Creating Home in an Art Therapy Program for Transitioning Veterans

by

Jennifer M. DeLucia

A Culminating Project and Contextual Essay submitted to the Faculty of the Graduate School, Mount Mary University, in Partial Fulfillment of the Requirements for the Degree of Doctor of Art Therapy.

Milwaukee, Wisconsin

May 2015

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Approved by

Bruce Moon [electronic signature]	5/12/2015
Bruce Moon, PhD, ATR-BC (Chair of Committee)	Date
Lynn Kapitan [electronic signature]	5/12/2015
Lynn Kapitan, PhD, ATR-BC (Second Core Faculty)	Date
Linda Chapman [electronic signature]	5/12/2015
Linda Chapman, MA, ATR-BC (Committee Member)	Date
Leanne Charlesworth [electronic signature]	5/12/2015
Leanne Charlesworth, PhD, LCSW (Committee Member)	Date

Abstract

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To promote the delivery of art therapy services to U.S. veteran populations, research is needed to demonstrate how art therapy can help veterans successfully transition from military to civilian life. This participatory action research study investigated how veterans experienced an art therapy program designed to address their self-identified needs. The study design consisted of focus groups involving dialogue and art making from which co-researchers developed a list of pivotal concerns. After exploring their personal experiences with art therapy, study participants identified ways in which art therapy could be modified to address the particular needs related to their transitions from military to civilian life. The knowledge collected from the study provided the basis for a program manual that will inform other mental health programs within the U.S. Department of Veterans Affairs and community-based organizations and promote the development and advancement of art therapy services for veterans.

Keywords: veterans, readjustment, transition, art therapy, participatory action research

Acknowledgements

This culminating project would not have been possible without the support of many friends and family members. I would like to acknowledge my husband Jim DeLucia. His love, encouragement, humor, and quiet strength have been the foundation that has allowed me to proceed with this project. I would also like to acknowledge my daughter Sofia, who was born just a few months before this project started, and had to sacrifice valuable time with mom so that I could complete this work. Thank you to my committee chair, Dr. Bruce Moon, for supporting and challenging me along the way. And to my committee members, Dr. Lynn Kapitan, Dr. Leanne Charlesworth, and Linda Chapman, for sharing your knowledge, time, and words of wisdom. I would also like to acknowledge the Veterans Outreach Center, Inc., for supporting this research project.

Dedication

This Culminating Project is dedicated to the 10 veterans of "The Comfort Street Studio Research Team." Each of them generously gave their time to be a part of this project. I am grateful and honored for what they have taught me through their personal experiences and I respect them for their desire to share this information with the public in order to help other veterans. Our work together will continue to inspire me to serve veterans, forever a "sister-in-understanding."

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CHAPTER 1: INTRODUCTION

This contextual essay provides the scholarly context for a culminating project with three major components that examine how veterans experienced an art therapy program in relationship to concerns they felt to be pivotal to their transition from military to civilian life. I also sought to advocate for the inclusion of art therapy services within other community-based organizations and the U.S. Department of Veterans Affairs (VA).

The three components of this culminating project were (a) a participatory action research study that examined how veterans experience an art therapy program in relationship to needs they identified as pivotal to successful transition from military life to civilian life; (b) an exhibition of creative writing and visual artworks made by co-researchers during the research study, which functioned as a method for communicating the research findings regarding veteran transition and art therapy to other local health care providers, civilian community members, and family and friends; and (c) a manual for community-based and VA service providers to raise awareness of issues faced by veterans transitioning from military to civilian cultures and to suggest ways that art therapy could address these issues.

The culminating project had three overarching goals. First, the participatory action research study was intended to unite and empower veterans to contribute to the design of an art therapy program to meet their self-identified needs by examining their personal experiences with art therapy and suggesting ways to improve its effectiveness. Second, I anticipated that the knowledge collected from this study would inform other programs, both VA and community-based, to promote the development and advancement of art therapy among veterans. Third, the entire project was expected to support the

development of grounded theory and build a foundation of knowledge that will help shape future art therapy practices with veterans around needs and recommendations participants themselves have identified.

These goals addressed a timely and crucial question: How can art therapists best address the growing needs of veterans? Notably, in the United States an estimated 26% of returning veterans from the wars in Iraq and Afghanistan may meet the criteria for a mental health condition, most commonly posttraumatic stress disorder (PTSD), major depression, and generalized anxiety (Tanielian & Jaycox, 2008). Many struggling veterans indicate that these matters are extremely difficult to talk about. Furthermore, although the prevalence and impact of these mental health conditions are significant, there are less obvious transition challenges that have even broader implications for the veteran population. In my work I have observed that these challenges impact veterans regardless of their deployment history. As such the number of veterans experiencing difficulties during the transition from military to civilian life is likely much larger than solely those with diagnosable conditions. A recent study estimated that 44% of U.S. veterans serving during the current conflicts in Iraq and Afghanistan have significant difficulty readjusting (Morin, 2011). Transition challenges present unique opportunities for art therapy practice.

Building resilience and promoting the successful transition of returning veterans is a task reaching beyond the professional settings where veterans typically go for services and it requires more than a helping relationship with a therapist. Transition involves family, friends, and the entire civilian community. Studio and gallery approaches to art therapy offer certain benefits that can address the multiple levels of

need, starting with the veteran and reaching out into the context of the community or sense of home. These approaches need to be systematically studied to further explore and document outcomes. There is a call for art therapists to become involved as men and women continue to come home from active duty in need of better treatment and supportive services.

As the daughter of a Vietnam veteran, this project is close to my heart. Living with a soldier who, in my opinion, never fully returned from the war impacted my family in devastating and enduring ways. Painting was survival for me as I worked through the deep wounds and loss that resulted. I considered the discovery of this creative outlet a gift that probably saved my life. In my early twenties, before ever learning about the field and practice of art therapy, I felt compelled to share my experience with others. Now almost a decade into my professional life as an art therapist I was compelled again, inspired by my current work with veterans in a studio-based art therapy program, to contribute to the literature of art therapy so that there might be a better understanding of veteran transition and how art therapy can help.

This essay provides a critical review of the literature on veteran transition and art therapy, with a focus on how studio and gallery approaches target the needs associated with veteran transition. It also provides a rationale for the research methodology used and a description of the participatory action research study that emerged. Included is a discussion of the formalization and distribution of the research findings via an art exhibit and program manual.

CHAPTER 2: CONTEXTUAL EXPOSITION AND LITERATURE REVIEW

The Definition of Veteran Transition

All returning veterans undergo some form of transition when they come home from service and reenter civilian life. Transition, a term generated by the veteran participants on the research team for this study (described herein), refers to service members' passage from military life to civilian life, which often involves emotional, physical, and social changes. The veteran–researchers considered "transition" to be a more accurate representation of their experience than the current terms used in the literature and media, such as reentry, reintegration, and readjustment. They explained how the term *transition* references a normal change that occurs between two distinct experiences. For them these two experiences were military life and civilian life. Further, they believed the words *readjustment* and *reintegration* had a negative connotation, implying that the emotional, physical, and social changes they experienced were not part of a normal and expected process. Lastly, *reentry* seemed to imply to them that the experience was not an ongoing process but a one-time, time-limited occurrence, an event that happened immediately upon arrival home. Although the literature has used these terms interchangeably (e.g., Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, 2010; K. Franklin, 2013; Sayer et al., 2010) and I was unable to locate any source that differentiated them, the veterans who participated in the research study were adamant that "transition" was a much better description of their experiences. Therefore this essay uses that term to describe the veterans' experience of shifting from military to civilian life.

As an art therapist working with veterans, I have learned that each veteran's transition experience is distinct and is influenced by several factors. Some veterans return home from service and transition smoothly back into civilian life. Other veterans struggle, some for years, and say that the transition from military to civilian life is never fully completed (Wolfe, Keane, Kaloupek, Mora, & Wine, 1993). These differences can be accounted for by a number of factors including length of time in the service (Coll & Weiss, 2013), deployment history (Larson & Norman, 2014; Morin, 2011), rank (Morin, 2011), personal resilience (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009), and social support (Larson & Norman, 2014; Pietrzak et al., 2009).

Prevalence of Transition Challenges

For some veterans the difficulties with transition may include mental health conditions such as posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, 2010; Hoge et al., 2004; Tanielian & Jaycox, 2008). In a 2008 study conducted by the RAND Corporation, it was estimated that these conditions would affect approximately 300,000 U.S. veterans of the Global War on Terrorism (Tanielian & Jaycox, 2008). The study estimated that 26% of returning veterans from the wars in Iraq and Afghanistan would potentially meet the criteria for a mental health condition, most commonly PTSD, major depression, and generalized anxiety (Tanielian & Jaycox, 2008).

Although the prevalence and impact of these mental health conditions are significant, the less obvious challenges related to transition have broader implications for the veteran population. In my work with veterans I have observed that transition

challenges have an impact regardless of deployment history; as such, the number of veterans affected by transition is likely much larger than those with diagnosable conditions (Egendorf, 1982).

A recent study estimated that 44% of U.S. veterans serving during the current conflicts in Iraq and Afghanistan are having significant difficulty readjusting to civilian life (Morin, 2011). This number may be more representative of the current generation of returning veterans in need of support. However, there are many veterans who returned home decades ago who continue to struggle (Lantz & Gregoire, 2000; Wolfe et al., 1993). In my review of the literature I did not find any study that included in their samples all eras of wartime veterans or peacetime veterans potentially coping with transition challenges. However, the aforementioned statistics demonstrate that this is a population with a growing need for supportive services.

Trends in the Media and Literature

The emotional and psychological struggles veterans encounter have been well documented in broadcast media accounts of adjustment problems brought on by PTSD, such as the movies *American Sniper* in 2014 and *The Deer Hunter* in 1978. The research on veteran transition over the past 10 years has also focused on PTSD (e.g., Larson & Norman, 2014; Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010; Vasterling et al., 2010). However, there are other concerns and needs beyond that condition that veterans have identified as being pivotal to successful transition, and that much more closely relate to their reintegration experience. Service providers need to have a better understanding of veterans' experiences of transition from military to civilian culture to select the best therapeutic interventions for veterans. This understanding must take into account

potential mental health issues but also address broad psychosocial concerns specific to transition.

Transition: A Complex Process

Scholarly publications in social work have drawn attention to some of the challenges veterans face when transitioning (e.g., Kelly, Howe-Barksdale, & Gitelson, 2011; Rubin, Weiss, & Coll, 2013). Veterans who are shifting from military to civilian life may experience a number of difficult feelings including anxiety, frustration, fear, and loss, while at the same time questioning the meaning and purpose of their lives (Coll & Weiss, 2013). This emotional distress is often secondary to several tasks associated with transition from military to civilian life that all veterans must conquer.

Tasks Associated With Veteran Transition

Responsibilities associated with personal and professional goals are often among veterans' first priorities upon their return to civilian life. Tasks and challenges associated with these goals include difficulty translating military experience to civilian job qualifications (Coll & Weiss, 2013), finding and sustaining gainful employment (Adler et al., 2011), reentering college (Olsen, Badger, & McCuddy, 2014), securing permanent housing (Coll & Weiss, 2013), and attending to daily responsibilities like money management (Caplin & Lewis, 2011; Olsen et al., 2014). Lacking clarity in personal and professional goals and experiencing trouble finding adequate housing or meaningful employment can be potential causes of emotional distress.

Veterans I worked with identified meeting these personal and professional goals as significant sources of stress. Though a few veterans felt like they had gained invaluable life experience and confidence through their military service that supported

achievements in civilian society (Olsen et al., 2014), others described their skills as nontransferable (Coll & Weiss, 2013). Despite having had years of travel experience, leadership responsibilities, and the ability to work in highly pressurized situations, they felt under-qualified for most civilian jobs.

There are also other, more personal responsibilities that transitioning veterans must address when they return home: reestablishing intimacy with loved ones, including spouses and children, and reconnecting with close civilian friends (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Pemberton, Kramer, Borrego, & Owen, 2013; Sayers, Farrow, Ross, & Oslin, 2009). Reestablishing these close relationships may be complicated when family and friends expect returning veterans to be unchanged by their military experiences. On the other side of this exchange, veterans may have similar expectations of spouses, significant others, friends, and family. For example, veterans may return home and expect to resume their roles as parents as those roles were previously understood. However, their spouses may have been fulfilling both parental roles during the veterans' absence. Role-related adjustments could cause veterans to feel like guests in their own homes (Sayers et al., 2009; Straits-Troster et al., 2011) while struggling to transition back into family systems. The entire family is impacted by this transition and together will need to reconfigure roles and daily responsibilities.

For example, a U.S. Army combat veteran who was a member of the research team for this study returned home to the roles of father and husband. He acknowledged the impact his transition had on his entire family. His family members were not adequately prepared for the transition process. When he struggled with the emotional and social aspects of returning home, his family did not have the information they needed to

understand his experience. Depleted by symptoms of posttraumatic stress disorder that were further complicated by financial pressures and employment issues, he was unable to communicate what he was experiencing. He stressed the need for providers to offer more family education around transition, as well as supportive services to help family members, adding that using these services should be part of the routine ritual veterans go through when they return from war.

Several veterans in the group agreed when another veteran declared, “If the military wanted me to have a spouse they would have issued me one.” The group emphasized that any focus on family roles and responsibilities was discouraged in military life and culture because these roles were viewed as distractions. Although this disconnection from family life and responsibility may have been necessary for psychological and physical survival when in combat, it results in many challenges for veterans when they return to those roles.

Healthy and Successful Transition

The return home is a moment that many veterans look forward to with great anticipation and excitement. This is matched by the expectancy of family and friends at home eagerly awaiting the service member’s return. Many returning veterans transition successfully back into family life, resuming the roles of father, mother, son, daughter, husband, or wife. Many veterans find meaningful and gainful employment or return to school. Social supports including friends and some professional services can serve as buffers to the contrast between military and civilian lifestyles and with that help some veterans are successfully able to adapt to the norms of civilian society.

A healthy veteran is a successful and contributing citizen. Veterans without mental health or transition issues are better educated, more likely to be employed, earn a higher than average salary, and are more likely to vote and volunteer in their communities (Veterans Prevail, 2010). Every veteran likely strives for this kind of success; however, there can be many challenges that complicate the transition home. Veterans who lack the support and resources to overcome challenges will struggle with transition. This struggle can lead to adverse outcomes ranging from unemployment to homelessness and severe emotional distress.

Difficult or Unhealthy Transition

Although it is true that a majority of service members are able to return home and make a successful transition to civilian life, as noted earlier, many veterans have great difficulty doing so. There are many other concerns that veterans have identified as being pivotal to successful transition back into civilian life.

As described herein, the group of 10 veteran co-researchers identified seven challenges they felt to be pivotal, based on their personal transition experiences. These seven concerns were (a) fear of the unknown, (b) cultural dissonance, (c) survival guilt, (d) lack of adequate time for decompression after combat, (e) social disconnection from friends or family, (f) expectations from family and friends that transition can be completed in a certain time frame, and (g) a lack of personal direction or purpose. They also identified several factors that impact the transition process, including their original reasons for joining the service, their level of psychological functioning prior to enlistment, their combat exposure and related injuries, any military sexual trauma, and

the particular circumstances surrounding their discharges. These challenges and influencing factors are echoed in the literature.

Feeling Socially Disconnected and Misunderstood

Transition is further complicated when civilians surrounding a veteran lack a complete understanding of the veteran's experience and military culture. A nationally representative survey among veterans who'd had combat experiences in Iraq and Afghanistan found that 55% of respondents felt disconnected from civilian life and that roughly seven in 10 veterans felt that the average U.S. citizen misunderstands their experiences (Chandrasekaran, 2014). The veterans who participated in this study echoed this concern. When civilian citizens set veterans apart from others by idealizing or disparaging their military service, they reveal a lack of detailed knowledge about what veterans' service entailed (Herman, 1992). This reaction creates a social disconnection between veterans and the civilian communities they call "home."

The absence of support and understanding came at a high cost to the veteran participants in this study: isolation. It was a common experience among them that feeling misunderstood resulted in social withdrawal. One veteran declared, "You have one or two opportunities. If a veteran is opening up to you and you shut him down, that's it. Chances are he is not going to try again." Research has demonstrated that the greatest concern of most U.S. veterans transitioning from military to civilian life is a perceived lack of social support and understanding (Caplin & Lewis, 2011; Sayer et al., 2010). This finding is significant given that such social support is a key factor in successful transition (Caplin & Lewis, 2011; Furukawa, 1997; Larson & Norman, 2014; Mallow, Williams-Gray, Kelly, & Alex, 2011).

Social support may serve as a preventive factor against suicide (Pietrak, Goldstein, Malley, Rivers, Johnson, & Southwick, 2010). Robert McDonald, U.S. Secretary of Veterans Affairs, reported that 17 of the 22 veterans who take their own lives each day are often disconnected from family and friends, and are not receiving supportive services (National Public Radio, 2015). Studies have emphasized the positive relationship between social support and adjustment, particularly for veterans who may be dealing with symptoms of a psychiatric disorder (Larson & Norman, 2014; Ozer, Best, Lipsey, & Weiss, 2008; Sayers et al., 2009). Limited social support was also connected with a poorer response to therapy (Herman, 1992; Sayers et. al, 2009). Connection to supports, including other veterans and professional services, could support a healthy transition and help to prevent suicide by reducing isolation, normalizing struggles, and providing hope for the future as veterans start the long journey home.

