulus—fizzy water, or sour candy, or ice cubes, or a fight. I wanted to sprint in a straight line until I couldn't breathe.

Figure 18

Caught

Note. Godel, S. N. (2021*). Caught* [Altered book spread: Acrylic paint and collage].

I stood at the front window, thinking about whether I could pull some weeds or move my work outside for the day. I noticed that my left hand was at my throat and thought of the chakras in the source I had most recently read (Plagens, 2004). I chastised myself for trying to respond to one source at a time, but ultimately let myself follow the impulse.

I took a photo of the pose and traced it on my iPad, then knelt down on the floor of my studio to make something that could go with this sketch. I started with bilateral drawing, making big circles with both hands in throat-chakra blue. The corrugated cardboard made a pleasant buzzing that vibrated gently up my hands. At some point, I found myself flinging out my left arm as if to shake something off. I drew that arm on the page, then added yellow-green energy dripping from the fingers.

Plagens (2004) says that children with ADHD can be reluctant to ground. I looked at the image and did not know how to ground it. I could not work out how to give it legs.

_____

I never glued my self-portrait onto the scribbled energy background.

It didn't quite seem right. After a few weeks, I turn it into *DO SOMETHING.* This is the paralysis I feel when I am standing with my hand on my own neck, trying to soothe myself and berate myself in the same breath. I am being torn up, maybe, and exploding, or being pierced by the shards of that frenetic, anxious energy that won't leave me (that I won't allow to leave). I am begging myself to DO SOMETHING but I'm frozen. It all feels so stupid and overwrought. I worry that the art is bad. I worry that nobody will look at this and feel pity or pathos. I worry they will see a lazy kid who just doesn't want to do her damn homework.
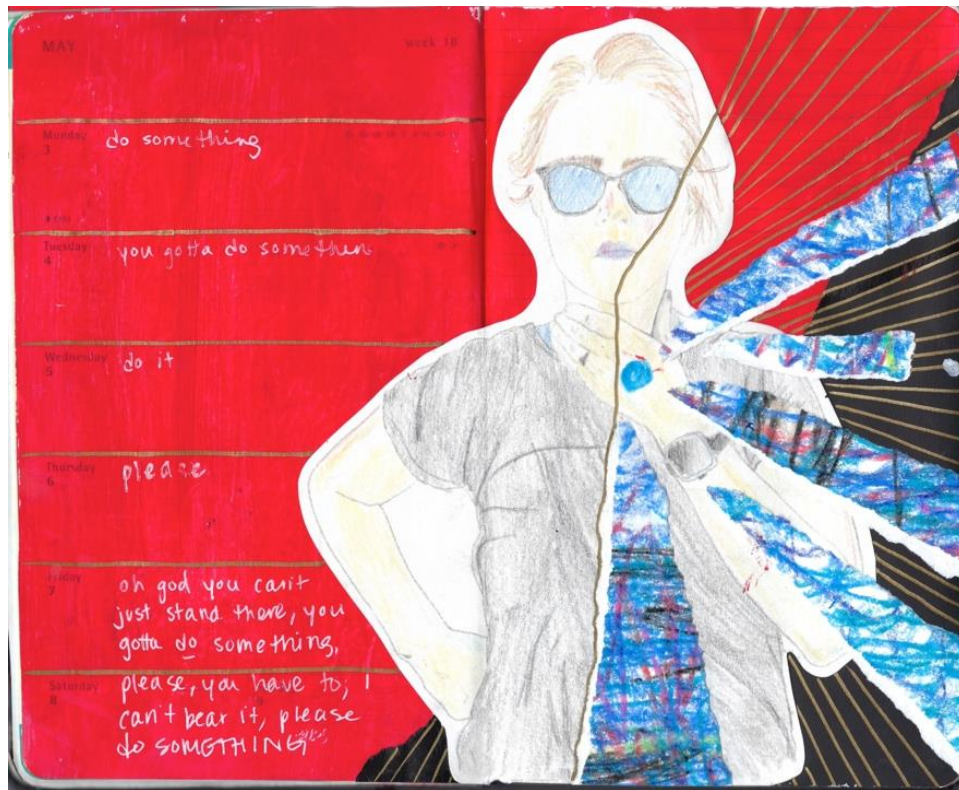
DO SOMETHING

_____

Response Pattern. Months after I created the original response images in the altered book, I noticed that I had developed a pattern:

1.   Choose some part of the art directive in the source to guide the art response;

2.   Work outside the book at first, without making this choice explicit;

3.   Feel anxious while creating the art response;

4.   Be surprised by the tension released and revealed through the art response;

5.   Try to make a point, find the point a bit forced, abandon the point;

6.   Feel compelled to leave the response outside the altered book for a time;

7.   Modify the initial image in some way before putting it back into the book.

I had enough distance to see the pattern, but I still could not see what became clear later: I obviously did not want to be working in the book.

———————————————

I don't do well with fall. I can't get myself outside before the sun goes down.

In October, I add only four words to the thesis document.

In November, I fall and hit my head.

I spend weeks, almost months, sleeping and mending while my brain puts itself back together. I can't drive or watch tv or think too hard. I can't answer emails. I can't write.

Everyone keeps telling me that concussions can trigger anxiety. I feel less anxious than I have in years.

———————————————

Impasse

Long before the fall, I stopped making art. I started four oil paintings during the first winter, but only finished two. I did some digital sketching. For many months, I only made art if it was for the thesis.

Then I stopped doing even that. I knitted, embroidered, and cross-stitched; I mended holes in my sheets and hand-sewed a pillowcase. I painted a ceiling. I kept a garden journal. I made no art.

In the second winter, as I recovered from the concussion and eased my way toward work, I felt drawn toward collage as a way back to some kind of art practice. I experimented with an online collage assignment generator (Miller, 2019) and a new spiral-bound sketchbook. It felt like something had been cracked open; I could finally let the art be playful again, even if I could not yet bring myself to let it be research.

*

Author	
Title	
Date Due	Borrower's Name

I thought we needed

green on the tips of branches.

such hints of gladness.

_____

I don't understand

we lost a year and a half

no one knows or cares
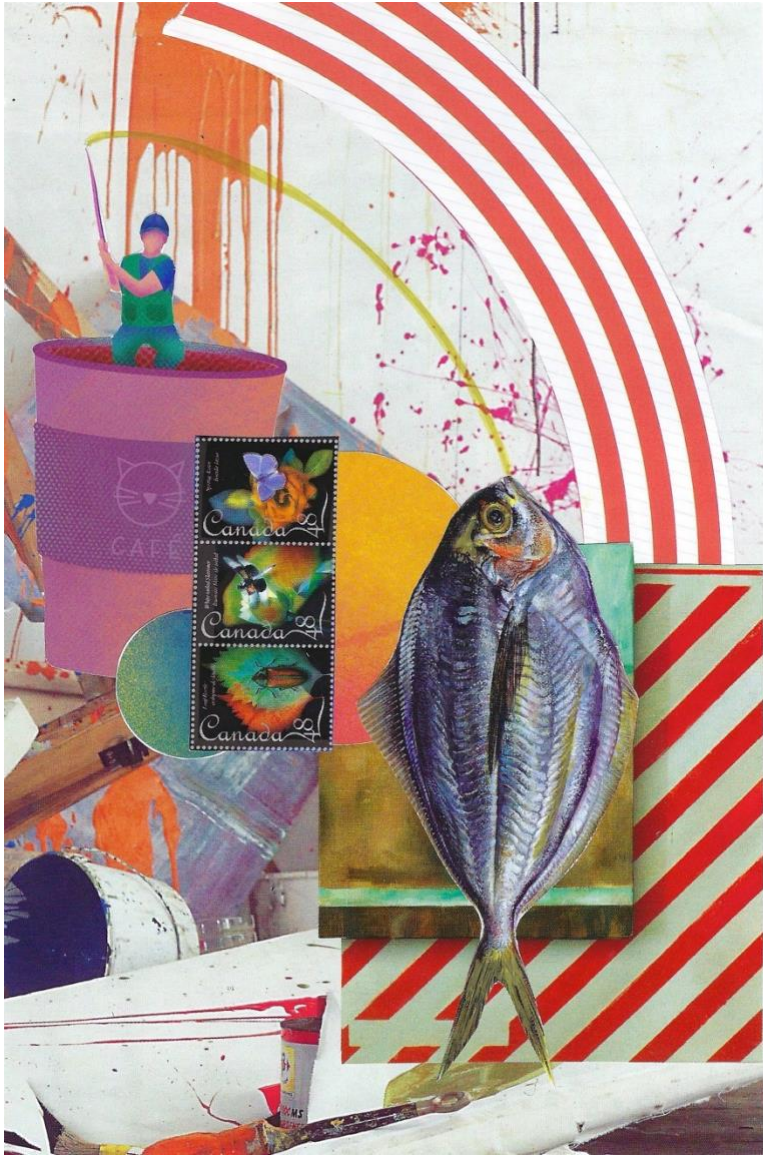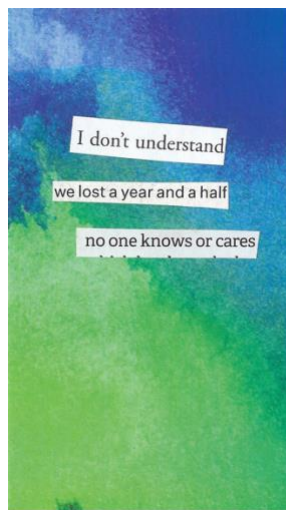
Suddenly it's January 1st and I'm a whole year behind.

What was I thinking? How did I not notice? What have I been *doing*, that now I am looking from the calendar to my spreadsheet, and back again, and realizing: there's no way. There's no way.

_____

Shifting to the Thought Chronicle

After the fall, I still avoided the altered book for months. I eventually allowed

myself to see this urge as something other than moral weakness and gave myself

permission to abandon the book altogether. I started making new art responses in the

same sketchbook I had been using for the experimental collages. The 5.5" x 8.5" book

has 90 lb. paper suitable for mixed media and a special spiral binding (Figure 19) that

allows me to remove and replace pages without tearing the perforation. Compared to the

hardcover agenda, the new in-and-out sketchbook offered both less and more freedom. It

ultimately felt like a safer, more comfortable choice to me, but I also just needed a

change.

Figure 19

Sketchbook Binding
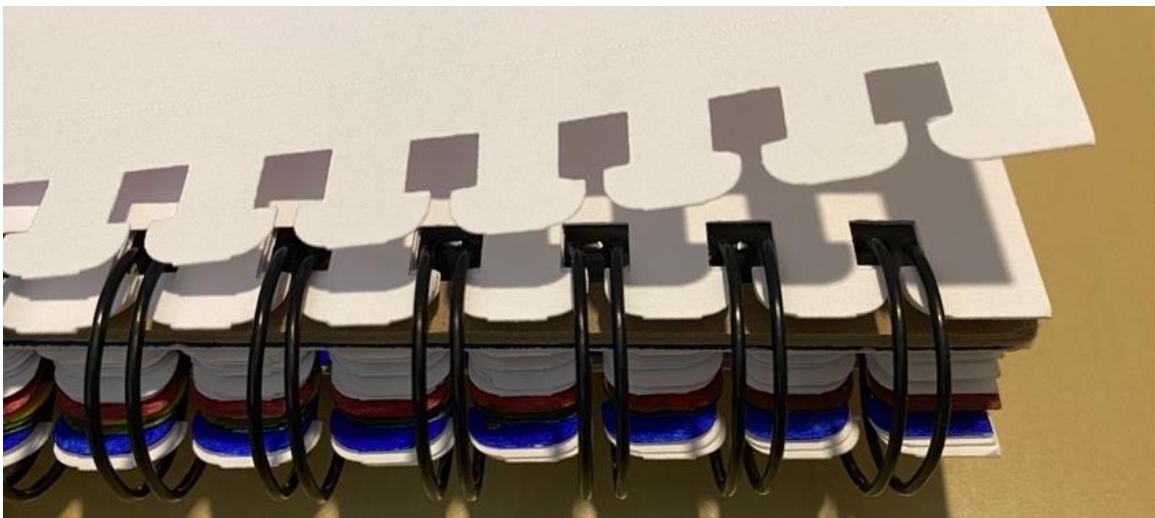
Note. Grumbacher *in&out* sketchbook binding.

I finally made my way back to the thesis art and made *Now What?* (Figure 20). I used the collage assignment generator (Miller, 2019) to give me some prompts: silence, clock, star, poem, legs.

Figure 20

Now What?
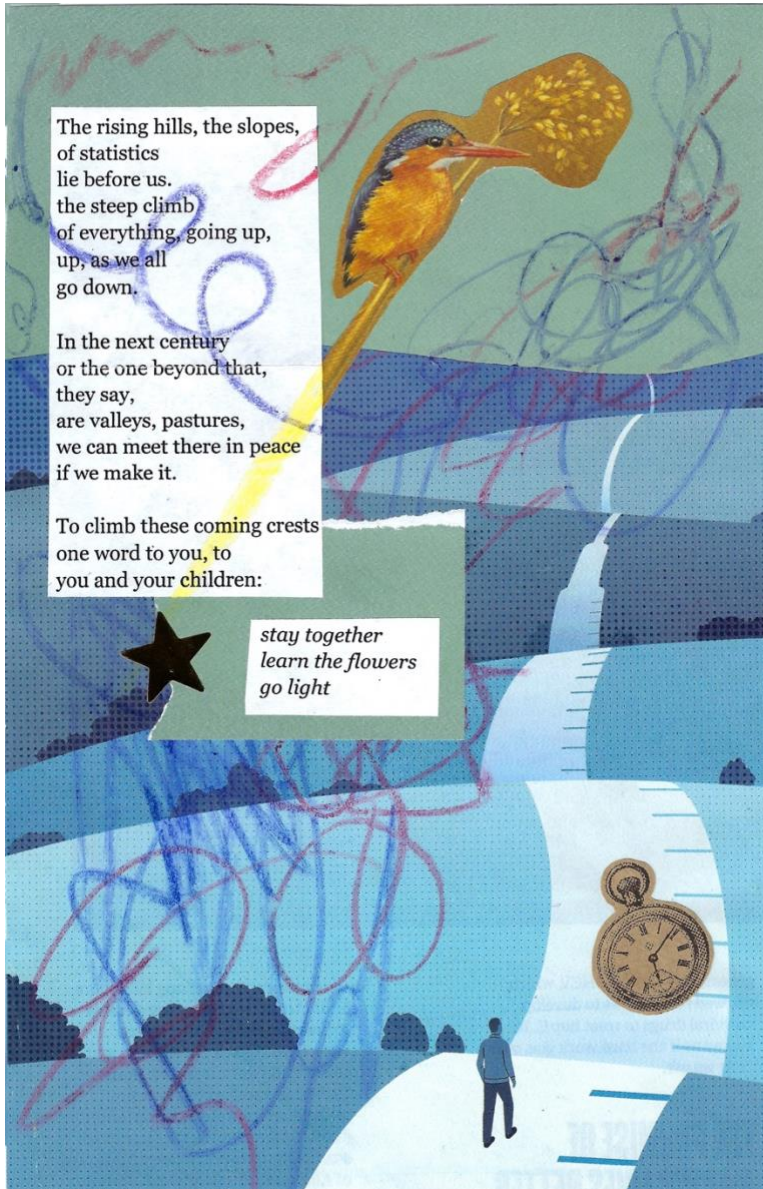
Note. Godel, S. N. (2022*). Now what?* [Collage on paper].

There is a silent kingfisher at the top of the page. Beside it, I placed a copy of a poem (Snyder, 1974) given to me a decade ago during a walking retreat. The words from "For the Children" are an apt description of my feelings after a year spent looking at the same spreadsheets— "slopes, / of statistics", something peaceful up ahead "if we make it." I feel like I am never going to make it to the end of this thesis or degree.

There is advice, too, which I do not know how to apply: "stay together / learn the flowers / go light." A pocket watch looms ahead of a lone figure walking down a road lined with tick marks. I know it is meant to be a syringe, but I see a flexible measuring tape. Either way, the word for this type of mark is *graduation*. I do not notice until later that my scribbled frustrations cover everything except the road ahead.

—————————————————

Oh my god, how could I have missed this?

I just… made art for half of them, got tired and then STOPPED? I don't have art for *half of these?!* I have to go back and do art responses for a dozen of these readings, which was the whole ENTIRE POINT? And then I have to ADMIT IT, because it's been almost a YEAR and I can't just pretend I did all of this at once. I can't. So I'm just gonna say I FORGOT?! Even though I had a spreadsheet and everything? What is WRONG WITH ME?!

I knew from the outset that there was a chance I might be tempted to soften the edges of the story I tell here. I was prepared to reveal my vulnerability and suffering; I was not expecting to have to expose the fact that I simply messed up.

—————————————————

Family Portrait. Figure 21 is my response to Powell and Ng's (2015) chapter "The Art of Bonding". The text describes art therapy for Singaporean families in which a child has ADHD. Participating families were invited to create a portrait or a mosaic; in

response, I pieced together a felt mosaic around a family portrait I drew at age 4.

Figure 21

Family Portrait

Note. Godel, S. N. (2022*). Family Portrait* [Collage on paper].

My parents, my brother, and I are partially hidden by a snow fort outside our family home, the roof of which is shingled with a scrap paper palimpsest. Our enormous mittens, scarves, and hoods are appropriate, given the time, effort, and discomfort required to tuck, wrap, tie, push, and pull those layers together before venturing outside. I spent a great deal of my childhood bundled up in that purple coat.

The sun's rays are built from text cut out of the chapter. The fragments have been rearranged in some places, only slightly altering the original meaning.

In the empty space beneath my family's front door, I ask: *Is it that simple?*

Pep Talk! I initially assumed that my response to a chapter about neuroscience (Christian, 2008) and a thesis examining working memory (Lee, 2010) would be firmly planted in the cognitive component of the expressive therapies continuum. A diagram or line drawing would have been in keeping with the theme of both sources. However, when I reviewed the abstracts I had prepared for each source, Lee's use of sock puppets jumped out at me. The night before I tripped on the way to the bus stop in November, I had picked up supplies to make sock puppets with a client at the high school where I was slowly collecting my practicum hours. I was carrying the socks when I fell. It was two months before I saw any clients again. The sock puppets never took shape.

Five months after the fall, I embraced the spirit of the *Thought Chronicle* by letting the unfamiliar modality of the sock puppet lead the way. The result is *Pep Talk!* (Figure 22).

Figure 22

Pep Talk!
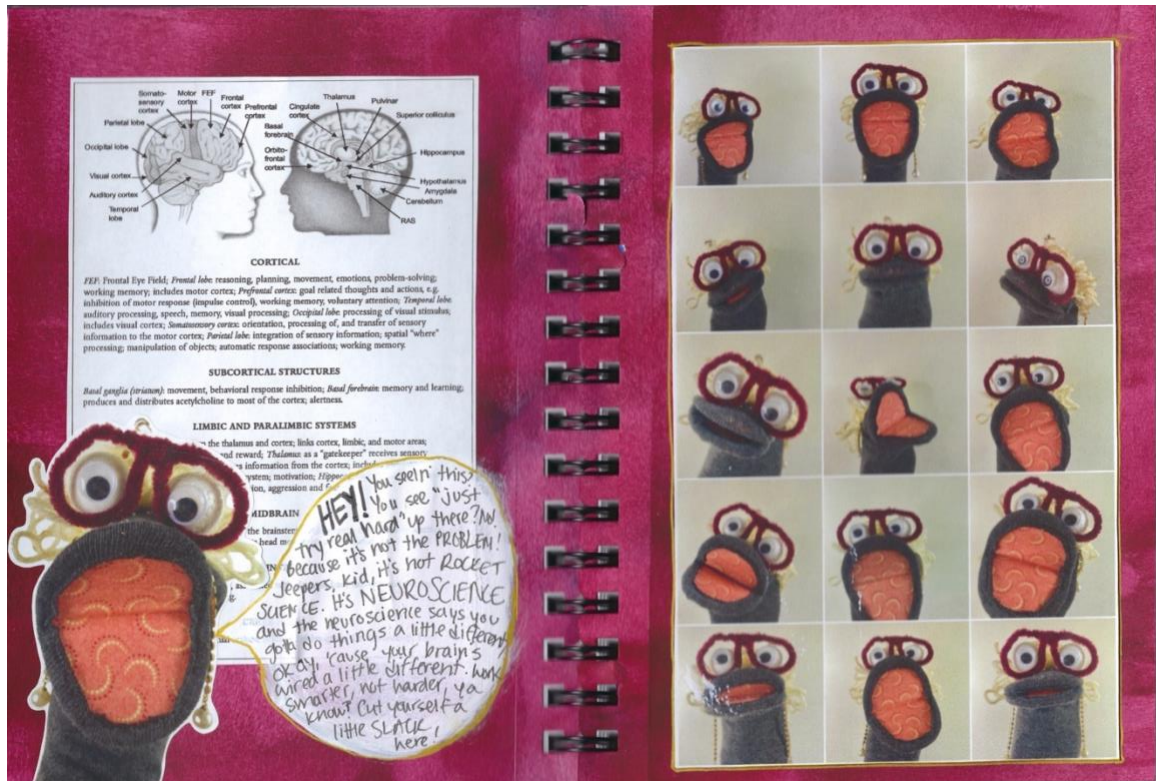
Note. Godel, S. N. (2022*). Pep Talk!* [Acrylic paint and collage].

