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COMMENTARY

Reimagining Narrative Approaches Through Comics for Systems-Involved Youth

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Broadly speaking, the term “narrative” is defined as any account of connected events and experiences. Narrative is used in several therapeutic interventions within behavioral health. Narrative approaches can be an affirming process for the patient and can increase a therapist’s understanding of their patients’ perspectives.¹ Unfortunately, there is a lack of medical education and training on narrative approaches, and these remain underutilized in clinical settings.

Various media of artistic expression can be used in narrative approaches. The role of the arts in prevention, promotion, management, and treatment of illness across the lifespan has been recognized by the World Health Organization in a report that compiled more than 3,000 studies. Benefits include addressing social cohesion, social inequities, child development, educational attainment, health care engagement, and overall well-being. There is evidence of arts applications within mental health, including anxiety, depression, trauma, addiction, eating disorders, self-esteem, and resiliency.² The potential of the arts is often leveraged in community and non-clinical settings such as residential facilities and juvenile halls.³⁻⁵

Because justice-involved youth (JIY) disproportionately have multiple marginalized identities and experience stigma associated to their carceral entanglements, developing strategies to cope, such as art and narrative-based interventions, can be helpful in mitigate oppressive messages about one’s identity. Some examples of this oppressive messaging includes, “I am not good enough,” “I am bad,” “I can’t be trusted,” “I can’t trust anyone,” “There’s no life ahead of me,” and “No one cares about me.”⁶ Reclaiming authorship over one’s story is a powerful endeavor. Narrative approaches involving the arts can promote the expression of

complex emotions and have utility for structurally marginalized youth, youth with histories of trauma and adversity, and systems-involved youth (SIY).³ Youth who are involved in the juvenile legal system (because of delinquent behavior) or the child welfare system (because of maltreatment) are often referred to as “systems-involved youth.” When these youth are concurrently involved or have had experiences with both systems, they are more specifically referred to as “dual system” youth. There is a paucity of literature on the use of narrative approaches using the arts in clinical settings for SIY.

Therapies that use narrative include narrative therapy, narrative exposure therapy (NET), and trauma-focused cognitive-behavioral therapy (TF-CBT). The American Art Therapy Association has defined art therapy as an integrative mental health profession that empowers individuals through artmaking, creative thought processing, psychological theory, and development of a psychotherapeutic relationship. A discussion of therapies using narrative as well as art therapy will set the stage to consider the role of artistic expression through the comics medium in health care (ie, graphic medicine) and future considerations of comics for SIY (Figure 1).

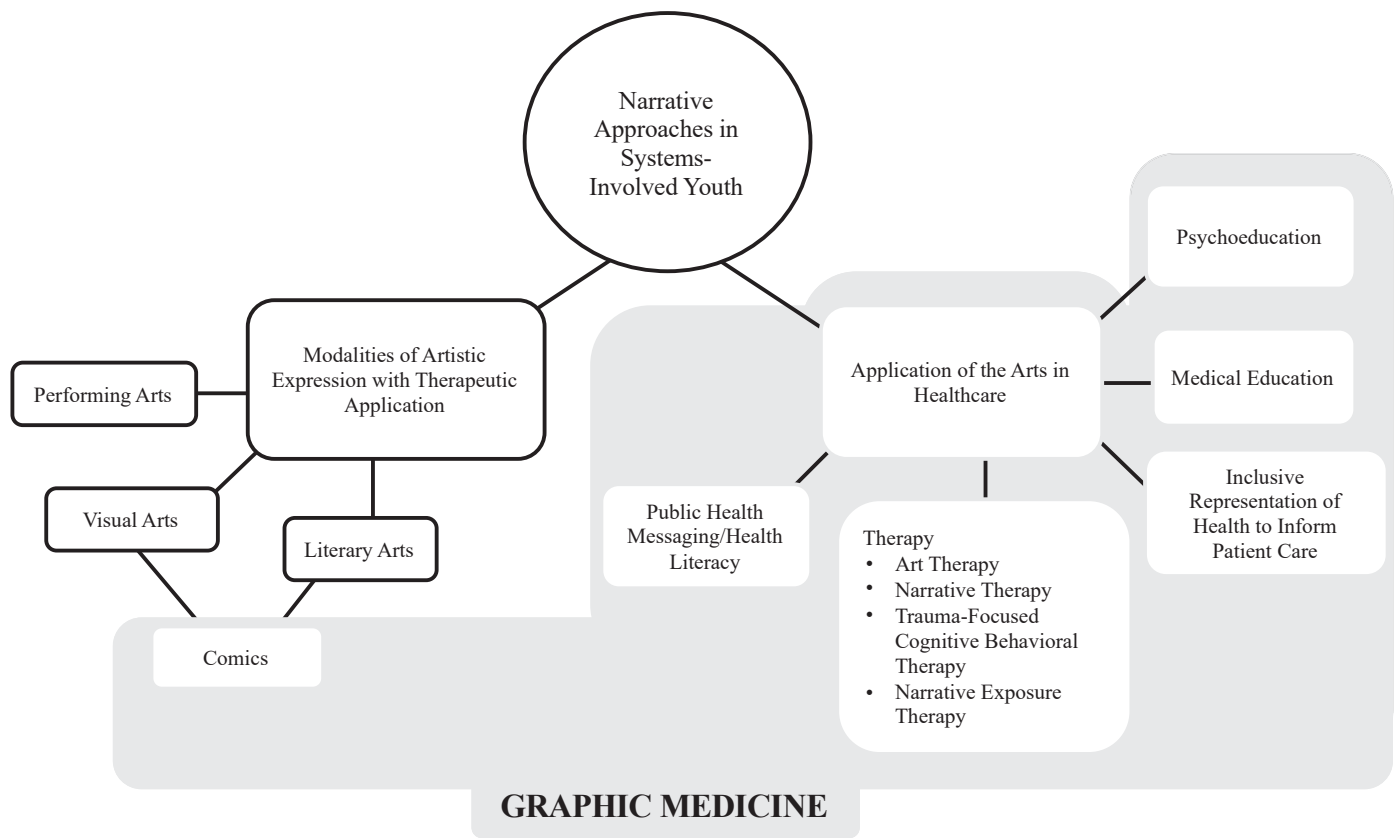
THERAPIES WITH NARRATIVE COMPONENTS FOR SIY

