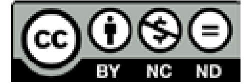

Original research article

Silenced by Structure: The Quiet Crisis of Arts Therapists' Professional Identity in Child Life Hierarchies

A Phenomenological Study in U.S. Children's Hospitals

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Abstract

This qualitative study examined how hierarchical organizational structures shape and, at times, silence the professional identity of pediatric hospital–based art therapists. Eight art therapists from children's hospitals across the United States participated in semi-structured interviews analyzed thematically using Braun and Clarke's (2006) framework. Guided by Structuration Theory (Giddens, 1984) and Social Identity Theory (Tajfel & Turner, 1979), the study investigated how institutional systems, departmental placements, particularly within child life, and managers' discipline affect visibility, perception, and professional efficacy. Four themes emerged: (1) Professional Identity Challenges, (2) Organizational Structures and Support, (3) Emotional and Professional

Challenges, and (4) Perceived Value of Hospital Art Therapy. Findings reveal how systemic factors, such as departmental misalignment and reporting to non-mental health providers, influence perceptions of art therapy, its tokenization, ethical decision-making, professional growth, and practitioner well-being. Despite these structural barriers, art therapists demonstrated integrity through advocacy, adaptation, and interdisciplinary collaboration. The study highlights the quiet crisis of role misrepresentation and misuse that persists in child-life-dominated departments. Stronger institutional frameworks, discipline-specific supervision models, and organizational reforms that align hospital leadership with the role and clinical value of art therapy are crucial to sustaining, strengthening, and advancing pediatric hospital-based art therapists.

Key words: *art therapy, pediatric hospital, professional identity, organizational structure, interdisciplinary collaboration*

Introduction

Professional identity is “the collective understanding of a profession held by its members and an individual’s sense of self within the professional role” (Feen-Calligan, 2012, p. 150). It encompasses occupational tasks, job responsibilities, perceived competence, and the beliefs, values, and experiences that shape a person’s professional persona (Fitzgerald, 2020; Jue & Ha, 2018). In health care, professional identity influences collaboration, practitioner well-being, and patient care outcomes (Ackerhans et al., 2024; Cornett et al., 2023; Matthews et al., 2019; Toben et al., 2021). For pediatric art therapists, organizational structure significantly influences how roles are defined and enacted.

Art therapists are licensed, board-certified mental health professionals who use creative processes within therapeutic relationships to address pain, anxiety, trauma, and chronic illnesses, often addressing developmental, emotional, and existential issues through artmaking (AATA, 2022). Yet within medical systems, their identity is often constrained by structural barriers. Many are placed within non-mental health departments. Child life departments are one such example of where art therapists are often inaccurately labeled or viewed as “activity specialists” reporting to managers without mental health training, which reduces visibility in hospital systems and shapes how colleagues perceive and utilize art therapy services (Lacson, 2022; Mourey, 2021; Porter & Wilton, 2019). Child life programs provide healthcare-related psychosocial needs in pediatrics.

Child life specialists center on nurturing development "while promoting coping skills and minimizing the adverse effects of hospitalization, health care encounters, and/or other potentially stressful experiences" (Romito et al., 2021, p. 1).

Departmental affiliation, job title, and reporting hierarchy determine how art therapists are represented within institutions and influence perceptions of their competence and purpose (Ebbers & Wijnberg, 2017; Redekopp, 1997). Misclassification fosters role confusion and contributes to frustration, misuse of services, and burnout (Kim, 2012), especially in efficiency-driven environments where medical programming can overshadow psychotherapy. Studies show that professional identity strengthens when practitioners are supervised within their discipline and housed in departments consistent with their clinical scope (Callan et al., 2007; Porter & Wilton, 2019; Ruff, 2021). Conversely, cross-disciplinary supervision can undermine confidence and slow skill development (Kavanagh et al., 2003; Van Lith & Voronin, 2016). With only 29 pediatric medical art therapists reported nationwide (AATA, 2021), sole-practitioner roles are common and intensify role ambiguity, thereby reducing opportunities for professional reflection (Fitzgerald, 2020). These structural and supervisory gaps not only limit reflective practice but also weaken the foundation of professional identity, making collaboration and recognition within interdisciplinary teams more difficult, reducing care quality (Ackerhans et al., 2024; McNeil et al., 2013), and perpetuating misperception.

When art therapy is misconstrued as recreational rather than psychotherapeutic, referrals may be inappropriate, interventions may be misused, and expertise may be undervalued (Darsie, 2009; Van Lith & Spooner, 2018). These misconceptions erode the therapist's legitimacy and sense of belonging, an injury that also affects the profession as a whole. Conversely, organizational alignment, role clarity, and professional visibility enhance collaboration and ethically grounded practice.

Despite growing research on professional identity in allied health and mental health professions, few studies have examined the experiences of pediatric hospital art therapists or the organizational conditions that shape how they perceive their value within hospitals (Cornett et al., 2023). This study addresses that gap by exploring how departmental placement, supervisory discipline, and job classification influence art therapists' experiences of professional identity, interprofessional relationships, and perceived role effectiveness. Clarifying these organizational factors has implications beyond individual well-being: clear role definitions and departmental alignment can strengthen teamwork, enhance patient safety, and reduce burnout (Ledger et

al., 2013; Toben et al., 2021). Guided by structuration theory (Giddens, 1984) and social identity theory (Tajfel & Turner, 1979, 2010), this research aims to inform hospital leaders and professional associations in developing structures that recognize the mental-health foundations of art therapy and sustain its contribution to pediatric care.