Once I had plucked the words "sock puppet" out of the source text, the

transmediation took on a life of its own. The puppet became a character, the character

turned into Debby, Debby developed a voice, and that voice said:

HEY! You seein' this? You see "just try real hard" up there? No! Because it's not

the PROBLEM! Jeepers, kid, it's not ROCKET SCIENCE. It's

NEUROSCIENCE and the neuroscience says you gotta do things a little different,

okay, 'cause your brain's wired a little different. Work smarter, not harder, ya

know? Cut yourself a little SLACK here!

She said this in a grating caricature of an East Coast accent with no nuance whatsoever; she's not meant for nuance. Only delight.

Bridge Project. My next response was to a group of sources describing cognitive behavioural therapy (CBT) or CBT-informed groups for children with ADHD (Augustine, 1997; Dalley, 1997; Peters, 2014; Rozum, 2003; Shouhayib, 2005).

All these sources included a list of multiple art directives, many of which shared a spirit of collaboration and construction. Some include an invitation for children to draw and build a bridge that will take them from where they are to where they want to be. Shouhayib (2005), borrowing from Henley (2000), used the idiomatic expression "cross that bridge when we come to it" as a prompt. With these interventions in mind, I had grand plans to develop a three-dimensional bridge that I would combine with elements from the other directives. The bridge would lead to a very small ledge on the future side, such that the full picture of the future side was out of frame. I thought that parts of it would be made of rope, or missing entirely, since I felt so unsure about whether I was (or am) capable of crossing over to the future I want.

I borrowed books about pop-up paper engineering from the library and spent hours developing a bridge that is ultimately fairly simple. I enjoyed the work at first but grew more and more anxious as I realized how far I was slipping into the rabbit hole of hyperfocus.

———————————————

None of these responses were supposed to take this long. This whole chapter was supposed to be done two weeks ago. I need to finish this entire thesis in a month. I can't, I can't, I can't.)

_____

Fortunately, one of the sources in this group includes a few important lines about what to do when children do not finish what they start in therapy:

Often a child cannot finish the directive in time, but they must be given an opportunity to share about what they had planned to make. This reduces the experience of failure and the child is not punished for running out of time. Too often I have seen therapists say, "Well, you ran out of time," and the experience becomes more like losing points on a test for missed questions rather than an opportunity for growth, which is what the art is about. (Rozum, 2001, p. 134).

Touched and somewhat comforted by this compassionate approach, I tried to extend this bit of grace to myself and simply clipped some symbolic plans into the corner of the page. The bridge (Figure 23) is under construction.

Figure 23

Bridge Project

Note. Godel, S. N. (2022*). Bridge Project* [Acrylic paint and papercraft].

The Problem. The four-panel comics in Figure 24 are based on a drawing activity that Lynda Barry (2019) briefly describes as an *emergency comic* and Czerwiec (2022) calls a *survival comic*.[11] The instructions, from what I was able to glean, are to draw the problem in the first panel and see what happens from there, spending no more than one minute on each panel. There is an example of a similar problem-solving drawing in Rozum's (2001) chapter about CBT-informed group art therapy for latency-age children

---

[11] Barry's (2019) Tumblr post attributes the idea to MK Czerwiec but does not refer to any published source; I thus attempted the exercise based on Barry's short description. I later contacted MK Czerwiec directly to inquire about the original source. To my surprise and delight, she responded by immediately producing a new blog post about the *survival comic* (MK Czerwiec, personal communication, May 4, 2022).

with ADHD. Dalley (1997) also uses multi-panel comics for problem-solving. When I

tried it out, the first four panels did not lead to the epiphany I had hoped for. I tried again,

this time explaining the problem more clearly.

Figure 24

The Problem

Note. Godel, S. N. (2022*). The Problem* [Felt pen on paper].

Can't argue with that.

Not Listening. Figure 25 is a response to Jones (2010), who conducted a small

quasi-experimental study to assess the effect of aerobic exercise and yoga on the

aggression, inattention, and impulsivity of children aged 8-10 during art therapy sessions.

In-session behaviours such as "not listening [or] not paying attention" and "aggressive

behavior" were self-reported by the students and observed by the therapist, while in-

school behaviours were reported by teachers before and after the intervention period. The

forms used for all three types of data were developed by the researcher and had not been validated.

Figure 25

Not Listening
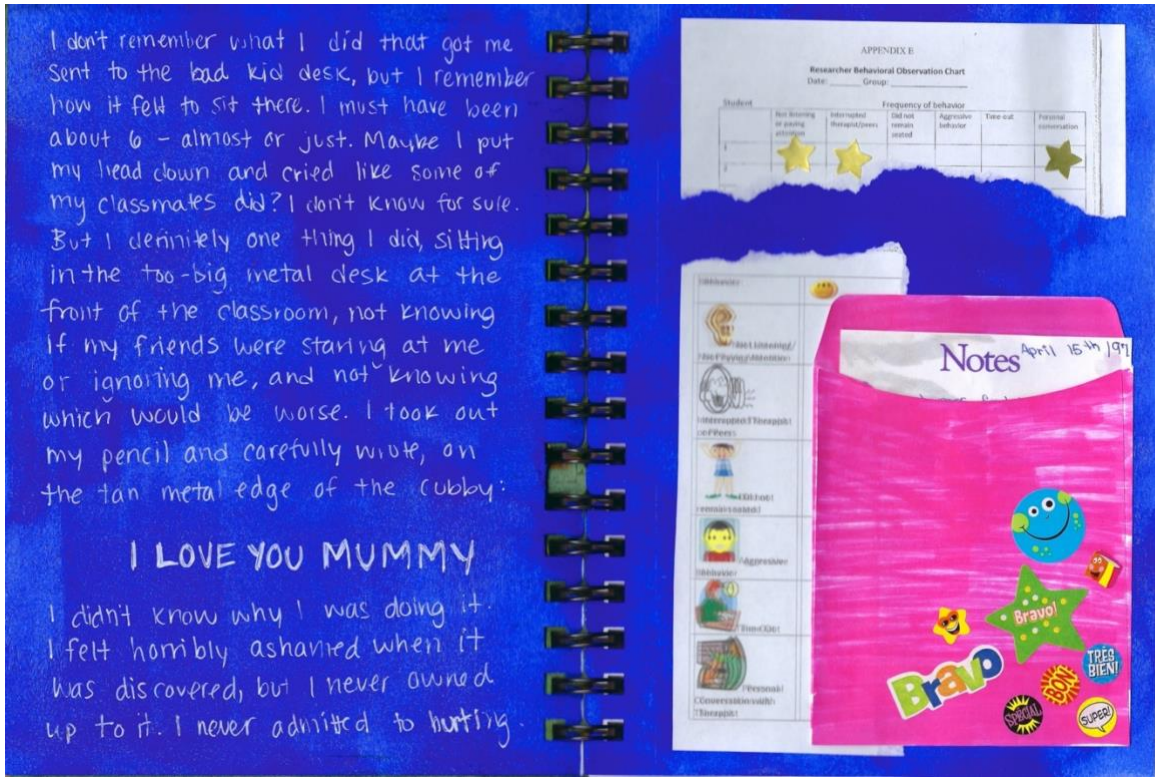
Note. Godel, S. N. (2022*). Not Listening* [Acrylic paint and collage].

I incorporated parts of Jones's assessment charts into this two-page spread, but the real inspiration for this piece was a note from my Grade 1 teacher to my parents, dated April 15th, 1997. It reads:

> *Mr. and Mrs. Godel,*
>
> *I'm writting [sic]to inform you that Stephanie did not have a good day.*
>
> *She had a lot of difficulty cooperating and staying on task when working in a*

group setting. Her and her partner were reminded 3 times to get back on task and

disregarded me every time. They were eventually sent back to to [sic]their desks.

Thank you,

Mlle [Name]

I slipped a copy of the note into a library card pocket that I decorated with a

smelly marker and some stickers from my substitute teaching collection. A printer error

lent a double-vision effect to the clipart portion of the chart and an unexpected retro feel

to the cut-out copy of my class photo from that year. I wrote out a memory:

I don't remember what I did that got me sent to the bad kid desk, but I remember

how it felt to sit there. I must have been about 6—almost or just. Maybe I put my

head down and cried like some of my classmates did? I don't know for sure. But I

definitely [recall] one thing I did, sitting in the too-big metal desk at the front of

the classroom, not knowing if my friends were staring at me or ignoring me, and

not knowing which would be worse. I took out my pencil and carefully wrote, on

the tan metal edge of the cubby:

I LOVE YOU MUMMY

I didn't know why I was doing it. I felt horribly ashamed when it was

discovered, but I never owned up to it.

Practice Makes Progress. I turned next to a group of sources reporting

individual art therapy for boys with ADHD (Evans, 2007; May, 2000; Michelson, 2000;

Rynn, 2015; Workman, 2001). These student works describe the art therapy process in

great detail and at great length. The authors present narratives about boys with low self-

esteem or fragile self-concept who strengthen their sense of self by developing and

practising new skills in their art therapy sessions. The various approaches to therapy involve an element of incremental growth through which the boys build upon their previous sessions. Seven-year-old Kendrick (Rynn, 2015) uses a hot glue gun to attach the sides of a stuffed animal shape he designed himself; eight-year-old Sid (Workman, 2001) learns to use power tools to build a shelf out of scrap wood; and nine-year-old Brian (Michelson, 2000) fills a handmade collage photo book with 35 mm and Polaroid photos of important people and scenes in his life.

Throughout each of these stories, I see a common thread of self-efficacy (Bandura, 2010): as the therapy progresses, the boys strengthen both their capacity to do the things they set out to do, and their belief in that capacity.

I immediately had an idea for a response related to the concept of self-efficacy, but I dismissed it because it was too predictable. This was ultimately a sign that I was starting to worry, again, about how the art responses would *look* rather than what they meant. Missing this sign entirely, I set out to build something that would be like the boys' enthusiastic, imaginative constructions. I built the untitled sculpture in Figure 26.

Figure 26

Untitled Sculpture
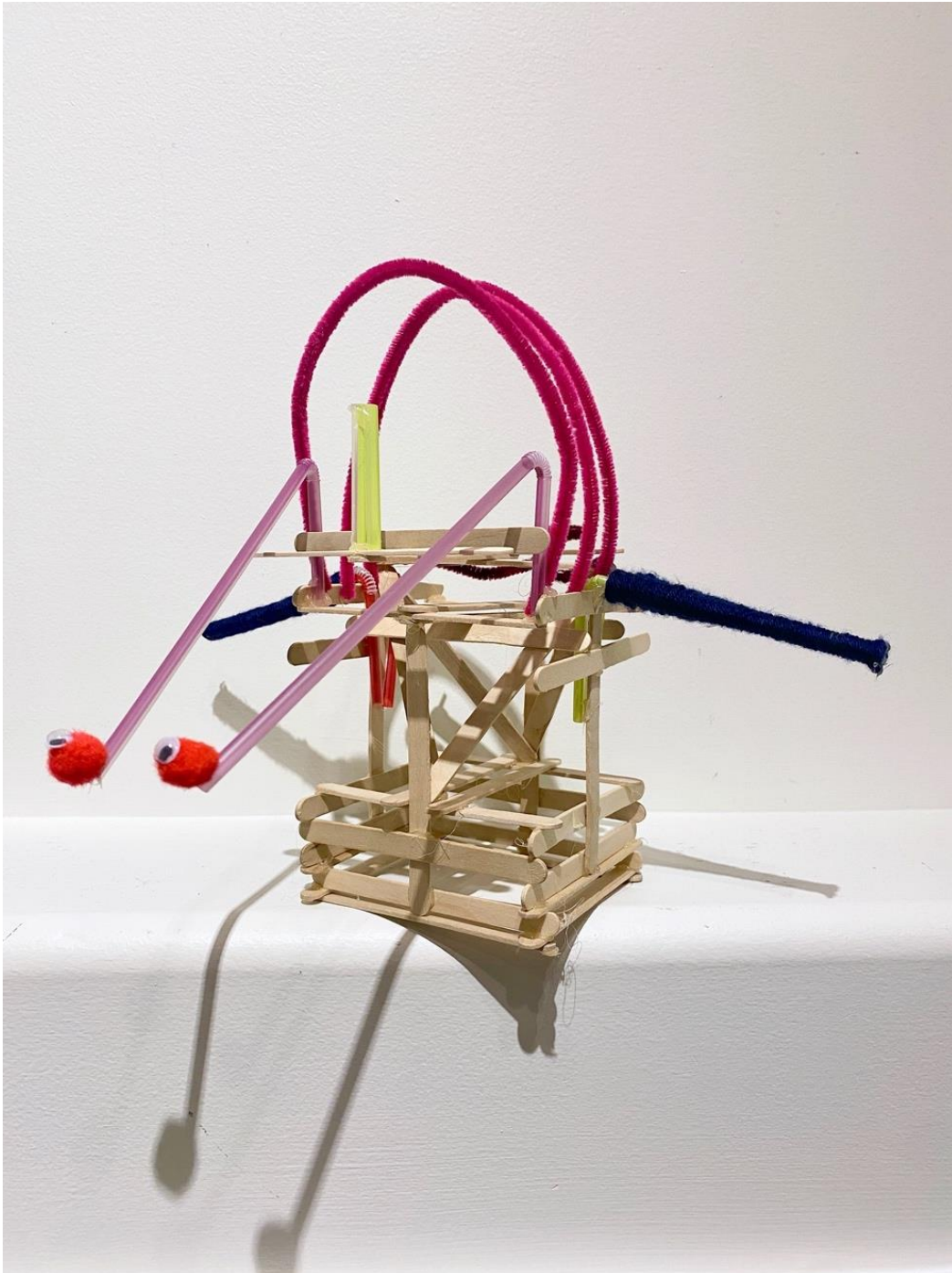
Note. Godel, S. N. (2022). [Untitled sculpture].

I used hot glue and popsicle sticks as nods to the materials in the texts, and added straws and pipe cleaners when my friends, observing me during an unrelated video call, said the popsicle sticks looked like a church or a gallows. It is superficially silly but fundamentally uninteresting and forced.

I returned to my original, boring idea: a collection of the practices and projects that have been integral to my journey toward self-efficacy over the last few years (Figure 27). The pages are decorated with bar charts, progress bars, building blocks, and stitches. I collected artifacts of self-efficacy and, like Brian (in Michelson, 2000), photographed them for my book. Look at this shelf, for which I drilled 3/8" holes into plaster walls: I hung this! Check out this pumpkin that I modified through several iterations and patterns: I knitted this! It is a display of slowly developed skills about which I am immensely proud.

Figure 27

Practice Makes Progress

Note. Godel, S. N. (2022*). Practice Makes Progress* [Mixed media collage].

Summary of Chapter 4

This chapter has described the findings obtained using a scoping review and visual methods. The literature search, summarized in the first part of this chapter and displayed in Figure 1, led to the inclusion of 37 scholarly sources. The second part reported details from the data abstraction chart (Appendix I) related to bibliographic characteristics, research design, participants, and interventions. The descriptive numerical summary analysis shows a slight downward trend in the volume of published research about art therapy for ADHD, as well as a tendency toward qualitative studies

investigating the use of art therapy for male children. Almost all the sources are based on work conducted in the United States.

The second part of this chapter presented a dozen images created in direct response to specific included sources. These responses were mostly produced either in the original hardcover altered book or in the coil-bound sketchbook of *Thought Chronicle*s. I described the artworks themselves, as well as the art-making process, and the move from one book to the other.

In Chapter 5, I present and discuss the themes which emerged from these multimodal data.

_____

Subject: Chapter 4 Draft

Thu, May 5, 2022 at 6:12 PM

Hi David,

Sorry I've been out of touch. I've finally got a draft of Chapter 4 to share with you.

It seems pretty impossible for me to make the June 1 deadline or our May 20 draft deadline, but I'm trying to proceed as if I might, just in case.

Thanks,

Stephanie

_____

Chapter 5: Discussion

Using the descriptive statistics and visual responses presented in the previous chapter, along with close reading and iterative notes, I identified eight themes that provide a multifaceted illustration of the scope and nature of current research about art therapy for people with ADHD. In this chapter, I present these themes and begin a discussion of their meaning that will carry into the final chapter of this thesis. The first four themes relate to the collection as a whole, which is characterized by limited recency, access, continuity, and clarity. The fifth theme is about research quality. I have also drawn out three practice themes that relate to structure, success, and symptoms. The final theme represents a small group of excluded sources.

Few Fish in A Small Pond

Before I discuss the themes that emerged from the findings in the previous chapter, I first want to offer some context and perspective. Because so few available works met my criteria, their relative importance is somewhat inflated. Each source is effectively a *Rare Fish in a Small Pond* (Figure 28), given more weight than it would have if the sources were not so few and far between.

Figure 28

Rare Fish in a Small Pond
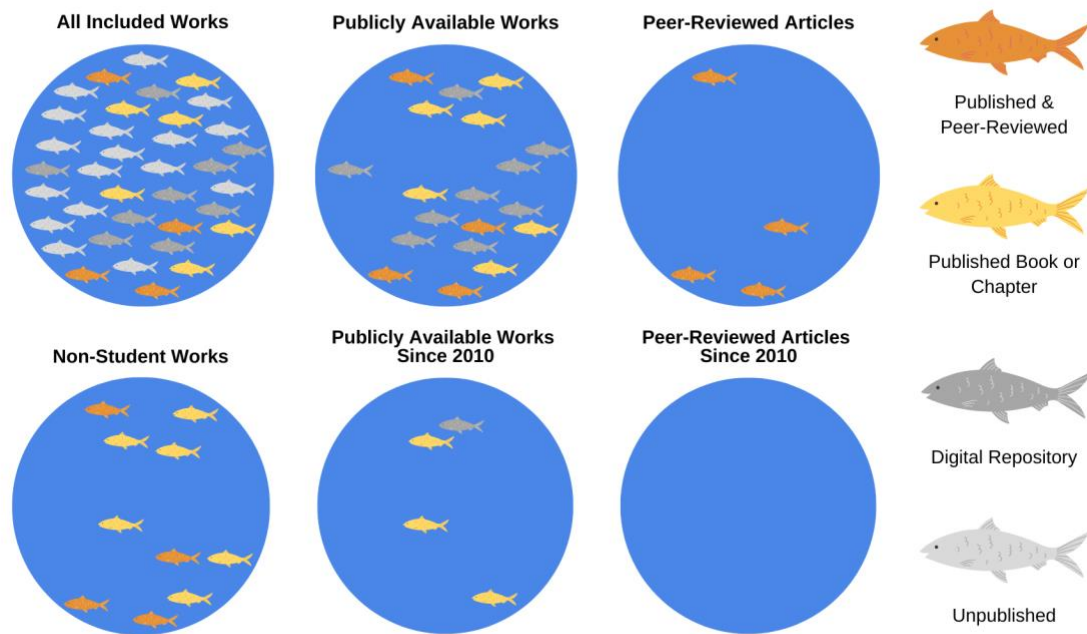
This effect is especially important for less recent works and works by students; such sources and any critiques thereof could easily be disregarded in a pond stocked with recent peer-reviewed works. In this tiny pool, however, we cannot afford to be picky. Every fish counts! As shown in Figure 28, limiting sources to non-student research or research produced in the last ten years leads to a dramatic drop in the number of available sources. The wide net captured only 37 sources to begin with; if we throw back everything but the peer-reviewed works published since 2010, we are left with nothing at all. The characteristics of any remaining fish thus become more important and effectively representative of the whole pond, small as it is. I bring this up because at times, I found myself pushing back against my own observations, trying to soften the corners of my critiques because the sources were old or written by students, and so should hardly matter

much in the grand scheme of things. The grand scheme of *this* thing is quite small; everything matters.