Connection to other veterans can be a strong source of support during transition. However, sustaining relationships with "military buddies" can be difficult, often because their homes are in different places. Relationships with other service members are identified as very important and a main source of support post-deployment (Caplin & Lewis, 2011). These relationships are cemented by shared experiences and emotions that are unmatched by civilian counterparts (Olsen et al., 2014). Veterans typically form a strong military group identity early in their careers. Their identity is reinforced and strengthened through deployment due to shared values and emotional attachments, and grounded in a sense of individual sacrifice for the good of the nation (Caplin & Lewis, 2011). When these relationships are strained because of distance, the veteran loses a significant source of support. Continued connection to other service members can help to

normalize the struggles with transitioning from military to civilian life and help veterans to persevere when confronted with challenges. All of the veterans on the research team for this study emphasized the emotional and social benefits of having a place to regularly connect with other veterans.

The Impact of Cultural Dissonance

Scholarly publications in the field of social work draw attention to aspects of military culture that are in contrast with civilian culture (Coll, Weiss, & Metal, 2013; Pryce, Pryce, & Shackelford, 2012). The military's organizational structure and its cultural values emphasize strict discipline, loyalty, and self-sacrifice to maintain order in battle; rituals and ceremonies create a shared identity and intense connection among service members, reinforced by group cohesion and a common mission (Olsen et al., 2014; Pryce et al., 2012). These values and behaviors may conflict with U.S. mainstream culture in many ways. For example, U.S. civilian culture focuses on the goals and needs of the individual over those of a social group. This focus is in direct contrast to the military's focus on a shared mission and group identity (Coll et al., 2013). Military culture also carries its own laws, customs, and traditions that include a number of restrictions on behavior and personal freedoms that would not be acceptable in civilian society, including regulations regarding personal appearance (e.g., hair style) and personal conditioning (e.g., weight standards; Coll et al., 2013).

The sudden separation from military culture and immersion into civilian culture can be experienced as a cultural loss. Veterans depart from the values, rules, traditions, and supports to which they have become accustomed. Veterans lose the sense of camaraderie that comes from the knowledge that fellow service members are looking out

for their safety and well-being (Coll & Weiss, 2013). This strong sense of group cohesion is not easily found in civilian society. In addition, the U.S. military community has a strong built-in support network. Military families often seek support from one another because of shared experiences and a common understanding of military life (Coll & Weiss, 2013). When veterans return home they may lack proximity to their military support network at the same time that they lose the familiarity and structure of military culture. Many veterans may need to reconfigure their identification with both civilian and military cultures as part of their transition process. Acculturation literature articulates an understanding of veteran transition and the potential cultural loss associated with this process (Coll et al., 2013).

Acculturation refers to a process of change that occurs when there is ongoing contact and exchange of expectations between two groups of different cultures (Berry & Sabatier, 2011). Veterans undergo a process of acculturation when they transition from military life back into civilian culture, often by attempting to balance their identification with military culture with their desire to have a positive connection to the larger society (Caplin & Lewis, 2011; Henry, 2012). When such balance is not achieved veterans can experience feelings of alienation, depression, anxiety, and loss of identity (Caplin & Lewis, 2011). High cultural conflict, or dissonance between two cultures, has been associated with greater feelings of alienation, isolation, depression, and anxiety (Gaw, 2000). Veterans who have experienced combat-related and other traumas and have developed symptoms of PTSD experience a greater risk of becoming alienated and isolated (Caplin & Lewis, 2011; Quinn & Quinn, 2011). Trauma-related behaviors and symptoms may include emotional numbing, detachment, increased anger and agitation,

and a general distrust of others. In addition, poor acculturation is often associated with higher levels of psychological distress and increased prevalence of PTSD (Lee et al., 2009; Spasojevic, Heffer, & Snyder, 2000). The added challenges and risk factors associated with trauma, PTSD, and acculturation further complicate veterans' transition from military to civilian life and may also reinforce existing symptoms.

The Effects of Service-Related Traumas

It is well documented that combat exposure (Wolfe et al., 1993) and military sexual trauma (Murdoch, Pryor, Polusny, & Gackstetter, 2007) impact veterans' overall ability to successfully transition from military to civilian life. Studies have documented a link between heavy combat exposure and greater difficulty adjusting post-war (Hoge et al., 2004; Morin, 2011; Seal et al., 2009; Wolfe et al., 1993), a positive correlation between combat trauma and poorer family adjustment (Gewirtz et al., 2010; Pemberton et al., 2013; Sayers et al., 2009), and a relationship between PTSD and transition difficulty (Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010; Sayer et al., 2010).

Participating veterans in the study described herein discussed the impact of combat exposure and military sexual trauma on their transition from military to civilian life. Those who had one or both of these experiences noted that it impacted their ability to transition. A couple of the veterans commented that it took several years or, for some, decades to be able to start to heal. A young combat veteran noted that there is not enough time after combat to decompress. He recalled being discharged and returning home before even having a chance to process his physical return from the battlefield.

The trauma of sexual assault or rape in the military influenced a few members of the research team, who reported that these experiences were not talked about in the

service or when they returned home. For one veteran the experience of sexual assault in the military was not verbalized until she joined the art therapy program. Witnessing other veterans expressing their experiences of military sexual trauma in their artwork and sharing these experiences within the safety of the art studio likely influenced her ability to start her own healing process.

Consequences Associated With Transition Difficulty

Failure to successfully transition back into civilian personal and professional roles can exacerbate a veteran's problems. Adverse outcomes associated with failure to adjust include poorer social and family functioning (Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011; Vasterling et al., 2010), unemployment (Adler et al., 2011), financial issues (Vasterling et. al, 2010), and homelessness (Caplin & Lewis, 2011; Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families; 2010). Further, veterans who struggle with the transition may be more prone to isolate themselves from potential social supports (Larson & Norman, 2014). All of these consequences put the veteran at greater risk for developing mental health issues (Furukawa, 1997; Lee et al., 2009), substance abuse problems (Seal et al., 2009), functional impairments across the lifespan (Larson & Norman, 2014), and in the very worse-case scenario, committing suicide (Mansfield, Bender, Hourani, & Larson, 2011; Pietrzak, Goldstein, Malley, Rivers, & Johnson, 2010).

Collective Trauma and the Impact on Veteran Transition

In order to fully address the needs of veterans one must understand the potential impact of collective trauma. Collective trauma is a psychological effect that is shared by a large group in response to a traumatic event (Pivnick, 2011; Updegraff, Silver, &

Holman, 2008; Watkins & Shulman, 2008). It is well known that trauma impacts an individual's ability to construct complete narratives of the traumatic event and also interrupts the ability to make meaning from seemingly senseless events that provoke feelings of terror and hopelessness (e.g., Hass-Cohen & Carr, 2008; Herman, 1992; Rynearson, 2001; van der Kolk, 2014). Trauma experienced on the macro level disrupts one's sense of self-identity and community and can dismantle one's existing belief systems about the world and humanity (Pivnick, 2011; Updegraff et al., 2008; Watkins & Shulman, 2008). For example, acts of terrorism disrupt people's beliefs in a benign and predictable world and cause an increased sense of vulnerability (Updegraff et al., 2008). The impacts of collective trauma are widespread and diffuse; direct exposure to the traumatic event is not necessary to cause a traumatic response in an individual (Updegraff et al., 2008). Such impacts cut deep; collective trauma wounds the individual as well as the cultural practices that give meaning to people's lives (Kapitan, Litell, & Torres, 2011).

Individual response to collective trauma, such as distrust, helplessness, and fear, are multiplied across countless members of a community, causing a change that is evident on a macro level. When the response to collective trauma goes beyond distress and heightened vulnerability, resulting anger and political intolerance can impact language use, social behavior, and cognitive processes on a national level (Tick, 2005; Updegraff et al., 2008). This cultural upheaval can impact small communities, cities, and even an entire nation. For example, there is no question that the attacks on the World Trade Center and the U.S. Pentagon on September 11, 2001, represented a collective trauma

that impacted the entire United States, as voiced by President George W. Bush in his national address following the attacks:

> Today, our fellow citizens, our way of life, our very freedom came under attack in a series of deliberate and deadly terrorist acts….The pictures of airplanes flying into buildings, fires burning, huge structures collapsing, have filled us with disbelief, terrible sadness, and a quiet, unyielding anger….Tonight, I ask for your prayers for all those who grieve, for the children whose worlds have been shattered, for all whose sense of safety and security has been threatened. (Bush, 2001, para. 1, 2, 11)

Shortly following the attacks, the U.S. legislative act known as Authorization for Use of Military Force was approved, beginning what became popularly referred to as the Global War on Terrorism (Pryce et al., 2012). The impact of this collective trauma has continued over a decade, with sustained military engagement in Iraq and Afghanistan, along with counter terrorism operations in other countries (Rubin & Harvie, 2013). These military operations have impacted the men and women who have served on behalf of the United States, as well as the families and other loved ones who wait for these service members to safely return home.

The veteran–researchers in this study felt that many civilians are uneducated, uninformed, and in denial about the United States' current military operations and threats to national security. They described how attempts to educate family and friends on the current conflicts or teach loved ones general self-defense (e.g., increasing situational awareness) were met with defensiveness or lack of interest. Several veterans also felt that civilians did not want to know about their wartime experiences and preferred to ignore

the realities of war (Bragin, 2010; Tick, 2005). One explanation for this behavior is that the civilian population in the United States has been traumatized by their country's wars.

How does collective trauma impact the civilian community's ability to welcome home its veteran family members? Does the nation have unhealed wounds that prevent it from fully accepting the responsibility of taking care of its military family members? If the civilian population is traumatized, they may not be prepared or able to provide the support returning veterans need. Macro level interventions may be needed to help society acknowledge that such wounds exist and to begin to heal from them. The shift from viewing the transition as a process that affects veterans alone to one that affects the society at large (Egendorf, 1982, Tick, 2005) can start with the art therapist.

Just as the memorial plaza and reflecting pools built at the former site of the World Trade Center in New York support a recollection and remembering of emotions and people (Pivnick, 2011), I believe such rituals as the making, sharing, and viewing of artwork can support a similar collective process and in turn help expose and heal the multiple wounds of war (Junge, 1999; Kapitan et al., 2011; Nanda, Barbato Gaydos, Hathorn, &Watkins, 2010).

Treatment Needs and Interests of Transitioning Veterans

Veteran transition from military to civilian life is a complex and multilayered process. Treatment issues related to transition include concerns across several domains of psychosocial functioning, ranging from employment to interpersonal relationships. Frequently treatment involves addressing psychiatric symptoms of depression, posttraumatic stress disorder, and generalized anxiety. Veterans require access to programs that address these many layers of need.

To increase the percentage of positive outcomes among transitioning veterans the U.S. Department of Veterans Affairs as well as community-based organizations need to expand treatment options and offer a multipronged approach (Schell et al., 2011). In 2011 the RAND Corporation conducted a qualitative study on the needs of veterans in New York state, including veterans who were not enrolled in VA care, and found that one in five service members and veterans screened positive for a probable diagnosis of PTSD and/or depression and only half of those identified had received any mental health care in the previous year (Schell et al., 2011). This reality was largely due to barriers such as complicated service delivery systems, long wait times, and concerns about institutional discrimination (e.g., by an employer or the government; Schell et al., 2011). Despite efforts to improve attitudes about those seeking mental health services, veterans continue to feel stigmatized by others when they need mental health services. They report avoiding seeking out these services and often do not do so until symptoms increase to the point of causing major interference with relationships, work, and/or school (Reyes, 2013).

A range of treatment options including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PET) provided by the U.S. Department of Veterans Affairs, along with nonverbal approaches such as art therapy, likely will increase positive outcomes for treatment-seeking veterans (Scurfield, 2013). Evidence-based therapies that follow a prescribed manual already offer relief to a significant number of veterans and can be made reliable and consistent across settings and providers (Scurfield, 2013). However, not all evidence-based treatments are right for all veterans and often the benefits of such prescribed therapies can also be experienced as limitations (Scurfield, 2013). Veterans may not be prepared to engage in exposure techniques or able to directly

verbalize traumatic experiences. Fifty percent of veterans who choose cognitive behavioral treatment and complete the treatment protocols have successful results, but this leaves 50% who complete the treatment without relief. This success rate also does not account for the number of veterans who remain untreated (Scurfield, 2013). My experience is that people who have been traumatized may avoid therapies in which they are required to provide direct verbal accounts of painful and disturbing events.

A 2013 study of the VA treatment programs in which staff were trained and required to provide CPT and PET expressed similar concerns. Cook et al. (2013) discovered that many service providers were not delivering these treatments because they found that attendance and engagement in therapy decreased dramatically when they did. Treatment providers also had concerns that not all veterans were ready to engage in trauma processing. These providers noted that the psychic cost (e.g., symptoms exacerbation, treatment dropout) outweighed potential therapeutic benefits. They also described how protocols that follow a prescribed manual limited their ability to make professional judgments or to address more pressing treatment needs not directly related to traumatic events (Cook et al., 2013).

In my work as an art therapist at a community-based organization that provides supportive services to veterans, I have encountered many veterans who were either not comfortable using VA services or had tried VA services and were not satisfied. Some had attempted CPT or PET and had not been able to complete those regimens successfully. They reported feeling hopeless and frustrated with the treatment process as a result. Many indicated that they would be receiving no mental health services if alternative treatment options like the art therapy program were not available.

In a study of transition problems and treatment interests among combat veterans who served in Iraq and Afghanistan, Sayer et al. (2010) found that 40% of the sample population receiving care from the U.S. Department of Veterans Affairs experienced difficulty readjusting to civilian life. Social relations, productivity problems at school or work, potentially harmful behavior to self or others, and spiritual struggles were commonly identified as issues that complicated their adjustment. Many veterans perceived these problems at home, work, or school as more significant to their transition than reducing PTSD symptoms. Sayer et al. concluded that it remains unknown whether the evidence-based protocols used to treat PSTD lead to measurable improvements in adjustment outcomes. For treatment to adequately assist the veteran transition, treatment providers must address the broad psychosocial context of veterans' readjustment and take into account their needs for social support and continued connection to other veterans or active duty personnel.

In addition to the concern that evidence-based protocols may not fully meet transition needs, such treatment methods also may not always be suited to best address symptoms related to posttraumatic stress disorder. Due to the nature of traumatic events in the military, veterans with PTSD frequently have difficulty working verbally through the associated thoughts and feelings. For those who cannot talk about their experiences, art therapy's option of visual or symbolic expression affords veterans an avenue for processing and expressing traumatic experiences in the form they are most often recalled; that is, in images (Brett & Ostroff, 1985; van der Kolk & Fisler, 1995).

Art making provides a nonverbal form of processing that may be more suitable than verbal means for consolidating and integrating traumatic memories. Furthermore,

making art images inherently externalizes the problem or event for the veteran (Collie, Backos, Malchiodi, & Spiegel, 2006). Creating artwork may provide a psychologically safe milieu in that stories of the trauma can emerge metaphorically (B. L. Moon, 2008). By the very nature of the work, art therapists empower veterans by offering choices among a wide variety of materials; giving control over the therapy progression and pace; creating opportunities to mold, shape, paint, cut, sew, glue, and draw; and, in the process, give visual form to the cognitions, emotions, and recollections of combat (see also Block, Harris, & Laing, 2005).

It is well known that trauma impacts a person's ability to construct a full verbal account of the traumatic event because the stress of trauma hijacks the part of the brain that is responsible for language (van der Kolk, 2014). The terror and hopelessness that are experienced by a person during a traumatic event disrupt the ability to put words to the experience. As such, trauma memories are stored and often recalled as visual images (nightmares, flashbacks) and physical sensations (anxiety, panic; van der Kolk, 1994). These visual memories do not fade with time, as ordinary memories usually do, and continue to be relived with the intensity of the original trauma (Bruner & Woll, 2011), which causes the body to feel as if the event is occurring in real time. In order to be able to stop this cycle trauma memories need to be situated in autobiographical memory, or, simply stated, in the past (Ogden, Minton, & Pain, 2006).

Art therapy may combine visual and verbal expression, engage both right and left hemispheres of the brain, and therefore increase the potential for veterans to be able to translate their experiences into words (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001). As veterans are able to process their experiences using images and

metaphors, traumatic events can be moved into the past where they belong and the haunting images will cease to interrupt daily functioning (Appleton, 2001; Collie et al., 2006).

When successful, exposure-based therapies like CPT and PET can address increased arousal and intrusive symptoms related to trauma. However, they do not target the emotional numbing and social withdrawal that can accompany these symptoms (Herman, 1992). Attending to these relational and social aspects is an important part of recovery to improve interpersonal relationship quality and life satisfaction (Herman, 1992; Ogden et al., 2006). Moreover, cognitive-based therapies like CPT and PET address cognitions, that is, what we say about our experiences. Art therapy can address the intrusive visual images that underlie these cognitions with interventions using images and metaphor in the language of trauma memories (Gantt & Tinnin, 2009; Talwar, 2007).

Healing Together in Community

Successful veteran transition occurs in the context of supportive and healthy relationships with friends, family, and the veteran's home community. That is why providers must also look at the concerns and needs of the community that surrounds the veteran to address the full spectrum of psychosocial needs associated with transition. One symptom of collective trauma is a shared avoidance of reminders of the traumatic event or events. A way to address society's unhealed wounds is to break unhealthy patterns of silence and denial (Herman, 1992; Lifton, 1982). The arts provide a range of opportunities for macro level intervention (Golub, 2005; Kapitan et al., 2011; B. L. Moon, 2003; Timm-Bottos, 2011; Wilson, Leary, Mitchell, & Ritchie, 2009) and allow people to express the otherwise unspeakable through art (e.g., Chilcote, 2007;

Kalmanowitz & Lloyd, 2002; Levy, Berberian, Brigmon, Gonzalez & Koepfer, 2002).

Research has demonstrated the importance of emotional support from significant others, family, friends, coworkers, and academic peers to create an environment that will encourage successful transition (Caplin & Lewis, 2011). This study's participating veterans emphasized the social, emotional, and psychological damage that is caused when that emotional support is lacking. Several veterans admitted that they had withdrawn from these unsupportive relationships. They stressed the need for more "brothers-and-sisters-in-understanding," an expression they developed to describe people who were able to know, appreciate, and deeply comprehend their military experiences, from enlistment to combat to the return home.