Literature Review

Structuration Theory

Structuration theory provides a sociological framework for understanding how human action and social structures continually influence one another (Giddens, 1984). In healthcare organizations, departmental authority, documentation protocols, and reporting lines are examples of institutional structures that shape how professionals operate and are perceived.

In hospital settings, structuration theory highlights the ongoing interaction between organizational structures and clinicians' professional autonomy. When art therapists advocate for proper titling, discipline-specific supervision, or participation in interdisciplinary care planning, they follow rules while also shaping institutional norms. Studies of interprofessional meetingsindicate that participation and decision-making authority reflect the "duality of structure," thereby reinforcing or challenging hierarchies (Touati et al., 2019). For art therapists, placement in non-mental-health departments or under non-clinical supervision may perpetuate limited role visibility, yet advocacy for accurate titles and inclusion can gradually transform institutional norms.

Social Identity Theory

Social identity theory (Tajfel & Turner, 1979, 2010) emphasizes how belonging to professional groups shapes self-concept and perceived legitimacy. Professional identity can be viewed as a specific form of social identity shaped by group membership, status, and intergroup comparison. Misclassification as "activities staff" creates identity threat and lowers status, whereas association with mental health teams strengthens confidence and professional belonging. Although a strong identity can sometimes promote boundary defensiveness (Ahuja, 2023), balanced group affiliation fosters effective collaboration within multidisciplinary teams.

Professional Identity in Healthcare Contexts

Professional identity is the internalized understanding of one's values, roles, and sense of self associated with membership in a professional community (Feen-Calligan, 2012; Fitzgerald, 2020; Jue & Ha, 2018). In healthcare, it develops through education, supervision, role modeling, and performing work tasks within complex social environments (Matthews et al., 2019; Toben et al., 2021). A well-defi-

ned professional identity supports interprofessional collaboration, strengthens teamwork, and enhances the quality of care (Ackerhans et al., 2024; Cornett et al., 2023; Cruess et al., 2019; Mbalinda et al., 2024). These findings highlight that organizational climates that promote respect, autonomy, and role clarity help strengthen identity development across disciplines.

Professional identity is threatened when expertise is undervalued or misunderstood. Weak role clarity and fragile boundaries have been shown to undermine interprofessional coordination, especially during crises and organizational restructuring (McNeil et al., 2013; Porter & Wilton, 2020). In smaller professions like art therapy, persistent marginalization can lead to burnout and identity fatigue (Kim, 2012; Ahuja, 2023).

Art Therapists' Professional Identity

Art therapists' professional identity has evolved through the integration of art and psychotherapy, shaped by training, certification, and practice environments (Feen-Calligan, 2012). In hospitals, their roles often intersect with those of child life specialists, psychologists, social workers, and recreational therapists, creating opportunities for collaboration and sources of tension. These overlaps lead to role confusion and boundary ambiguity (Mourey, 2021; Porter & Wilton, 2019), especially when institutions fail to differentiate the clinical scope of art therapy from other psychosocial disciplines. Misclassification as "activity specialists" or "creative arts" staff reinforces these ambiguities, devalues the art therapist's credentials and contributions to clinical care.

Empirical studies show that supervision and departmental alignment play a decisive role in identity development. Practitioners supervised by professionals from their own discipline report hi-gher confidence, better reflective skills, and increased commitment (Kavanagh et al., 2003; Ruff, 2021). Cross-disciplinary supervision, by contrast, may limit professional growth unless boundaries and learning goals are clearly defined (McGuinness & Guerin, 2024).

At the field level, recent bibliometric analyses indicate that art therapy scholarship is increasingly situated within healthcare and psychotherapy frameworks, signaling a maturing professional narrative (Gemer & Metzl, 2025). Yet this evolution also highlights persistent institutional challenges, underscoring the need for accurate classification, discipline-appropriate supervision, and department alignment to support art therapists' full clinical potential in hospital environments.

Perceptions of Art Therapy in Healthcare

Despite growing scientific support, misconceptions persist that art therapy is purely recreational or a diversionary activity (Ahessy, 2020, 2022; Akmane,

2016; Snyder et al., 2021). Such misunderstandings risk improper referrals or misuse of services, creating ethical and safety concerns (Van Lith & Spooner, 2018). In pediatric mental health settings, art therapy has proven effective in treating anxiety, depression, and trauma-related symptoms, underscoring the importance of positioning art therapists within recognized mental health frameworks (Versitano et al., 2025). In pediatric medical settings, art therapy is efficacious in reducing pain, decreasing anxiety symptoms, reducing lengths of stay, and improving patient outcomes (Bifano & Tsze, 2024; Clapp et al., 2019; Sadler & Ridenour, 2009; Shella, 2018).

Visibility plays a critical role in how clinicians are perceived within the multidisciplinary team. Mixed-methods studies on integrated practice units demonstrate that being a "team member" is associated with attributes of physical presence on units, participation in rounds, and clearly defined roles (van Staalduinen et al., 2023). Only a small percentage of physicians and nurses acknowledge creative arts therapists as part of the healthcare team (Van Staalduinen et al., 2023). When clinicians are less visible, their contributions are easily overlooked, and they are less likely to be regarded as essential to patient care. This dynamic disproportionately affects art therapists, who are often the sole practitioners of their discipline in a hospital, making it difficult for them to maintain visibility and representation within larger medical teams. As a result, their clinical expertise can remain peripheral despite its relevance to patient well-being.