Collection Themes

When I set out to explore the pool of research about art therapy for people with ADHD, I assumed that I would be looking at the sources themselves and making conclusions about what they had in common. Instead, my close reading and descriptive summary analysis first revealed important themes related to the age, type, and accessibility of the sources, as well as the interactions between them. I report here four themes related to the research collection as a whole: limited recency, limited access, limited continuity, and citation distortion. In this section, I will discuss these themes and their potential implications.

Limited Recency

As established in the previous chapter and shown in Figure 28, only a handful of sources were produced in the final decade of the date range, of which only three are publicly available in a journal, book, or digital repository. Recency is of course relative, and the older works in this collection have considerable value despite their publication date. Still, most of the publicly available research is dated enough to refer to knowledge and attitudes that have changed over the last decade.

Knowledge. Consider, for instance, that only one publicly available source in this collection was produced after the release of the DSM-5, which is the first DSM to contain examples that might facilitate diagnoses among adults (APA, 2013b). Most of the other publicly available literature was written using criteria from the DSM-IV (APA, 1994), when ADHD was grouped with oppositional defiance disorder and conduct disorder in

the now-defunct class of disorders usually diagnosed in infancy, childhood, and adolescence.[12] ADHD has since been moved to the newly created neurodevelopmental disorders class and appropriately separated from the new chapter on disruptive, impulse-control, and conduct disorders (APA, 2013b). This is a semantic difference with concrete consequences that explains why so much of the available literature in this review treats ADHD as a de facto behaviour disorder.

In addition to outdated ideas about the nature of ADHD, the literature in this review also reports and relies on old information about its treatment. For example, Workman's (2001) thesis is among the dozen most recent publicly available sources in the included literature. It is a thorough and generally compassionate document that typically takes a strengths-based approach to the idea of ADHD. Even so, the text includes a summary of then-current research reporting a higher incidence of alcohol and drug abuse among people who used stimulant medications in childhood. Twenty years on, the message has changed: ADHD itself, not the stimulants used to manage it, is the likely causal connection to the development of substance use disorders (Faraone, et al., 2021).

Attitudes. Also among the 12 most recent publicly available sources is Safran's (2002) book *Art Therapy and AD/HD: Diagnostic and Therapeutic Approaches.* It is the only book specifically dedicated to this subject and is frequently cited by other sources in this collection. Despite providing a very detailed guide to short-term and ongoing group art therapy for children, adolescents, and (in one chapter each) adults and families, the work frequently displays an attitude to disability that is ableist by current standards. For

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[12] Some sources refer to the DSM-IV-TR (APA, 2000), but this text revision did not affect the diagnostic criteria or classification for ADHD.

example, in describing an educational video she recommends for use in psychoeducational groups, Safran writes: "The actor playing an adult with AD/HD does not look or act intelligent—but then, children with this disorder use poor judgment and do impulsive things" (2002, p. 66). She talks about "boys or girls who are devoid of social skills" (2002, p. 42) and reports that group therapy helped one woman "become a happy, healthy, functioning human being" (2002, p. 149).

This condescending attitude is not *entirely* a product of its time. Henley, evidently taking for granted that his clients are already functioning human beings, explains that his art therapy groups are designed to "provide therapeutic support and activities that might increase each child's capacity to adapt to his or her world" (1998, p. 2). Henley's psychodynamic approach, while incorporating some of same cognitive and behavioural principles that Safran uses, comes across as far less othering.

Implications. Dated literature is bound to contain dated information; the careful reader is expected to assess such information with a critical eye and disregard that which is obviously incorrect. However, according to a review paper summarizing the consequences of exposure to inaccurate information, readers who encounter incorrect statements subsequently display "confusion, doubt, and reliance on inaccurate content" (Rapp & Salovich, 2018, p. 232). Unfortunately, this is the case even when the reader already has the background knowledge they need to refute the inaccuracies. It seems likely that art therapists and other professionals seeking research in this area of practice may unintentionally rely on inaccurate information when making treatment decisions with their clients who have ADHD. Despite their best efforts, clinicians working without ample recent information may misunderstand, misguide, and even mistreat clients who

have ADHD. It is therefore all the more important that future research be made readily available online.

Limited Access

The lack of recency is compounded by a lack of access. As reported in the previous chapter, most of the sources included in this review are not conventionally published in books or journals. Of the 37 sources which met the inclusion criteria, 26 (70%) are produced by students. Of these, nine were available in digital repositories; the remaining 17 sources were accessed by digital interlibrary loan (ILL; 11), physical ILL (2), direct requests to librarians (2), or direct requests to authors (2). I had expected limited access to sources at either end of the date range due to digitization or embargo practices, but this was not the case. In fact, 75% of included student works produced between 1990 and 2005 are available in digital repositories, compared to only 7% of those produced between 2006 and 2020. Additionally, 19 sources could not be retrieved at all or could not be retrieved without substantial out-of-pocket cost.[13, 14]

That so many of the included sources are not publicly available has important implications for other researchers in this area. I was fortunate to have access to the University of Alberta Library, which is relatively high-ranking in terms of collection size among North American Research Libraries. By volumes in library, it is ranked 23rd overall, second only to the University of Toronto (4th) among participating Canadian institutions, and New York University (21st) among participating institutions offering

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[13] This does not include Strazisar (1994), which was incorrectly marked as unretrieved due to an unfulfilled ILL request but was in fact available in a repository.

[14] One institution offered an unprompted explanation for not fulfilling the ILL request, stating that their fee for digital copies of the four sources requested was 60 to 78 USD per thesis (L. Sadusky, personal communication, March 2, 2021). This exceeded the University of Alberta's maximum charge of 45 USD per ILL item (C. Shek, personal communication, July 27, 2021).

accredited or approved art therapy programs (Anam & Roebuck, 2020). The library access I used for this review is therefore more robust than most, but I nevertheless encountered substantial difficulty accessing the full text of many relevant and potentially relevant documents.

Appendix K shows the publication status of student works sought for full text assessment by institution. It does not show the proportion of works I was ultimately able to retrieve through ILL and direct requests, but it does show that digital access varies dramatically between different institutions. As a result of this disparity, research produced by students whose institutions make student work available online or through affordable ILL may be over-represented relative to those whose institutions do not, both in my work and in that of other scholars. Given that different graduate programs have unique institutional research cultures, and that art therapy programs tend to have long-term relationships with practicum sites, the exclusion of literature from some programs will undoubtedly have influenced the kind of research I have been able to report. With this in mind, I have chosen to include a list of unretrieved sources in Appendix L so that the interested reader may get a sense of what could be missing.

The limited accessibility of research in this area also has implications for the broader art therapy community, which I discuss in more detail in the following chapter. For now, I will say that restricting access to student research when conventionally published research is already scarce does not support the development and professionalization of art therapy. I believe this issue could be improved if all institutions requiring art therapy students to produce research were in turn required to make that research accessible through digital repositories or affordable ILL.

Limited Continuity

Students and researchers need to be able to read the existing literature if they are going to build upon it. Addressing this issue may serve to correct another discouraging research theme in the literature: that of limited continuity. Most of the research included in this review shares the same language and hopes that I express in this very work: "very little literature is available," we say; "this study contributes to further research," we hope; "future studies should consider," we suggest… Unfortunately, close analysis of the intra-collection citations in this review shows that these hopes are generally not achieved. I created the citation map in Appendix Mas a tool to keep track of reference list search results; it consequently became a map of the citation relationships between included sources, sorted chronologically. The most-cited sources are, quite naturally, the oldest published works: Smitheman-Brown and Church's (1996) article about mandalas, Henley's (1998) article describing an after-school group program, and Safran's (2002). These are in fact the *only* included authors cited by the other included works, with the outlying exception of a passing reference to Pfeiffer's (1994) doctoral practicum report. Alarmingly, in this group of 37 documents spanning 25 years, intra-collection citations refer exclusively to works produced by five scholars between 1994 and 2003. There are no cross-references between the 22 documents produced in the 15 years thereafter.

The lack of citation is understandable in some cases. As previously shown, there are more conventionally published and digitally accessible sources in the first half of the date range than there are in the second. Even those works available online now may not have been easily accessible a decade ago, which could explain why Greenfield's (2010) exploration of individual phototherapy for a boy with ADHD does not cite Michelson's

(2000) thesis on the same subject. Among more recent publications, Powell and Ng's (2015) chapter about family therapy does not make any mention of ADHD in its title ("The Art of Bonding") and thus could be difficult to identify as a potential source for the authors of the works produced after its release. Still, some omissions are more puzzling: Loomis's (2018) thesis about art therapy with a fellow graduate student does not cite the only published work that addresses art therapy for adults (Safran, 2002); Peters's (2014) thesis about CBT-informed group art therapy does not cite Rozum's (2001) chapter on the same subject; and none of the included sources cite Christian's (2008) chapter describing the influence of attention deficits on art therapy from a neuroscience perspective.

For some reason or another, dialogue between sources seems to have fallen silent around 2003. Moreover, individual lines of inquiry—all those hopes, plans, and recommendations—also stopped short. Smitheman-Brown and Church (1996) did not publish the results of the pilot project mentioned at the end of their seminal article; Henley did not produce articles directly related to ADHD after 2000, and Safran's (2012) chapter is a minimally revised second edition of her (2003) chapter. None of the included student studies have been reported in a peer-reviewed journal, and there is no sign of the follow-up studies recommended or hoped for in the final pages of so many manuscripts. Rather than a thickly woven tapestry of ideas, the last 20 years of research in this area is a collection of dead ends and loose threads.

Citation Distortions

Where there are connecting threads between sources, the link to existing literature is sometimes weak or inaccurate. Greenberg (2009, 2011) calls this phenomenon *citation*

distortion. Citation distortions can warp a reader's perception of cited literature, implying authority or otherwise strong evidence that is absent in the original source. Appendix N lists and describes the types of citation distortions that Greenberg (2009, 2011) proposes.

As previously shown, a core group of frequently cited sources (Henley 1998, 1999, 2000; Safran 2002, 2003; Smitheman-Brown & Church, 1996) serves as the research foundation for the rest of the included sources. Appendix O shows some examples of citations that distort contributions of these early works. I have also included distorted references to one other frequently cited source from early in the date range (Epperson & Valum, 1992), which I ultimately excluded, because the article is cited by 11 other sources and evidently informs the premise of the other literature in this review.

Some distortions in this sample cause more problems than others. Amplification by students erroneously attributing general statements about ADHD to specific art therapy sources (see Evans, 2007, p. 8; Somogyi, 2003, p. 18), while failing to give appropriate credit to the primary source, do not contribute to hearsay because the statements themselves are nevertheless well-founded. When the statements are *not* well-founded, distortions may pose a greater threat. This is the case for invention-type distortions like citation diversion, through which the meaning of the original content is transformed, and citation transmutation, through which a hypothesis in the original source becomes a fact in the citing source. Smitheman-Brown and Church's (1996) article Epperson and Valum's (1992) work by framing parts of the original paper's preamble as its findings, then transmute its findings by omitting negative results and adding the word "significant." Smitheman-Brown and Church's (1996) small study is in turn distorted by other published and unpublished works. One particularly egregious

example (Somogyi, 2003) transforms findings that "indicate… some promising results" (Smitheman-Brown & Church, 1996, p. 259) by removing the cautious language of the original and implying that these are the findings of multiple studies.

Most citation distortions involve some reference to an outside source, but invention distortions can also take place in titles. Greenberg (2009, 2011) uses the term *title invention* when a paper's title makes claims based on experimental results that are not reported in the paper. This type of invention does not appear in this study's sample, but I do see a similar phenomenon in the collected literature through which student authors use plural or gender-neutral terms in ways that inaccurately imply a broad research scope. For example, some student works use the word "children" in the title of studies based on only boys (see Dalley, 1997; Goforth, 2001; Jones, 2010; Lee, 2010). Another student's thesis, *The Effectiveness of Using Guided Imagery and Fluid Art-Making in Reducing Anxiety in Adults With ADHD* (Loomis, 2018), uses a plural noun but reports the results of a single-subject study. I think these over-generalizations could contribute to a false impression of breadth in the available literature—particularly when researchers cannot access the abstract or full text of a source.

These observations must naturally be taken together with the knowledge that without undertaking similarly meticulous examinations of sources in other areas, it is not possible to know whether these distortions are more pronounced within this topic area than in other areas or fields. Moreover, Greenberg notes that citation distortions are more than simple carelessness (personal communication, June 2, 2022), and I admit it is unhelpful to guess at whether an author intended for their phrasing or citation practices to distort the meaning of existing work. Unintentional as they may be, the examples listed in

Appendix N nevertheless weaken the existing evidence, which ultimately leads to a distorted picture of current research on this topic. I suspect that this phenomenon has contributed to a sense that there is a robust body of knowledge describing and supporting the use of art therapy for ADHD, when in fact the existing studies are limited in both quantity and quality. In fact, an example of this false impression is the Canadian Art Therapy Association's brochure, *What is art therapy?* (n. d.-a). The brochure states: "A multitude of research studies exists demonstrating the efficacy of art therapy in areas such as: Addictions or substance use issues, Developmental disorders and disabilities (e.g. ADD, ADHD, autism spectrum disorder), Coping with physical health conditions…" (p. 2). The cited source for this information is a bibliography published by the American Art Therapy Association (2015), which includes the terms attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) in the table of contents (p. 2). However, the ADD/ADHD section of the document (p. 3) lists only one study: Smitheman-Brown and Church's (1996) investigation of the use of mandalas at the beginning of art therapy sessions. This study involved a small sample ($n = 8+4$), did not report any statistical analysis, and did not provide details about the observation process. I chose to include it in this study because it describes mandalas in the context of art therapy, but it should not be considered proof of efficacy.

Thus the theme of citation distortions has very real implications for research and practice, particularly in situations where researchers, practitioners, or members of the public cannot conveniently access the full text of a source.

Summary of Collection Themes

In summary, four themes emerged related to this research collection as a whole:

these sources are old, hard to access, minimally interconnected, and distorted by poor citation practices. Consequently, scholars and clinicians looking to this body of work to inform their practice are likely to encounter inaccurate statements about ADHD in particular and behind-the-times attitudes toward disability in general. They may also struggle to access more recent research, since a considerable proportion of student works produced in the second half of the date range is not available through online repositories or affordable ILL, a fact which has limited the scope of this review and may well be a limiting factor in the development of art therapy as a profession. Some of these themes compound the others: limited access amplifies the influence of outdated sources; limited continuity worsens the effects of distorted citations, and citation distortions may impede the generation of new work by giving the false impression that this subject is already well-studied. Seen up close, the research foundation I set out to scope is far more rickety than I had imagined.

Quality Theme

One theme emerged related to the quality of the included sources: methodological weakness. Arksey and O'Malley's (2005) scoping review framework is clear that quality ratings are not part of the methodology, and indeed I have not evaluated the quality of the included sources in any standardized fashion, nor have I excluded any sources based on my impression of their quality. However, among the included sources which authors explicitly frame as research, the research is often of poor quality. In fact, authors of all study types sometimes conflate the research question, goal, or methodology with those of the reported art therapy intervention. For example, Augustine (1997) states that "the primary goal of this study is to show how art therapy… can enhance the social skills of

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latency aged children […] (p. 4)"; Somogyi (2013) says that "the purpose of this study was to strengthen the client's sense of self" (p. 99); and Henley (2000) names his idiom-based art therapy intervention as the methodology for his study.

In general, the quantitative and mixed methods studies in this review use untested measures, vague observations, limited statistical analysis, and inappropriate (or no) control groups. Despite design issues and weak interpretation of the available data, authors still make fairly bold claims that are not supported by their results. For example, Evans (2007) conducted a mixed-methods study to determine whether six individual art therapy sessions focused on wheel-throwing would decrease primary symptoms of ADHD-PI in a 10-year-old boy. The child's mother completed a Disruptive Behaviors Rating Scale questionnaire about his behaviour after each session. Hyperactivity behaviours were only present after some sessions, but there was a dramatic drop in inattention scores between the third and fourth session. As it turns out, the boy began taking stimulant medication between these two sessions, making it impossible to draw any conclusions about the effectiveness of therapy during the second half of the intervention. Nevertheless, the author claims: "This research has suggested that a 6-week [pottery] wheel-throwing intervention has helped calm and focus a child diagnosed with Attention Deficit/Hyperactivity Disorder" (Evans, 2007, p. 46).

In another quasi-experimental study, Jones (2010) reports that "exercise activity before art therapy was moderately helpful in reducing symptoms of ADHD and redirection from the therapist during art therapy sessions" (p. iii). The evidence for this claim is tenuous. Based on the researcher's observations of in-session behaviours, which are quite loosely defined, the experimental group did indeed show a greater reduction in

measured behaviours over the course of the four-week intervention; however, the group

also began with a markedly higher incidence of the behaviours. Jones names the first

session as a baseline for the study, but this is perhaps done in error: because the first art

therapy session with the experimental group took place after the first exercise session, it

is not clear whether the behaviour of the group is representative of their usual behaviour

or of their behaviour immediately after exercise. From my perspective, these results could

in fact suggest that the aerobic exercise *increased* behaviours targeted for reduction, and

that this increase became less pronounced as the weeks went on. Other design

weaknesses include the facts that more children in the control group were taking

medication, and that the two groups completed the sessions at different times of the

school day.

Augustine (1997) studied a group of five children aged 9 to 12, two of whom had

been diagnosed with ADHD. Over the course of 16 hour-long weekly group art therapy

sessions, the children completed individual and collaborative art tasks designed to

enhance their ability to make friends, take turns, follow directions, and make decisions.

Performance in four skill areas before and after the intervention was rated by each

student, as well as one parent and one teacher, using a modified version of an existing

Childhood ADHD Rating Scale.[15] There is no discussion of validity or reliability of either

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[15] This is also an instance of citation distortion; specifically, this is a dead-end citation. The scale is frequently cited in the text as Schroeder & Gordon (1991) but appears in the reference list as Schroeder & Gordon (1995). The 1991 edition of Schroeder & Gordon's book *Assessment and Treatment of Childhood Problems: A Clinician's Guide* does not include or refer to a Childhood ADHD Rating Scale. There is no other edition of this book published before the citing source. Based on the name and the items in the checklists appended to the citing source, the scale in question is mostly likely DuPaul's (1991) 14-item ADHD Rating Scale. The first 14 items in Augustine's modified scale align with those in DuPaul's original scale with only minor differences such as "often fidgets" (DuPaul, 1991, p. 246) rather than "is often fidgety" (Augustine, 1997, p. 161). The citing source does not provide the correct author, the correct date, the title of the source containing the scale, any indication of which items were modified, or any copyright attribution, nor does it refer to the original author anywhere in the text.

the original or modified scale, nor is there any statistical analysis. The author does not explicitly identify questions that were added to the existing scale, but comparison with the original, uncited scale shows that 10 "social skills" items were added to the original 14. The added items include statements like "Has difficulty making friends," and "Often has difficulty making a decision" (p. 162), both of which appear to have been used to determine progress toward the targeted skills.