Developing rituals of return for veterans creates opportunities for healing in the context of a supportive civilian community, which can offer rituals of return by witnessing (Junge, 1999; Learmonth, 1994) veterans' stories within a participatory public space designed to invite dialogue and reflection (Timm-Bottos, 2006; Watkins & Shulman, 2008). A veterans' art gallery can be such a space where civilian community members listen to and observe veterans' stories as told symbolically through images and words. These opportunities for recollection are underscored with the caveat that civilians can never fully understand the veterans' experiences. Instead, these spaces offer an opening where iconic images related to past trauma can be displayed (Watkins & Shulman, 2008).

> Entering into these spaces may require more silence than dialogue, a kind of hospitality or empathetic witness for which the primary ritual is presence or

> touch. Essentially, spaces of recollection are a way of constructing altars or memorials. (Watkins & Shulman, 2008, p. 127)

A veterans' art gallery can function as an opening or place to start a dialogue between veterans and the members of their civilian community. The artwork serves as a facilitator in that conversation (Potash & Ho, 2011). Even when veterans are not present alongside their artwork during this exchange, the artwork represents and communicates their needs and experiences to others (Potash & Ho, 2011). Civilian community members participate in the dialogue by acting as silent witnesses to the stories told symbolically through images and words as they attend exhibitions of veterans' artwork. Such witnessing breaks patterns of silence and denial without having to speak and can be a powerful antidote to the suffering that results from collective trauma. This act of witnessing is about recognition in a quiet and powerful way that turns toward reality, rather than denying, repressing, or becoming unknowingly controlled by painful events of the past (Learmonth, 1994).

Civilian community members may be invited to display artwork in the same space, providing them an opportunity to tell their stories as well. When patterns of silence are disrupted, civilians may start to heal and, in turn, be better prepared to support the healing of returning service members. When civilians and veterans confront the realities of war together, a new possibility emerges: stronger ties among veterans and civilians who have come together to heal (Klingman, Shalev, & Pearlman, 2000).

Art Therapy, PTSD, and Transitioning Veterans

There are few published research studies that document the benefits of art therapy with the veteran population. However, the literature does hold some promising studies

documenting the results of art therapy in treating PTSD (e.g., Golub, 1985; Hines-Martin, 1993; Johnson, Lubin, James, & Hale, 1997; Morgan & Johnson, 1995; Stadler, 2010) and the benefits of interactive group art therapy with veterans suffering from stress-related disorders (Kopytin & Lebedev, 2013; Lobban, 2014; Morley, Anderson, & O'Hara, 2013). The literature has also addressed the utilization of a rating instrument to assess improvement in PTSD symptoms through a retrospective analysis of veteran artwork (Lande, Tarpley, Francis, & Boucher, 2010). Further, there are recommendations for art therapy research and practice in treating combat-related PTSD (Collie et al., 2006). In addition, the American Art Therapy Association (n.d., 2012) and Americans for the Arts (2013) have published documents that summarize art therapy initiatives with the veteran population.

Treating Symptoms of Posttraumatic Stress Disorder

Golub (1985) studied symbolic expression and PTSD in a group of Vietnam combat veterans receiving inpatient treatment for PTSD at a VA hospital. Golub summarized five "interrelated types of splitting" observed in her work with that population: (a) a need to express versus anxiety about being overwhelmed, (b) self before/after Vietnam, (c) self as living/dead, (d) self as victim/agent, and (e) "self as soldier/civilian" (1985, pp. 285–294). She theorized that the manifestation of these polarities might be related to the arrested development of men who were in their late adolescence at the time of service and who were not able to consolidate horrors and actions they experienced because those experiences violated previously held values and rules for behavior. Several of these same dualities also emerged in the present study during focus group conversations held with veterans participating in art therapy at

Veterans Outreach Center (see Appendix A). For example, one veteran said, “One of the hardest parts of the week is coming here. I know I need to confront things. And one of the best moments of my week is when I get here and I realize there is no need to be stressed.”

Golub (1985) also identified some key therapeutic benefits of art therapy, including (a) “a mirror transference” in which art expressions were accepted by others, possibly leading veterans to experience a sense of recognition and acceptance within the larger community; (b) “continuity and integration of self” as veterans were able to connect present dysfunction with past trauma; and (c) increased “trust in their own emotional responsiveness” by creating space for painful memories of death to be expressed in their artwork and successfully living through these emotions (p. 295). Golub recognized the importance of community involvement in the healing process and asserted that the civilian population must risk hearing the stories of veterans and witness their knowledge to fully support veteran transition. In the absence of public support and understanding, the polarities discussed above could be reinforced (Golub, 1985). It is evident that healthy transitions from military to civilian life require sincere and supportive “homes” where veterans return following war.

Two small outcome studies documented benefits of art therapy treatment for combat veterans diagnosed with PTSD (Johnson et al., 1997; Morgan & Johnson, 1995). Morgan and Johnson (1995) compared the use of a drawing task with writing in an intervention that targeted nightmares associated with PTSD. Both of the veterans who participated in the study reported a reduction in the frequency and intensity of their nightmares after they were assigned the drawing task (Morgan & Johnson, 1995). Although the sample was small, the results are consistent with what is known about

trauma memories: they are stored as visual images and sensory memories. Therefore a nonverbal modality such as drawing provides veterans with a more suitable outlet to access and express these memories. The authors also suggested that art making helps veterans to create a sense of psychological and emotional distance from the disturbing content of the nightmare (Morgan & Johnson, 1995). At the same time, they may also experience a sense of control by containing the disturbing imagery in their drawings and "putting away" the artwork, an action that can decrease helplessness (Morgan & Johnson, 1995; Pifalo, 2002).

Johnson et al. (1997) studied the effectiveness of 15 components of treatment offered in a specialized inpatient PTSD program and found that art therapy provided the greatest benefit to Vietnam War veterans with the most severe symptoms. They reported that veterans were able to tolerate exposure to content related to Vietnam and documented significant short-term symptomatic improvements in PTSD symptoms during interventions that utilized art making. Art therapy seemed to allow the veterans to shift focus away from internal stimuli while processing the trauma. This may have mitigated some of the negative effects of interventions that are solely verbal, where veterans do not have this additional outlet (Johnson et al., 1997).

The ability to shift away from internal stimuli while processing painful experiences was a benefit that the participants in the present study also identified. As one of the veteran co-researchers described, the artwork acted as a "safe resting place" in session and provided comfort. It was a common experience among the veteran participants that art therapy helped them to express and confront issues that resided at the core of their struggles with transition. Being able to get to the heart of these issues was

difficult and some veterans felt it would have been impossible with words alone. A middle-aged U.S. Army veteran stated, “Art therapy has taken the pain out of telling.”

Collie et al. (2006) developed recommendations for research and best practice in art therapy with combat-related PTSD from their expert review of the trauma literature. These authors created a framework for treatment that situated art therapy within the context of other established PTSD treatments, based on seven primary therapeutic mechanisms that can target PTSD symptoms. These therapeutic mechanisms consisted of reconsolidation of memories, progressive exposure, externalization, reduction of arousal, reactivation of positive emotion, enhancement of emotional efficacy, and improved self-esteem. The therapeutic mechanisms targeted PTSD symptom clusters: avoidance of trauma reminders and triggers, intrusive reexperiencing of content related to the trauma, and increased arousal (Collie et al., 2006). Veterans may avoid people, places, and situations that can be reminders of trauma. Avoidance may also take the form of maladaptive behaviors (e.g., drug and alcohol use) that function as ways to avoid thinking about the trauma. Reexperiencing trauma is an unwanted and often unexpected reliving of traumatic memories, which may be accompanied by feelings of fear, psychological arousal, and visual imagery of the original event, causing veterans to feel as if they are experiencing the trauma over and over again. Increased arousal may take the form of heightened anxiety, agitation, or disturbances in sleep or concentration.

Gradual exposure to memories, thoughts, and feelings associated with traumatic events supports improvement in symptoms of avoidance and increased arousal by helping veterans to gradually regain the ability to monitor and respond to their emotions in the presence of trauma reminders. This gain is accomplished through art making during

which veterans are gradually exposed to disturbing images and thoughts associated with traumatic events as expressed in their artwork. Although art therapists guide the process, veterans ultimately control the content of their artwork. As veterans become better able to regulate their accompanying emotions, more explicit traumatic content may be expressed. The level of control exercised in the art-making process by veterans choosing the art materials, the colors used, the imagery depicted, and the size of the artwork can reinforce an internal locus of control that supports feelings of emotional efficacy (Pifalo, 2002). In addition, art making is generally experienced as a pleasurable act and can help veterans to reconnect to positive emotions, which, in turn, addresses the emotional numbing associated with PTSD (Collie et al., 2006).

The benefits of art therapy as a treatment course for trauma and PTSD are well documented in the literature. Art therapy helps people to clarify memory disruptions associated with trauma (Appleton, 2001; Chapman et al., 2001; Gantt & Tinnin, 2009; Talwar, 2007) and can help to establish the traumatic event in autobiographical memory (Gantt & Tinnin, 2009; Rankin & Taucher, 2003). Further, art therapy provides a sense of safety, containment, and control within the artwork and art-making process (Appleton, 2001; Avrahami, 2006; Pifalo, 2002. That process then helps people learn to manage otherwise overwhelming emotions and thoughts connected to trauma (Appleton, 2001; Rankin & Taucher, 2003; Talwar, 2007). Routinely engaging in art making as a form of self-expression can help trauma survivors develop new hope and direction for the future (Avrahami, 2006; Backos & Pagon, 1999; Rankin & Taucher, 2003).

Group Art Therapy for Veterans

Group art therapy offers certain benefits to veterans and addresses symptoms of posttraumatic stress disorder and concerns associated with transition (Kopytin & Lebedev, 2013; Lobban, 2014; Morley et al., 2013). For example, Kopytin and Lebedev (2013) conducted a study of Russian war veterans being treated for stress-related disorders. Their goal was to assess the therapeutic effects of a short-term art therapy group within a specialized psychotherapy unit. The authors found that group art therapy supported symptom reduction and improved personality functioning, cognitive abilities, creativity, and overall quality of life by enabling war veterans to freely express humor in their art and verbal exchanges during sessions. They noted that the findings supported the significant role of art making in expanding the veterans' capacities for cognitive and creative problem solving as well as improving self-esteem.

Lobban (2014) performed a thematic analysis of the full, uncut version of the film *Art for Heroes,* a documentary about group art therapy with veterans who were diagnosed with PTSD. Veterans reported feeling disconnected from people around them and felt that their psychological defenses contributed to that disconnect. They described a "mask" or false self that they used to protect themselves from emotional vulnerability. They also reported reliving disturbing reminders of the trauma and, over time, feeling as if they were psychologically trapped in the past. Making and viewing artwork in a group setting helped the veterans connect to their own feelings, articulate those observations to other veterans, and feel emotionally connected and understood by others. Lobban found that spontaneous art making in a group assisted veterans in confronting difficult thoughts and feelings. Participants also described how the creative process involved in art making

stimulated new ways of thinking about problems outside of the art therapy group, and helped them in questioning and changing old rigid ways of thinking.

Morley et al. (2013) provided an overview of a program called "ArtReach: Project America" designed to address combat-related stress, PTSD, traumatic brain injury, and the impact of these conditions on service providers and military families. The program promoted personal growth and healing through retreats that encompassed several creative arts modalities including art therapy, dance therapy, and music therapy. The authors identified the benefits of group art therapy among veterans who engaged in new activities together and formed a group bond that helped them express painful emotions and receive support from others. Creative outlets such as making art and playing music helped them to express war experiences they had been unable to talk about before. Retreats were also offered to service providers and military families as a form of public education and social support for people impacted by the psychological injuries of war.

Related Therapies That Demonstrate Positive Results

Several other creative arts therapy disciplines have demonstrated positive results in treating combat-related posttraumatic stress disorder and supporting successful transition from military to civilian life, including drama therapy (James & Johnson, 1997; Johnson, 1987; Rademaker, Vermetten, & Kleber, 2009), music therapy (Bensimon, Amir, & Wolf, 2008, 2012), and poetry therapy (Caps, 2013; Geer, 1983). Outdoor recreation therapy also offers positive results for veterans who have been diagnosed with PTSD (Reyes, 2013; Vella, Milligan, & Bennett, 2013). These studies are relevant to the justification for art therapy programming. At the foundation of these disciplines are several therapeutic principles that demonstrate how nonverbal interventions help to

address symptoms of PTSD and concerns associated with veteran transition. These principles are the same principles that are the foundation of the field and practice of art therapy.

Outdoor recreation activities comprise a variety of activity-based interventions (e.g., fly fishing, mountain climbing, snowboarding) to promote the use of adaptive coping skills that will help veterans to transition (Reyes, 2013). Adaptive skills developed through recreation activities include the ability to engage in routine self-assessment, which is a skill that has helped veterans to reestablish an appreciation of their full potential. In turn, veterans develop the confidence needed to tackle concerns associated with transition, such as finding a job or reentering college (Reyes, 2013). Involvement with novel activities also helps veterans to develop and practice problem-solving skills when confronted with new or challenging situations, which helps veterans to address the challenges and personal demands of transition. Learning new skills also provides a healthy distraction from trauma. During participation in these activities, veterans reexperience a healthy and capable sense of self, one that is unaffected by the combat trauma (Vella et al., 2013). Further, as many recreation activities are group-based, veterans naturally connect to a social support network of peers (Reyes, 2013). Veterans are accustomed to working as a team from their experiences in the military; thus, reconnecting to other veterans in a familiar context engages them in treatment, helps normalize struggles with transition, and provides hope for the future (Reyes, 2013).

Literature in music therapy and poetry therapy has documented comparable benefits among veterans diagnosed with PTSD and others struggling with transition (Bensimon et al., 2008, 2012; Caps, 2013). A drumming intervention in music therapy

provided veterans a safe outlet for expressing and releasing anger, rage, and frustration that arose from combat traumas (Bensimon et al., 2012). The ability to express painful experiences using metaphor in poetry and creative writing has been described as an accessible outlet for otherwise indescribable feelings and memories (Caps, 2013). Veterans listen to relaxing music as a way to relax and experience positive emotions (Bensimon et al., 2012). Music interventions that teach veterans rhythmic and motor control while playing an instrument have restored a sense of satisfaction and ability to manage symptoms of posttraumatic stress disorder (Bensimon et al., 2008). Additionally, playing music in a group has increased veterans' ability to openly express their thoughts and feelings to other group members while fostering a sense of belonging and closeness among participants (Bensimon et al., 2008).

Analogous to music and recreation therapy, art therapy helps veterans engage in routine self-assessment and practice new problem-solving skills as they learn how to use new art materials, develop mastery of those materials, and make decisions about composition, color, content, and form in their artwork (e.g., Kopytin & Lebedev, 2013; Thompson, 2009). The enjoyment and sense of accomplishment veterans experience while making artwork, completing a painting or sculpture, and sharing these creations through formal art exhibitions may reinforce a healthy capable sense of self that can build confidence (e.g., Howells & Zelnik, 2009; Vick & Sexton-Radek, 2008. Like music and poetry therapy, art therapy provides veterans with a safe outlet to express intense emotions, thoughts, and memories that can then be literally contained in the metaphor and image of the artwork (e.g., Johnson et al., 1997; Kalmanowitz & Lloyd, 1999). Veterans put form to memories and feelings that they are unable to express with words

alone. Additionally, when veterans make art in groups they are engaged in a meaningful activity together, similar to recreation therapy, and gain support and a sense of belonging from participation in the group.

Transitioning from military to civilian life is a complex process. Transition challenges can affect veterans and their families as veterans return home from military service and attempt to resume civilian life and responsibilities. The process of transition occurs within the context of supportive relationships and within the community of civilian citizens surrounding the veteran. When civilian citizens are able to acknowledge the realities of war and the potential impact of collective trauma, they can begin to be involved in rituals that help veterans readjust and reintegrate into civilian life. These rituals will involve listening to and witnessing veterans' complete experiences of war and military service. These rituals will also normalize transition challenges and welcome stories of struggle and triumph. Art therapists can intervene by using the rituals of making and viewing artwork to address the unhealed wounds of war, for both veterans and civilians. The literature provides art therapists with a context for these many layers of intervention ranging from macro level responses using art to educate the general public on veteran issues to individual interventions addressing veterans' mental health symptoms and psychosocial stressors tied to their transitions from military to civilian life.

CHAPTER 3: SHARED MISSION: A VETERAN-FOCUSED ART THERAPY PROGRAM

The Participatory Action Research Project

My participatory action research (PAR) study was a shared mission. I joined alongside 10 veterans who were committed to investigating how art therapy worked for them in order to promote a program model they believed would help other transitioning veterans. A veteran-focused art therapy program would offer services centered on an understanding of transition provided by the very veterans it served, which means that services would need to address the full psychosocial range of needs common to transition. Further, it involved the local community where these veterans lived and worked in order to improve social support and public understanding of veterans' experiences. The 11 members of our research team shared a desire to use our knowledge and personal experiences with these topics to help other veterans.

Participants

The research team was comprised of myself and 10 veterans who self-elected to participate in the role of co-researcher. To solicit participation, the PAR study was advertised within the art therapy studio via posted flyers. In addition, art therapists practicing within the program verbally informed veterans of the opportunity. All participants needed to meet the following criteria in order to qualify for a position on the research team: current enrollment or previous engagement in one of the three components of the art therapy program and veteran status as evidenced by a Certificate of Release or Discharge from Active Duty from the U.S. Armed Forces. Prior to the onset of the study Institutional Review Board approval from Mount Mary University was granted. In

addition, informed consent was reviewed with all participants and signed consent forms were obtained from all veterans who chose to join the research team.