Professional Identity and Organizational Structures

Organizational factors such as departmental placement, job classification, and supervision directly shape art therapists' sense of professional belonging and effectiveness (Callan et al., 2007; Porter & Wilton, 2019). Misalignment across these structures contributes to role confusion, poor collaboration among professionals, and burnout (Kim, 2012; Meadows et al., 2022), whereas placement within departments aligned with one's discipline can protect professional identity during institutional change (Callan et al., 2007). Allied health research reinforces these patterns. Structured supervision frameworks enhance practitioners' perceived competence and role clarity (Gardner et al., 2022). At the same time, cross-disciplinary supervision can be effective when it explicitly supports identity development and boundary negotiation (McGuinness & Guerin, 2024). Broader reviews of interprofessional collaboration indicate that successful teamwork relies on shared goals, communication, and clear role boundaries, rather than partnership alone (Carron et al., 2021). Collectively, these insights suggest that organizational support, rather than individual skill alone, is the foundation for

sustaining professional identity, effective interdisciplinary functioning, and ethical clinical practice within complex health care systems.

Synthesis and Theoretical Linkage

Professional identity emerges through the interplay of individual actions, organizational systems, and social interactions. For pediatric art therapists, misclassification, weak and insufficient supervision, and limited visibility undermine professional self-concept and interprofessional teamwork, whereas alignment, discipline-specific supervision, and inclusion foster a sense of belonging and professional competence.

Structuration theory and social identity theory situate art therapists within an ongoing, reciprocal relationship between organizational systems and their own professional agency, while social identity theory further explains how belonging and recognition shape professional self-identity. Combined, these theories clarify how institutional structures and individual actions continually construct self-identity, providing the conceptual foundation for the study's methodology.

Methodology

Research Design

This qualitative study examined how organizational structures shape the professional identity of art therapists working in pediatric hospitals in the United States. Descriptive phenomenology (Colaizzi, 1978) was used to capture the lived meanings of participants' experiences, privileging depth of description over generalizability (Creswell & Poth, 2017; Jackson, 2016). Guided by structuration theory (Giddens, 1984) and social identity theory (Tajfel & Turner, 1979, 2010), the study explored how therapists navigate institutional norms, group belonging, and professional positioning within healthcare systems.

Research Questions

This study addressed two questions: (1) How do pediatric hospital–based art therapists experience and interpret their professional identity? and (2) How do organizational structures influence art therapists' perceptions of their roles and the perceived value of their services within hospital environments?

Participants and Sampling

Eight credentialed art therapists were recruited through purposive and snowball sampling. All participants held licensure or a limited permit to practice and worked in pediatric hospitals across the Northeast, South, Midwest, and Southwest regions of the U.S. Inclusion criteria required at least one year of hospital experience. The sample included art therapists with different departmental placements, such as child life, behavioral health, and psychosocial services. Five

participants were the only art therapists at their hospital, with seven working full-time and one part-time; seven worked in medical/surgical settings, and one in inpatient psychiatry (Table 1).

Table 1

Characteristics of Art Therapists and Settings

Characteristics	n
Degree Type	
Master in Art Therapy	7
Master in Family Therapy	1
Licensure	
LCAT	2
LMFT	1
LMHC	1
LPC	2
LPC-ART	1
LPC-Associate	1
# of Years Practicing Art Therapy	
1 - 9 years	5
10 - 19 years	1
20 - 29 years	2
# of Years at Current Job	
1 - 7 years	5
8 - 14 years	1
15 - 20,5 years	2
Current Job Status	
Full-time	7
Part-time	1
Total # of Art Therapists in Department	
1 Art Therapist	5
2 - 3 Art Therapists	2
7 Art Therapist	1

Characteristics	n
Job Title	
Art Therapist/Advanced Art Therapist/Creative Arts Therapist	7
Child Life Specialist	1
Department Name	
Child Life and Other Services (e.g. Therapeutic Arts, Integrative Care)	4
Behavioral Health/Psychiatric Rehabilitation Therapy	2
Hematology/Oncology/Bone Marrow Transplant	1
Patient and Family Services	1
Manager's Profession	
Child Life Specialist	3
Creative Arts Therapist	2
Nurse Manager	1
Psychologist	1
Social Worker	1

Note. N = 8

Note. Reprinted from Pediatric Hospital-Based Art Therapists and the Relationship Between Organizational Structures and Professional Identi-ties by S.M. Bifano (Doctoral disser-tation, Touro University Worldwide), 2025.

Data Collection

Data were collected through semi-structured interviews conducted via HIPAA-compliant Zoom video calls. This format enabled participants to elaborate on personal meanings while allowing the in-terviewer to pursue emergent topics (Creswell & Poth, 2017; Turner, 2010). The interview guide began with demographic and contextual questions, followed by open-ended prompts regarding departmental placement, supervision, interprofessional collaboration, and role perception.

Questions were adapted from prior studies examining organizational influences on professional identity (Lacson, 2022; Fleit, 2008). The interviewer employed follow-up questions to clarify or expand responses (E. Knott et al., 2022). Each 75 – 90-minute interview was audio-recorded with participant consent and transcribed verbatim. The study received expedited IRB approval from Touro University Worldwide and followed ethical standards for informed consent and confidentiality.