Methodological weaknesses are not limited to the mixed methods and quantitative theses. A qualitative case study of a 12-year-old boy with ADHD (Somogyi, 2003) explored the use of metaphor and animal imagery in improving the child's self-awareness and self-concept. "Michael" participated in 18 school-based individual art therapy sessions with the student art therapist, who was also a substitute teacher at the school. Data was collected from an initial self-mandala drawing, 12 feelings mandala check-ins, six Levick Emotional and Cognitive Art Therapy Assessment (LECATA) drawings, one PPAT drawing scored using the Formal Elements Art Therapy Scale (FEATS), five classroom observation periods, and the author's session notes. The LECATA and FEATS scoring guides generally yield numerical scores, but no scores are reported in this source. Instead, despite explicitly framing the investigation as a qualitative study, the author reports quantitative data for the feelings mandala based on the non-validated checklist with options for:

1. 1. I am feeling better than okay.
2. 2. I am feeling okay.
3. 3. I am feeling less than okay.
4. 4. I am feeling really low.

5. 5. Other (p. 117).

The checklist also had a space for "I am feeling this way because" (Somogyi, 2003, p. 117). Using the results of this checklist (along with any explanations Michael provided for his choice), the mandala itself, and observations made during the session, Somogyi assigned a score of 1 to 3 between "exhibited no understanding of feelings or was unwilling to describe feelings" and "complete awareness of feelings and was able to both identify and understand feelings" (2003, p. 94). Somogyi does not explain how these quantitative scores were established. Given that Michael chose "I am feeling better than okay" for every single mandala session, it is hard to understand why these data were reported rather than the available data from validated tools. The author concludes that the interventions were beneficial, and indeed the thorough narrative descriptions of the client's progress do appear to support this claim. However, there is no clear relationship between the results of the assessments and the stated conclusion.

Not all studies are so dramatically flawed. May (2000) states that her research objective is to experience the art therapy process because she wants to gain more experience as an art therapist first and a researcher second. She explains that the case study approach is the most appropriate choice and provides a rationale which she relates to existing literature about art therapy research. Her methodology and her intent are thus fairly coherent, and she makes no claims that she cannot support with data.

With some exceptions, the studies in this sample which are framed as empirical research tend to be characterized by substantial methodological errors that undermine the strength of the authors' claims. These issues are not unheard of in student works, and indeed students are not expected to design and conduct flawless research. I discuss some

of the potential reasons for this theme in the following chapter. Nevertheless, as I have said before, there are only so many fish in this pond, and every one counts.

Practice Themes

Despite issues with the quality of the research practice, my creative analysis revealed some areas of consensus related to clinical practice. I have distilled these into three interrelated themes: framework and freedom, practising success, and accounting for symptoms. These themes do not include student projects, papers, and proposals that were not identified as theses.

Framework and Freedom

Of all the practice themes seen in the literature, the most salient was that of *structure*. Almost all the sources referred to structure as a key element of successful art therapy for people with ADHD. Conversely, there is also a productive tension whereby the same authors who identify structure as a key factor also speak to the importance of flexibility. Thus emerges the paradoxical image of Rubin's (2005) framework for freedom.

Framework. The included sources frequently refer to *structure, routine, consistency, limits,* or *boundaries* as *vital, imperative, important,* or *essential;* opinions on this subject are strong. Recommendations about structure and predictability generally pertain to behaviour, routines, cognition, or materials.

Behaviour is an important topic in the collected literature; as previously mentioned, most of the included sources were produced at a time when ADHD was effectively considered a behaviour disorder. Authors generally agree that children with ADHD, who represent the vast majority of the participants in the included studies, need

clear, specific behavioural and disciplinary expectations that are consistently enforced. Some sources refer to Barkley's (1990) recommendations on the subject to support their rationale, but most do not. Structured behavioural expectations take a variety of forms in the reviewed literature. Safran (2002) includes a sample list of rules to be posted in the therapy space, while others are clear about the need for consistent enforcement of boundaries and limits without using the word "rule." For Rozum (2001), consistency in this domain is related to the need for symbolic reparenting among children with ADHD; she believes that the therapist must be a safe, stable adult whose responses are entirely predictable. Rozum (2001) and Henley (2018) also point to the need for consistent *modelling* of the expected behaviours to foster more positive experiences rather than heaping more scolding onto a lifetime of shame and reprimand. Some sources (May, 2000; Rozum, 2001) incorporate behavioural reward systems, typically in alignment with a larger school or organizational context. Issues related to behaviour and expectations arise again in other themes.

In addition to recommendations about behavioural expectations, there seems to be consensus about the use of routines to reduce anxiety about uncertainty and to facilitate transitions between activities. Sources mention the importance of communicating and maintaining a regular session structure so that clients can prepare for and navigate transitions. Strategies typically include reminders about how much time remains for an activity as well as clear schedules. Henley (1998) in particular says that in his experience, ritualizing activities and repetitive descriptions of activities can reduce anxiety and impulsive behaviour during transitions. The predictable rhythm of each session is meant to provide reassurance and foster opportunities for success. In a similar vein, Evans

(2007) highlights the importance of regular procedures for specific activities like setting up and cleaning up materials.

Several sources address the role of structure in a cognitive sense. According to Christian (2008), art therapists working with neuroscience in mind should do this by making the steps of tasks more explicit, asking orienting questions, and providing cues to support sequencing. Some authors recommend using printed handouts (Evans, 2007) or posted rules (Safran, 2002) as cues. Therapists working with both groups and individuals emphasized the importance of breaking tasks down into manageable steps.

Naturally, the works in this collection also address the structure and flexibility inherent in various art materials. There is agreement in the literature about the containment provided by relatively resistive media such as markers compared to paint (Kagin & Lusebrink, 1978), and a general sense that the resistive or fluid qualities of media should be taken into consideration with the symptomatology of ADHD. However, authors seem to interpret and apply these considerations differently. Later on in this chapter I will discuss the ways in which clinicians seem to derive conflicting practice implications from apparently shared assumptions.

Freedom. Several authors note the prevailing opinion regarding structure in general, and support it to a certain point, but nevertheless argue for a more balanced approach. Workman (2001) reports that "patience and tolerance were every bit as important as setting limits" (p. 204). She says that in the case of her client, Sid, overly structured activities triggered anxiety and perfectionism rather than a safe place for expression. Rozum (2001) warns that many therapists, including herself, sometimes make the mistake of over-structuring therapy to avoid chaos, while inadvertently restricting the

therapeutic process. This is likely true for May (2000), who reports early concerns that her client's messy artwork was an indicator of her failure to provide good therapy rather than a sign that he needed freedom to express himself without judgment. May was surprised to find that when she gave Adam a chance to be messy, he appeared to make more of an effort to keep his workspace tidy. These concurrent needs for containment and expression were a source of tension for Rynn (2015), who reports struggling to balance structure and flexibility in a school environment with established expectations about so-called good behaviour. Thus, alongside the common thinking about structure is an additional acceptance of "a degree of chaos, confusion, and acting out" (Henley, 1999, p. 48).

Practising Success

Practising success is a theme that appears often in the collected sources. Authors agree that therapists must provide opportunities for clients to succeed because children with ADHD (as well as adults, though the focus is almost always on children) generally have many lived experiences of failure. Safran (2002) points out that children with ADHD can often have trouble trusting positive experiences because they have encountered so few before. For Rozum, children's "deeply held beliefs that they cannot succeed" (2001, p. 124) are a compelling reason to ensure that the therapist is aware of their role in symbolic reparenting and consistently ensures that the therapy is a place full of opportunities for success.

While the concrete applications of this theme vary from one source to another, the idea affects the therapist's interactions with the client or group member as well as the topics and tasks of therapy. Researchers frame this theme in relation to self-esteem and

mastery experiences, both in terms of art directives and group dynamics. Though the idea of practising success runs through most of the practice themes in this collection, I would like to highlight two specific connections: group therapy, which provides a container; and social skills, which offer an area of focus.

Group Therapy. Published sources (Henley, 1998, 1999, 2000; Rozum, 2001; Safran, 2002, 2003, 2012) tend to recommend group art therapy for children with ADHD; unpublished student works generally cite these sources when they explain their rationale for group therapy. Sources reporting group therapy argue that group therapy provides important opportunities to practice success in general, as well as social skills, problem-solving, and self-regulation in particular. The published sources about group therapy also say that group art therapy for people with ADHD facilitates assessment because therapists can observe behaviours and social interactions as they unfold. Thus group therapy, like the art itself, is a powerful tool for externalization.

Conversely, sources describing individual therapy do not generally argue that it is more effective than group therapy, though some say that it was more suitable for their client due to difficulties in group settings (Michelson, 2000; Workman, 2001). Pfeiffer's (1994) master's project includes a claim that individual therapy is more effective than group therapy, but this claim is not supported by the sources she cites (Landau & Moore, 1991; Whalen & Henker, 1985). In contrast, Strazisar's (1994) case study, which was not included in the review but does explicitly compare group and individual art therapy for ADHD, did not find a meaningful difference in effectiveness for an eleven-year-old girl with ADHD. Strazisar warns that, given the single-subject design, "no generalizations should be made concerning the benefits of individual versus group art therapy for all

children with ADHD" (1994, p. 11).

Overall, students frequently report individual therapy without explicitly recommending it, while published works strongly recommend group therapy.

Social Skills. Many clinicians say that group therapy is valuable in large part because it provides a safe place to develop and refine social skills. Descriptions of children and adults with ADHD very frequently make mention of the ways in which people with ADHD interact with peers; some portraits are more painful than others. Safran (2002) talks about "boys and girls who are devoid of social skills," while others use accurate but prickly adjectives like "obnoxious," or "annoying." Henley (1998) describes one boy as "regarded as a "loser" by his peers…nearly friendless… routinely teased and shunned" (para. 2). This phrasing emphasizes the relevant rejection and loneliness without directly labelling the child a loser. Social interactions are clearly an important topic within this body of research.

The included sources take different approaches to the problem of poor socialization—and it is indeed framed as a problem, sometimes because of the distressing isolation described above but often for behaviour and conflict management reasons. Some therapists take an explicitly educational approach that teaches specific skills and behaviours, such as making friends, taking turns, following directions, and making decisions (Augustine, 1997). Others combine specific psychoeducation with more organic opportunities to experience and examine social interactions in a group environment. Safran (2002, 2003, 2012) says that children are sometimes shocked to learn that they can address interpersonal problems as they are happening in groups, so that the issue can be examined and resolved in the moment. She and others use murals

and other collaborative projects as a container for this exploration. Her book (Safran, 2002) describes how a young adolescent's impulsive leap to draw on the mural before his fellow group members could plan together led to a difficult but important conversation that helped him see why his efforts to make friends outside of the group were not working either. Henley (1998, 1999, 2000, 2018) and Rozum (2001) work in a similar fashion. The therapy group thereby serves as a microcosm, allowing for its members to experiment with social interactions in a safe environment where therapists and group facilitators can support and model creative problem-solving. Group art therapy can also support improved self-awareness in social situations by providing a place for feedback about the effect group members have on each other (Safran, 2002, 2003, 2012). Similarly, it can be a place for group members to learn about themselves by noticing the way they experience *other* group members. In one of Safran's (2002) art therapy groups for couples, one man said that he was unaware of the way his own behaviour was coming across until he saw the same irritating behaviour reflected in a fellow group member.

Sources describing individual therapy address social skills infrequently and implicitly, through one-on-one interactions with the art therapist. One source that does explicitly mention socialization in individual therapy is Michelson (2000), whose client Brian had not been allowed to continue in group therapy because his behaviour in the group had been too disruptive. Michelson believes that experiencing positive social interactions while taking photos of people and places in his school and home community had a strong positive effect on Brian's self-esteem and resilience. She says that "as his socialization normalized, his self-esteem grew. In turn his behavior improved" (2000, p. 114). Behaviour, and interpretation thereof, is reflected in the final practice theme.

Accounting for Symptoms

The collected sources usually outline the key diagnostic features of ADHD, according to one or another version of the DSM (APA, 1987, 1994, 2000, 2013a). There is further consensus among the sources that therapists must have a solid understanding of these characteristics if they want to provide effective therapy. Despite sharing common knowledge about ADHD, as well as a belief that this knowledge should guide art therapy practice, authors of the collected sources do not always agree on how these considerations should be reflected in practice. In fact, when it comes to observing and interpreting the behaviours of real-life clients and participants, the literature is ambiguous about how to define, interpret, and account for characteristics that are common among people with ADHD. In this section I provide examples for each of these areas.

Ambiguous Definitions. Studies in this sample often describe their participants' behaviour using vague words or ambiguous definitions, some of which carry moral judgments. Student works, particularly those which report quantitative data, use the words "in/appropriate," "dis/respectful," "aggressive," and "calm" in their definitions and observations of behaviour. These are broad, even euphemistic terms that leave too much room for interpretation. For example, an adolescent boy grieving the loss of his grandmother exhibited "disruptive, aggressive, juvenile, and inappropriate behavior" (Somogyi, 2013, p. 77). Somogyi (2013) clarifies that one of the behaviours involved physically fighting with fellow students, but the exact nature of the "inappropriate outbursts" (p. 41) or "inappropriate comments" (p. 50) is never revealed. In another paper, "inappropriate" meant that a child was drawing pictures in which he was pointing a gun at his brother rather than following directions to complete a House-Tree-Person

drawing (Michelson, 2000). Safran (2002) instructs therapists to "remind the group members to leave appropriately, discouraging predictable inappropriate behavior before it takes place" (Safran, 2002, p. 60).

Less evasive terms like "aggressive," "lack of focus," and "calm" also appear in the literature. Aggressive behaviour, as defined by Jones (2011), can mean specific actions such as "yelling, taking things without asking, or putting others down" (p. 4) or "hitting, grabbing, biting" (p. 5), as well as more vague offences like "sassy talk" and "behavior that are considered aggressive in nature" (p. 5). Lack of focus, on the other hand, is defined only as "not paying attention or not focusing the activity or topic at hand" (p. 5).

When authors make clinical decisions based on their perception of an outward appearance of stillness rather than their subjective experience of calmness or attention, it is important to say so. Otherwise, labels such as "calm," "appropriate," and "respectful" are not indicators of symptomatology but of obedience.

Still Not Calm (Figure 29, Figure 30) is an attempt to illustrate this theme. The collage is made of illustrations, photographs, stamped words, and an excerpt from *My Grandmother Sends Her Regards and Apologises* (Backman, 2013/2016), in which the young protagonist reflects on her father's tendency to get caught up in apparently unimportant tasks. To her, this seems like a problem with too *much* concentration rather than too little. I can relate.

Figure 29

Still Not Calm - Closed

when you say calm
do you mean still?
  when you say respectful
do you mean obedient?
  when you say appropriate
do you mean accepted?

concentrating.

Note. Godel, S. N. (2022*). Still Not Calm* [Collage on paper].

Perhaps unsurprisingly, I felt tense as I made this spread. I thought about rabbits, which have been an important symbol in my art for years. A still rabbit is not calm; a still rabbit is vigilant. A still rabbit is ready to run for its life. Inside the card with the photo of a rabbit in winter, beneath the image of an apparently calm child, are the words that rattled around my head as I worked: *I am still but that doesn't mean I am calm. I am still; not calm. I am still not calm.* The children's eyes appear vacant and their hands are hidden. The colour palette is missing something.

Figure 30

Still Not Calm - Open

Note. Godel, S. N. (2022*). Still Not Calm* [Collage on paper].

The elements are just barely adhering to each other. I did not bother to glue down the left side, so the torn page can be lifted away from the stamped questions *(when you say calm do you mean still? when you say respectful do you mean obedient? when you say appropriate do you mean accepted?).* The child inside the photo card is taped but not glued, and the layers of the right side are lifting away from each other. The whole thing is sloppy and fragile—it is not likely to hold together. However, the distance between the layers makes room for shadows to form, creating a world *behind* the boy in the frame, and a space between the red shading and the edge of the box. There is an accidental,

precarious depth to this piece.

Inconsistent Interpretation. Authors who do accurately define symptoms and behaviours sometimes fail to make the connection between a client's observed behaviour and their diagnosis. For instance, Goforth mentions "difficulties with consistent student participation due to tardiness and absenteeism" (2001, p. 5) but does not mention these as classic features of ADHD. Rozum (2001) has a clear policy about attendance and punctuality:

> Consistency is stressed. If a child misses group more than twice, even with a call, a parent meeting will be called to discuss the absence. In addition, there is a 15-minute grace period from the start of the group, and anyone coming later than that is not allowed to participate. It seems cruel to turn a child away, especially since he relies on a parent for transportation, but once turned away, it rarely happens again. Parents and child understand that this is a firm limit. Also, it reinforces the other families' efforts to be prompt. (p. 126)

It is of course reasonable and necessary to have clear expectations about tardiness or absenteeism. This policy is evidently in alignment with Rozum's stated emphasis on predictability and consistency in every aspect of therapy. However, this passage does not frame a group member's poor attendance in relation to their disorder—that is, as a common symptom of a heritable disorder which may affect both the child *and* the parent responsible for transporting the child.

I myself struggled to be on time for many years leading up to and even after my ADHD diagnosis. This was not because nobody had ever mentioned to me that it was rude or disrespectful to be late; I was acutely aware of what the *if-you're-not-early-*

you're-late crowd says about those of us who are chronically behind schedule. I was late because I could not reliably estimate the time a task might take, effectively perceive the passage of that time, quickly locate my misplaced belongings, or appropriately filter out the urgent impulses to do one last important thing. I did not need scolding; I needed medication, coaching, a key hook by the door, and, when substitute teaching gave me a variable commute, a custom spreadsheet to calculate my wake-up and departure times based on estimated travel times from Google Maps.

This theme also comes up as authors identify behaviours as symptoms but interpret them inconsistently. Evans (2007), for example, discussing the act of shaping clay on a pottery wheel, hopes that "once the child begins to focus on the centering of the clay, the child may soon learn the importance of silence and undivided attention" (p. 4). Learning the value of quiet focus is unlikely to be the problem for any child with ADHD; people with ADHD typically struggle to develop the *capacity* for that socially appropriate, occupationally productive, and mentally relaxing state. To the author's credit, Evans (2007) alludes to this in the next sentence about developing strengths, which is a major focus of the work. Safran, as I have highlighted earlier in this text, says that one goal of the women's group is to "teach them the ABCs of home management and parenting skills," (2002, p. 145), though elsewhere in the text the author seems to understand that knowledge and ability are not always aligned.

Varied Applications. Taken together, the sources offer multiple and sometimes conflicting ways that a given characteristic of ADHD should, according to the authors, be considered. In some cases, authors agree about the symptoms but accommodate them differently in practice. For example, Safran (2002, 2003, 2012) recommends that art

therapists keep the therapy room entirely free of distractions with the exception of scented markers, which she says will pique a child's interest. She believes that the distracting potential of the markers is a benefit because "the manner in which they react to the markers adds another element that can be helpful in assessing their distractibility" (Safran, 2012, p. 55). Conversely, Charendoff reports that specific strong scents— "vanilla, peppermint, oregano, orange peel, cinnamon and lavender" (2014, p. 37) helped her adult clients focus on the automatic drawing task at hand. One participant specifically reported that the scents helped him engage more fully in the therapy process. That said, Charendoff admits that "there is a fine line between not enough stimulation and too much stimulation for adults with ADHD. This study found that the application of sensory stimulation, in the absence of other external stimuli, facilitated the potential for sustained focus" (2014, p. 42).

Other times, art therapists begin from the same knowledge and end with the same practical application but provide different rationales for their choices. This is the case for Rozum (2001) and Safran (2002), who both mention the art therapist's basic knowledge of fluid and resistive media when they explain their decision to provide felt markers in their art therapy groups for children with ADHD. They agree, as do all other sources who make this comparison, that markers are easier to control than are other, more fluid materials. When Safran (2002) recommends using markers, she usually refers to structure, control, and avoiding overstimulation. Rozum (2001), on the other hand, frames this clinical decision as a way to support children in having positive, successful experiences with materials that they can readily control before moving on to materials that will be more unpredictable. Peters (2014) also chooses media "which would improve

a sense of control" (p. 19) and offer opportunities for mastery experiences in an attempt to build self-efficacy and self-concept (though the author ultimately reported no significant improvement in these areas). Jones (2010) appears to take both views into account, saying that "structured materials, such as felt pens or colored pencils, leads to successful artwork compared to paint, clay, or oil pastels which may increase [children's] impulsivity" (p. 13). I cannot be sure whether Jones refers to "success" the way that Rozum does—as a positive experience meant to foster self-efficacy beliefs—or as a euphemistic term more along the lines of "appropriate."