The 10 participating veterans (8 men and 2 women) ranged in age from 32–57. Four branches of the U.S. Armed Forces (Army, Navy, Air Force, and Marine Corps) were represented and two veterans were also actively serving in the New York National Guard. Educational background, employment status, and relationship and caregiver status varied. There was also an equal ratio of combat veterans to non-combat veterans.

As the sole art therapist on the research team, I was in the role of co-researcher and facilitated structure and engagement with questions about how to proceed with PAR, how the 10 participants would like to examine the identified topics, how to encourage the use of multiple methods (e.g., personal art making, journaling, poetry) that would involve of all participants, and how to employ the strength of multiple methods of constructing knowledge. Veteran co-researchers utilized their individual experiences of transition from military to civilian life and art therapy services to engage in dialogue and investigation.

Practice Context

The study took place in a community-based nonprofit organization in Rochester, New York, called Veterans Outreach Center. The center provides art therapy services to veterans of the U.S. Armed Forces. The art therapy program in which this study took place offered individual art therapy sessions, drop-in open studio group sessions, and art exhibitions in a veterans' art gallery, all designed as part of the participatory action research study to address the needs of veterans transitioning from military to civilian life.

Research Paradigm

The study was conducted within a participatory action research (PAR) framework. PAR is not a specific method; rather, it is a methodology that includes collaboration, social change, and generation of knowledge (Spaniol, 2005). PAR fosters change by involving the target population in information gathering and critical analytic dialogues during which participants as co-researchers define the problem and create their own solutions, generating pragmatic knowledge as a result (Herr & Anderson, 2015; Kapitan, 2010). The core tenets of PAR include collective commitment around the investigation of an identified concern, engagement in self- and collective reflection to gain clarity about the concern, and engagement in action that leads to a solution that will benefit the group involved (McIntyre, 2008). The results of the research are immediately applied to a particular situation in order to create change (Herr & Anderson, 2015).

PAR is concerned with shared power between the facilitator and participants, and there are certain considerations that support a balance of power (McIntyre, 2008). Participants are engaged in all aspects of the project, from developing questions to disseminating findings (McIntyre, 2008). Researchers participate with study participants as co-researchers (McIntyre, 2008; Stringer, 1999). Co-researchers seek to reduce any barriers to the co-construction of knowledge (e.g., ensuring language used is understood by all participants) and to value the ability of people to work together to create meaningful change (McIntyre, 2008; Stringer, 1999).

The foundation of PAR is an alliance between the researcher and participants that supports shared ownership of the research process and includes planning, implementation, and dissemination of results (McIntyre, 2008). PAR involves the education and action of all involved; all members of the research group actively

contribute their skills and knowledge throughout the research cycle (Kapitan, 2010; Stringer, 1999). Participants work together with the facilitator who reinforces group cohesion and collective inquiry (Kapitan, 2010). The PAR framework demands that the facilitator remain open to new ideas and questions that may emerge from the group. The researcher cedes the role of "expert" in exchange for the shared knowledge and expertise of the whole group (Kapitan, 2010; McIntyre, 2008).

Participatory action research was chosen for the current project because it is in line with the participant-driven nature of the veterans' art therapy program. The role of the participants and the facilitator described in the PAR methodology parallel the role of the veterans and the art therapist in the open studio of the Veterans Outreach Center: veterans support one another and the art therapist facilitates group cohesion and a collective art process (Spaniol, 2005). During open studio group sessions I work alongside veterans modeling investment in the art process, similar to the PAR facilitator who gives up the role of expert to engage in collective inquiry. As with open studio, the direction of the group process is determined in real time by group members (Carolan, 2001). This methodology is also compatible with the Veterans Outreach Center's core value of veterans and families first, and my belief that people are the experts on their own experiences. Meaningful, enduring change occurs when people take an active role in creating solutions to their problems in a way that is aligned with their strengths and interests (Kapitan, 2010).

Through collective inquiry we examined how veterans experience the art therapy program in relationship to their needs, and utilized PAR methods to identify ways to strengthen art therapy effectiveness. We explored three questions: How do veterans

define readjustment? What needs do veterans identify as essential to readjustment success? How can an art therapy program be modeled to promote readjustment success, based a veteran-defined explanation of military to civilian transition and veteran-identified needs associated with this process?

Data Collection

Data included video footage of focus groups, artwork made by veteran co-researchers and the facilitator, and case notes taken by the facilitator throughout the process. Artwork was documented with photographs and stored in the studio for the duration of the research project.

Procedures: Participation in the Research Cycle

At the beginning of our first meeting I introduced the study to interested veterans with the basic outline of the project and the time commitment involved. I explained the possible risks of the study as outlined in the informed consent document (see Appendix B) as well as underscoring that participation can be withdrawn at any time during the study. I provided an opportunity to dialogue as a group and I responded to any questions or concerns. Participants were given general information about PAR and the role of co-researcher. The entire informed consent form was reviewed with all participants and signed consent forms were obtained from veterans who chose to join the research team.

PAR guidelines recommend that the facilitator inform co-researchers at the beginning of the study about how the data will be analyzed and distributed (McIntyre, 2008). I told the team that I initiated the study with the hope that our collaborative dialogue would result in a veteran-defined description of military to civilian transition and recommendations for art therapy services. I also shared that the project was part of

my doctoral research and that I planned to publish the information in the form of a program manual. I invited the participants to discuss their desires and hopes in relation to the research, in addition to their ideas about dissemination of their gathered knowledge. Early involvement in key decisions provided a foundation for the participants to operate as true stakeholders in the research process. Following completion of the introduction to the study and the consent process, the team convened for several focus groups.

The focus groups were held in the art therapy studio of Veterans Outreach Center on Saturday afternoons. Focus group sessions were comprised of interactive group discussion and art making to explore the veteran co-researchers' experiences of transition and art therapy. The focus groups each lasted 3 hours, except the last one, which was 4 hours. The general format included an introduction to the session, a general check-in with the group, art making, lunch, discussion, and wrap-up during which the group developed a plan for the following week's inquiry. The structure was flexible and the group decided how we would address the agenda for that particular focus session.

Our first PAR action involved defining the term *readjustment* and identifying the veterans' needs associated with readjustment success. Readjustment had not been clearly defined in the literature and therefore it was decided that a veteran-defined explanation might be best to articulate the intricacies of this process.

The focus groups met in the art studio and participants contributed to a dialogue that reflected on their personal experiences of transition from military to civilian life. I introduced the first task for our initial focus group, which was to describe the transition experience. I encouraged the group to question the terms *readjustment* and *reintegration*. I suggested they consider whether these words were suitable or whether there were

different terms that would more accurately described the experience. We then initiated our exploration with art making. I offered the prompt "Use art, writing, or both to describe your military to civilian transition experience." The group set to work.

In each focus group session we made art for 90 minutes, had a break for lunch, and then spent the remaining 90 minutes talking while the group continued to make art. To help my co-researchers form a larger context and description of transition, I worked with participants to examine their observations and insights (Smith, Willms, & Johnson, 1997). The group discussed their personal experiences with each other, often agreeing on certain aspects of the transition process.

I analyzed the recorded focus group discussions between meetings, using grounded theory coding (Charmaz, 2014). Grounded theory coding involved two phases. In the initial phase I transcribed the data, studied them line-by-line, and described them through initial shorthand definitions and labels (Charmaz, 2014). During the second phase, focused coding, I revisited the initial shorthand descriptions and coded for themes, categories, and concepts that I considered to be the most significant (Charmaz, 2014).

Data analysis occurred at critical points throughout the research cycle. Ongoing analysis was imperative because each subsequent stage of the research cycle built upon data from the previous cycle (Herr & Anderson, 2015). The information that emerged from my analysis was continually shared with veteran co-researchers. In turn, the themes were reexamined by the veterans in order to check my assumptions and assure that multiple perspectives were represented. This intersubjective agreement served as a way to compare my interpretations with that of veteran participants (Kapitan, 2010).

It was anticipated that the group would meet a second time to continue to examine their needs associated with the transition from military to civilian life. We started the second focus group by viewing the artwork made during our initial meeting as if we were visitors attending an art exhibition. Group members went around the room and spent time with each person's artwork and creative writing responses. The group became quiet during this process, occasionally commenting on the artwork, but more often the exchange between the veteran and the artwork was silent. We were engaged in a profound listening and witnessing of each other's stories and experiences. It was a type of listening that comes from the heart; words and questions were irrelevant, we were simply able to be in the company of each other's stories.

Following this act of silent witnessing, we continued the discussion about transition and reflected on the artwork we had created. Participants commented on several themes that emerged from the artwork, such as the experience of identity loss at the time of separation from the military and military trauma (e.g., military sexual trauma, combat exposure) that complicated the transition from military to civilian life. After the discussion ended, we broke for lunch and set the agenda for the remainder of the afternoon. I offered to discuss the data analysis from the initial focus group. The group decided to continue art making while we reviewed the results of the analysis. I wrote out the themes and ideas that had emerged from the discussion on a large dry-erase board. These themes included (a) "why I deserved to survive," a question many veterans had when remembering fellow service members who died in combat, (b) dealing with civilian assumptions about the veteran experience, and (c) veterans feeling as if they spoke a different language than civilians. I also shared copies of the transcribed discussion from

the first meeting that included my coding notes. Participants were able to see and understand how the themes emerged from our discussion. I reviewed the information on the dry-erase board line by line, encouraging questions, comments, and feedback. This process sparked discussion that led to changes in and additions to the existing themes.

This first cycle of the research was completed when, as a group, we had defined military to civilian transition and identified the needs associated with this process. The following questions were addressed in the first cycle of action research: How do veterans define military to civilian transition? What needs do veterans identify that are essential to transition success?

To finalize our shared definition of transition, I brought my analysis of the second focus group discussion back to the research team for review during our third meeting. I updated our dry-erase board notes with additions and changes that resulted from my analysis of our discussion from the second focus session. Refined categories included (a) dealing with the emotions related to surviving and returning home from war, (b) the need for "more bothers-and-sisters-in-understanding," and (c) feeling misunderstood often results in isolation. I asked each group member to spend some time individually reviewing the description on the board and to write a brief response. Co-researchers left their responses for me to review. One veteran wrote:

> Why did I deserve to survive? This line really struck me. I feel that coming home has thrown a weight to carry on my shoulders. I feel that being given the privilege to come back is now giving me the responsibility to do something more with my life. Normal people (civilians?) would welcome that opportunity. However, my mind turns it into added life stress.

I was able to make additional changes based on their observations. The writing task created an opportunity for veterans to share personal reflections in a more confidential manner.

During our third meeting we started the second cycle of action research. In this cycle we examined current art therapy practices including individual art therapy, open studio or drop-in group sessions, and gallery exhibitions and considered how each of these approaches might or might not support the transition from military to civilian life and address the identified needs. To facilitate this inquiry, I introduced the topic of art therapy treatment and asked the group to reflect on their individual experiences by making artwork about them. Following a 90-minute period of individual art making, we shared reflections, insights, and ideas that emerged from individual work. I guided the group discussion with open-ended questions and summarization.

We anticipated that this cycle would require two 3-hour meetings that would involve both discussion and creative activities to stimulate reflection and sharing. The initial meeting explored participants' art therapy experiences and the second meeting was focused on how programming could be changed to better meet transition needs.

I started the fourth group session by having veteran co-researchers view the artwork form our third session. Then, rather than launching right into discussion, I followed this exercise with a writing prompt that I posted on the wall. The prompt read:

> Reflect on your art therapy experiences in individual art therapy, open studio drop-in groups, and/or gallery exhibitions and explain how well these services addressed your needs and concerns. If you have had different experiences with group or individual therapy, what was different about your art therapy experience

and how it worked for you? What would you want to tell a friend about art therapy?

I also encouraged the group to include feedback on needs that were not addressed, inviting a critique of the program. The writing focused our conversation about the artwork made during the third session and also surfaced more thoughts about the particular services veterans had used. When I opened the floor for discussion most members read their written response aloud.

After our discussion about art therapy, I took out the dry-erase board. I had updated the board to include the fully refined definition of transition developed by the research team. I asked co-researchers to read the board silently. Then, I initiated a conversation about the art therapy program and asked the veterans what they might want to add to the program or change about the program in order for art therapy services to best meet the needs described on the board. The information on the board provided a context for the group to consider how well art therapy programming addressed their self-identified needs. Suggestions included the addition of a "battle buddy" component where veterans could pair up for support while in the art therapy program, the addition of a participant advisory panel so that veterans could continue to contribute to program development, and ideas about how to get out into the Rochester community as "veteran–artists" and conduct outreach with the goal of contributing to a "positive veteran narrative."

This cycle was completed when we had discussed how art therapy supported the transition from military to civilian life and had developed service recommendations to address unmet needs. This research cycle answered the following question: How can an

art therapy program be modeled to promote transition success, based a veteran-defined explanation of transition and veteran-identified needs associated with this process? Following this last focus session I transcribed and coded the data using the grounded theory coding method described earlier. The themes related to art therapy were developed into seven basic principles of art therapy that support transition.

The Therapeutic Principles of Art Therapy With Transitioning Veterans

The veterans in my study identified seven basic principles of art therapy that support healthy veteran transition from military to civilian life based on their personal experiences with art therapy and transition, as exemplified in Table 1 (see also Appendix C): art therapy (a) offers psychological safety, (b) promotes growth, (c) gets to the heart of the matter, (d) builds connections, (e) draws out strengths, (f) cultivates a sense of purpose, and (g) awakens emotions.

Table 1

Excerpts From Focus Group Dialogues Categorized by Emergent Art Therapy Principles

Art therapy principle	Excerpt examples
1. Art therapy offers psychological safety	Ex 1: "Art therapy has allowed anger and rage to begin to come out in a safe way." Ex 2: "Using an artistic medium allows me to navigate uncharted personal territory that I would normally steer clear from." Ex 3: "There is something there [my artwork] in between me and the therapist I can go to [when I'm uncomfortable]…like a security blanket."

2. Art therapy promotes growth	Ex 1: Making art "allows me to focus not just on the problem so much as to focus on the solution." Ex 2: "I think it gave me hope.…I think over the last year and a half I have gotten better. There is something about [art therapy], it hits you inside and resonates more than sitting and talking with someone." Ex 3: "Instead of being all stressed out and being hypervigilant about everything, I am trying to use that same energy to make something [a drawing] that is detail-oriented. It is helping me a lot because it is distracting me from trying to micromanage everything around me."
3. Art therapy gets to the heart of the matter	Ex 1: "The difference between art therapy and conventional therapy: In ordinary therapy you never address the real underlying problems...for fear of being controlled again by the government." Ex 2: "There was an emptiness in my soul…[with art therapy] I was able to let out the secrets and not be afraid of judgment. I released years of poison through my paintings.…Now that all that poison is out I can focus on the positive." Ex 3: "The imperfections that we create [in our artwork] are the things that allow us to grow and develop and change,"
4. Art therapy builds connections	Ex 1: "I've never had a safe place before.…It's safe to share these things here [in the art therapy studio] because we all

	illustrate them." Ex 2: Art making "gives me a chance to let people know what is going on with me because they say 'Oh, wow. I like that right there' and I can actually tell them a story about what is going on and explain that I used it to refocus and think about some things.**"** Ex 3: "You [commenting to another co-researcher] shared something through your art [exhibition] that was extremely personal and I connected with you on it because we shared similar experiences. I wanted to thank you because your art expression made me realize I could own it too and share it with my therapist. Because of you I am better."
5. Art therapy draws out strengths	Ex 1: "My experience with art therapy has been very different than regular therapy because it has opened up a creative side of me. When I am struggling and emotions are overwhelming me, that seems to be when I do my best work." Ex 2: "I started this program 3 years ago. The person I saw in the mirror was completely worthless and there was nothing he could do anyone found worthwhile. He had no real purpose in life.…I had no idea I was capable of any of the things I put in that [art] show. I had a series of photographs that told a story…to be able to do that, and to have people see that story and get it—wow." Ex 3: Exhibiting art in the gallery "was a really good experience

	for me because it gave me the opportunity to showcase my work and to feel proud about it. It was a self-esteem builder."
6. Art therapy cultivates a sense of purpose	Ex 1: "What we were, seen, done, witnessed, they are still a very active part of you. Being able to form your own self-expression can lead to finding yourself." Ex 2: "You don't know [who you are], because most of your life you are told who you should be, by your parents, your teachers, and then the military.…Making art is a way of calming and I can concentrate, get into the good part of my brain. The part that was a kid once and thought anything was possible.**"** Ex 3: "Making art is a God-given gift. When I am making art I get the chance to focus not on myself, but on God."
7. Art therapy awakens emotions	Ex 1: "Art therapy has awakened a part of me I thought had died. This experience has re-opened my love for many types of art that had closed down when I transitioned out of the Air Force." Ex 2: "Art therapy will calm me when I am nervous, help me to focus when I am blurry, and helps to give me confidence when I am lacking conviction.…Art therapy gives me a two-fold sense of accomplishment: personal wellness and physically creating—both happening at the same time." Ex 3: "Art making helps me get into the good part of my brain. The part that hasn't been messed with.…After years, the military twists you up and you think that life is not worth it."

Art Therapy Offers Psychological Safety

Art therapy offers an emotionally safe, nonverbal modality for engaging veterans in therapy. Participants identified the feeling of being emotionally, psychologically, and physically safe as absolutely necessary for them to be able to start the transition from military to civilian life and to engage in supportive therapy. The literature has supported the claim that a felt sense of safety and trust is the foundation for any potentially healing relationship or experience (e.g., Herman, 1992; B. L. Moon, 2008; C. H. Moon, 2002; Ogden et al., 2006).