Researcher Reflexivity

Reflexivity and bracketing were integral to maintaining rigor. The researcher, a pediatric hospital art therapist with over two decades of clinical experience, maintained a reflexive journal to identify and bracket personal assumptions throughout data collection and analysis (Colaizzi, 1978; Roulston, 2010). This process enhanced transparency and ensured that interpretations reflected participants' perspectives rather than pre-existing beliefs.

Data Analysis

Data were analyzed using thematic analysis (Braun & Clarke, 2006) consistent with Colaizzi's (1978) phenomenological approach. Transcripts were read repeatedly for immersion, and significant statements were identified, coded, and clustered into categories reflecting shared meanings (Fereday & Muir-Cochrane, 2006). Codes were refined inductively, allowing insights to emerge from the data rather than being predetermined. Through iterative comparison, categories were synthesized into themes capturing participants' collective experience of professional identity and its interaction with organizational structures. The researcher bracketed assumptions during analysis and revisited the data to verify interpretations.

Results

Overview

Eight credentialed art therapists working in pediatric hospitals across the United States participated in semi-structured interviews examining how organizational structures shape their professional identity. Participants came from various hospital departments and reported to managers from different disciplines, with most being the only art therapist at their faci-

lity. Thematic analysis (Braun & Clarke, 2006; Colaizzi, 1978) identified four ma-in themes and twelve subthemes that illustrate how institutional alignment, managerial discipline, and organizational hierarchies influence art therapists' roles, visibility, and self-concept.

Major Theme 1:
Professional Identity Challenges

Participants highlighted ongoing challenges in defining, communicating, and safeguarding their roles as licensed mental health professionals within hospital settings. This theme reflects frequent role misrepresentation, boundary issues, and ongoing advocacy to establish their professional identity.

Systemic Role Misrepresentation

All participants faced mislabeling or misunderstanding of their roles due to incorrect job titles or staff assumptions. One therapist shared, "*My professional job title says 'Child Life' on my badge… nurses and patients are like, 'Oh, child life,' and I have to repeat the spiel every time. It's exhausting*." Another issue for a different art therapist was the discrepancy between the badge and the title in the electronic health record (EHR): "*In the charts, we're called Psych Rehab. That has nothing to do with being a Creative Arts Therapist*."

Mislabeling extended to colleagues' language, "*It's usually nurses that would say, 'Oh, the art lady's here, ready?'So [the art therapists] had to talk to every single nurse and explain to them what the difference is, and even with the patient's parents*." Another art therapist states, "*I've been called the art teacher, and then I have to give the gentle correction, 'I'm the art therapist,' or I get lots of questions about 'what degree do you need for that?*'" Repeated correction and questioning about one's experience can cause emotional fatigue and reduced legitimacy.

Likewise, all art therapists experienced devaluation and disparaging comments from staff, questioning their abilities to facilitate a therapy group, with their roles inaccurately represented, causing them to defend and justify their position. '*Man, I wish I had your job. I just wanna make some art*.' And "*I hear my peers saying, 'You have an easy job. I'd love to do what you do.' And you know, really, do they really know? Apparently, they're saying that they don't really know what we do*." Another therapist states, "*Social work, psychologists… are like, 'Oh, you're the art therapist, that's cute… that's fun.' When they look at my credentials and see I'm also a marriage and family therapist, suddenly I'm considered legit*."

Defining and Explaining Art Therapy

Six art therapists highlighted the mental health foundation of their work when describing their roles to colleagues. One art therapist explained, "*I always say that*

art therapy is a mental health profession supporting patients and families with coping, anything from legacy work to self-expression." Several mentioned their licensure to validate their expertise. One stated, "*I say I'm a psychotherapist. Art is one of the languages I use.*" Others strategically used psychiatric terminology to gain credibility: "*I try to explain it as psychotherapy as humanly possible… I use DBT terms when I have to, even though I hate it.*"

Differentiating from Non-Mental-Health Roles

Therapists frequently clarified distinctions between art therapy, artists-in-residence, and child life specialists. One art therapist noted, "*We had an artist in residence spending hours with patients… by the time I came in, they didn't want more art. That made it difficult to do the therapy part.*" Another art therapist educated staff on HIPAA and confidentiality, while another created a Venn diagram contrasting child life and art therapy "*to explain where we overlap and where we differ.*"

Working Outside the Art Therapist Role

Seven art therapists reported being asked to perform non-clinical or child life duties, such as distraction, event coverage, or poster-making. "*When my child life colleague is out, I get all her referrals… I ended up having that day to prioritize that (MRI) scan. So it is a bummer that the prioritization had to change with something a little bit less consistent with like an art therapy practice.*" Another shared, "*Because I'm funded by a nonprofit, sometimes they ask for art projects that aren't therapy-related… it takes away time from patients.*" This art therapist states, "*I'll act like a liaison between the foundations and the child life department because the child life department is so lack of staff right now…*" Such requests dilute clinical focus, blur professional boundaries, hinder patients from receiving art therapy services, and ultimately silence practitioners in their role.

Advocacy and Visibility

Participants actively countered invisibility through educational outreach, exhibitions, and collaborative art installations. One described creating seasonal art displays, "*We focused on DBT concepts about tolerating seemingly contradictory feelings. I think that when our professional team sees it, it's just so clear how much intentional clinical intervention there was.*" Dedicated studio spaces, when available, increased legitimacy: "*Families talk about wanting to come to the art therapy studio; it shifts the hospital experience.*" One art therapiststrategically collaborates on public hospital-wide art projects to bring awareness to art therapy among her leadership. "*If marketing's on board,*

philanthropy is on board and multiple members of our team are involved, you have some higher members up executive-wise who are like, this is a cool project. I think working on different levels… helps people better understand the bigger concept of how art therapy can be an integral part of a project like this."