Summary of Practice Themes

The practice themes that emerged through creative analysis of the included sources are built around three core areas of consensus: art therapy for people with ADHD must maintain structure, provide opportunities to practise success, and account for symptoms. Furthermore, the art therapists reflected in the current review recommend balancing structure with flexibility, taking advantage of the microcosmic, externalizing powers of group therapy, and making room for the development of social skills. They tend to define behaviours vaguely and interpret symptoms inconsistently. When they apply their knowledge of ADHD to make practice decisions, the end results are often two sides of the same coin.

Shadow Theme

The final theme—*tests and assessment*—did not emerge from the included sources, but from the sources I removed after I had begun the analysis process. I discarded ten such sources because I first did not realize—and later resisted admitting—that they did not meet my criteria for the use of art therapy. Once I had discarded these

sources, I also had to remove the associated art responses. Doing so left behind a negative space in the shape of what was there before.

In keeping with my earlier argument about the relative weight of every source, I think it is important to address the sources that so narrowly missed inclusion. The late exclusions appeared to describe eligible art therapy interventions, but in fact mostly described the use of art therapy tools for diagnostic, testing, or research purposes rather than to accomplish therapeutic goals. Seven of these studies rated characteristics of drawings made by people with ADHD (Epperson & Valum, 1992; Hudson, 1997; LaQuay, 1997; Malone et al., 2002; Munley, 2002; Pensiero, 2007; Schwartz-Lewis, 1996).

I discuss three art responses to these excluded sources in Appendix P.

Summary of Chapter 5

By combining descriptive numerical analysis and creative, arts-based analysis, I identified eight themes related to the 37 included sources and one defined by the negative space left by some excluded sources. I have framed these themes within a larger meta-theme, the silly but suitable fish pond (Figure 28) which illustrates how the relative importance of each source is inflated because the sources are so rare. In the next chapter, I provide a more detailed summary of findings and fulfil the last step of Levac et al.'s (2010) modified fifth stage, addressing the meaning and implications of my findings.

Chapter 6: Conclusion

In this final chapter, I present a summary of my findings, propose a research agenda developed from these findings and briefly discuss some clinical implications. I then review the scope and limitations of the present inquiry and close with a personal statement.

Summary of Findings

In the scoping review conducted for this thesis, I sought English-language books, book chapters, articles, and student works, both published and unpublished, released between 1990 and 2020, reporting the use of art therapy for people diagnosed with ADHD. To be eligible for inclusion, the art therapy element had to be described in detail, provided by an art therapist or art therapy student, and provided for the explicit (but not necessarily exclusive) purpose of treating or otherwise managing symptoms associated with ADHD. This process yielded 37 sources. In this section, I provide a summary of the descriptive numerical analysis and list the qualitative themes that emerged through creative analysis using visual methods. I identified four themes at the level of the collection as a whole, one theme related to the designs of the studies within the collection, and three themes associated with the therapeutic practice described by included studies. I also report one theme drawn from a group of excluded studies.

The bibliographic details reported in Chapter 4 and discussed in Chapter 5 show that the collected sources are characterized by limited access and recency. Student works make up most of the included literature, and the proportion of student research that is available online has actually decreased in the second half of the date range. Books and book chapters make up more than half of the conventionally published works, and only

four peer-reviewed articles met the review criteria. No peer-reviewed articles have been published in this subject area since 2000.

I further explored intra-collection relationships using a citation map (Appendix M), which revealed two key features of the dialogue between included studies: the research conversation in this area is focused entirely on seven works by only five authors, and it stops entirely in 2003. That is to say, when the authors of the later sources refer to other included works, they refer only to those seven sources. The third collection theme is therefore limited continuity. Moreover, through close reading of this small group of works, I identified many instances of citation distortion that weaken the limited connections between the included sources. This is the fourth theme.

The included sources represent a variety of research designs. All the conventionally published sources report clinical observations, save for Smitheman-Brown and Church (1996). Qualitative and mixed methods designs are common, but there are also quantitative designs. Many sources are not explicitly framed as studies. Research designs, where presented, contain methodological weaknesses that undermine the strength of their conclusions. The fifth theme is poor research quality.

In terms of practice and interventions, almost all published sources described group therapy for children and/or adolescents with ADHD; Smitheman-Brown and Church (1996) is once again the exception. Three published sources also include discussions of family therapy, one of which also reports couples therapy. One published source and two unpublished student sources mention art therapy for adults outside of a family therapy context. Adults are thus the most obviously understudied population in the available art therapy research. The gender gap is less dramatic than is the age gap, but it

is considerable nonetheless: for every source describing art therapy with female clients only, there are three which do not include any female clients at all. Racial and ethnic identities are inconsistently reported; among sources which explicitly name their clients' race, the terms "Caucasian," "African-American," and "biracial" are used. No other racial or ethnic identities are reported.

The three practice themes emerging from discussions and recommendations based on clinical observations are structure vs. flexibility; opportunities to practise success, especially in group therapy and with social skills; and the importance of considering behaviour and symptoms. I included a final shadow theme associated with a small group of excluded sources, all of which focused on art therapy assessments.

Research Agenda

While these findings show a dramatic lack of literature related to adults and, to a lesser extent, girls and women, the more striking findings relate to the volume and quality of the relevant research. Despite a focus on ADHD in particular, this review ultimately points to a need for research plans that support the development of art therapy scholarship in general. In this section, I therefore offer an agenda that integrates my findings with some of the strategies recommended by other art therapy scholars over the 30 years covered by this review (Kaiser, 2016; Kaiser & Deaver, 2013; Kapitan, 2018; Malchiodi, 1995; Tibbetts, 1990/1995). The three strategies address each of the three major groups of themes I identified in this study: the interconnected issues of recency, access, and continuity; the problem of research quality; and specific topic areas.

Recency, Access & Continuity

From the outset, the most pressing issue identified by this review is the simple

fact that research on the subject of art therapy for people with ADHD is not being produced or cited. As shown in the fish pond illustration (Figure 28), filtering out unpublished works leaves only 11 published sources. Of these, only six are cited by other sources in the collection, four have been peer reviewed, and one explicitly poses a research question. Advancing the research in this subject area clearly requires strategies to increase production and dissemination.

In an editorial called "Why Art Therapists Should Care About Peer Review," Kaiser (2016) argues that increasing peer reviewed journal articles is the way to increase the visibility of art therapy research. When comparing the relative volume and value of books and peer-reviewed articles produced by her art therapy colleagues, Kaiser accurately notes that books and book chapters seem to be the medium of choice. Kaiser also cites a blog post by Bishop, who conducted an informal analysis of her own citations via Google Scholar and concludes: "if you write a chapter for an edited book, you might as well write the paper and then bury it in a hole in the ground" (2012, para. 6). This seems to be the case among the book chapters included in this review: four out of five are not cited by any other included sources, despite being clearly relevant. As both Bishop (2012) and Kaiser (2016) say, the lack of citations is probably because readers can access journal articles more easily than they can books. Kaiser mentions complaints that the peer review process is "obsolete, unfair, cumbersome, and takes too long" (2016, p. 56) while maintaining that it is a central mechanism of scholarly trustworthiness. I understand and agree with Kaiser's (2016) encouragement to publish peer-reviewed works wherever possible, but I do worry she may be too quick to dismiss these complaints. Peer review does not change the fact that "most art therapists train to be master's level clinicians, not

researchers" (Malchiodi, 1995, p. 218), nor does it alleviate "lack of confidence, lack of knowledge and skill, and fear of failure" (Kapitan, 2018, p. xxv). All the same, I echo Kaiser's (2016) encouragement to art therapists: we must submit our work for peer review.

That being said, the majority of the works in this collection are not in peer-reviewed journals or in books; they are unpublished student works. While we wait for more research to be produced, we must make the current research more readily accessible. To this end, I strongly suggest that institutions requiring art therapy students to produce original research make that original research—including past research—available through an institutional repository or affordable ILL. In fact, I think that professional organizations like CATA and the AATA should seriously consider this a requirement for programs seeking to maintain their status as approved or accredited art therapy training programs. Some Canadian programs already do this: St. Stephen's College deposits theses and capstone projects in the University of Alberta's Educational Research Archive (ERA). Institutional repositories improve exposure by increasing access while preserving persistent URLs and do not require authors to give up rights to their work (Canadian Association of Research Libraries [CARL] & Scholarly Publishing and Academic Resources Coalition, 2008). If other programs follow suit, they would be bringing their research practice in line with CATA and the AATA's stated commitments to research (CATA, n.d.-b; AATA, n.d.), as well as the principles of open access espoused by associations of research libraries in Canada, the US, and around the world (see Association of Research Libraries [ARL], n.d.; CARL, 2003; Confederation of Open Access Repositories, n.d.). Novel, necessary work by student researchers should not be

gathering dust on library shelves.

Quality

The second strategy in my research agenda relates to the quality of the available literature. My analysis shows that when authors frame their work as empirical research, their designs are characterized by methodological flaws that weaken the quality and credibility of their conclusions. Studies in this area would benefit from improvements to methodological coherence, research designs, and reporting standards.

Based on my close reading of the available scholarship, I get the sense that student authors are trying to produce post-positivist, quantitative research that is incompatible with their personal and therapeutic worldviews. The result is typically a poorly validated measure shoehorned into a richly descriptive case study. I understand the push toward quasi-experimental designs; at least one student cites a journal article urging art therapy training programs to replace the "outmoded and ineffective" narrative case study with the "rigorous and objective" quasi-experimental single case study (Rosal, 1989, p. 75). Coupled with the constant calls for outcome studies and randomized controlled trials, it makes sense that students might feel (or be) expected to produce experimental or quasi-experimental work, even at the expense of scholarly quality or epistemological alignment. To counteract this, I think students must be encouraged to choose research methodologies that align with their approaches to therapy. Mayan (2009) says that many students "are relieved to realize that they do not have to fit into or herald a particular method, but can conduct a rigorous, useful, and significant study through a descriptive qualitative method" (2009, p. 53); I think this could be the case for art therapy students too.

My analysis also points to a need for better research designs. Kapitan (2018) includes this as the fifth item in her list of top ten recommendations for art therapy researchers, along with "6. Add a control group to your design" (pp. xxvi). As shown by the examples in Chapter 5, many student designs feature fundamental flaws that undermine the premise of their work. Students must either choose designs that do not require careful control of specific variables or find ways to control them better, rather than allowing their claims to be eroded by design flaws and weak interpretation. One way for researchers to accomplish this would be to follow Kapitan's eighth recommendation and "find a study that inspires their one thinking and then approach it as a blueprint or scaffolding on which to build a new, original research response" (2018, p. xxvi). This could help to reduce the number of dead ends in the available research.

Finally, I agree with Kapitan's encouragement to "7. Report research more clearly and completely" (2018, p. xxvi). In particular, I think it wise to consider Kaplan's (2001) comments about negative results: "it is a rare study that doesn't tell us something useful" (p. 145). Researchers—especially students—must be supported in reporting research clearly, completely, and accurately—even when that requires concluding that they do not have enough data to make the claims they hoped to make. There is so little research available in this particular area, and such a long way to go; we have to be clear and realistic about what our research does and does not say.

Specific Topics

Only once the issues of volume and quality have been addressed does it make sense to focus research efforts on specific questions about populations or interventions related to ADHD. This study has shown that there is almost no research about adults with

ADHD, and research about girls, couples, and families is sparse. The existing research also does not explicitly address the topics of race or culture. Any work in these areas would help to fill a gap in what we know about art therapy for ADHD. Clinicians and researchers may look to existing research agendas (Kaiser & Deaver, 2013; Kaplan, 2001) and forthcoming strategic plans for specific guidance in this area, but the field is wide open.

Summary of Research Agenda

As Wadeson says in her invited response to Tibbetts's plea for more, better art therapy research: "It's one thing to desire research in art therapy. It's quite another to set up [the] conditions to facilitate it" (Tibbetts, 1990/1995, p. 258). Setting up those conditions is a task well outside the scope of this thesis and has evidently been on the professional agenda for decades. Nevertheless, my findings indicate that it may be wise to prioritize strategies for the production and dissemination of good quality research about art therapy for ADHD over recommendations about any specific questions or populations within the topic. First, we must improve access by requiring programs to deposit new and existing research into institutional repositories and by encouraging art therapists to submit their work for publication in peer-reviewed journals. Second, we must improve quality by designing studies that align with researchers' philosophies and capacities. Third, researchers contemplating an investigation of art therapy for people with ADHD may consider studying understudied groups and topics, but this third suggestion must not be used to limit potential inquiries. Scholars can rest assured that in the unlikely event a given research question has been asked, it has not been adequately answered; if their idea has been done, it has not been adequately repeated. Any

thoughtful, widely accessible research in this area will make a substantial contribution to the field.

Clinical Implications

From the beginning, I expected this review to yield some concrete recommendations for the clinical practice of art therapy for ADHD. However, most of the included sources do not assess effectiveness and when they do, they provide weak evidence for their conclusions. Thus I can confidently say that when it comes to art therapy for ADHD, there is no evidence base in favour of any one clinical approach or another. However, I think the findings support the following advice to art therapists, along with the reminder that ADHD is common enough that we can all expect to see clients who live with it at one point or another:

1. Do not lead clients or colleagues to believe that evidence shows art therapy is effective in the treatment of ADHD. The research, by and large, has not tested effectiveness.

2. Use caution when consulting art therapy sources in this area; they contain valuable descriptions of practice, but their ideas about ADHD are generally out of date. Look to more recent resources like "The World Federation of ADHD International Consensus Statement" (Faraone et al., 2021) to supplement your knowledge about ADHD.

3. Remember the autoethnographic component of this work and keep it in mind as a portrait of ADHD other than the hyperactive, aggressive, "behaviour-disordered" school-age boy that is so frequently depicted in the available literature. That is not the only experience of ADHD, nor it will not be the only one you encounter in

practice.

4.   Do not dismiss the practice-based consensus. Consider implementing the themes of structure and flexibility, practising success (especially related to group therapy and social skills), and accounting for symptoms in your art therapy practice, but keep in mind the source of these trends.

5.   If you want to try something that has not been described in the literature, do so—and submit it to a peer-reviewed journal so that it can be picked up and built upon by others.

Limitations

Naturally, this study has limitations. Specific limitations affected the identification and selection stages of this thesis, while the overall duration of the process may have limited the inquiry as a whole.

Identification Stage

First, the comprehensiveness of my search results was limited by resources, access, and indexing. I intentionally delimited the scope of the search by setting a deadline for source retrieval (per Arksey & O'Malley, 2005) and considering only English-language sources. Working within the boundaries of my available time and keeping with the systematic spirit of the search stage, I also chose to limit my search to databases, reference lists, and sources I already had. Hand-searching entire journals, scouring the complete works of individual authors, and allowing for serendipitous discoveries would undoubtedly have led to a more complete collection of works, though this would come at the expense of systematic reporting (D. Sulz, personal

communication, April 28, 2022)[16]. Future attempts to scope this research should probably be undertaken by a small team of researchers, which would align with published recommendations about scoping reviews in particular (Daudt et al., 2013; Levac et al., 2010) and Kapitan's (2018) advice about collaboration in general. That being said, the collection I have managed to gather is still far beyond what someone might find if they were looking to learn about the topic rather than to catalogue it. All the same, I have endeavoured to mitigate the effects of this and the following search-related limitations by appending a list of potentially relevant sources identified after the retrieval deadline (Appendix E) and a list of unretrieved sources (Appendix L.

I have already discussed the issue of access at length, but will say once more that programs with institutional repositories and affordable ILL fees are more heavily weighted in the analysis than those whose works I could not retrieve. In addition, in cases where ILL requests were unfulfilled, I sought many student sources directly from the authors via LinkedIn or email, but did not reach out to all authors. At least one author responded after my self-imposed retrieval deadline. Furthermore, in one case I mentioned earlier, I made an error in my documentation, marking Strazisar's (1994) thesis as unretrieved without realizing that I had in fact retrieved a copy. I have mentioned her work in Chapter 2 but did not incorporate it into the analysis because I located it too late in the process.

Search comprehensiveness was also limited by the granularity and quality of indexing offered by the search tools I used. Systematic reviews which include only peer-reviewed articles are presumably not generally affected by this issue because databases

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[16] Thank you to David Sulz for his insight and conversations throughout this project.

typically index each individual journal article, so the search results are based on the contents of each individual article rather than, for example, other articles in the same journal issue. However, this review includes books and edited books, which can be indexed and catalogued differently by different databases; for example, an edited e-book is likely to be catalogued as a single record in the University of Alberta Library catalogue, while a database may have separate records for each individual chapter (S. Popowich, personal communication, 28 April 2022).[17] This variation in granularity accounts for most of the records I excluded due to limited overlap: they are books referring to art therapy in one chapter and ADHD in another, but were catalogued as a single record with the Table of Contents attached. It also explains why one chapter (Powell & Ng, 2015) appeared in the results of the PsycINFO search but not in the library catalogue: ADHD is not in the title of the chapter, so it does not appear in the table of contents. I have come across some sources that did not turn in up in the original searches and probably should have; these sources are included in Appendix E.

Selection Stage

This inquiry is also limited at the selection stage. I reported student projects, papers, reports, and proposals in the descriptive numerical analysis, but did not include them in the creative analysis. The nine works in this category are therefore reflected in the collection themes but not in the practice themes. I made this decision based on time and feasibility, but I would have preferred to include these works because the difference between a project and a thesis is not particularly clear-cut. Included student works may or may not pose a research question and can vary in sheer length from fewer than 60 to over

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[17] Thank you to Sam Popowich for his helpful commentary on the topic of granularity in general.

200 pages; the included theses are generally longer and more research-focused than the non-thesis works, but there are exceptions. Given the time and resources, I would have liked to analyze all the available student works. I also limited my scope to primary research (including clinical observations), and so screened out any sources that were explicitly labelled as literature reviews. I did not report or analyze their contents. They can nevertheless be found in the list of excluded sources in Appendix H.

————————————————

I think I might actually make it.

————————————————

Time

This study, like all student research, was generally limited by time and resources. I established some intentional delimitations to keep the scope of the work (somewhat) manageable. However, an unintentional limitation was the pace at which I completed this work. The reader may notice that the interruptions to this manuscript cover more than a full year, and I conducted the search more than eighteen months before the (hoped-for) date on the front of this document. "To be clear," say Daudt et al., "Scoping studies take time" (2013, p. 8). Even so, my pace has been a limitation, particularly given that the hypothetical release of a single eligible peer-reviewed journal article would represent a 25% increase in the peer-reviewed sources reported in this study. The results are not as recent as they might have been, and I admit that I have lain awake at night worrying that my claims of "Not a single article…" and "No other source…" might not be true by the time this document is let out into the world.

———————————————

There are so many things I want to say but there's not enough time to do it.

There's never enough time to do it and it's always a surprise.

———————————————

Despite this limitation, I am confident that the present study nevertheless

represents a valuable contribution to the existing scholarship in the area, whether or not

that scholarship has grown while I pieced together this manuscript. Furthermore, the

inconsistent pace and meandering path of the data analysis has allowed for a more

authentic representation of the thesis process itself, which was part of my intention in

producing this work.

Personal Statement

This whole document has been a personal statement. I have woven myself into it

at every turn, whether I wanted to or not.

I have worried that this might become a restitution narrative, which Ellis (2004)

warns her students about: the kind of story about overcoming adversity that ends with a

glib happily-ever-after. At the end now—the bitter end, writing these words in the wee

hours of the day this document is due, as always—I do not think this risk has come to

pass. I have grown over the course of this degree program and thesis process, which have

ultimately overlapped with an ongoing pandemic, a concussion, and the bulk of my (as

yet unfinished) practicum hours. I have grown, but I am not transformed. There is no

looking back to find that the climb was not so steep; no sudden realization that my

ADHD has made this easier or better in some way. This process has been so much more

painful than it might have been if I had a better sense of how long things take, a greater capacity for linear thinking, a lower need for adrenaline to push me over the finish line.

The creation of this thesis has been a brutal, shameful, lonely struggle. It has been, at times, joyful, colourful, and electric. I have felt immensely proud, excited, delighted; and I have felt depressed, ashamed, panicked, exhausted.