Veterans said that they were able to establish a sense of emotional and physical safety in the art studio space as they became familiar with the art materials, created artworks, and formed relationships among fellow veterans in drop-in open studio groups and with art therapy staff. Many veterans experienced the process of making artwork in therapy as a cathartic release of strong emotions through a controlled, safe process guided by the art therapist. As supported in the literature, veterans' artwork functioned as symbolic vehicles for containing painful emotions and experiences and provided a sense of safety and comfort as participants confronted difficult images and topics (Johnson, 1987; Johnson et al., 1997). The studio environment itself served as an extension of the therapy process, offering a creative, supportive, and safe atmosphere.

Art Therapy Promotes Growth

Art therapy engaged veterans in a creative, accessible therapy process that supported the development of adaptive coping strategies in support of Collie et al.'s recommendations (2006). Adaptive coping skills were taught by me, the art therapist, and exercised through the art-making process as well (see also Malchiodi, 2012; Rankin &

Taucher, 2003). Alternatively, opportunities for development of coping skills unfolded naturally as veterans addressed emotionally challenging topics in their artwork. Working through technical challenges that arose with various art materials fostered the ability to problem solve, think creatively, and develop a personal sense of direction (see also Kopytin & Lebedev, 2013; McNiff, 1976; Thomas, Gray, McGinty, & Ebringer, 2011; Thompson, 2009).

Art Therapy Gets to the Heart of the Matter

Art therapy was a path toward healing through the dark, uncomfortable, or unmentionable places that were often buried too deeply for veterans to access with words alone. It was common among participants that art therapy helped them to express and confront issues that resided at the core of their struggles with transition. Being able to get to the heart of these issues was difficult and some felt it would have been impossible with words alone. Several noted that the therapy often occurred directly in their relationship to their images and in the process of creating art.

Art Therapy Builds Connections

Art therapy repaired and built connections for veterans, mitigating the negative consequences of isolation. Veterans experienced art making during drop-in open studio sessions as a natural way to connect with other veterans. Seeing commonalities in thoughts, emotions, and experiences apparent in the visual images and metaphors within their artwork brought about a sense of belonging that allowed veterans to talk to and receive support from others. Their artwork also made it easier to talk with significant others and civilian citizens. The artwork represented and communicated their needs and experiences to others.

Art Therapy Draws Out Strengths

Art therapy illuminated personal strengths as veterans explored and rediscovered their innate creative capacities. It also naturally helped them reconnect with a healthy, creative, capable sense of self. Art therapy treated dysfunction by providing opportunities to function capably (see also Kalmanowitz & Lloyd, 1999; B. L. Moon, 2008). Veterans developed a sense of mastery over the materials as well and created artwork that they felt was "good." This experience was identified as "a self-esteem builder" that reinvigorated a sense of being capable. The sense of mastery and accomplishment was elevated when veterans displayed their artwork in the gallery.

Art Therapy Cultivates a Sense of Purpose

Veterans use art making to find direction and rediscover a sense of purpose. Examining identity and purpose were related to veterans' immediate concerns about productivity. Creating art helped veterans to attend to their thoughts and feelings in the present moment and increase insight and self-awareness (see also B. L. Moon, 2008; Thompson, 2009). Participation in this authentic form of self-expression over time helped veterans to sort through questions tied to identity and purpose and, for some, this included exploring spirituality and their connection to a higher power.

Art Therapy Awakens Emotions

Art therapy reawakened positive emotions and ultimately reinforced veterans' participation in activities that were healing and life affirming, including supportive therapy. Art making was a pleasurable activity that veterans enjoyed, and it often evoked positive emotions and was relaxing (Collie et al., 2006). Making art as a means of self-expression was enjoyable even when the imagery and feelings expressed were painful (B.

L. Moon, 2008). Veterans who were reluctant to engage in therapy because of the stigma attached to mental health treatment, fear of confronting challenging topics, or other reasons found that the satisfaction involved in making art encouraged them to continue treatment.

Programmatic Elements

The program manual (Appendix D) includes a full description of the seven therapeutic principles that participants self-identified. These principles became the foundation of the three art therapy services offered within this treatment model, detailed as follows.

Individual Art Therapy Sessions

Veterans explained that individual art therapy sessions address mental health symptoms and psychosocial stressors tied to difficult or unhealthy transitions, using an approach that builds on the veteran's strengths and operates from an understanding of how trauma impacts an individual's overall psychosocial functioning.

Veterans who engaged in individual art therapy sessions were drawn in by the idea of an active, hands-on approach to therapy. Often, this approach was more appealing to veterans than were traditional office-based therapies such as psychotherapy or cognitive behavioral therapy. Veterans also recognized that they were able to express thoughts and emotions through art making easier than they were able to using words alone (see also Baker, 2006). One veteran emphasized the need to express thoughts and emotions through nonverbal modalities: "The difference between art therapy and conventional therapy [is] in ordinary therapy you never address the real underlying problems...for fear of being controlled again by the government, especially in the age of

the Patriot Act." Veterans identified how individual art therapy sessions helped them to heal from past traumas, to improve relationships, and to develop new ways to manage stress. In the process they started to define themselves with a new "creative" identity. In turn, art therapy supported success and achievement of the tasks related to the transition. Engagement in the therapy process was the first and most important step, particularly for veterans who were reluctant to work with mental health professionals.

Art therapy sessions in the proposed model are offered in an art studio environment, which holds the promise of infinite creative potential and serves as the first point of engagement in the art therapy process (Henley, 1995). Veterans walk into a space that vastly differs from their expectations of a therapist's office. Entry to the studio is a multisensory experience. Where veterans expect to find the professional license and credentials of their therapist mounted on the wall, they see instead artwork made by their peers. Where they expect to find a couch or two chairs nestled near a dimly lit lamp, they see easels, stools, and a large table for making art. Contrary to the emptiness of clinics with white walls and florescent lights, they experience "life" in the studio, a gently worn and used space. They see bits of dried paint in the sink and freshly rinsed brushes in the drying rack. Evidence that others have made art in the studio brings a sense of comfort; it communicates that other veterans have taken this same path.

The studio also serves an extension of the therapy process and can be considered an environmental intervention (Fenner, 2012; Henley, 1995). In other words, the studio space itself is a key "tool of the trade" that an art therapist can employ in the therapeutic work, with the characteristics of the space helping to meet therapeutic objectives. Veterans can experience the studio as a creative, supportive, and safe atmosphere and

may find comfort by visually connecting to certain aspects of the space (see also Fenner, 2012). For example, they may identify with the studio as a workspace, feeling drawn in and engaged by in-progress artwork evident on the walls and easels. This creative environment ignites an initial curiosity that ultimately supports engagement in therapy.

Veterans may also experience the studio as a metaphoric holding space for painful emotions and memories. Having a designated place to store their artwork is one way the studio offers veterans a sense of containment. As one combat veteran described, "my workspace is my safety area." Conversely, veterans may experience vulnerability by choosing to display artwork on the walls. The studio offers veterans the ability to choose how and when they engage in the therapeutic potential of the space (see also McGraw, 1995). Veteran co-researchers described the art studio as "a loving and caring environment" and "a place that lifts me up."

Drop-In Open Studio Group Sessions

Drop-in open studio group sessions can mitigate the social isolation often experienced by veterans struggling to transition. These sessions typically run 2 to 3 hours in length and are conducted by an art therapist. In the proposed model, veterans may engage in these groups for an extended period of time (e.g., 6 months) or may participate on a more time-limited basis (e.g., five visits). The drop-in model helps to engage veterans who may be reluctant to make a long-term commitment. The art therapist mitigates any potential therapeutic interference that may be caused by the lack of constancy and predictability in this type of model (Luzzatto, 1997) by screening new referrals and alerting regular group members when new participants are expected to join.

In the model of open studio group sessions, the environment can foster a welcomed sense of camaraderie among veteran participants as they share workspace and materials with others while creating their own individual artwork. It is also a safe place that encourages creative risk taking through engagement with art materials, the physical environment, image making, and group energy among participants making art together. The facilitator models commitment to creativity (Allen, 1995; Haeseler, 1989; Luzzatto, 1997; Malchiodi, 1995; McNiff, 1995; B. L. Moon, 2010; Wix, 2010). Art making is a way to communicate and share stories among veterans, forming a culture of support and friendship. Also, in the studio space veterans can normalize and honor each other's transition struggles and successes through symbolic and verbal sharing.

Co-researchers in this study emphasized the benefits of weekly time in the studio and making art alongside other veterans. Many of these veterans have participated in a Wednesday evening studio group that formed a year earlier. The group has remained open to new veterans; however, a core group of veterans meet every Wednesday in the art therapy studio and a cohesive, close-knit group has formed over the last year. Veterans encourage one another, hold one another accountable, and routinely provide each other empathetic listening and support. The weekly open studio session has been an anchor to veterans in the group who have intermittently struggled with substance abuse, posttraumatic stress disorder, transition to civilian life, and other psychosocial challenges.

In the Wednesday open studio group sessions typically one veteran makes a pot of coffee as other group members meander in around 4:00 p.m. and get their work areas prepared. The large table that seats six slowly fills with paints, paper, canvases, colored pencils, and the like. Another veteran tunes into a local radio station that plays lightly in

the background. During this stage of preparation there is a routine checking in. Conversations about the last week occur along with an informal roll call, with one member taking attendance. Veterans who may have missed a week or two are welcomed back into the group with a hug and expression of concern for their absence.

A key element in this ritual is the shared energy experienced by group members when they are all making art together (McNiff, 1995; Wix, 2010). An artistic community forms within the studio and one person's artistic expression stimulates the expression of others (McNiff, 1995). During this process veterans give attention to one another by witnessing and receiving artistic expressions both verbally and nonverbally. This exchange creates a healing environment within the studio as a culture of support develops among participants. From my experience working in drop-in open studio groups, the act of creating art in a shared physical space brings people together in a way that promotes honest interpersonal exchanges.

Veterans in the Wednesday evening studio group would agree. They have silently witnessed each other's most painful stories while sitting next to one another making art. Through creation and conversation they share thoughts, feelings, and beliefs about personal and political concerns. They reflect on spirituality, the meaning of life, and their expressed desire to give back to other veterans. They have been silently together, making art in the studio after learning a fellow veteran committed suicide or another is struggling with addiction. Art making is the ritual that brings them together. The drop-in open studio format empowers veterans to participate in a pro-social activity that is enjoyable and accessible—a positive activity that increases social support among veterans who otherwise may feel isolated and alone in their experience of transition.

Gallery Exhibitions

The veterans' art gallery serves as an extension of the studio and is a separate storefront property where monthly art exhibits are held. There are a variety of opportunities for veterans to display their artwork in the gallery. Gallery exhibitions are much more than simply a formal display of artwork; public exhibition raises awareness and understanding among the general population. Formal art openings validate and legitimize the artwork of veterans by bringing it into the broader art community as well (see also Howells & Zelnik, 2009). The experience of professionally displaying one's own artwork in a public venue can be particularly validating for populations who feel marginalized from the mainstream (Thomas, Gray, McGinty, & Ebringer, 2011; Vick & Sexton-Radek, 2011).

As exhibiting artists, veterans self-advocate and inform the public of their experiences, externalizing and taking ownership of their own perspective (see also Block, Harris, & Laing, 2005; Spaniol, 1990; Thomas et al., 2011). Co-researchers in this study emphasized that art exhibitions contribute to a positive veteran narrative, one that counters the focus on disorder and dysfunction that is often portrayed in the news media. Thus, the gallery becomes another intervention for decreasing their isolation and reducing disconnection between veterans and the civilian community they call "home" by educating civilians while combatting stigma and marginalization (see also Cutler, Harding, Hutner, Cortland, & Graham, 2012; Potash, Ho, Chick, & Au Yeung, 2013).

These benefits were exemplified by a conversation between two participating veterans. One, in his mid-fifties, described his art show experience this way: "I shared things I've never told anyone. They are still there in my head but the weight is not there

anymore." He witnessed several viewers become emotionally influenced by his art expressions and the messages he communicated with his images about pain, suffering, and healing. Another younger veteran on the research team responded:

> You shared something through your art that was extremely personal and I connected with you on it because we shared similar experiences. I wanted to thank you because your art expression made me realize I could own it too and share it with my therapist. Because of you I am better.

This exchange is a powerful example of how the art show connected veteran and viewer, leaving both positively changed by the process. The veteran who displayed his artwork had the experience of feeling understood and valued by his friends and fellow community members who spent time looking at his photographs and reading his poetry. During the opening night of his exhibition he silently watched as people closely observed his artwork, some of them responding emotionally with tears or nods of recognition. He spoke with guests, describing his artwork and the meaning behind the images. One gallery visitor, also a veteran, shared his own personal story as they stood by a rendition of a little boy hiding in the corner. At the end of their exchange they hugged.

The veteran who had his artwork on display felt that he helped other people by sharing his story through images and poetry in the gallery. The feeling of helping other people through a public exhibition of personal artwork was an experience echoed by others. A young combat veteran spoke about his art exhibit by saying:

> I was proud of myself. I am not one to public[ly] speak. But it was really cool, the interactions I had with people…shaking my hand, saying 'wow, you're doing a really good job.' I felt like I was really helping people with my art.

Veteran co-researchers emphasized that, by sharing their personal experiences in this venue, they may help to normalize the challenges associated with transition and provide hope to other veterans. The metaphors and images of pain, sorrow, hope, and healing create a bridge between the veteran artist and the viewer, a bridge that connects veterans to the social support and understanding that will help them have a healthy and successful transition.

Self-esteem seems to have increased for many veterans who witnessed their artwork being seen and valued by their families as well as the general public. Further, elevating completed artwork to professional status through formal display can build self-confidence (Alter-Muri, 1994). Speaking about his gallery experience a Marine veteran said, "It was a really good experience for me because it gave me the opportunity to showcase my work and to feel proud about it." He added that sending invitations to the gallery exhibition to his friends and family reinforced a sense of pride and accomplishment. This was a common experience for veterans who displayed their artwork in the gallery. An Army veteran who put together a full exhibition of his artwork said,

> I started this program 3 years ago. The person I saw in the mirror was completely worthless.…He had no real purpose in life, no clue what he was capable of….I had no idea I was capable of any of the things I put in that show. I had a series of photographs that told a story…to be able to do that, and to have people see that story and get it—wow.

The therapeutic value of gallery exhibitions starts with the veteran and extends to people who view the artwork, veteran and civilian alike. Viewing artwork generates empathy,

support, and a sense social connection for veterans who are transitioning from military to civilian life.

When art therapy programming incorporates these three services, participants receive unique benefits that can address the multiple levels of need starting with veterans and reaching out into the context of the community or "home" where they return. These program elements provide a range of options for recipients who can elect to participate in one or all three services. Veterans may initiate treatment in one service (e.g., individual sessions) and progress toward involvement in other activities (e.g., studio groups and/or gallery exhibitions). The variety of options and the flexibility inherent in this model are part of the success. Veterans find what they need in one or several services designed to help them to start a healthy transition home.

Dissemination of Resulting Knowledge

The findings were organized into two modes of dissemination. First, a program manual (Appendix D) was written from the findings to create a tool that could be used to advocate for art therapy as a form of treatment to address veteran transition needs. Second, an art exhibition was coordinated with the research team to present the outcomes of the study to Rochester, New York, community members including civilian citizens, family and friends of the co-researchers, and providers within local VA and community-based organizations.

The Program Manual

The program manual was developed from the research team's findings, which were based on co-researcher experiences with art therapy services at the Veterans Outreach Center. The manual includes an exposition of a list of concerns that co-

researchers felt to be pivotal to veteran transition (see Appendix D, pp. 5–13) and descriptions for how art therapy services addressed these concerns. Three distinct art therapy services are described: individual sessions, drop-in open studio group sessions, and exhibitions in a storefront art gallery. The findings demonstrated how these three services could address the wide spectrum of needs associated with veteran transition.

Purpose

The program manual presents behavioral health program directors and mental health service providers with a description of how art therapy responds to the needs of veterans engaged in the often difficult process of transitioning back to civilian life after military service. The manual describes the basic therapeutic principles of art therapy with veterans and provides a programmatic template that can be applied to other U.S. Department of Veterans Affairs and community-based settings.

When writing the program manual, I described the particular psychological and emotional challenges veteran participants felt were characteristic of their transition experiences. These challenges provided context for the therapeutic principles of art therapy and the three program elements covered later in the manual. The manual employs many direct quotations from the focus group discussions, bringing the veterans' voices into the foreground. I favored direct quotations over a conventional review of theory and literature because their use humanized the experience dramatically and provided more impact than simply a review of facts and statistics.

Rationale

A segment of the veterans served at Veterans Outreach Center have reported that they are not comfortable using VA services because they distrust governmental

programming, are concerned about being labeled with a mental health diagnosis, or because they have tried VA services in the past and were not satisfied. Some have attempted the evidence-based therapies offered (e.g., CPT, PET) and have not been able to complete these treatment regimens successfully; they were not able to tolerate the exposure-based interventions or they felt unprepared to try these methods. As a result, veterans reported feeling hopeless and frustrated with the treatment process. These veterans reported that they would not be receiving any mental health services if alternative treatment options like the Veteran Outreach Center art therapy program were not available. I developed the program manual with these veterans in mind. The manual was grounded in the concerns and needs of those being treated in the Veterans Outreach Center art therapy program. Most importantly, the manual documented the benefits of this model to provide a template for the program to be replicated.

The Art Exhibition: "Transitions"

Veteran–researchers coordinated an exhibition of artworks (see Figure 1) they created as a result of their involvement in the participatory action research project. Nine of the 10 veterans involved in the PAR study elected to participate in the exhibition. The art exhibition included visual artwork and writings created during the four focus group sessions and several group studio sessions held by the research team after the focus group sessions ended. Over 50 pieces of original artwork made by the nine participating veterans and myself were displayed in the art therapy program's gallery space.