Integration and Collaboration

Art therapists embedded within psychosocial or behavioral health teams described deeper integration, mutual respect, and clearer boundaries. "*We meet weekly with social work; it feels cohesive,*" said one. Others highlighted inclusion in rounds and co-treatments that improved visibility: "*When my opinion is respected, that's when my identity is seen as professional.*" And reduce the emotional toll "*It also alleviates me feeling like I have to carry everything, knowing that there's different people who are going to address different aspects of the patient's needs and the family's needs.*"

Major Theme 2: Organizational Structures and Support

Participants linked their sense of professional efficacy to structural variables, including manager background, department placement, and funding source. These factors shaped clinical growth, recognition, and autonomy.

Supervisor's Professional Background

Those supervised by mental-health professionals described mentorship, advocacy, and validation of clinical expertise. "*Because my director is a psychologist, she encourages training and provides funds for conferences,*" shared one participant. Another noted, "*My LCSW supervisor went straight to the physicians to introduce me; that top-down support legitimized my role.*"

In contrast, supervision by non-mental-health managers limited professional growth and blurred the boundaries of practice. "*[My Child Life manager's] expectation is that… [I am doing tasks that] might not be consistent with [my] License… She can't clinically develop me…her credentials are different, and I don't go to her for advice. She's helpful in navigating the hospital system… In terms of developing my skills as a clinician and seeing myself grow as a clinician… her ability to support me is more limited.*" Such arrangements reinforced systemic misunderstanding of art therapy's psychotherapeutic nature.

Departmental Affiliation

Affiliation significantly influenced role perception. Therapists housed under Child Life reported being perceived as non-clinical: "*If we were under Psychology, we could apply our mental-health skills differently.*" Those embed-

ded in Behavioral Health or Psychosocial Services felt greater recognition and access to clinical dialogue. Departmental misalignment also affected funding and conference support. One participant observed that art therapists under Child Life "*didn't get the same backing to attend the national conference*."

Being situated in Child Life departments and reporting to non-mental health managers placed art therapists in subordinate positions within hospital hierarchies, silencing their clinical identity and reinforcing their invisibility.

External Funding and Internal Structures

External donors or nonprofit organizations supported half of the participants. These partnerships provided financial stability, supervision, and peer connection. "*[The non-profit] is a huge resource… all of the art therapists were on a Zoom call… talking with each other about our institutions and how to support each other. [The non-profit] helped me financially [attend] the virtual conference. When I get a 'no' from the hospital, I usually lean towards [the non-profit] because [the founder of the non-profit] is an art therapist. She knows*."

Internal structural inequities persisted; behavioral-health programs often lacked adequate budgets or supply funds, highlighting systemic undervaluation of mental-health disciplines.

Autonomy in Role

Autonomy emerged in all eight interviews. While many therapists valued their independence, all recognized they had autonomy with how they utilize their time and in how they practice. However, it was where their autonomy derived from, which was notable. For some, autonomy reflected empowered independence fostered by their mental health manager as indicated by this therapist."*Being part of behavioral health and supported by the nonprofit gives us autonomy and flexibility*." Those reporting to non-mental health managers described the autonomy as arising from a lack of structured institutional guidance. One art therapist explained that her manager does not understand art therapy and, therefore, has to trust in how she is practicing. "*I have a lot of autonomy… [My child life manager] looks at my child life colleagues, …and she has comments on what her expectations are, and for me… it's very difficult for her to comment. She just takes my word that this is the best application of my skills, and I really, really like that*."

This can leave some therapists vulnerable to professional isolation and lack of professional enhancement.

Major Theme 3: Emotional and Professional Challenges

This theme captures the personal toll of practicing in under-resourced and emotionally intense hospital settings. Therapists described isolation, burnout, ethical strain, and emotional labor associated with being the sole art therapist and navigating ethical concerns.

Being the Sole Art Therapist

Four participants were the sole art therapists in their hospitals, leading to isolation, unsustainable workloads, and lack of peer support. "*One person cannot possibly manage a full day's caseload… and be responsibly practicing art therapy here… One art therapist for an entire hospital, it is impossible to provide the quality of care our patients deserve.*" Others expressed frustration at the lack of consultation or mentorship: "*It's difficult to be the only creative arts therapist… it takes a little bit more to support yourself… reaching out to other local art therapists or people in the field.*""*Other than, like, lighten the load, it's hard being the only one… that would provide someone for checks and balances… to bounce ideas off… a team rather than just one… better continuity of care for patients.*" Working alone also created moral distress: "*It's hard to know patients need support and not have enough hours in the day… It's really difficult to prioritize when I'm the only art therapist… between having a difficult time finding mentors or clinical supervision… not really feeling like the benefits for professional development are available… We just need more art therapists.*" Despite this, a few acknowledged small benefits such as greater autonomy or flexibility in scheduling.