Near the end of Alison Bechdel's (2021) graphic memoir *The Secret to Superhuman Strength*, another poioumenon, Bechdel is on a deadline and exhausted. She has not finished her book. She has *still* not finished her book. I know it gets finished, because I get to hold it in my hands, but she has still not finished. On p. 227, she thinks she might have figured out the ending: "I could end it with this moment… What if the point was not to finish, but to stop struggling?" A year later, on p. 229, it was still not finished. "There was no way I could get it all drawn and colored in time," she says. But there was a p. 227, and a p. 229, because there was a whole book. She finished it. She stopped struggling.

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I need to print and hand-deliver this in the next 93 minutes. I need to stop struggling, too.

as tough as things are

We've come a very long way

How did that happen?
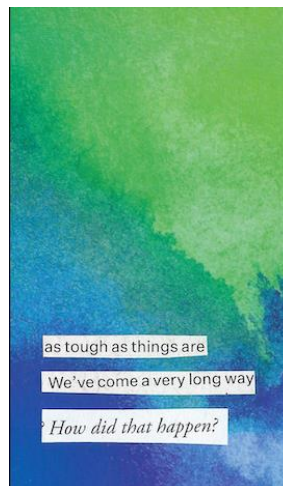
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Young, S. (2002). A model of psychotherapy for adults with ADHD. In S. Goldstein & A. T. Ellison (Eds.), *Clinician's guide to ADHD: Assessment and intervention* (pp. 147–63). https://doi.org/10.1016/b978-012287049-1/50010-4

Appendix A: Index of Interruption Texts & Images

Appendix B: Process Map

Appendix C: Scoping Review Search Strategy

Database	Search Strategy
CINAHL [a,d]	((attention* deficit* or "ADHD" or "AD/HD" or "ADDH") OR MH attention deficit hyperactivity disorder)) AND (MH art therapy OR ("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*"))
Dissertations & Theses Global [c,e]	(noft(attention* deficit* or "ADHD" or "AD/HD" or "ADDH") OR su(attention deficit disorder)) AND (noft("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*") OR su(art therapy))
ERIC [a,d]	((DE "Attention Deficit Disorders" OR DE "Attention Deficit Hyperactivity Disorder") OR (attention* deficit* or "ADHD" or "AD/HD" or "ADDH")) AND (DE "Art Therapy" OR (TX "art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*"))
Library Catalogue [f]	("attention deficit" OR "attention deficits" OR "attentional deficit" OR "attentional deficits" OR "attention deficit disorder" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "AD/HD" OR "ADDH") AND ("art therapy" OR "arts therapy" OR "art therapies" OR "arts therapies" OR "arts psychotherapy" OR "art psychotherapy" OR "creative therapy" OR "creative therapies" OR "expressive therapy" OR "expressive therapies")
MEDLINE [b,d]	(exp Attention Deficit Disorder with Hyperactivity/ or (attention* deficit* or "ADHD" or "AD/HD" or "ADDH").mp) AND (exp art therapy/ or ("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*").mp)
Open Dissertations [a,e]	(KW (attention* deficit* or "ADHD" or "AD/HD" or "ADDH") OR (attention* deficit* or "ADHD" or "AD/HD" or "ADDH")) AND (KW ("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*") or ("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*"))
PsycINFO [b,d]	(exp attention deficit disorder/ or (attention* deficit* or "ADHD" or "AD/HD" or "ADDH").mp) AND (exp art therapy/ or ("art therap*" or "arts therap*" or "arts psychotherap*" or "art psychotherap*" or "creative therap*" or "expressive therap*").mp)
WorldCat OCLC [f]	kw:("attention deficit" OR "attention deficits" OR "attentional

Database	Search Strategy
	deficit" OR "attentional deficits" OR "attention deficit disorder" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "AD/HD" OR "ADDH") AND ("art therapy" OR "arts therapy" OR "art therapies" OR "arts therapies" OR "arts psychotherapy" OR "art psychotherapy" OR "creative therapy" OR "creative therapies" OR "expressive therapy" OR "expressive therapies")' > '1990..2020' > 'Book' > 'English' limited to Libraries Worldwide

Note. CINAHL = Cumulative Index to Nursing and Allied Health Literature

[a] via EBSCO. [b] via OVID. [c] via ProQuest. [d] January 20, 2021. [e] January 22, 2021.

[f] February 2, 2021

Appendix D: Inclusion and Exclusion Criteria for Full Text Sources

Component	Included	Excluded
ADHD	- Any of the included synonyms in Appendix G - Reported diagnosis - Suspected diagnosis confirmed soon after the completion of therapy	- Any of the excluded concepts in Appendix G - Suspected diagnosis - ADHD behaviours only
Art Therapy	- Any of the included synonyms in Appendix G - Provider is identified as an art therapist or student art therapist - Described in detail beyond naming the medium, approach, duration, or frequency - Art therapy tools or techniques are used for therapeutic purposes	- Any of the excluded concepts in Appendix G - Provider is not identified as an art therapist (eg: teacher) - The medium, approach, duration, or frequency are named but not described - Art therapy tools or techniques are not used for therapeutic purposes
Overlap	- ADHD or its symptoms are an explicit focus of therapy	- ADHD or its symptoms are not an explicit focus of therapy
Source Type	- Peer-reviewed articles - Student works above undergraduate level - Books or book chapters intended for academics or clinicians	- Proposals, reports - Undergraduate student works - Books or book chapters intended for parents or people with ADHD

Appendix E: Potentially Relevant Sources Identified After Retrieval Deadline

Brunhaver, K. (2020). *The ADHD art therapist* [Master's project, School of the Art Institute of Chicago]. SAIC Digital Collections. https://digitalcollections.saic.edu/islandora/object/islandora%3A120870

Fried, D. (2019). *An art-based study of adult perspectives on attention-deficit hyperactivity disorder* (Publication No. 13858334) [Doctoral dissertation, Lesley University]. ProQuest Dissertations & Theses Global.

Habib, H. A., & Ali, U. (2015). Efficacy of art therapy in the reduction of impulsive behaviors of children with ADHD co-morbid intellectual disability. *Pakistan Journal of Psychology, 46*(2), 23–33.

Habib, H. A., & Ali, U. (2020). Utilization of art therapy with children with ADHD co-morbid intellectual disability for decreasing inattention. *Sir Syed Journal of Education & Social Research, 3*(4), 71–76. https://doi.org/10.36902/sjesr-vol3-iss4-2020(71-76)

Min, C. N. S. (2021). *Art therapy in the treatment of attention deficit hyperactivity disorder: A scoping review of current applications* [Master's thesis, University of Adelaide]. Adelaide Research & Scholarship. https://hdl.handle.net/2440/133990

Murphy, J., Paisley, D., & Pardoe, L. (2004). An art therapy group for impulsive children. *Inscape, 9*(2), 59-68. https://doi.org/10.1080/02647140408405678

Potirala, D. (2020). *Art therapy with meditation for children diagnosed with ADHD and their caretakers* [Master's thesis, Concordia]. Spectrum Research Repository.

Appendix F: PRISMA Flow Diagram

Identification of studies via databases and registers

Identification of studies via other methods

Identification

Records identified from databases
(n = 289)
- CINAHL (n = 24)
- EBSCO OD (n = 2)
- ERIC (n = 15)
- Library Catalogue (n = 12)
- MEDLINE (n = 13)
- ProQuest D&T (n = 32)
- PsycINFO (n = 43)
- WorldCat (n = 148)

Records removed before screening
(n = 81)
- Duplicates (n = 67)
- Non-English (n = 8)
- Ineligible or missing date (n = 6)

Records identified elsewhere
(n = 21)
- Previous work (n = 1)
- Citation searching (n = 20)

Records removed before retrieval
(n = 4)
- Non-English (n = 4)

Screening

Records screened
(n = 208)

Records excluded
(n = 83)

Sources sought for retrieval
(n = 125)

Sources not retrieved
(n = 19) [a]

Sources sought for retrieval
(n = 17)

Sources not retrieved
(n = 4)

Sources assessed for eligibility
(n = 106)

Sources excluded
(n = 71)
- Insufficient ADHD (n = 10)
- Insufficient art therapy (n = 39) [b]
- Insufficient overlap (n = 10)
- Ineligible audience type (n = 3)
- Ineligible study type (n = 9)

Sources assessed for eligibility
(n = 16)

Sources excluded (n = 14)
- Insufficient ADHD (n = 12)
- Insufficient art therapy (n = 2)

Sources selected for inclusion
(n = 35)

Sources selected for inclusion
(n = 2)

Included

Sources included in review (n = 37)
- Peer-reviewed articles (n = 4)
- Books, chapters (n = 5)
- Student works (n = 26) [c]
  - Theses (n = 17)
  - Papers, projects, reports (n = 9)

Note. See Appendix C for database abbreviations. Adapted from "The PRISMA 2020 Statement: An Updated Guideline for Reporting Systematic Reviews," by M. J. Page, J. E. McKenzie, P. M. Bossuyt, I. Boutron, T. C. Hoffmann, C. D., Mulrow, L. Shamseer, J. M. Tetzlaff, E. A. Akl, S. E. Brennan, R. Chou, J. Glanville, J. M. Grimshaw, A. Hrobjartsson, M. M. Lalu, T. Li, E. W. Loder, E. Mayo-Wilson, S. McDonald… D. Moher, 2021, *BMJ, 372*(71), p. 5 (https://doi.org/10.1136/BMJ.n71).

[a] Includes one source incorrectly marked unretrieved. [b] 10 of 39 sources were removed during analysis. [c] Projects and papers were reported but not analyzed.

Appendix G: Synonyms and Concepts for Title and Abstract Screening

Component	Eligible		Ineligible
	Synonyms	Concepts	Concepts
ADHD	AD/HD	Aggression	Acquired brain injury
	ADD	Behaviour difficulty	Autism spectrum
	ADDH	Behaviour(al) disorder	disorders
	Attention deficit	Conduct disorder	Dyslexia
	Attention deficit disorder	Disruptiveness	Mental retardation
	Attention deficit disorder with hyperactivity	Distractibility	Oppositional defiant
	Attention deficit disorder with or without hyperactivity	Hyperactivity	disorder
	Attention deficit disorder without hyperactivity	Impulsivity	Social difficulty
	Attention deficit hyperactivity disorder	Intellectual disability	
	Attention deficit with hyperactivity	Learning difficulty	
	Attention deficit with or without hyperactivity	Learning disability	
	Attention deficit without hyperactivity	Learning disorder(s)	
	Attention(al) deficit(s)	Special need(s)	
Art Therapy	Art(s) therapies	Creative therapies	Art education
	Art(s) therapy	Creative therapy	Art instruction
	Art(s) psychotherapy	Expressive art(s) therapies	Dance therapy
	Creative art(s) therapies	Expressive arts therapy	Drama therapy
	Creative art(s) therapy	Expressive therapies	Eurythymy
		Expressive therapy	Movement therapy
			Music therapy
			Play therapy

Appendix H: Sources Excluded After Full-Text Retrieval, With Reasons

Insufficient ADHD

alavinezhad, R., Mousavi, M., & Sohrabi, N. (2014). Effects of art therapy on anger and self-esteem in aggressive children. *Procedia - Social and Behavioral Sciences, 113*, 111–117. https://doi.org/10.1016/j.sbspro.2014.01.016

Clements, J. A. (2017). Invisible people don't need masks. *Social Work with Groups, 40*(1/2), 17–20. https://doi.org/10.1080/01609513.2015.1069540

Coston, L. & Lakey, J. F. (1999). Creative therapy with intellectually disabled male adolescent sex offenders. In B. K. Schwartz (Ed.), *The sex offender: Theoretical advances, treating special populations, and legal developments: Volume iii* (pp. 20–1 to 20–7). Civic Research Institute.

Davis, D. L. & Booster, L. H. (1993). Cognitive-behavioral-expressive interventions with aggressive and resistant youth. *Residential Treatment for Children & Youth, 10*(4), 55–68.

De Chiara, E. (1990). Art for special needs: A learning disabled child in a special art program. *Art Therapy, 7*(1), 22–28. https://doi.org/10.1080/07421656.1990.10758886

Gonithellis, O. E. (2018). *Counseling for artists, performers, and other creative individuals: A guide for clinicians*. Routledge.

Harlan, J. (1990). The use of art therapy for developmentally disabled elderly and older adults. *Activities, Adaptation & Aging, 15*(1–2), 67–69. https://doi.org/10.1300/J016v15n01_06

Hashemian, P. & Jarahi, L. (2014). Effect of painting therapy on aggression in educable

    intellectually disabled students. *Psychology, 5*(18), 2058.

Henley, D. R. (1991). Therapeutic and aesthetic applications of video with the

    developmentally disabled. *The Arts in Psychotherapy, 18*(5), 441–447.

Henley, D. R. (2007). Art therapy and the multiply handicapped child. In E. G. Horovitz

    (Ed.), *Visually speaking: Art therapy and the deaf* (pp. 110–130). Charles C.

    Thomas.

Henley, D. R. (2007). Naming the enemy: An art therapy intervention for children with

    bipolar and comorbid disorders. *Art Therapy: Journal of the American Art*

    Therapy Association, 24(3), 104–110.

Huang, Q. & Dodder, R. A. (2002). Creative therapy and initiative activities among

    people with developmental disabilities in public facilities. *Journal of Disability*

    Policy Studies, 13(3), 138–143. https://doi.org/10.1177/10442073020130030101

Huot, S. (2002). *The assessment of attachment security through art therapy: A case study*

    illustration (Publication No. 305508766) [Master's thesis, Concordia University].

    ProQuest Dissertations & Theses Global.

Kearns, D. (2004). Art therapy with a child experiencing sensory integration difficulty.

    Art Therapy, 21(2), 95–101. https://doi.org/10.1080/07421656.2004.10129551

Moncrief, A. K. (2007). *Confronting culture blindness: An examination of culturally*

    responsible art therapy [Master's thesis, Florida State University]. DigiNole.

    http://purl.flvc.org/fsu/fd/FSU_migr_etd-2342

Nissimov-Nahum, E. (2008). A model for art therapy in educational settings with

    children who behave aggressively. *The Arts in Psychotherapy, 35*(5), 341–348.

Okuno, S., Rotheram-Borus, M. J., McCutchan, E., Newell, C., & Stein, M. T. (2006). Carlos: a 12-year-old boy discovers his mother is HIV positive. *Journal of Developmental and Behavioral Pediatrics, 27*(1), 51–54. https://doi.org/10.1097/00004703-200602000-00010

Rosal, M. L. (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*.

Smeijsters, H. & Cleven, G. (2006). The treatment of aggression using arts therapies in forensic psychiatry: Results of a qualitative inquiry. *The Arts in Psychotherapy, 33*(1), 37–58.

Strand, S. (1990). Counteracting isolation: group art therapy for people with learning difficulties. *Group analysis, 23*(3), 255–263. https://doi.org/10.1177/0533316490233006

Updegrove, N. C. (2017). *An art therapy intern's experience within an educational setting: An arts-based heuristic inquiry* (Publication No. 10599896) [Master's thesis, Drexel University]. ProQuest Dissertations & Theses Global.

Wong, K. W. (2009). *Mandala as a concentration tool for children with attention-deficit/hyperactivity disorder type behaviors* [Unpublished Master's thesis]. Springfield College.

Insufficient Art Therapy

Aleksandrowicz, D. R., Aleksandrowicz, M. A., & Ravid, D. (2011). The injured self: The psychopathology and psychotherapy of developmental deviations. Karnac Books.

Alrazain, B., Zubala, A., & Karkou, V. (2018). Movement-based arts therapy for children with attention deficit hyperactivity disorder (ADHD) in the Kingdom of Saudi Arabia. In A. Zubala & V. Karkou (Eds.), *Arts therapies in the treatment of depression* (pp. 68–84). Routledge.

Alrazain, B. (2016). Developing and evaluating an arts therapies programme for children with attention deficit hyperactivity disorder (ADHD) in primary schools in the Kingdom of Saudi Arabia (KSA) [Doctoral dissertation, Queen Margaret University]. QMU eTheses.
https://eresearch.qmu.ac.uk/handle/20.500.12289/7402

Anderson, F. E. (1994). Art-centered education and therapy for children with disabilities. Charles C. Thomas.

Banks, S., Davis, P., Howard, V. F., & McLaughlin, T. F. (1993). The effects of directed art activities on the behavior of young children with disabilities: A multi-element baseline analysis. *Art Therapy, 10*(4), 235–240.
https://doi.org/10.1080/07421656.1993.10759018

Barfield, P. A. & Driessnack, M. (2018). Children with ADHD draw-and-tell about what makes their life really good. *Journal for Specialists in Pediatric Nursing, 23*(2), e12210. https://doi.org/10.1111/jspn.12210

Bartoe, H. L. (2014). *Art therapy and children with ADHD: A survey of art therapists* (Publication No. 1571227) [Master's thesis, Kaplan University]. ProQuest Dissertations & Theses Global.

Boylan, J. B. (2001). Exploring the use of two-dimensional and three-dimensional art

    media for increasing attentional abilities in the treatment of children diagnosed

    with attention deficit hyperactivity disorder [Unpublished Master's thesis]. Drexel

    University.

Chan, E., Rappaport, L. A., & Kemper, K. J. (2003). Complementary and alternative

    therapies in childhood attention and hyperactivity problems. *Journal of*

    Developmental and Behavioral Pediatrics, 24(1), 4–8.

    https://doi.org/10.1097/00004703-200302000-00003

Crenshaw, D. A. & Stewart, A. L. (2015). *Play therapy: A comprehensive guide to theory*

    and practice. Guilford Press.

Epperson, J. & Valum, J. L. (1992). The effects of stimulant medications on the art

    products of ADHD children. *Art Therapy, 9*(1), 36–41.

    https://doi.org/10.1080/07421656.1992.10758935

Gammer, C. (2009). The child's voice in family therapy: A systemic perspective. W. W.

    Norton & Company.

Green, E. J. (2014). The handbook of Jungian play therapy with children and adolescents.

    Johns Hopkins University Press.

Haen, C. (2011). Engaging boys in treatment: Creative approaches to the therapy process.

    Brunner-Routledge.

Hall, J. C. (2014). Journey through distraction: Storytelling and art therapy with adult

    ADHD [Unpublished Master's thesis]. Ursuline College.

Hamre, H. J., Witt, C. M., Kienle, G. S., Meinecke, C., Glockmann, A., Ziegler, R., Willich, S. N., & Kiene, H. (2010). Anthroposophic therapy for attention deficit hyperactivity: A two-year prospective study in outpatients. *International Journal of General Medicine, 3*, 239–53.

Hamre, H. J., Kiene, H., Ziegler, R., Troger, W., Meinecke, C., Schnurer, C., Vogler, H., Glockmann, A., & Kienle, G. S. (2014). Overview of the publications from the anthroposophic medicine outcomes study (AMOS): A whole system evaluation study. *Global Advances in Health and Medicine, 3*(1), 54–70. https://doi.org/10.7453/gahmj.2013.010

Hamre, H. J., Kiene, H., Glockmann, A., Ziegler, R., & Kienle, G. S. (2013). Long-term outcomes of anthroposophic treatment for chronic disease: A four-year follow-up analysis of 1510 patients from a prospective observational study in routine outpatient settings. *BMC Research Notes, 6*, 269. https://doi.org/10.1186/1756-0500-6-269

Herro, K. M. (1999). Time spent creating art and art media choice in children diagnosed with ADHD [Unpublished Master's thesis]. Springfield College.

Hudson, J. F. (1997). A study of common characteristics observed in the artwork and creative process of adults with attention deficit hyperactivity disorder [Unpublished Master's thesis]. Eastern Virginia Medical School.

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    boys with and without attention deficit hyperactivity disorder and depression

    [Unpublished Master's thesis]. Eastern Virginia Medical School.

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    psychotherapy. Routledge/Taylor & Francis Group.

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    Education.

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    cognitive approaches. Loving Healing Press.

Ineligible Audience Type

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    young people. Jessica Kingsley.

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    artistic creativity to reach, teach, and touch our children. Square One Publishers.