Therapies that use narrative (eg, narrative therapy, NET, TF-CBT) treat a variety of psychiatric conditions. Creating a narrative is used therapeutically in an interactive process between a patient and their therapist by exploring connections between emotions, beliefs, and the stories of one’s life, generating multiple perspectives about these events, and

Diversity & Inclusion Statement: *One or more of the authors of this paper self-identifies as a member of one or*

more historically underrepresented racial and/or ethnic groups in science.

FIGURE 1 Schematic Representation of Narrative Approaches in Systems-Involved Youth (SIY) Through Application of the Arts, Specifically Comics, in Health Care, Through the Field of Graphic Medicine



using cognitive processing techniques to explore alternative and preferred stories.⁶

Justice-involved youth have a higher prevalence of psychiatric disorders compared to the general population. There is prominent comorbidity of psychiatric illness as JIY transition to adulthood.⁷ These findings underscore the capacity of these therapies to address a range of psychiatric disorders in JIY and other youth with similar conditions. The application of therapies using narrative has demonstrated promising results with youth who have experienced trauma and with JIY.^{8,9} Broadly, practitioners of narrative therapy with JIY value an orientation that is empowering, non-prescriptive, and recognizes that “we live in and through the stories we hold about our lives.”⁶ One study showed that integrating narrative therapy into rehabilitative programming with JIY can yield improvements in mental health, including improved interpersonal sensitivity, as well as improvements in various dimensions of symptomatology including obsessive-compulsion, depression, psychoticism, and hostility.⁸ A study of youth in short-term detention facilities who received an expressive writing intervention showed improvement in resilience.¹⁰ However, there is an

overall paucity of peer-reviewed literature specifically on therapies that use narrative with JIY. Given that JIY are frequently in carceral and detention settings, it can be difficult to research the effectiveness of specific interventions in this population.

For youth in the child welfare system, there have been studies on the use of TF-CBT and initiatives to promote its implementation in this population, given the prevalence of trauma-related difficulties that respond favorably to TF-CBT.¹¹ For example, digital storytelling for youth exposed to domestic violence was used as a trauma narrative intervention to enhance narrative integration. The results of this intervention showed improvement in post-trauma symptoms, depression, quality of life, self-esteem, and coping.¹²

ART THERAPY FOR SIY

Art therapy is uniquely equipped to activate alternative pathways in the brain for processing information, emotions, and memories.¹³ A systematic review of the effectiveness of art therapy in adults with trauma showed utility in reducing trauma symptom severity and anxiety.¹⁴ Systematic reviews

on the use of art therapy in children demonstrated evidence of its benefit particularly for trauma,^{15,16} with application in a variety of settings including post-disaster.¹⁷ Art therapy can help facilitate recovery from psychological distress and decrease negative psychosocial consequences associated with exposure to trauma. Youth experimentation with creative expression can lead to self-discovery, cathartic release, and coping skills,¹⁸ which highlights potential for application in populations such as SIY. Community-based settings frequently employ arts programming for SIY. Although the promise of these interventions is evident, there is a paucity of studies specific to SIY.