Adapting Practice to Hospital Environments

Therapists frequently faced ethical and logistical challenges related to privacy and space. "*I'll ask to close the playroom for an hour, but doctors still come in,*" one explained. Others described redefining confidentiality: "*Whenever I have an intern or a student with me, we go over the code of ethics, and I'm like, 'Hey, so this says you must have a safe, secure place to have therapy.' We, of course, make our best effort to do that, but I just know there's nurses and doctors coming in. So it's really defining what that is.*" The open nature of hospital units required constant adaptation while upholding ethical standards. "*We always develop that initial verbal contract about the expectations of art therapy and the limits of confidentiality. I tell patients if someone interrupts and if we're talking I'm gonna stop… I will follow your lead. But if you change the topic of the conversation to something lighthearted*

or about the artwork, then I will follow you in that direction.' Someone from the outside who just pops in is like, 'This is counseling?' That's the outcome you take on with protecting the work you do with the patients, which often then leaves people out of understanding your profession."

Participants describe the emotional fatigue of continual adaptation and advocacy under hierarchical constraints, resulting in professional silencing.

Emotional Burden and Burnout

Participants shared the emotional weight of pediatric medical work, especially with end-of-life patients. "*It's just really heavy working with dying kids,*" one reflected. Others described cumulative grief and exhaustion: "*The legacy work stays with me; it changes how I see myself as a clinician.*" Several noted providing bereavement support to staff while struggling with their own loss, revealing the layered emotional demands of the role.

Major Theme 4: Perceived Value of Art Therapy in the Hospital

This final theme illuminates how institutional recognition, or its lack, impacts art therapists' professional identity, morale, and retention.

Institutional Support and Barriers to Growth

Six participants faced limited support for continuing education or credentialing. "*You want me to be an art therapist but won't pay for my license renewal,*" one said. Another described an appeal for specialized training that was denied because administrators "*had never heard of it.*" Others noted salary disparities compared to peers in psychology or social work: "*It's not sustainable to earn the same as staff without graduate degrees.*"

Despite these barriers, participants supervised by creative arts therapists or mental health professionals described hope and possibility: "*My manager's mindset is to keep expanding, she sees the value.*"

Marketing and Tokenization

Six participants reported being used in hospital marketing campaigns, and four of the six highlighted that art therapy is tokenized and advertised as a hospital-wide service when only one individual provides it. "*My hospital gets to say they have art therapy, but if you're not here for cancer, you don't have art therapy.*" Others recounted being featured on websites and at fundraising or donor events without adequate staffing or pay. Such tokenization was described as "*false advertising*" and "*ethically un-*

comfortable." This art therapist feels her hospital advertises art therapy because it makes them look good. "*We're not just a token therapy... a shiny object or a check box. 'Oh, and by the way, we have art therapy,'... like a side note on a website. That's nice to have. If you're serious about having an art therapist, know what you're getting into.*" Paradoxically, art therapy was shaped and promoted publicly by the same institutional hierarchies that also silence its clinical value within the hospital, increasing art therapists' marginalization.

Recommendations for Institutional Growth

Three art therapists made significant recommendations related to the perceived value of services within their respective institutions, including advocating for more staffing. Five commented specifically on competitive salaries, "*I have always felt like we're just cheap labor working in the hospital. We are literally the cheapest grouping of people that they can get to run a therapeutic group.*" Two participants emphasized the increased need for research, "*Hospitals rely on statistics; we need more studies showing impact.*" And one participant highlighted the need for more art therapists to enter administrative and leadership roles. These insights underscore systemic issues in valuing creative arts therapies within healthcare infrastructures.

Summary

Across all themes, participants expres-sed an ongoing tension between professional expertise and institutional misalignment. Factors such as mislabeling, departmental placement, and reporting line structures influenced how art therapists were perceived, integrated, and valued. Despite these structural barriers, participants showed persistent advocacy, adaptability, and ethical commitment to their clinical roles. Their experiences reveal that professional identity goes beyond static roles and is continually negotiated through organizational visibility, interprofessional recognition, and a degree of systemic support afforded within organizational contexts.

Discussion

Overview

This study examined how organizational structures influence the professional identity of pediatric hospital-based art therapists in the United States. Using a descriptive phenomenological approach, the research highlighted the lived experiences of eight art therapists, who described how departmental placement, the discipline of their reporting manager, and institutional hierarchies affect their sense of belonging, visibility, and perceived value. Four key themes emerged: (1) Professional Identity Challenges, (2) Organizational Structures and Sup-

port, (3) Emotional and Professional Challenges, and (4) Perceived Value of Hospital Art Therapy. Collectively, these findings reveal a dynamic interplay between systemic structures and individual agency in shaping, sustaining, and silencing professional identity within hospital environments, particularly through marginalization in Child Life-dominated departments versus more aligned mental health reporting models, and institutional perceptions of art therapy.

Professional Identity Challenges

Professional identity concerns were persistent across participants. Despite being licensed mental health clinicians, art therapists were misidentified as child life specialists, art teachers, or volunteers, enhancing role confusion, mislabeling, reduced visibility, and undervaluation of their work. Misclassification extended beyond interpersonal misunderstandings to broader systemic misalignment, where job titles, badge designations, and electronic health record labels failed to accurately reflect their clinical scope.

Participants described the daily labor of clarifying roles, correcting inappropriate referrals, and educating colleagues about art therapy's psychotherapeutic purpose. When art therapy was perceived as "fun," "cute," or "recreational", collaboration and treatment integration were weakened, echoing prior findings that role ambiguity contributes to burnout, role fatigue, reduced job satisfaction, and compromised care quality (Fitzgerald, 2020; Kim, 2012; Lewis et al., 2025).