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Ineligible Study Type

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Sin, J. (2017). *Mindfulness-based art therapy in working with school-aged children with ADHD in emotional regulation* [Master's project, Concordia University]. Spectrum Research Repository. https://spectrum.library.concordia.ca/982399/

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Appendix I: Selected Characteristics of Included Sources

Source	# Of Participants/Controls	Children (86%)	Adolescents (27%)	Adults (8%)	Families (11%)	Female (57%)	Male (86%)	Group (51%)	Individual (59%)	Community (54%)	School (38%)	Partial Hospitalization (11%)	Residential Treatment (5%)	Clinical Observation (43%)	Quantitative (14%)	Qualitative (22%)	Mixed Methods (22%)	Approach or Primary Intervention	Medium
August (2014)	4	●				●	●	●		●						●		Yoga	
Augustine (1997)	5	●				●	●	●			●						●	CBT	Multiple
Brennan (2003)	1	●				●			●	●				●					
Charendoff (2013)	4			●		●	●		●	●				●				ETC	Multiple
Chen (2017)	5	●				●			●		●			●				Gestalt	
Christian (2008)	-	●	●			●	●		●					●				Neuroscience-informed	Multiple
Dalley (1997)	4/4	●	●			●			●				●	●				Cognitive	
Davis (2012)	1	●				●			●		●			●				Narrative	
Evans (2007)	1	●				●			●	●						●			Ceramics
Gallagher (2010)	1		●[a]			●			●	●				●					
Goforth (2001)	3	●				●			●	●					●				Multiple
Greenfield (2010)	1		●			●			●	●							●		
Henley (1998)	-	●				●		●		●				●				EAT, C/B, psychodynamic	Multiple
Henley (1999)	-	●				●	●	●		●				●				EAT, C/B, psychodynamic	Multiple
Henley (2000)	-	●				●		●		●				●				EAT, C/B, psychodynamic	Multiple
Henley (2018)	-	●	●[b]			●	●	●		●	●			●				EAT, C/B, psychodynamic	Multiple
Jirous (2011)	1	●				●			●			●		●					

Source	# Of Participants/Controls	Age				Sex		Type		Context				Design				Approach or Primary Intervention	Medium
		Children (86%)	Adolescents (27%)	Adults (8%)	Families (11%)	Female (57%)	Male (86%)	Group (51%)	Individual (59%)	Community (54%)	School (38%)	Partial Hospitalization (11%)	Residential Treatment (5%)	Clinical Observation (43%)	Quantitative (14%)	Qualitative (22%)	Mixed Methods (22%)		
Jones (2010)	4/4	•				•	•	•			•				•				
Lay (1998)	3	•				•			•	•	•			•				Psychodynamic	
Lee (2009)	20	•	•			•	•	•				•	•	•					
Lee (2010)	3/1	•				•			•	•							•	Cognitive	
Loomis (2018) [c]	1			•		•			•	•							•	Guided imagery	Fluid
May (2000)	1	•				•		•	•		•			•				Behavioural	Phototherapy, Collage
Michelson (2000)	1	•				•			•	•						•		Eclectic, humanist	
Peters (2014)	6	•				•	•	•		•				•				CBT	
Pfeiffer (1994)	10	•				•	•	•	•	•				•					
Plagens (2004)	1	•				•			•	•							•	Bioenergetics, Gestalt	
Powell & Ng (2015)	-				•	•	•	•		•				•				Psychodynamic, Attachment	Multiple, Sculpture
Rozum (2003)	-	•				•	•	•		•				•				CBT	Multiple
Rynn (2015)	1	•				•			•	•		•				•		humanistic, developmental, relational	
Safran (2002) [d]	-	•	•	•	•	•	•		•	•				•				psychoeducational, behavioural	Multiple, Markers
Safran (2003) [d]	-	•	•		•	•	•	•	•	•				•				psychoeducational, behavioural	Multiple, Markers
Safran (2012) [d]	-	•	•		•	•	•	•	•	•				•				psychoeducational, behavioural	Multiple, Markers
Shouhayib (2005)	8	•				•			•	•							•	EAT, C/B, psychodynamic	Multiple
Smitheman-Brown & Church (1996)	8/4	•	•			•	•		•		•						•	Mandala	Markers
Somogyi (2003)	1	•				•			•	•						•		EAT	Multiple

Source	# Of Participants/Controls	Age				Sex		Type		Context				Design				Approach or Primary Intervention	Medium
		Children (86%)	Adolescents (27%)	Adults (8%)	Families (11%)	Female (57%)	Male (86%)	Group (51%)	Individual (59%)	Community (54%)	School (38%)	Partial Hospitalization (11%)	Residential Treatment (5%)	Clinical Observation (43%)	Quantitative (14%)	Qualitative (22%)	Mixed Methods (22%)		
Workman (2001)	1	●					●		●	●							●		Multiple, Sculpture

Note. Bold text indicates published sources. CBT = cognitive behavioural therapy; C/B = cognitive and behavioural elements named separately by the author; EAT = expressive art(s) therapy; ETC = Expressive Therapies Continuum. All sources included in this table appear in the reference list with an asterisk, whether or not they are directly cited in the text.

[a] Client is 18 years old but the author describes him as an adolescent in the title and throughout the text. [b] Author describes artists in university as "teens". [c] Author discloses that they have ADHD. [d] Author discloses that immediate family members have ADHD.

Appendix J: Descriptive Numerical Summary Figures

Figure J1

Included Sources by Type
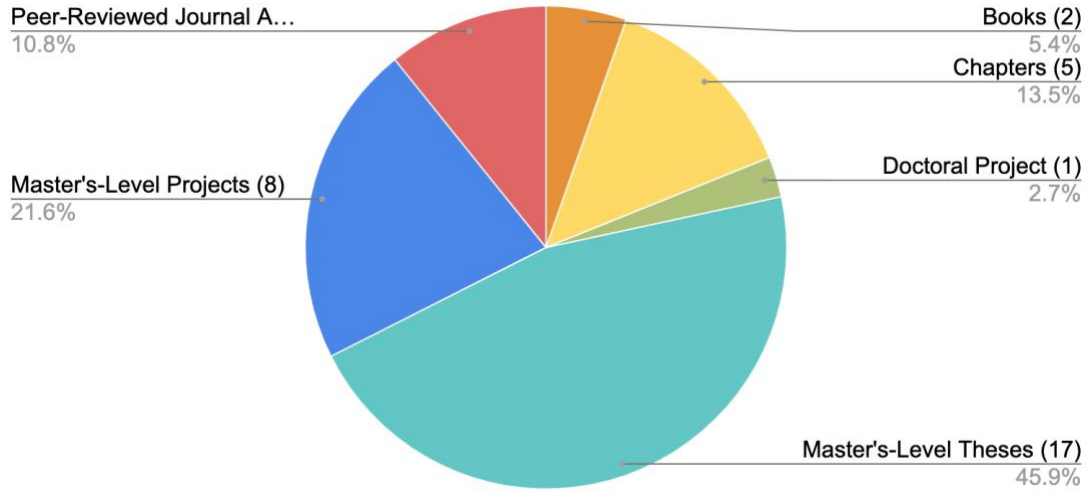
Figure J2

Peer-Review and Publication Status of Included Sources by Year
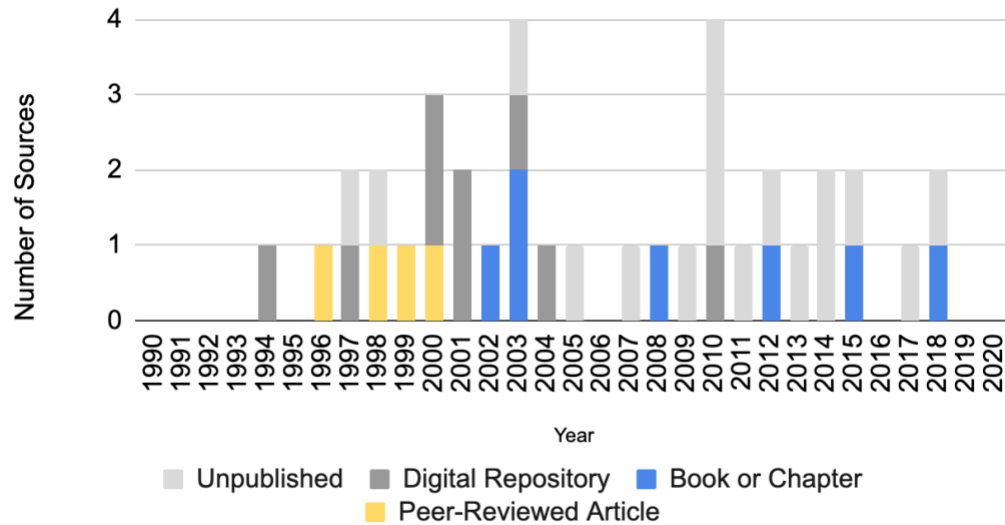
Figure J3

Included Sources by Age of Clients/Participants and Year
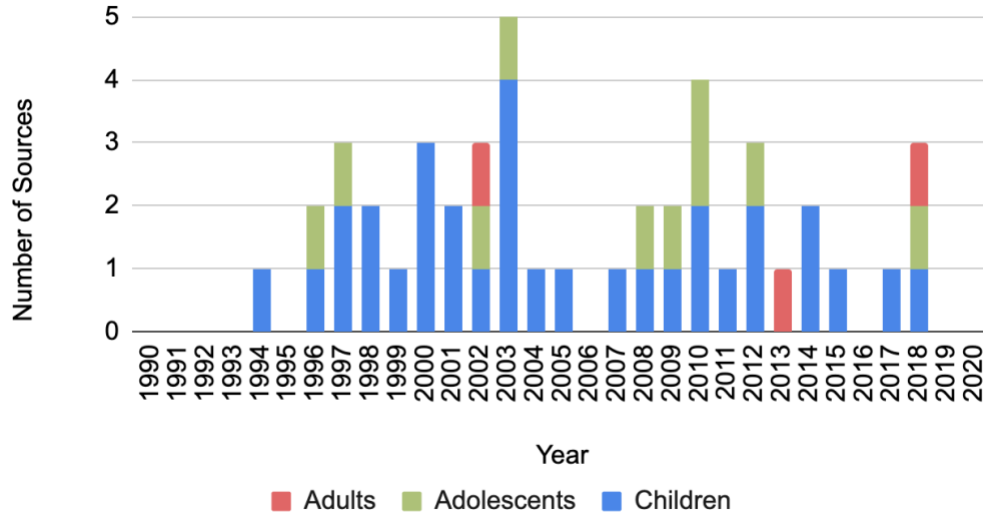
Note. Excludes sources reporting only family therapy. Two sources describing clients over 18 years old as adolescents are included in the Adolescents category.

Figure J4

Included Sources by Gender of Clients/Participants and Year
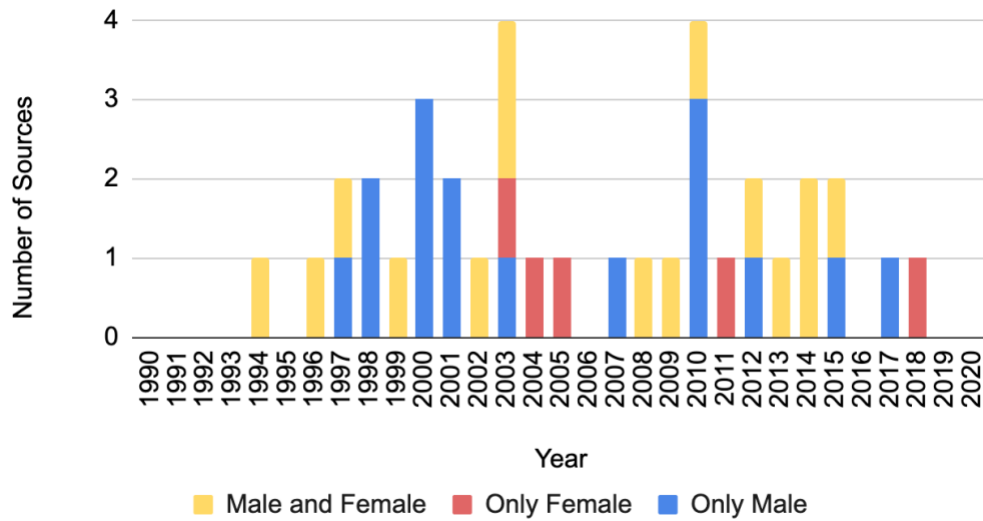
Appendix K: Repository Status of Student Works Sought for Assessment, by Institution
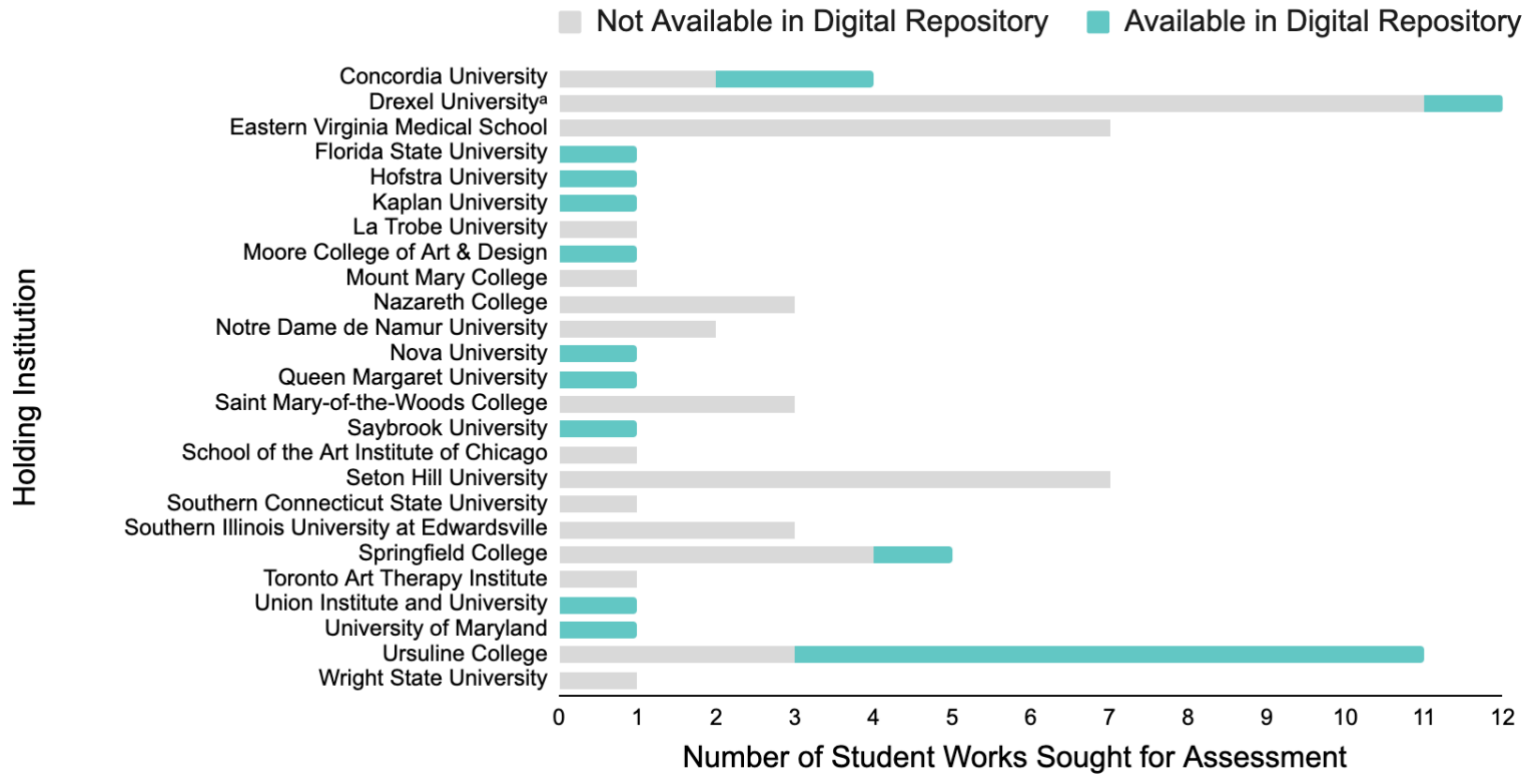
Note. Institution names have been standardized and may not match the names on individual student works.

[a] Drexel University holds student works previously associated with the Allegheny University of the Health Sciences and Hahnemann University.

Appendix L: Unretrieved Sources

Bosch-Duffy, L. (2015). *Clearing the space: A trauma-informed perspective on the art therapy studio* [Unpublished Master's thesis]. School of the Art Institute of Chicago.

Campasano, C. (2014). *Art as therapy with Joe: Addressing the behavioral issues of an adolescent with brain trauma due to meningitis* [Unpublished Master's thesis]. Seton Hill University.

Chezar, A. L. (2004). *Measuring the validity of F.E.A.T.S using the apple tree projective drawing with children diagnosed with ADHD* [Unpublished Master's thesis]. Notre Dame de Namur University.

Curtis, C. (2003). *The experiences of three Melbourne art therapists working with AD/HD diagnosed children* [Unpublished Master's thesis]. La Trobe University.

D'Amico, M. L. (2005). *A case study: art therapy with children living with ADHD and a seriously ill mother* [Unpublished Master's thesis]. Ursuline College.

Griffin, T. M. (1991). *Art and humor therapy for children with attention-deficit-hyperactivity disorder (ADHD)* [Unpublished Master's thesis]. Wright State University.

Henley, D. R. (1991). *AD/HD across the lifespan* (Cassette recording No. 1536-A, 1536-B). American Art Therapy Association.

Johnson, R. L. (2004). *Art therapy and ADHD: A thesis* [Unpublished Master's thesis]. Mount Mary College.

Kim, J. Y. (2005). Reducing stress: An art therapy-based group for parents of children

    with attention deficit/hyperactivity disorder [Unpublished Master's thesis]. Notre

    Dame de Namur University.

Kingsbury, E. T. (2005). *The significance of diagnosis: Personal journeys of being*

    diagnosed with adult ADHD [Unpublished Master's thesis]. Nazareth College.

Mastropierro, D. (2017). *Family art making used to reduce stress: Families with an*

    ADHD or autism spectrum disorder diagnosis [Unpublished Master's thesis].

    Nazareth College of Rochester.

Munley, M. P. (1996). *A descriptive study of the artistic response to the formal elements*

    art therapy scale by children with ADHD who have not been placed on

    pharmacotherapy compared to that of children without a behavioral disorder

    [Unpublished Master's thesis]. Southern Illinois University at Edwardsville.

Rabinowitz, E. M. (2009). *Exploring the effect of art therapy on the self-esteem of young*

    adolescent females diagnosed with AD/HD [Unpublished Master's thesis]. Drexel

    University College of Nursing and Health Professions.

Sandilands, E. (2004). *A role for creative arts therapies in treating ADHD* [Unpublished

    Master's thesis]. Concordia University.

Spaier, D. J. (2003). *Applying clinical art measures to evaluate attention-*

    deficit/hyperactivity disorder in early latency aged children for co-morbid major

    depressive disorder: A literature based study [Unpublished Master's thesis].

    Drexel University College of Nursing and Health Professions.

Spiller, R. B. (2011). *A literature based study on ADHD with a focus on college age students: Accompanied by a group art therapy treatment proposal* [Unpublished Master's thesis]. Drexel University College of Nursing and Health Professions.

Spinelli, L. (2004). *Validity of the formal elements art therapy scale ratings of person picking an apple from a tree drawings in the diagnosis of ADHD* [Unpublished Master's thesis]. Albert Magnus College.

Von Auenmueller, A. E. (1999). *An exploration of family dynamics through the animal kinetic family drawings of attention deficit hyperactivity disordered children and their mothers* [Unpublished Master's thesis]. MCP Hahnemann University and School of Health Professions.

Wright, L. N. (2005). *Art and play therapy with a ten year old boy exhibiting symptoms of attention deficit hyperactivity disorder* [Unpublished Master's thesis]. Seton Hill University.