Figure 1. "Transitions" Art Exhibition

In order to advertise the exhibition and opening reception professional postcards were ordered to use as promotional material. The participating veterans chose “Transitions” for the exhibition title, developed a description of the exhibition to be included on the back of the postcard, and selected an image for display on the front of the card. The description on the back of the postcard read: “Autobiographical expression of the military experience created and presented by veterans of the Comfort Street Studio Research Team.” The image selected for inclusion on the front of the card (Figure 2) was created by one of the participating veterans. The group felt the image was representative of their collective experiences of military to civilian transition.

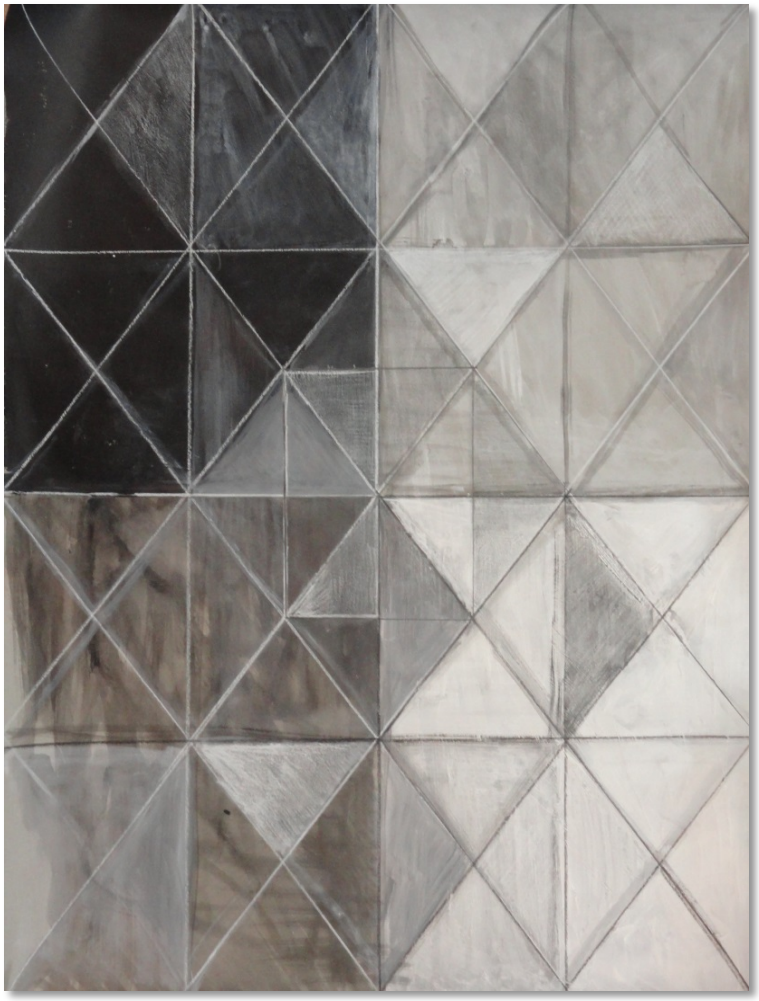

Figure 2. *Simple Solution, Endless Execution* (Mixed media on paper)

Through e-mail notification, mailed postcards, and word of mouth, the research team invited representatives from local VA programs and other influential members of the Rochester community to provide education, via attendance at the opening, on the needs associated with veteran transition and to advocate for art therapy as a leading form of treatment. Participating veterans also invited friends and family to attend the exhibition.

During the week the exhibition was scheduled to open the research team received an invitation to be guests on a local public radio show called Healthy Fridays on WXXI AM1370 to talk about veteran transition, art therapy, and the PAR study. The opportunity

to be involved in the radio program was open to all veteran co-researchers and three veterans decided to participate. During the 1-hour radio program veterans shared some of the challenges they identified during the transition from military to civilian life and talked about how art therapy had addressed their particular needs. Participating veterans used the media coverage as an opportunity to advertise for the opening reception of the art exhibition.

Veteran–researchers who displayed their artwork in the gallery were present during the opening reception and talked with visitors about their artwork and involvement in the research project. Context for the artwork on display was also provided via an artist statement mounted on the wall that read:

> To further investigate the effectiveness of art therapy in readjustment, a participatory action research study was initiated with a group of 10 veteran co-researchers. The study design included a series of focus groups involving dialogue and art making from which the co-researchers have developed a list of concerns felt to be pivotal to veteran transition. Through exploration of their personal experiences with art therapy treatment, they have begun to identify ways that art therapy can address the particular needs associated with transition from military service to life at home.
>
> This display is our presentation of this investigation. We hope that by sharing our personal expressions with the Rochester community we contribute to a greater understanding of veteran transition. Additionally, the artwork displayed collectively represents our experiences with art therapy and using creative

mediums to heal, grow, define, and redefine ourselves. Though our individual experiences are vast, one common thread that unites us all is our love for creating. The opening night of the art exhibition was considered a success by all of the veterans involved. The small gallery space was full with visitors for the full 3 hours the show was open. Veterans referenced the artwork on display when talking with gallery visitors about their transition experiences. Gallery visitors commented on the quality of the work on display and their overall impressions of the exhibition. The feedback participating veterans received reinforced their commitment to work together to create change in the Rochester community by educating the public about transition and advocating for services they felt were most beneficial.

Participatory action research provided a methodological framework for a group of 10 veterans to examine their experiences of art therapy and transitioning from military to civilian life. Veterans engaged in focus group sessions that utilized multiple methods of co-constructing knowledge in order to use their first-hand experiences in an art therapy program to strengthen the program's effectiveness. The knowledge generated by the veteran co-researchers also informed the development of grounded theory and a program manual and rationale for art therapy with transitioning veterans. Veteran co-researchers felt empowered by sharing new knowledge that was generated from their experiences and firmly believed that their efforts would benefit other veterans by making the benefits of art therapy more widely known.

CHAPTER 4: REFLECTIONS, IMPLICATIONS, AND CONCLUSIONS

"Home" can be a loaded term for veterans returning from service and transitioning into civilian life. As treatment providers, we need more knowledge to endorse and advocate for services that support veterans through the transition home. This participatory action research study intended to address the treatment needs of transitioning veterans with three overarching goals. First, uniting and empowering veterans to contribute to the design of their own art therapy program to meet their self-identified needs. Second, contributing to a foundation of knowledge that will help shape future art therapy practices with veterans with grounded theory. Third, promoting the advancement of art therapy within other VA and community-based organizations. Veteran–researchers described their motivation to help other veterans by making the benefits of art therapy more widely known.

A Veteran-Focused Art Therapy Program

This participatory action research study was successful in empowering veterans to contribute to the design of art therapy programming. Veteran–researchers critically examined their experiences in the program against the needs and concerns they felt were pivotal to successful transition. They identified many ways the program had helped them to address the issues that complicated their transitions from military to civilian life. They started to identify additional services the program could offer to address unmet needs. Veteran co-researchers recommended the addition of more opportunities, outside of the weekly drop-in open studio sessions, for veterans to help one other. An immediate outcome of this recommendation was the addition of a "battle buddy" system, based on the concept of a partner assigned to U.S. Army soldiers in combat, which creates an

alliance that provides mutual support. A subgroup of veterans from the research team developed a poster to offer support to other veterans in the program. The poster included the names and contact information of veterans who had volunteered to be available as a battle buddy to other veterans in the art therapy program.

Another recommendation veteran–researchers advocated for was a monthly after-action review of art therapy programming. After-action review is process originally developed by the United States Army to provide soldiers and units feedback on mission and task performances in training and in combat. It is a professional discussion of an event that focuses on performance and soldier development by engaging soldiers in identifying what occurred during the event and why, and identifying how to sustain strengths and improve weaknesses. The PAR study provided veteran–researchers with the first formal opportunity in the history of the art therapy program to be involved in program evaluation and development. Veteran–researchers valued the opportunity to be involved in this process of critique and change. As such, the research team started a participant advisory panel that meets once per month to review art therapy programming and to continue to make suggestions for improvement in services. Eight of the 10 veterans involved in the study plan to participate on the panel.

Development of Grounded Theory

As I mentioned earlier, the current literature on research into treatment needs of returning veterans focuses on posttraumatic stress disorder. Evidence-based treatment protocols such as cognitive processing therapy and prolonged exposure therapy that are endorsed by the U.S. Department of Veterans Affairs to address symptoms of PTSD do not attend to the psychosocial implications of veteran transition from military to civilian

life. Art therapy literature has demonstrated therapeutic potential in PTSD treatment and particular approaches address the broader social, vocational, and rehabilitative needs of other populations (e.g., Thomas et al., 2011; Vick & Sexton-Radek, 2008). This culminating project contributes to the literature on veteran treatment needs and art therapy with military populations with qualitative data on the transition from military to civilian life and veterans' experiences with an art therapy program. The therapeutic principles and programmatic elements offered in the program manual are not new to the field of art therapy; however, this study adds the voice of veterans, confirming how these principles and elements address their self-identified needs.

Specifically, based on my experience working with veterans in a community-based setting, I have found that the approaches to art therapy proposed within the program manual (Appendix D) target treatment needs that are not addressed in other, traditional individual and group therapy settings. The treatment needs associated with transitioning from military to civilian life are also not addressed within the field of art therapy. These particular approaches to art therapy target the broad spectrum of needs starting with the veteran's internal concerns (e.g., symptoms of posttraumatic stress disorder and challenges coping with psychosocial stressors) to the need to be a connected and contributing member of society.

Promotion of Art Therapy With Veterans

This participatory action research study generated new knowledge that will be used to promote the advancement of art therapy within other VA and community-based organizations. Advancing art therapy with military populations will be an ongoing process that will require advocacy on multiple levels from local to national. The

knowledge generated from the PAR study provided the basis for the development of a program manual. The manual can be used as a tool for professionals to advocate for increased access and availability of art therapy services. The manual provides rich qualitative data on art therapy with veterans along with practical considerations for program development.

The promotion of art therapy with veterans reaches beyond the scope of this PAR study. Other art therapists working with veterans must become involved by conducting case studies, initiating practice-based research, or partnering with other providers within the U.S. Department of Veterans Affairs who are conducting research in order to build a foundation of evidence that will support the augmentation of art therapy services with this population. It is the responsibility of providers to document and share treatment outcomes and advocate for these vital services.

Evaluation of the PAR Study

Herr and Anderson (2015) developed five quality/validity measures that are tied to the goals of action research: (a) outcome validity, (b) process validity, (c) catalytic validity, (d), democratic validity, and (e) dialogic validity. These particular measures are helpful in assessing the limitations and successes of the PAR study reported on herein. As described below, the PAR study was successful in meeting these measures of validity.

Outcome Validity

Outcome validity in action research looks at the extent to which meaningful action or change occurs as a result of the critical research cycle (Herr & Anderson, 2015). The research cycles in the PAR study led to several meaningful changes for veteran–researchers and the art therapy program. As discussed, there were additions to the art

therapy program that were based on the recommendations of the research team. More importantly, veteran–researchers experienced meaningful change on an individual basis. Several veteran–researchers described that their participation as co-researchers built self-confidence and inspired them to continue to be involved in initiatives that will create positive changes within the community where they live.

Process Validity

Process validity examines what happened during the study and is concerned with the extent to which problems are framed and solved in a way that permits learning within the system. Process validity also looks at the quality of the multiple reflective cycles and examines how assumptions were questioned in order to avoid analysis that is overly simple or self-serving (Herr & Anderson, 2015). Veteran–researchers learned new ways to examine their experiences of transition and art therapy through artistic reflection; group discussion; and analysis of emerging ideas, themes, and concepts. Data were triangulated at several points in the study when veteran–researchers reviewed my data analysis and provided critical feedback that informed further refinements. Veteran–researchers were actively engaged in reviewing the data and were often surprised at the amount of knowledge they were generating, a realization that positively reinforced their participation in the study.

Catalytic Validity

As a main tenet of PAR is action and change, catalytic validity examines the degree to which all participants in the study deepen their understanding of the problem and are motivated to take action (Herr & Anderson, 2015). Veteran–researchers broadened their understanding of veteran transition and how art therapy has helped

transitioning veterans by hearing the first-hand accounts of other participating veteran–researchers. As a result of several discussions about the impact of civilian assumptions on veteran transition a subgroup of the research team was motivated to conduct educational outreach in the Rochester community as "veteran–artists." The goal of the planned outreach activities will be to increase the general public's knowledge of the veteran experience. Veteran–researchers felt strongly that by connecting with the general public through outreach events and activities involving shared art experiences, they would be able to provide education on veteran transition in a casual atmosphere. The participant advisory panel will guide the outreach initiative.

Democratic Validity

Democratic validity measures the extent to which the project was conducted in a collaborative manner by involving people who have a stake in the identified problem (Herr & Anderson, 2015). Veteran–researchers developed into a cohesive group formed a group identity as "the Comfort Street Studio Research Team." They collectively felt the urgency and importance of our investigation, committing time above and beyond what we had initially planned at the onset of the study. They described the value of art therapy and how it had changed their lives in many ways, an experience they wanted to extend to other veterans. In our initial meeting one young combat veteran made an appeal to the group, asking other participants to fully contribute to the project because, collectively, they had the opportunity to have a positive impact on the lives of other veterans. The subgroup of veterans who continue to meet would like to coauthor an article that will make the findings of our research more widely accessible.

Dialogic Validity

Dialogic validity is concerned with how the methods, findings, and evidence resonate within the larger community of practice, often through critical or reflective dialogue with other researchers (Herr & Anderson, 2015). As such, I identified a critical friend, knowledgeable in PAR methodologies, who could provide me with technical feedback on how to examine the focus group data. Due to the fast paced nature of the study ongoing meetings with the critical friend were not scheduled. Instead, I used personal journaling as a reflective process to examine my decision making and evaluate the progress of the study. Journaling helped to guide the analysis of the data in a way that involved the co-researchers to the greatest extent possible.

Overall, the study was largely successful in adhering to the methodologies of participatory action research. The description of the research process in Chapter 3, local change within the art therapy program, and the personal growth of veteran–researchers all point to a successful, collaborative research project. As the facilitator of the process, the greatest measure of success for me was when the work of the research team did not end with the culmination of my dissertation; instead, the group is motivated to continue to make meaningful changes in the art therapy program and local community that will positively impact veterans in Rochester, New York, for years to come.

This study creates a foundation of knowledge for art therapists working with veterans and establishes a framework for practice that can be studied systematically to continue to build an evidence base for art therapy services among veterans who are transitioning from active military service to civilian life. Further evidence will help more organizations to build art therapy programs by increasing the likelihood that they will be adequately funded. This foundation of evidence may also help art therapists to be

employed by the U.S. Department of Veterans Affairs as the benefits of art therapy with this population become more widely known and documented.

Veterans who are involved in the art therapy program routinely remind me of the value and effectiveness of art therapy. Many participants in art therapy have stated that it has saved their lives. Such alternative and complimentary treatments can be a lifeline for veterans who are reluctant and unprepared to engage in more traditional forms of therapy. There is a strong, urgent calling to providers to involve themselves in this work now, as men and women continue to come home from active duty in need of quality treatment and supportive services.

References

Adler, D. A., Possemato, K., Mavandadi, S., Lerner, D., Chang, H., Klaus, J., . . . Oslin, D. W. (2011). Psychiatric status and work performance of veterans of Operation Enduring Freedom and Iraqi Freedom. *Psychiatric Services, 62*(1), 39–46.

Allen, P. B. (1995). Coyote comes in from the cold: The evolution of the open studio concept. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 161–166.

Allen, P. B. (2008). Commentary on community-based art studios: Underlying principles. *Art Therapy: Journal of the American Art Therapy Association, 25*(1), 11–12.

Alter-Muri, S. B. (1994). Psychopathology of expression and the therapeutic value of exhibiting chronic client's art: A case study. *Art Therapy: Journal of the American Art Therapy Association, 11*(3), 219–224.

American Art Therapy Association. (n.d.). Art therapy, posttraumatic stress disorder, and veterans. Retrieved from http://www.arttherapy.org/upload/file/RMveteransPTSD.pdf

American Art Therapy Association. (2012). Resiliency through art: Training by the American Art Therapy Association for the United States Army arts and crafts managers. Retrieved from http://www.americanarttherapyassociation.org/upload/resiliencyworkbook.pdf

Americans for the Arts, National Initiative for Arts and Health in the Military. (2013). Arts, health and well-being across the military continuum: White paper and framing a national plan for action. Retrieved from http://www.americansforthearts.org/sites/default/files/pdf/2013/byprogram/legislationand_policy/artandmilitary/ArtsHealthwellbeingWhitePaper.pdf

Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association, 18*(1), 6–13.

Avrahami, D. (2006). Visual art therapy's unique contribution to the treatment of post-traumatic stress disorders. *Journal of Trauma and Dissociation, 6*(4), 5–38.

Backos, A. K., & Pagon, B. E. (1999). Finding a voice: Art therapy with female survivors of adolescent sexual abuse. *Art Therapy: Journal of the American Art Therapy Association, 16*(3), 126–132.

Baker, B. A. (2006). Art speaks in healing survivors of war: The use of art therapy in treating trauma survivors. *Journal of Aggression, Maltreatment & Trauma, 12*(1/2), 183–198.

Bensimon, M., Amir, D., & Wolf, Y. (2008). Drumming through trauma: Music therapy with post-traumatic soldiers. *The Arts in Psychotherapy, 35*(1)*,* 34–48.

Bensimon, M., Amir, D., & Wolf, Y. (2012). A pendulum between trauma and life: Group music therapy with post-traumatized soldiers. *The Arts in Psychotherapy, 39*(4)*,* 223–233.

Berry, J. W., & Sabatier, C. (2011). Variations in the assessment of acculturation attitudes: Their relationship with psychological wellbeing. *International Journal of Intercultural Relations, 35*(5)*,* 658–669.