Participants' experiences reflect the tension outlined in social identity theory (Tajfel & Turner, 1979, 2010), in which unclear group boundaries create identity threats and prompt practitioners to distinguish themselves from higher-status groups. Repeated ex-periences of misclassification and mis-perceptions caused identity threat, lead-ing to protective self-silencing as art therapists strived for belonging in teams that undervalued their discipline. Art therapists' ongoing need to distinguish their role from child life highlights the effects of social categorization, which place them in a liminal position between artistic and mental health domains, generating professional vulnerability and emotional stress while driving self-advocacy and educational outreach to reinforce group identity and cohesion.

Structuration theory describes how art therapists exercise agency within restrictive institutional systems (Giddens, 1984). Through advocacy, education, and collaboration, they seek to reshape the rules that define their practice. However, inaccurate titles, non-clinical supervision, and weak policy support limit these efforts. Signification structures, or the language and symbols that assign meaning, diminish art therapy's psychotherapeutic depth with labels like "art lady" or "cute." Domination structures, shown

through child-life hierarchical authority and a lack of supervision, hinder advocacy and suppress professional autonomy, while legitimation structures, reflected in institutional norms and policies, fail to protect or clearly define clinical roles.

Despite these challenges, participants demonstrated resilience and ingenuity, transforming everyday misconceptions into opportunities for advocacy and education. Their efforts highlight both the fragility and the adaptability of professional identity when organizational support is inconsistent.

Organizational Structures and Support

Organizational frameworks strongly influenced participants' professional identity, role clarity, and access to resources. Departmental affiliation and supervisory background were the most significant factors. Art therapists supervised by non–mental health managers described barriers to clinical growth, ethical oversight, and accurate role assessment. In contrast, those reporting to supervisors trained in psychology, social work, or creative arts therapy felt validated, mentored, and more integrated within interdisciplinary care.

Interestingly, child life specialists who are housed alongside art therapists were typically integrated into clinical rounds and maintain greater visibility within unit-based teams. This distinction reinforces the idea that representation and numbers matter; with more staff and consistent unit presence, child life professionals are better able to integrate into care teams. It also highlights how gatekeeping and disciplinary hierarchies can restrict art therapists' access to the same collaborative and visible spaces.

These findings confirm that departmental placement shapes perceptions of professional legitimacy. When housed under Child Life, art therapy was often perceived as play or diversion rather than psychotherapy, limiting participation in treatment team meetings, research initiatives, and professional development opportunities. Conversely, art therapists embedded in behavioral health or psychosocial teams received greater recognition, clearer role boundaries, and a stronger sense of belonging.

Funding source also mattered, as externally funded positions received discipline-specific supervision and continuing education, whereas hospital-funded roles, particularly those within Child Life departments, lacked comparable support.

Although many art therapists valued autonomy, many noted that independence often stemmed from managerial unfamiliarity with art therapy rather than deliberate empowerment, leading to self-reliance, advocacy fatigue, and blurred accountability. These results echo prior research showing that organizational supervisory alignment and departmental fit significantly shape professional iden-

tity (Fleit, 2008; Lacson, 2022; Lewis et al., 2025; Porter & Wilton, 2019, 2020).

Interpreted through social identity theory, being grouped outside mental-health staff reinforced marginalization of art therapists. In contrast, structuration theory illustrates how art therapists adapt institutional rules through advocacy efforts by changing job titles, developing educational materials, and lobbying for studio space to seek structural change. Without formal policy reform, however, these efforts remain individual and temporary rather than systemic.

Emotional and Professional Challenges

The emotional and professional demands of hospital art therapy were substantial, especially for the majority of participants who served as sole practitioners managing large caseloads with minimal peer support or supervision. Many art therapists were asked to assume child life responsibilities, thereby compromising therapeutic integrity and reinforcing misconceptions about their professional role. By taking on child life tasks, art therapists were also taken away from performing art therapy job duties aligned to their professional credentials, despite the disproportionate numbers of child life staff to one art therapist. Feelings of isolation, ethical challenges, and emotional exhaustion were common.

A lack of dedicated therapy spaces created additional ethical challenges. Frequent interruptions, limited privacy, and requests to display patient artwork for fundraising forced therapists to constantly navigate confidentiality and boundaries. Staff interruptions during art therapy sessions either hindered what the art therapist could discuss, influenced the art process, or reduced the therapy's effectiveness. Space constraints compelled therapists to modify interventions, thereby diluting their clinical depth, to protect patient privacy and emotional well-being. Several art therapists shared similar strategies for managing staff interruptions while maintaining the integrity of the work. They informed patients beforehand that they could shift to more superficial topics if a session was interrupted. When non-mental health staff observed art therapy sessions during new-hire orientation, art therapists also limited the depth of the sessions to preserve confidentiality and integrity, which led to skewed perceptions of art therapy. These experiences reflect prior research on ethical tensions and professional invisibility in hospital-based art therapy (Mourey, 2021; Snyder et al., 2021; Vivolo et al., 2024).

The emotional toll of end-of-life work was significant. Participants described legacy-making with dying children as rewarding but emotionally draining, often done without formal supervision or institutional support. While some relied on informal debriefings with colleagues, most handled vicarious trauma on their own. Research

on healthcare burnout and secondary trauma confirms the protective role of peer support and reflective supervision in managing ethical challenges and high-stress situations (Dijxhoorn et al., 2021; Maffoni et al., 2022; Tragantzopoulou et al., 2024).