Appendix M: Citation Map

Cited Sources

Citing Sources	Pfeiffer (1994)	Smitheman-Brown & Church (1996)	Augustine (1997)	Dalley (1997)	Lay (1998)	Henley (1998)	Henley (1999)	Henley (2000)	May (2000)	Michelson (2000)	Goforth (2001)	Rozum (2001)	Workman (2001)	Safran (2002)	Safran (2003)	Brennan (2003)	Somogyi (2003)	Plagens (2004)	Shouhayib (2005)	Evans (2007)	Christian (2008)	Lee (2009)	Gallagher (2010)	Greenfield (2010)	Jones (2010)	Lee (2010)	Jirous (2011)	Davis (2012)	Safran (2012)	Charendoff (2013)	August (2014)	Peters (2014)	Powell & Ng (2015)	Rynn (2015)	Chen (2017)	Henley (2018)	Loomis (2018)
Pfeiffer (1994)																																					
Smitheman-Brown & Church (1996)																																					
Augustine (1997)																																					
Dalley (1997)																																					
Lay (1998)																																					
Henley (1998)		•																																			
Henley (1999)						•																															
Henley (2000)						•																															
May (2000)		•				•																															
Michelson (2000)																																					
Goforth (2001)		•																																			
Rozum (2001)		•																																			
Workman (2001)		•																																			
Safran (2002)	•[a]					•	•								•[b]																						
Safran (2003)						•								•																							
Brennan (2003)																																					
Somogyi (2003)		•				•	•	•																													
Plagens (2004)						•																															
Shouhayib (2005)		•					•	•						•																							
Evans (2007)		•				•								•	•																						
Christian (2008)		•				•								•	•																						
Lee 2009 (2009)														○																							
Gallagher (2010)														○																							
Greenfield (2010)		•				•		•						•	•																						

Citing Sources	Pfeiffer (1994)	Smitheman-Brown & Church (1996)	Augustine (1997)	Dalley (1997)	Lay (1998)	Henley (1998)	Henley (1999)	Henley (2000)	May (2000)	Michelson (2000)	Goforth (2001)	Rozum (2001)	Workman (2001)	Safran (2002)	Safran (2003)	Brennan (2003)	Somogyi (2003)	Plagens (2004)	Shouhayib (2005)	Evans (2007)	Christian (2008)	Lee (2009)	Gallagher (2010)	Greenfield (2010)	Jones (2010)	Lee (2010)	Jirous (2011)	Davis (2012)	Safran (2012)	Charendoff (2013)	August (2014)	Peters (2014)	Powell & Ng (2015)	Rynn (2015)	Chen (2017)	Henley (2018)	Loomis (2018)
Jones (2010)		●				●		●						●	●																						
Lee 2010 (2010)						●								●																							
Jirous (2011)																																					
Davis (2012)						●									●																						
Safran (2012)						●								●																							
Charendoff (2013)		●				●								●	●																						
August (2014)														●	●																						
Peters (2014)						●	●	●						●																							
Powell & Ng (2014)														●																							
Rynn (2015)																																					
Chen (2017)														●																							
Henley (2018)						●	●																														
Loomis (2018)																																					

Note. **Bold** text indicates conventionally published articles, books, or book chapters. ● = Cited source appears directly in reference list. ○ = Reference to entire edited book containing the cited source appears in reference list.

[a] Reference list entry for Pfeiffer (2000) assumed to be Pfeiffer (1994) due to identical title and in-text citation of Pfeiffer (1994).

[b] Reference list entry "Safran, D. (2001) 'An art therapy approach to Attention Deficit/Hyperactivity Disorder.' In C.A. Malchiodi (d.) *The Clinical Handbook of Art Therapy*. New York: Guilford Press" (p.207) assumed to be Safran (2003), then in-press.

Appendix N:

Vocabulary of Citation Distortions: Citation Bias, Amplification, and Invention

Phenomenon	Types and Description
Citation bias	• Systematic ignoring of papers that contain content conflicting with a claim
Amplification	• Expansion of a belief system without data • Citation made to papers other than primary data, resulting in the systematic increasing of the number of citations and citation paths supporting the claim without presenting data that addresses it
Invention	• Citation diversion: citing content but claiming it has a different meaning, thereby diverting its implications • Citation transmutation: the conversion of hypothesis into fact through the act of citation alone • Back-door knowledge: repeated misrepresentation of abstracts as peer-reviewed papers to allow for the entrance of an idea into the body of fact without peer review and publication of primary data • Dead-end citation: citation to papers that do not contain content addressing the claim • Title invention: reporting of experimental results in a title, even though the remainder of the paper does not report the performance or results of any such experiments

Note. From "Understanding Belief Using Citation Networks," by S. A. Greenberg, 2011, *Journal of Evaluation in Clinical Practice, 17*, p. 391 (https://doi.org/10.1111/j.1365-2753.2011.01646.x). Copyright 2011 by Blackwell Publishing Ltd. Reprinted with permission from John Wiley and Sons.

Appendix O: Examples of Citation Distortions in Collected Sources

Type	Source	Excerpt	Comment
Amplification	Goforth, 2001, p. 14	It is <u>estimated that 3-5% of school-age children are affected by ADHD</u> (Epperson & Valum, 1992).	The original paper does not include primary data to support this claim and clearly cites Barkley (1985) as the source of this statistic.
Amplification	Somogyi, 2003, p. 18	Symptoms of AD/HD were classified by two categories: primary symptoms and secondary symptoms (Epperson & Valum, 1992).	The cited study does not establish these categories.
Amplification	Evans, 2007, p. 8	Attention Deficit Hyperactivity Disorder (ADHD) has been one of the most researched mental disorders beginning in early childhood (Abikoff, 2004; Amen, 2001; Barkley, 1998, 2005; Goldstein, 1990; Jaffe et al., 2006; Safran, 2002, 2003).	The cited sources do not include primary data to support this claim.
Amplification	Jones, 2010, pp. 6–7	Impulsivity is essentially acting or talking without thinking, and is a basic feature of ADHD (Safran, 2002).	The cited source does not include primary data to support this claim.
Dead-end citation	**Rozum, 2001, p. 121**	Because a difficult topic can be expressed nonverbally and then with the help of the staff and other members, the child can begin to practice finding words to give voice to the problem (Smitherman-Brown [sic] & Church, 1996).	This concept does not appear in the cited source.
Dead-end citation	Greenfield, 2010, p. 26	Previous research has established that art/photo therapy has a positive effect on self-esteem (Henley, 2000).	This concept does not appear in the cited source.

Type	Source	Excerpt	Comment
Diversion	**Henley, 1998, p. 13**	Smitheman-Brown and Church (1996) found that drawing within a mandala form assisted attentional abilities, thereby decreasing impulsivity.	Implies a causal relationship not reported by the original source, which says that "Preliminary findings indicate that the mandala exercise has the effect of increasing attentional abilities and decreasing impulsive behaviors over time, allowing for better decision making, completion of task, general growth in developmental level, and an interest in personal aesthetics" (p. 252).
Diversion, Transmutation	Workman, 2001, p. 28	Epperson & Valum (1992) found that art therapists can contribute to the appraisal of responsiveness and treatment effectiveness of medication interventions in ADHD children.	Removes hedging language present in the cited source: "The results of the study indicate... " (p. 39). Omits reference to the role of "other mental health professionals and physicians" (p. 39). Does not make clear the individual, clinical context of the cited source.
Diversion, Transmutation	Somogyi, 2003, p. 38	The use of mandalas as a device for centering was often used when working with children who demonstrated hyperactivity or were diagnosed with AD/HD (Smitheson-Brown [sic] & Church, 1996). By actively using the mandala during the initial part of each art therapy session, studies had found there to be a decrease in impulsivity over time, while an increase in "attentional abilities" led to developmental growth, task completion, and the ability to improve decision making (p. 252). Smitheson-Brown [sic] & Church (1996) supported research regarding impulsivity in children with AD/HD. They believed in the need for centering to occur before a task could be confronted and growth could take place.	Uses "often" and "studies" to describe a single study. Removes hedging language present in the cited source: "The findings indicate..." (p. 256) and "The results of this study indicate that the intervention has some promising results" (p. 259).

Type	Source	Excerpt	Comment
Diversion, Transmutation	**Smitheman-Brown & Church, 1996, p. 253**	A recent study by Epperson and Valum (1992) points to the value of art therapy with ADHD children <u>due to the unique nature of the artmaking process</u>. Expressive qualities evident in art products are thought to serve as a record of behaviors at the time the child was involved in the process. Motor movement, attention, and degree of impulsivity are thought to be reflected in line quality, use of material, degree of organization, integration, and completeness evident in the resulting artwork. <u>The creative process provides a record of the child's emotional/behavioral status with the creation of a permanent product</u>. While Epperson and Valum's study primarily investigated children's art to examine if changes in imagery were evident and could be explained by variation in medication dosages, it also considered how changes in the art might correspond with overt behavioral changes. The investigation indicated that stimulant medication can have a significant influence on expressive qualities. In addition, the data from art products corresponded in a positive manner to data obtained from a behavioral assessment measure (Epperson & Valum, 1992).	Structure suggests that the first four sentences are findings from the cited source, when they are in fact part of its preamble. Use of "significant" is disingenuous. The original authors do not use the word to describe their results, and in fact state clearly that "not all subjects investigated showed a clear response to the medications behaviorally, in their art products, or with both measures" (p. 39).

Note. **Bold** text indicates published sources. <u>Underlined</u> text indicates direct quotations that are not identified as such.

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Appendix P: Further Response to Selected Ineligible Sources

I excluded ten sources after I had already begun making visual responses to the data. The sources made reference to art therapy yet do not meet my inclusion criteria because they did not offer art therapy *treatment* to the participants. I nevertheless found the sources very compelling, which may have contributed to the delay in excluding them and in realizing that I must also exclude the three images I had created in response to these works. This appendix contains three visual responses and a discussion of each.

Forest/Trees

This review found qualitative and quantitative studies located within diverse research paradigms, and some tension between paradigms can even be seen within individual sources. In some cases, the fine details and expectations associated with a post-positivist approach to rigour have interfered with the capacity to answer the research question, essentially missing the forest for the trees. This is particularly apparent in attempts to control participant variables related to gender and medication use.

Most of the sources included in this review mention the gender gap in ADHD diagnoses, but three (Boylan, 2001; Lee, 2010; Schwartz-Lewis, 1996) specifically cite it as a reason to exclude girls from their experimental groups. Since boys are more likely to be diagnosed with ADHD, they reason, it would be difficult to achieve gender parity in their samples. This is entirely possible; however, by adhering to expectations of control that are not particularly applicable to such small sample sizes (36 and 3, respectively), this exclusion effectively uses the gap in diagnoses to further widen the gap in knowledge. What was evidently seen as a risk of confounding variables may in fact have been an opportunity for richer information.

A similar trade-off is seen in a study of common characteristics observed in the artwork of adults with ADHD (Hudson, 1997). Participants taking short-acting stimulants were required to skip their dose the day of their participation, and anyone taking long-acting medications was excluded. On the surface, this is a reasonable and even necessary delimitation based on the research question; however, the potential consequences of these requirements, for both the participants and the results, are not adequately discussed. By requiring uncompensated participants to go without medication for the 12 hours leading up to the data-gathering session, the researchers may have inadvertently over-selected participants for whom abstaining was not likely to cause much harm, such as increased anxiety or difficulty driving safely. By excluding anyone taking long-acting medications, which are now considered the first line treatment for adults (Canadian ADHD Resource Alliance, 2020), the sample may have also excluded people for whom remembering to take a pill more than once per day is a barrier to treatment. The focus on strict control of variables may have contributed to the selection of a sample of people whose symptoms are milder than those of the people who were excluded. Furthermore, it may also have contributed to the creation of a sample in which women and mothers are underrepresented, since women are more likely to work a "second shift" (Moyser & Burlock, 2018) at home for which they need longer-acting medications. These possibilities are not addressed in the study.

This theme is illustrated in Forest/Trees (Figure P1), a collage spread in the altered book. Forest images torn from magazines and calendars show make up the background, leaving negative space in the form of a person on the right-hand side of the page. Behind the cut-out figure is a scrap of paper from an insurance policy - the strictest,

most unyielding and difficult paperwork I could find. There is a gap where the person should be.

Figure P1

Forest/Trees

Note. Godel, S. N. (2021*). Forest/Trees* [Altered book spread: Collage on paper].

Ouch

When I read Leonard's (2015) thesis examining the effects of different art materials on the brain activity of a 10-year-old boy with ADHD, one passage stood out to me:

If there is a path one can take that can allow them to overcome their deficits on

their own with will power and self-motivation, then this path could be used as the

predominant form of treatment and treatment planning. Medication tells a person,

no matter what age, that they can only get better with the help of a pill and even

this reality can have detrimental psychological effects not to mention the adverse

physical side effects that come with taking any drug. It is no surprise why many

become dependent on their medication and develop an addiction.

Even worse, no doctor would tell their patient they could achieve the same

results with self-perseverance. Drug companies provide doctors with incentives as

a reward for seeing specific medications for their companies. As a result, the

pharmaceutical company makes money too when the patient buys medicine

(Angell, 2004). However, this raises an alarming question: Is the doctor

prescribing medication because you need it or because Big Pharma is

recommending it? At least within art therapy, there's a voice that encourages and

genuinely believes one can win their own battles. (p. 67)

I took offense. I tried to read the passage a few different times and in a few

different ways to see what might lie beyond my initial impression, but my indignation

persisted. I began to talk back to the text: My positivist persona trailed off into a lecture

about the difference between addiction and dependence, feeling the urge to prove that I

am not addicted, preparing statistics about the incidence of substance use disorders

among people with untreated ADHD… The persona took issue with the unsubstantiated

claims, but the real issue was that it hurt to read this text. It really, really hurt.

It probably hurt particularly deeply because when I first read this text, I had just

begun to try a higher dose of my own medication. I had resisted the change for months, even though I could see signs that I might need it. I fell into the trap the author accidentally lays: people like me should be able to "overcome their deficits on their own with will power and self-motivation" and "achieve the same results with self-perseverance" (Leonard, 2015, p. 67). From this perspective, increasing my medication would only mean that I am cheating and lazy. Surely I was only trying to find a way out of this thesis without doing any hard work.

I tried hard to see the text from multiple perspectives. On the one hand, I believed the work may be harmful; it was certainly causing me distress as I read it and I thought it could cause distress to clients whose therapists have read and believed these claims. On the other hand, I could see that it has its roots in a kind of compassion, given the belief that "within art therapy, there's a voice that encourages and genuinely believes one can win their own battles" (Leonard, 2015, p. 67). The author evidently wants to be that encouraging voice, and frames the work accordingly, but her text did not feel encouraging to *me*. I felt chastised, othered, and accused of lacking will-power and motivation. While presumably intended to empower hypothetical clients with ADHD, this text led to distress and discouragement for at least one real person who actually has it.

Ouch (Figure P2) is my visual response to this reading experience. I incorporated the excerpted text, photographs, and hand-drawn images representing pathways and prescriptions, as well as some pieces of my own prescription labels and receipts. I wanted to interact with the words in the passage without fully redacting them, so I used a tabbed divider in pill-bottle orange to create a removable layer upon which I composed my

response, which reads:

> *To understand*
> *and help*
> *patients:*
> *listen. Be better.*
> *If there is a path one can take that can allow them to*
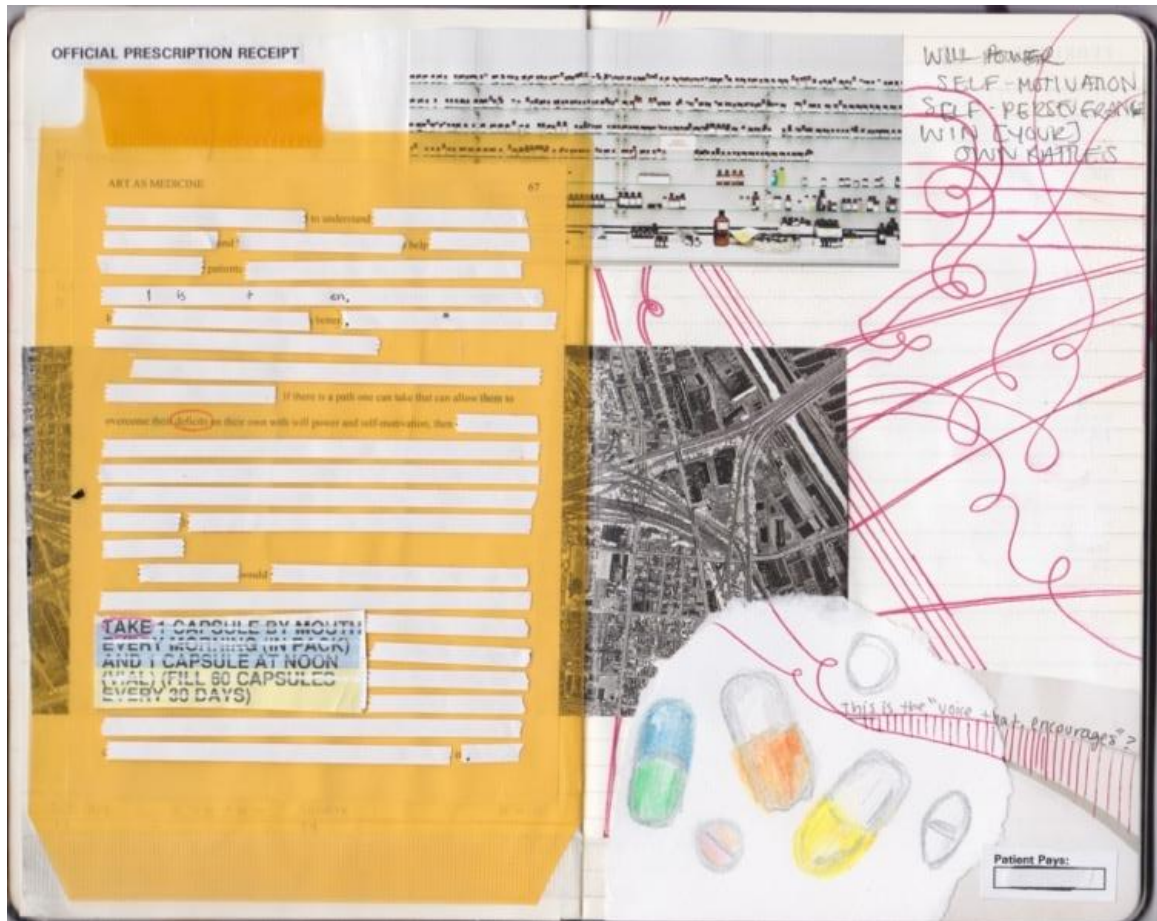> *overcome their deficits on their own with will power and self-motivation, then*
> *I*
> *would*
> *TAKE*
> *it.*

Figure P2

Ouch.

Note. Godel, S. N. (2021*). Ouch.* [Altered book spread: Collage on paper].

Portrait of the Artist Picking an Apple From a Tree

Portrait of the Artist Picking an Apple From a Tree (Figure P3**)** is a response to some of the studies that made use of projective drawing tests and rating scales (Hudson, 1997; LaQuay, 1997; Malone et al., 2002; Munley, 2002; and Schwartz-Lewis, 1996). In the crayon drawing, I am perched on a ladder, one arm reaching out toward an apple while the opposite leg stretches behind me in an admittedly dangerous balancing act. The portrait is inspired by, and relatively true to, my own experience picking crab apples from the gargantuan tree in my back yard: my neighbour's cat watches from a raised planter; a songbird investigates the squirrel-proof feeder; the squirrel darts behind the tree.

Figure P3

Portrait of the Artist Picking an Apple From a Tree

Note. Godel, S. N. (2021*). Portrait of the Artist Picking an Apple From a Tree* [Altered book spread: Wax crayon on paper].

At first, I drew the whole picture so that the tree went to the edge of the page, suggesting something more out of frame. However, leaving the tree without its crown felt somehow disingenuous and wrong. The image needed room to expand, so I added flaps and coloured both sides (Figure P4). I enjoyed the drawing process, but I wondered if it was enough to count as a response. Perhaps there was a point to be made about not being able to see the whole picture from a single drawing, but that argument felt forced to me

even as I imagined making it. Unfolding the flaps reveals more colourful versions of the tree and the sun, but there are no real surprises. There is no particularly interesting story to be revealed. There is not more than meets the eye. What difference does it make?

Figure P4

Portrait of the Artist Picking an Apple From a Tree, Expanded