Block, D., Harris, T., & Laing, S. (2005). Open studio process as a model of social action: A program for at-risk youth. *Art Therapy: Journal of the American Art Therapy Association, 22*(1), 32–28.

Bragin, M. (2010). Can anyone here know who I am: Co-constructing meaningful narratives with combat veterans. *Clinical Social Work Journal, 38*(3)*,* 316–326.

Brett, E. A., & Ostroff, R. (1985). Imagery and posttraumatic stress disorder: An overview. *American Journal of Psychiatry, 142*(4), 417–424.

Bruner, V. E., & Woll, P. (2011). The battle within: Understanding the physiology of war-zone stress exposure. *Social Work Health Care, 50*(1), 19–33.

Bush, G. W. (2001). Statement by the President in his address to the nation. Retrieved from the White House Archives website. Retrieved from http://georgewbush-whitehouse.archives.gov/news/releases/2001/09/20010911-16.html

Caplin, D., & Lewis, K. K. (2011). Coming home: Examining the homecoming experiences of young veterans. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson (Eds.), *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 101–124). New York, NY: Springer.

Caps, R. (2013). Writing by service members and veterans: A medium to promote healing in self and others. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (pp. 115–127). New York, NY: Routledge.

Carolan, R. (2001). Models and paradigms of art therapy research. *Art Therapy: Journal of the American Art Therapy Association, 18*(4), 190–206.

Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. M. (2001). The effectiveness of art therapy interventions in reducing post traumatic stress disorder (PTSD) symptoms in pediatric patients. *Art Therapy: Journal of the American Art Therapy Association, 18*(2), 100–104.

Chandrasekaran, R. (2014, March 29). A legacy of pain and pride. *The Washington Post.* Retrieved from http://www.washingtonpost.com/sf/national/2014/03/29/a-legacy-of-pride-and-pain/

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Chilcote, R. L. (2007). Art therapy with child tsunami survivors in Sri Lanka. *Art Therapy: Journal of the American Art Therapy Association, 24*(4), 156–162.

Coll, J. E., & Weiss, E. L. (2013). Transitioning veterans into civilian life. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 281–297). Hoboken, NJ: Wiley.

Coll, J. E., Weiss, E. L., & Metal, M. (2013). Military culture and diversity. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 21–36). Hoboken, NJ: Wiley.

Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal of the American Art Therapy Association, 23*(4), 157–164.

Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine. (2010). Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families. Retrieved from http://www.nap.edu/catalog/12812.html

Cook, J. M., O'Donnell, C., Dinnen, S., Bernardy, N., Rosenheck, R., & Hoff, R. (2013). A formative evaluation of two evidence-based psychotherapies for PTSD in VA residential treatment programs. *Journal of Traumatic Stress, 26*(1), 56–63.

Cutler, J. L., Harding, K. J., Hutner, L. A., Cortland, M. A., & Graham, M. J. (2012). Reducing medical students' stigmatization of people with chronic mental illness: A field intervention at the "Living Museum" state hospital art studio. *Academic Psychiatry, 36*(3), 191–196.

Egendorf, A. (1982). The post war healing of Vietnam veterans: Recent research. *Hospital & Community Psychiatry, 33*(11), 901–908.

Fenner, P. (2012). What do we see?: Extending understanding of visual experience in the art therapy encounter. *Art Therapy: Journal of the American Art Therapy Association, 29*(1), 11–18.

Franklin, K. (2013). Cycle of deployment and family well-being. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 313–333). Hoboken, NJ: Wiley.

Furukawa, T. (1997). Sojourner adjustment: Mental health of international students after one year's foreign sojourn and its psychosocial correlates. *Journal of Nervous and Mental Disease, 185*(4), 263–268.

Gantt, L., & Tinnin, L. W. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy, 36*(3), 148–153.

Gaw, K. F. (2000). Reverse culture shock in students returning overseas. *International Journal of Intercultural Relations, 24*(1), 83–104.

Geer, F. C. (1983). Marine-machine to poet: Poetry therapy as a bridge to inner reality: Some exploratory observations. *The Arts in Psychotherapy, 10*(1), 9–14.

Gewirtz, A. H., Polusny, M. A., DeGarmo, D. S., Khaylis, A., & Erbes, C. R. (2010). Posttraumatic stress symptoms among National Guard soldiers deployed to Iraq: Associations with parenting behaviors and couple adjustment. *Journal of Consulting and Clinical Psychology, 78*(5), 599–610.

Golub, D. (1985). Symbolic expression in post-traumatic stress disorder: Vietnam combat veterans in art therapy. *The Arts in Psychotherapy, 12*(4), 285–296.

Golub, D. (2005). Social action art therapy. *Art Therapy: Journal of the American Art Therapy Association, 22*(1), 17–23.

Haeseler, M. P. (1989). Should art therapists create artwork alongside their clients? *The American Journal of Art Therapy, 27*(3), 70–79.

Hass-Cohen, N., & Carr, R. (Eds.). (2008). *Art therapy and clinical neuroscience.* Philadelphia, PA: Jessica Kingsley.

Henley, D. (1995). A consideration of the studio as a therapeutic intervention. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 188–190.

Henry, H. M. (2012). African refugees in Egypt: Trauma, loss, and cultural adjustment. *Death Studies, 36*(7), 583–604.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence—from domesticabuse to political terror.* New York, NY: Basic Books.

Herr, K., & Anderson, G. L. (2015). *The action research dissertation: A guide for students and faculty.* Los Angeles, CA: Sage.

Hines-Martin, V. (1993). Use of art therapy with post-traumatic stress disordered veteran clients. *Journal of Psychosocial Nursing and Mental Health Services, 31*(9), 29–36.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*(1), 13–22.

Howells, V., & Zelnik, T. (2009). Making art: A qualitative study of personal and group transformation on a community arts studio. *Psychiatric Rehabilitation Journal, 33*(3), 215–222.

James, M., & Johnson, D. R. (1997). Drama therapy in the treatment of combat-related post-traumatic stress disorder. *The Arts in Psychotherapy, 23*(5), 383–395.

Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy, 14*(1)*,* 7–13.

Johnson, D. R., Lubin, H., James, M., & Hale, K. (1997). Single session effects of treatment components within a specialized inpatient posttraumatic stress disorder program. *Journal of Traumatic Stress, 10*(3), 377–390.

Junge, M. B. (1999). Mourning, memory and life itself: The AIDS quilt and the Vietnam veterans' memorial wall. *The Arts in Psychotherapy, 26*(3), 195–203.

Kalmanowitz, D., & Lloyd, B. (1999). Fragments of art at work: Art therapy in the former Yugoslavia. *The Arts in Psychotherapy, 26*(1), 15–25.

Kalmanowitz, D., & Lloyd, B. (2002). Inhabiting the uninhabitable: the use of art-making with teachers in South Kosovo. *The Arts in Psychotherapy, 29*(1), 41–52.

Kapitan, L. (2010). *Introduction to art therapy research.* New York, NY: Routledge.

Kapitan, L., Litell, M., & Torres, A. (2011). Creative art therapy in a community's participatory research and social transformation. *Art Therapy: Journal of the American Art Therapy Association, 28*(2), 64–73.

Kelly, D. C., Howe-Barksdale, S., & Gitelson, D. (Eds.). (2011). *Treating young veterans: Promoting resilience through practice and advocacy.* New York, NY: Springer.

Khaylis, A., Polusny, M. A., Erbes, C. R., Gewirtz, A., & Rath, M. (2011). Posttraumatic stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Military Medicine, 176*(2), 126–131.

Klingman, A., Shalev, R., & Pearlman, A. (2000). Graffiti: A creative means of youth coping with collective trauma. *The Arts in Psychotherapy, 27*(5), 299–307.

Kopytin, A., & Lebedev, A. (2013). Humor, self-attitude, emotions, and cognitions in

group art therapy with war veterans. *Art Therapy: Journal of the American Art Therapy Association, 30*(1), 20–29.

Lande, R. G., Tarpley, V., Francis, J. L., & Boucher, R. (2010). Combat trauma art therapy scale. *The Arts in Psychotherapy, 37*(1), 42–45.

Lantz, J., & Gregoire, T. (2000). Existential psychotherapy with Vietnam veteran couples: A twenty-five year report. *Contemporary Family Therapy, 22*(1), 19–37.

Larson, G. E., & Norman, S. B. (2014). Prospective prediction of functional difficulties among recently separated veterans. *Journal of Rehabilitation Research and Development, 51*(3), 415–428.

Learmonth, M. (1994). Witness and witnessing in art therapy. *Inscape, 1,* 19–22.

Lee, C.-S., Chang, J.-C., Liu, C.-Y., Chang, C.-J., Chen, T. H. H., Chen, C.-H., & Cheng, A.T.A. (2009). Acculturation, psychiatric comorbidity and posttraumatic stress disorder in a Taiwanese aboriginal population. *Social Psychiatry and Psychiatric Epidemiology, 44*(1), 55–62.

Levy, B. A., Berberian, M., Brigmon, L. V., Gonzalez, S. N., & Koepfer, S. R. (2002). Mobilizing community strength: New York art therapists respond. *Art Therapy: Journal of the American Art Therapy Association, 19*(3), 106–114.

Lifton, R. J. (1982). Beyond psychic numbing: A call to awareness. *American Journal of Orthopsychiatry, 52*(4), 619–629.

Lobban, J. (2014). The invisible wound: Veterans' art therapy. *International Journal of Art Therapy, 19*(1), 3–18.

Luzzatto, P. (1997). Short-term art therapy on the acute psychiatric ward: The open session as a psychodynamic development of the studio-based approach. *Inscape: Journal of the British Art Therapy Association, 2*(1), 2–10.

Malchiodi, C. (1995). Studio approaches to art therapy. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 154–156.

Malchiodi, C. (2012). Art therapy with combat veterans and military personnel. In C. Malchiodi, *Handbook of art therapy* (2nd ed.; pp. 320–334). New York, NY: Guilford Press.

Mallow, A., Williams-Gray, B., Kelly, D. C., & Alex, J. (2011). Living beyond the intersection of war theater and home: Protective factors for healthy reintegration. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson (Eds.), *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 13–32). New York, NY: Springer.

Mansfield, A. J., Bender, R. H., Hourani, L. L., & Larson, G. E. (2011). Suicidal or self-harming ideation in military personnel transitioning to civilian life. *Suicide and Life-Threatening Behavior, 41*(4), 392–405.

McGraw, M. K. (1995). The Art Studio: A studio-based art therapy program. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 167–174.

McIntyre, A. (2008). *Participatory action research.* Los Angeles, CA: Sage.

McNiff, S. (1976). The effects of artistic development on personality. *Art Psychotherapy, 3*(2)*,* 69–75.

McNiff, S. (1995). Keeping the studio. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 179–183.

Moon, B. L. (2003). Art as a witness to our times. *Art Therapy: Journal of the American Art Therapy Association, 20*(3), 173–176.

Moon, B. L. (2008). *Introduction to art therapy: Faith in the product* (2nd ed.)*.* Springfield, IL: Charles C Thomas.

Moon, B. L. (2010). *Art-based group therapy: Theory and practice.* Springfield, IL: Charles C Thomas.

Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist.* Philadelphia, PA: Jessica Kingsley.

Morgan, C. A., & Johnson, D. R. (1995). Use of a drawing task in the treatment of nightmares in combat-related post-traumatic stress disorder. *Art Therapy: Journal of the American Art Therapy Association, 12*(4), 244–247.

Morin, R. (2011, December 8). The difficult transition from military to civilian culture. *Pew Research Center: Social and Demographic Trends.* Retrieved from http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/

Morley, C. A., Anderson, S. M., & O'Hara, C. C. (2013). ArtReach: Project America and other innovative models in civilian-military partnership. In R. M. Scurfield & K. T. Platoni (Eds.), *War trauma and its wake: Expanding the circle of healing* (pp. 267–282). New York, NY: Routledge.

Murdoch, M., Pryor, J. B., Polusny, M. A., & Gackstetter, G. D. (2007). Functioning and psychiatric symptoms among military men and women exposed to sexual stressors. *Military Medicine, 172*(7), 718–725.

Nanda, U., Barbato Gaydos, H., Hathorn, K., & Watkins, N. (2010). Art and posttraumatic stress: A review of the empirical literature on the therapeutic implications of artwork for war veterans with posttraumatic stress disorder. *Environment and Behavior, 42*(3), 376–390.

National Public Radio (Producer). (2015, February 12). *Obama signs act designed to prevent suicide among veterans* [Audio podcast]. Retrieved from http://www.npr.org/2015/02/12/385793944/obama-signs-act-designed-to-prevent-suicide-among-veterans

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York, NY: W. W. Norton.

Olsen, T., Badger, K., & McCuddy, M. D. (2014). Understanding the student veterans' college experience: An exploratory study. *U. S. Army Medical Department Journal,* 101–108. Retrieved from http://www.cs.amedd.army.mil/FileDownloadpublic.aspx?docid=cd8b9de8-1116-4e30-8826-026b6f777107

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2008). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy, 129*(1), 3–36.

Pemberton, J. R., Kramer, T. L., Borrego, J., & Owen, R. R. (2013). Kids at the VA? A call for evidence-based parenting interventions for returning veterans. *Psychological Services, 10*(2), 194–202.

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., & Southwick, S. M. (2010). Risk and protective factors associated with suicidal ideation in veterans of Operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders, 123*(1), 102–107.

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., & Southwick, S. M. (2010). Structure of posttraumatic stress disorder symptoms and psychosocial functioning in veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychiatry Review, 178*(2), 323–329.

Pietrzak, R. H., Johnson, D. C, Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Psychological resilience and post deployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety, 26*(8), 745–751.

Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Therapy: Journal of the American Art Therapy Association, 19*(1), 12–22.

Pivnick, B. A. (2011). Enacting remembrance: Turning toward memorializing September 11th. *Journal of Religious Health, 50*(3), 499–515.

Potash, J. S., & Ho, R. T. H. (2011). Drawing involves caring: Fostering relationship building through art therapy for social change. *Art Therapy: Journal of the American Art Therapy Association, 28*(2), 74–81.

Potash, J. S., Ho, R. T. H., Chick, J. K. Y., & Au Yeung, F. S. W. (2013). Viewing and engaging in an art therapy exhibit by people living with mental illness: implications for empathy and change. *Public Health, 127*(8), 735–744.

Pryce, J. G., Pryce, D. H., & Shackelford, K. K. (2012). *The costs of courage: Combat stress, warriors, and family survival.* Chicago, IL: Lyceum Books.

Quinn, T., & Quinn, E. (2011). Trauma and the developmental course of PTSD postdeployment. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson (Eds.), *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 23–32). New York, NY: Springer.

Rademaker, A. R., Vermetten, E., & Kleber, R. J. (2009). Multimodal exposure-based treatment for peacekeepers with PTSD: A preliminary evaluation. *Military Psychology, 21*(4)*,* 482–496.

Rankin, A. B, & Taucher, L. C. (2003). A task-oriented approach to art therapy in trauma treatment. *Art Therapy*: *Journal of the American Art Therapy Association, 20*(3), 138–147.

Reyes, V. (2013). Enhancing resiliency through creative outdoor/adventure and community-based programs. In R. M. Scurfield & K. T. Platoni (Eds.), *War trauma and its wake: Expanding the circle of healing* (pp. 267–282). New York, NY: Routledge.

Rubin, A., & Harvie, H. (2013). A brief history of social work with the military and veterans. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 3–19). Hoboken, NJ: Wiley.

Rubin, A., Weiss, E. L., & Coll, J. E. (Eds.). (2013). *Handbook of military social work.* Hoboken, NJ: Wiley.

Rynearson, E. K. (2001). *Retelling violent death.* Philadelphia, PA: Brunner-Routledge.

Sayer, N. A., Noorbaloochi, S., Fraizer, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatry Services, 61*(6), 589–597.

Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *The Journal of Clinical Psychiatry, 70*(2), 163–170.

Schell, T. L., Tanielian, T., Farmer, C. M., Jaycox, L. H., Marshall, G. N., Vaughan, C. A., & Wrenn, G. (2011). A needs assessment of New York State veterans. *RAND Health Quarterly*, *1*(1). Retrieved from http://www.rand.org/pubs/periodicals/health-quarterly/issues/v1/n1/14.html

Scurfield, R. M. (2013). Innovative healing approaches to war trauma. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (pp. 1–8). New York, NY: Routledge.

Seal, K. H., Metzier, T. J., Gima, K. S., Bertenthal, D., Maguen, S., & Marmar, C. R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002–2008. *American Journal of Public Health, 99*(9), 1651–1658.

Smith, S. E., Willms, D. G., & Johnson, N. A. (1997). *Nurtured by knowledge: Learning to do participatory action research.* New York, NY: Apex.

Spaniol, S. E. (1990). Exhibiting art by people with mental illness: Issues, process and principles. *Art Therapy: Journal of the American Art Therapy Association, 7*(2), 70–78.

Spaniol, S. E. (2005). "Learned hopefulness": An arts-based approach to participatory-action research. *Art Therapy: Journal of the American Art Therapy Association 22*(2), 86–91.

Spasojevic, J., Heffer, R. W., & Snyder, D. K. (2000). Effects of posttraumatic stress and acculturation on marital functioning in Bosnian refugee couples. *Journal of Traumatic Stress, 13*(2), 205–217.

Stadler, J. (2010). Art therapy for the treatment of PTSD. Retrieved from http://www.americanarttherapyassociation.org/upload/News&Info/PTSDTreatment.pdf

Straits-Troster, K., Gierisch, J. M., Calhoun, P. S., Strauss, J. L., Voils, C., & Kudler, H. (2011). Living in transition: Young veterans' health and the postdeployment shift to family life. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson (Eds.), *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 153–172). New York, NY: Springer.