Through the lens of social identity theory, isolation and lack of departmental belonging magnify professional alienation. Art therapists often compared themselves to social workers or psychologists who had peer networks and institutional backing, reinforcing feelings of undervaluation. Structuration theory further clarifies how institutional structures, such as insufficient supervision, limited resources, and hierarchical control, both produce and perpetuate emotional strain. Despite these constraints, participants consistently engaged in advocacy and education, reframing adversity as purpose-driven action and underscoring the resilience inherent in their professional identity.

Perceived Value of Hospital Art Therapy

Perceived professional value was closely tied to institutional support, funding priorities, and accurate representation. Participants reported inequities in pay, access to continuing education, and promotional opportunities compared with other mental-health providers. Recognition often depended on individual advocacy rather than formal policy. Marketing and visibility proved to be a double-edged sword. Hospitals often promoted art therapy through public relations campaigns or donor events while neglecting to adequately fund it internally. Participants described tokenism, being showcased as evidence of holistic care while, as individual practitioners, they struggled to meet patient demand. This misrepresentation raised ethical concerns and reinforced the idea that art therapy is ancillary rather than essential.

From a structuration perspective, signification processes - how institutions communicate meaning - influence the perceived value of art therapy. Promotional narratives depicted art therapy as decorative rather than clinical, positioning it symbolically rather than substantively within hospital hierarchies. Structures of domination were clear in administrative control over budgets, training approvals, and role definitions. Legitimation structures remained weak not only because formal policies failed to recognize art therapy as a core mental-health service, but also because many programs were housed within non-clinical departments such as child life. This organizational placement reinforced normative assumptions that art therapy is supportive rather than psychotherapeutic, thereby institutionalizing its marginal status within the hospital's moral and professional order.

Social identity theory explains how art therapists internalize or resist these per-

ceptions. Through social comparison, they assess their status relative to other professions, identify inequities, and advocate for parity. Through social identification, they strengthen their professional belonging by aligning with mental health teams, pursuing research, and collaborating on interdisciplinary initiatives. Collectively, these findings call for systemic reform, accurate job classification, alignment with mental health departments, equitable funding, and authentic institutional representation to sustain and elevate the profession within healthcare systems.

Limitations

This study reflects the experiences of eight pediatric hospital art therapists, a small and specialized sample. Consequently, the findings may not generalize to adult hospital or community settings, where organizational structures differ. Because data were self-reported, participants may have emphasized certain experiences or omitted others. Additionally, the study focuses on art therapists' perceptions, excluding administrators' and other disciplines' viewpoints, limiting a multi-perspective understanding of systemic factors. Despite these constraints, the findings offer valuable insights into the organizational dynamics that shape art therapists' professional identity in pediatric hospitals.

Implications

The results have practical implications for hospital administrators, arts therapy educators, and professional organizations. Institutional reform is essential to overcoming barriers that prevent art therapists from gaining recognition and advancing in their careers. Hospitals should standardize job titles, departmental affiliations, and reporting structures to ensure clear role definitions. Ongoing staff education should clarify art therapy's clinical scope and ethical boundaries. Incorporating art therapists into mental health teams with discipline-specific supervision can improve clinical effectiveness, emotional resilience, and ethical standards.

Confidentiality challenges, session disruptions, and the lack of dedicated therapy spaces hinder art therapists from fully adhering to their ethical guidelines. Similar to Child Life playroom programs, providing art therapists with designated therapy spaces or studios can enhance art therapy services by ensuring privacy and preventing interruptions from staff, thereby preserving the integrity of interventions.

Hospital administration is encouraged to ensure parity with other mental health professionals, as art therapists report disparities or limited access to continuing education funds, conference attendance, research funding, and unequal salaries, all of which hinder professional growth and recognition. Therefore, institutional

reforms are needed, including the development of a comprehensive, hospital-wide creative arts therapy framework supported by national organizations such as the AATA, the American Music Therapy Association, the Dance/Movement Therapy Association, the Drama Therapy Association, state credentialing agencies, and the American Academy of Pediatrics. Administrators are advised to work with these national bodies to establish best practices for staffing, organizational placement, role definitions, responsibilities, research, and evaluation in creative arts therapy. By aligning structural policies with the clinical goals of art therapy, hospitals can foster interdisciplinary collaboration, enhance patient outcomes, and elevate the prominence of creative arts therapies as vital components of healthcare.

Future Research and Conclusions

Future studies should expand to larger, more diverse samples, including adult hospital settings and other creative arts therapies, to explore cross-disciplinary commonalities and best-practice structures. Mixed-methods or comparative designs could investigate differences between hospitals with integrated versus isolated art therapy programs. Incorporating administrator and interdisciplinary perspectives would yield a more comprehensive understanding of how institutional decisions affect art therapists' professional identity.

In conclusion, this study demonstrates that organizational misalignment, the reporting manager's discipline, and systemic undervaluation undermine art therapists' professional identity and integration within hospitals. Nevertheless, art therapists exhibit remarkable resilience, adapting to structural constraints while advocating for ethical, patient-centered care. To move beyond this quiet crisis, institutions must dismantle silencing hierarchies by aligning art therapy with mental health departments, revising job descriptions to reflect clinical competencies, and ensuring parity with other mental health disciplines to strengthen professional legitimacy and sustainability. Institutional recognition of art therapy as an essential, evidence-based mental health service will not only enhance art therapists' well-being and career longevity but also enrich holistic patient and family care in pediatric hospitals.

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