INTERSECTION OF GRAPHIC MEDICINE WITH PSYCHIATRY

The term “graphic medicine” was first coined in 2007 by Dr. Ian Williams. It is defined as the “intersection of the medium of comics and the discourse of healthcare.” It has been described as combining “the principles of narrative medicine with an exploration of the visual systems of comic art, interrogating the representation of physical and emotional signs and symptoms within the medium.”¹⁹ Comics create narrative and meaning through processes such as assigning sequence, recognizing iconography as a representation of a depicted reality, and interpreting partial perceptions of the world to create a story. This creates a “living” experience for the reader.²⁰ The intentional interplay of visuals and text creates opportunities to examine the human experience. Comics in medicine have been used for inclusive representation of lived experiences to inform patient care, medical education, and promotion of health literacy. Ultimately rejecting the notion of the “universal” patient in the dominant discourse of health, graphic medicine recognizes that individuals can have valid and, at times conflicting, perspectives of health and well-being.¹⁹

Graphic medicine has utilized the comics medium to build a more inclusive perspective of medicine, illness, disability, social justice, and equity. Jason Reynolds is a best-selling author with several known works that create opportunity for marginalized youth to see themselves represented in books, such as *Long Way Down: The Graphic Novel*, illustrated by Danica Novgorodoff. This story spotlights 1 minute in the life of a teenager after his brother is murdered in a gang-related shooting, thereby bringing visibility to the complicated and necessary conversations about the lived experiences of structurally marginalized youth in our communities.

Introducing graphic representation of storytelling into the discourse of health care helps build a more inclusive narrative of marginalized youth navigating the cycle of

violence, grief, trauma, social pressures, identity, and cultural dynamics. Clinically, this work can be used in both group and individual therapies with SIY and families to stimulate reflection, discussion, and narrative building. It can be used to educate mental health professionals and to guide interventions as we strive to help SIY revisit how they imagine themselves and their futures.

In addition, graphic medicine has been used as both a clinical and non-clinical educational tool, with examples from elementary school to as far as postgraduate medical training covering a range of topics. Multiple studies have shown improvements in comprehension, diagnostic reasoning, empathy, critical thinking, deductive skills, and professional identity formation in medical education. A seminar-style course for fourth-year medical students that involved reading and creating their own comics was found to increase students’ reflective abilities, communication, and team-building skills.¹⁹

Youth of color are disproportionately represented in the juvenile legal system and child welfare system. SIY experience disparities in academic achievement, which contributes to low health literacy. Visual arts have been used to improve health literacy,²¹ including the use of comics.²² Graphic medicine provides an alternative means to engage participants in education and reflection. For example, *Graphic Medicine: Ill-Conceived & Well-Drawn!* is an open-access website hosted by the National Library of Medicine and the National Institutes of Health, with detailed lesson plans about mental health for students in grades 7 to 10 and college students. In addition to promoting public health awareness, comics have been used as a tool for psychoeducation for individuals and families navigating mental illness.²³ Similarly, comics have been used specifically for SIY to give an accessible and low literacy tool for community education regarding navigating highly complex systems such as the juvenile legal system. For example, the Center for Court Innovation, the Youth Justice Board, and Center for Urban Pedagogy created a comic-style guide to the New York juvenile legal system titled *I Got Arrested! Now What?* Graphic medicine embodies an opportunity to use comics for patient and community education as well as public health awareness.

FUTURE CONSIDERATIONS

Narrative approaches using arts should be conceptualized as part of the pedagogy to non-pharmacologic interventions. The therapeutic properties can be leveraged through the comics medium of artistic expression, and can be applied clinically and through advocacy efforts.

Clinical Applications

Comics can:

- be used in both individual and group therapies with SIY;
- support comprehension for youth with literacy challenges;
- provide diverse representation of lived experiences, facilitating inclusivity, increased peer support, and person-centered patient care; and
- be used for psychoeducation regarding diagnoses, symptoms, and treatment interventions.

Advocacy

Comics can:

- foster perspective taking and recognition of the dimensional nature of structural determinants of health and intersectional identities;
- provide representation of the lived experiences of marginalized individuals and communities;
- speak to the racial disparities of SIY, including the cycle of poverty, low educational attainment, unemployment, and involvement in the criminal legal system; and
- serve a valuable role in community education and public health awareness.

These applications require both individual and systemic considerations in order to increase access to narrative approaches for SIY and the use of comics in psychiatry. These include the following:

- pursuing empirically driven research studies that evaluate the effectiveness of comics-based interventions in SIY and other populations;
- incorporating comics into medical education to facilitate professional identity formation and an understanding of the lived experiences of patients;
- embedding narrative approaches, such as therapies with narrative components and art therapies, as core therapies being taught in medical education;

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- introducing graphic medicine to the broader medical community to increase recognition of the value of comics as it intersects with health care; and
- collaborating with community-based organizations to develop community-driven and community-informed narrative approaches utilizing arts.

CONCLUSION

Several existing therapies consider the importance of narrative through artistic expression, but are underutilized despite promising support for youth. Comics are an accessible medium of expression that can empower the voices of underrepresented individuals and communities, including SIY. Graphic medicine facilitates person-centered discourse and self-expression through comics on topics such as health equity, race equity, and social justice. Comics can also be used for teaching healers, providing psychoeducation, and promoting public health awareness. Despite the wide use of creative interventions for youth, additional empirically driven studies are needed to evaluate the effectiveness of arts-based interventions specific to SIY.

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