Stringer, E. T. (1999). *Action research* (2nd ed.). Thousand Oaks, CA: Sage.

Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy

trauma protocol (ATTP). *The Arts in Psychotherapy, 34*(1), 22–35.

Tanielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery.* Santa Monica, CA: RAND Corporation.

Thomas, Y., Gray, M., McGinty, S., & Ebringer, S. (2011). Homeless adults engagement in art: First steps towards identity, recovery and social engagement. *Australian Occupational Therapy Journal, 58*(6), 429–436.

Thompson, G. (2009). Artistic sensibility in the studio and gallery model: Revisiting process and product. *Art Therapy: Journal of the American Art Therapy Association, 26*(4), 159–166.

Tick, E. (2005). *War and the soul: Healing our nation's veterans from post-traumatic stress disorder.* Wheaton, IL: Quest Books.

Timm-Bottos, J. (2006). Constructing creative community: Reviving health and justice through community arts. *The Canadian Art Therapy Association Journal, 19*(2), 12–27.

Timm-Bottos, J. (2011). Endangering threads: Socially committed community art action. *Art Therapy: Journal of the American Art Therapy Association, 28*(2), 57–63.

Updegraff, J. A., Silver, R. C., & Holman, E. A. (2008). Searching for and finding meaning in collective trauma: Results from a national longitudinal study of the 9/11 terrorist attacks. *Journal of Personality and Social Psychology, 95*(3), 709–722.

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*(5), 253–265.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* New York, NY: Penguin.

van der Kolk, B. A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress, 8*(4), 505–525.

Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, C. W., Heeren, T., King, L. A., & King, D. W. (2010). PTSD symptoms increases in Iraq-deployed soldiers: Comparison with non deployed soldiers and associations with baseline symptoms, deployment experiences, and post deployment stress. *Journal of Traumatic Stress, 23*(1), 41–51.

Vella, J. E., Milligan, B., & Bennett, J. L. (2013). Participation in outdoor recreation program predicts improved psychosocial well-being among veterans with post-traumatic stress disorder: A pilot study. *Military Medicine, 178*(3), 254–260.

Veterans Prevail. [VetsPrevail]. (2010, June 15). *Veterans and suicide - We must overcome* [Video file]. Retrieved from http://youtu.be/6VmUulPab4M

Vick, R. M., & Sexton-Radek, K. (2008). Community-based art studios in Europe and the United States: A comparative study. *Art Therapy: Journal of the American Art Therapy Association, 25*(1), 4–10.

Watkins, M., & Shulman, H. (2008). *Toward psychologies of liberation.* New York, NY: Palgrave MacMillan.

Wilson, R. M., Leary, S., Mitchell, M., & Ritchie, D. (2009). Military veterans sharing first-person stories of war and homecoming: A pathway to social engagement, personal healing, and public understanding of veterans' issues. *Smith College Studies in Social Work, 79*(3–4), 392–432.

Wix, L. (2010). Studios as locations of possibility: Remembering a history. *Art Therapy: Journal of the American Art Therapy Association, 27*(4), 178–183

Wolfe, J., Keane, T. M., Kaloupek, D. G., Mora, C. A, & Wine, P. (1993). Patterns of positive adjustment in Vietnam combat veterans. *Journal of Traumatic Stress, 6*(2), 179–193.

Appendix A

"Transition"

by Jennifer DeLucia

Constructed With Quotations From Veteran Co-Researchers

It's difficult; I was discharged a long time ago.
Loss—the daily life of a soldier, my little girl.
These things can carry with you,
they followed me into the military.

Some people found it in street gangs;
I found it in the service.
Brotherhood.

Military was the best 4 years of my life,
I wasn't a lone wolf.
When they cut my hair like everyone else,
I knew I was doomed from the start.

Home,
scared out of my mind.
More worried about not having a job,

than dying over there.

Fulfilling obligation,

So now what am I supposed to do?

Do we have to do something about reintegration?

I haven't transitioned yet.

I am just starting.

Surprise, surprise,

the civilian world—any takers?

Transition isn't the big pivotal times,

it's the hurry up and wait.

It isn't black and white.

If you don't know history you are doomed to repeat it.

If we share what we've done to protect,

then we are outcast even more.

They didn't want to know about my experiences.

It's like I am speaking a different language.

Staying safe.

This is my safety area.

Let's go have a beer!?

Do you even know where I was?

I want to be someplace I feel safe.

Disability.

Differently abled.

I need to take my medicine or bad things happen.

If I take my medicine bad things happen.

You can either blow up a situation or mold it.

Don't believe what others tell you about yourself.

America needs hope.

We are headed in the right direction.

There is a better understanding.

There are some things that need to stop.

We need more brothers-and-sisters-in-understanding.

We are bringing home memories, thoughts, things.

They don't go away with a beer or home-cooked meal.

The duct-tape face,

it gets old.

Families need to be involved.

Broad definition of family: our entire community.

There should not be a negative stigma.

It should be assumed and normal,

veterans are going to need help when they get back.

I am not the only one going through this,

we embrace the laughter of recognition.

95% of the time I am alright.

I didn't go the route people thought I should,

my goal: to become myself.

That part that was a kid once,

loving life.

We can always reinvent ourselves.

We are here.

We have found it; we just haven't realized it yet.

We are paving the course of history.

We are not going to give up.

We are going to make it better!

Appendix B

INFORMED CONSENT FORM

SHARED MISSION: A VETERAN-FOCUSED ART THERAPY PROGRAM

INTRODUCTION

You are invited to join a research study to look at veteran readjustment, needs associated with this process, and art therapy as a form of intervention to support these needs. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish. The decision to join, or not to join, is up to you.

In this research study, we are investigating veteran readjustment and developing recommendations for a veteran-focused art therapy program. The study will help us develop a better understanding of how art therapy can support successful readjustment for veterans.

WHAT IS INVOLVED IN THE STUDY?

If you decide to participate you will be asked to be a co-researcher on a research team with this researcher and other veterans. As a co-researcher you will be asked to participate in four three-hour focus groups during which we will explore ideas and concerns related to readjustment and also develop recommendations and solutions for art therapy programming. You will be asked to contribute to this discussion by sharing your personal experiences with readjustment and also with art therapy as a supportive service.

Our focus groups will be recorded so that we are able to review our discussions and summarize our ideas. We will use the information from our discussion to develop themes, categories, and concepts that will help us to better define readjustment, identify needs associated with readjustment, and develop ideas about how art therapy programming can help.

In addition to the four focus groups you will also have an opportunity to participate in an art show in *Our House* gallery. The art show will take place at the end of the study and will be a way for us to communicate our ideas and recommendations to the Rochester community. Participation in the art show is not required. You may decide to participate in the focus groups alone.

I will be publishing our ideas and recommendations in the form of a written dissertation. I may also use our ideas and recommendations in future educational presentations or

publication. In my presentations and publications I may use photographs of your artwork and quote ideas or statements you contributed to our focus groups.

Any time I use information from our study for my dissertation, future educational presentations, or publication I will take measures to safeguard your identity. These measures are described in the confidentiality section below. If you chose to participate in the art show I will not be able to safeguard your identity.

During the study I will be collecting information from the following sources:

1. Demographic Information: When you expressed interest in this research study you completed a one-page form that collected basic demographic information. This information may be used in the final presentation of our study. Electronic copies of these forms will be kept in a locked box in the locked record room within the center and will be destroyed three months following completion of the study.

2. Case Notes: I will be keeping a research journal with case notes that documents our focus group sessions and artwork. The case notes will describe what occurred in our focus groups and will include my impressions of our decisions and experiences as a group. My research journal will be kept in a locked box either in my home office or in the record room within the center.

3. Video Footage: I will be using a camera to make a video recording of our focus groups. I will review the video footage in between our focus group sessions as a way to re-examine our conversations in order to assure that all ideas are considered when we summarize our information. Another art therapist who will not be a member of our research team will also review the video footage. This art therapist will provide us with his/her ideas about our conversations by grouping our ideas into themes, categories, and concepts. You will have the opportunity to review this information. The video footage will be kept in a locked box in the locked record room within the center and will be destroyed thee months after the study has been completed.

4. Artwork: You will have the opportunity to make artwork or creative writing during the focus groups as a way to explore your ideas and share these ideas with the group. Your artwork will be part of the information that is collected as part of the study. I will take photographs of your artwork that may be included in the final research presentation and future presentations. You will also have the opportunity to include your original artwork or creative writing in the final art show. You are the owner of your artwork and may take your original artwork home at any time. Otherwise, you may decide to store your original artwork in the studio while you are participating in the study.

You can stop participating at any time. If you stop you will not lose any benefits and it will not impact any therapy or other supportive services you may be receiving within the

center.

I may stop the study or take you out of the study at any time I judge it is in your best interest. I also may remove you from the study for various other reasons and can do this without your consent.

RISKS

The following are possible risks and discomforts that may reasonable to expect:

- You may feel uncomfortable discussing your personal experiences in a group setting.
- Group conversation may remind you of memories that stir up strong or unpleasant feelings.
- Art making may provoke unexpected thoughts or feelings that may be disturbing or uncomfortable.

There may also be other risks that we cannot predict.

BENEFITS

It is reasonable to expect the following benefits from this research:

- You may learn new ways to think about and question your ideas and assumptions. You may also feel motivated to be involved in advocating for changes that you feel are important.
- You may experience some benefits similar to group therapy like feeling reassured that other veterans share similar experiences and feeling supported by other focus group members.
- You may develop new insights about yourself and your experience.

However, it is not guaranteed that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study.

CONFIDENTIALITY

I will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure:

- All electronically stored information including photographs of artwork, demographic information, and video footage will be saved on a travel drive and

kept in a locked box in the locked record room within the center.

- I will preserve your confidentiality by removing any information that can be used to directly identify you (ex. name, address). I will also remove any indirectly identifying information if I believe it will allow someone to identify you (ex. your exact occupation, detailed geographic information).
- If you choose to participate in the art show I will not be able to preserve your confidentiality.
- Anyone who decides to participant in the study will all make a verbal agreement to keep information discussed in the focus group confidential.
- The art therapist who will review our focus groups and artwork will make a verbal agreement to hold all of your information confidential.

YOUR RIGHTS AS A RESEARCH PARTICIPANT?

Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with Jennifer DeLucia.

If you would like to withdraw from the study you can notify Jennifer DeLucia by phone at (XXX) XXX-XXXX or by e-mail at XXXXXXXX.

CONTACTS FOR QUESTIONS OR PROBLEMS?

Contact Jennifer DeLucia at the phone number of e-mail address above or contact my faculty advisor, Bruce Moon at (XXX) XXX-XXXX xXXX or by e-mail at XXXXXXXX if you have questions about the study, any problems, unexpected psychological discomforts, or if you desire more information.

Contact Marmy Clason, Chair of the Institutional Review Board, at (XXX) XXX-XXXX xXXX or by e-mail at XXXXXXXX if you have any questions or concerns about your rights as a research participant.

Consent of Participant

I have reviewed this informed consent document and I agree to participate in this study.

Signature of Subject or Representative _____

Date _____

Appendix C

"Art Therapy"

by Jennifer DeLucia

Constructed With Quotations From Veteran Co-Researchers

It is a relief to just be able to do art.

It has awakened a part of me I thought died.

I think it gave me hope.

It helps me to navigate uncharted personal territory,

I can safely look into my "unsafe safe."

In art your subconscious speaks as loud as your core.

I've learned ways to cope with PTSD.

Anger and rage have been able to come out in a safe way.

The sense of accomplishment is two-fold;

personal wellness and artistic creation.

It has opened up my creative side.

Art making has a calming, centering effect.

It is very spiritual.

I get the chance to focus on God.

Find inner peace.

Being able to express yourself in a room with other vets,

sharing secret pain with others,

Huge!

I did not know that other vets felt the same way I do.

Art therapy has taken the pain out of telling.

It's a way to let others know what is going on with me.

I am starting to establish a pattern in my art.

How does stress affect that?

I am using it to my advantage.

Some days it is good to stay within the lines.

One of the hardest parts of the week is coming here,

I know I need to confront things.

One of the best moments of my week is when I get here,

realizing there is no need to be stressed.

I am here, I needed to be someplace that would lift me up.

Discoveries while sitting with paint or colored pencils

and a piece of blank paper:

a forgotten graveyard.

The soldier I wanted to be.

The darkness of the soul.

Living with an open wound,

how do you live with that?

I had to express that poison.

The best part of putting it on a canvas,

I released it.

I let go and it was healing.

No matter where I go for as long as I am alive

I will always have this outlet.

I made something ugly today.

I am working on this because I am still in that mindset.

They tell me I should smile more,

I didn't want to talk to people in the military about this stuff.

To me this represents…

every day is a combination.

Discovering myself,

reaching down within.

Having access to art materials,

something in between you and the person you are talking to,

comfort and security.

I can draw myself back into the artwork.

I once read a sign that said growing up is a trap.

I am starting to learn a lot about myself.

Showing my artwork in the gallery,

it was gratifying to know *I* could do that.

All these people showed up.

It's like they are looking right into your soul.

It was kind of strange when one lady bought my artwork,

no one ever asked to buy anything of mine before.

I was proud of myself, that junk feels good!

Selfless service.

You shared something in your show

and I connected with it on a deep level.

It made me realize I can own it too,

because of you I am better.

Having the courage to let go.

Having someone to share it with.

Grateful I listened to my inner voice today,

glad to be here with all of you.

I feel like I am on a mission.

It reminds me of the Breakfast Club.

Focusing on art, helping other veterans.

Conveying to other veterans,

There is healing in this process.

Appendix D

Program Manual

A Veteran-Focused Art Therapy Program

Program Manual

Jennifer DeLucia

ABSTRACT

This program manual examines and describes how art therapy responds to the needs of veterans who are in the process of transitioning back to civilian life. The content of this manual was created by a group of veterans who took part in a research team. It includes a description of a veteran-focused art therapy program at Veterans Outreach Center, Inc., that has proven to be beneficial to transitioning veterans and a programmatic template that can be applied to other U.S. Department of Veterans Affairs and community-based settings.

Table of Contents

Art Therapy and Veteran Transition: A Complex Process

Introduction

The purpose of this document is to provide a program manual and rationale to articulate how art therapy responds to the needs of veterans engaged in the often difficult process of transitioning from active service back to civilian life. It is based on veteran input into the art therapy program at Veterans Outreach Center (VOC) in Rochester, New York, that has successfully provided supportive and therapeutic services to transitioning veterans since 2010. It also offers a programmatic template that can be applied to other U.S. Department of Veterans Affairs and community-based settings.

Art therapy is a form of mental health treatment in which clients use art media and the creative process to explore and express feelings, reconcile emotional conflicts, and manage behaviors that may be difficult, if not impossible, to talk about. Recently a veteran referred to the art therapy studio at VOC as a "second home." He was referring to the art therapy program that had helped him express in visual images things that he found too difficult to discuss in words. The process of making art helped him to relieve the internal pressures that his memories, thoughts, and feelings had built up. He is not alone. During its first year of operation the number of veterans served by the VOC art therapy program more than doubled. Veterans joined other participants in the program because they knew they had feelings that were bothering them and disturbing mental images that had to be brought to the light of day. Since its inception in 2010, the program has grown to include a fully functioning art studio, three full-time art therapists, and a storefront gallery space where veterans showcase their artwork. In a typical week these programs serve more than 65 veterans.

In October 2014, as part of my doctoral studies, I initiated a participatory action research study designed to unite and empower veterans to contribute to the blueprint of their art therapy program in order to better meet their self-identified needs. Ten veterans elected to participate on the research team. The study design included a series of focus groups involving dialogue and art making from which the team of veterans developed a list of concerns they felt to be pivotal to the successful process of veteran transition from military service to civilian life at home. Through exploration of their personal experiences with art therapy treatment, they identified ways that art therapy can address the particular needs associated with this transition.

Through collective inquiry veterans explored three questions: How do veterans define readjustment? What needs do veterans identify as essential to readjustment success? How can an art therapy program be modeled to promote readjustment success, based on a veteran-defined explanation of military to civilian transition and veteran-identified needs associated with this process?

The following program manual combines my professional experience in art therapy program development with findings from the participatory action study. The manual takes into account first-hand veteran descriptions of the transition from military to civilian life, and describes the role of art therapy in this transition.

The Transitioning Veteran

Every returning veteran undergoes some form of transition when they come home from service and reenter civilian life. Transition, a term generated by the research participants in my study, refers to the service member's passage from military life to

civilian life. This passage often involves emotional, physical, and social changes. Some veterans return home from combat zones after having completing multiple tours. Other veterans return home from United States–based duty stations where they have lived and worked for several years. Reserve and National Guard members may transition multiple times when deployed to combat zones or sent for mandatory training.

Veterans undergo a transition regardless of deployment status or length of time in the service. However, transition is not a time-limited process. Veterans who returned from the Vietnam War more than 40 years ago may describe that they are still transitioning "home." Other veterans describe their transition as "just starting" despite their physical return several years ago. This delay is because they are just now starting to address some of the underlying emotional issues brought on by this process. Each veteran's experience of transition is distinct. The differences can be accounted for by a number of factors including length of time in the service, deployment history (Larson & Norman, 2014; Morin, 2011), rank (Morin, 2011), personal resilience (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009), and support at home (Larson & Norman, 2014; Pietrzak et al., 2009). For a great number of veterans the transition goes smoothly, but many veterans struggle with this complex and multilayered process.

For some veterans the struggle to transition may include mental health conditions such as posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (Hoge et al., 2004; Tanielian & Jaycox, 2008). In 2008 it was estimated that these conditions would affect approximately 300,000 U.S. veterans involved in the Global War on Terrorism (Tanielian & Jaycox, 2008). An estimated 26% of returning veterans from the wars in Iraq and Afghanistan may meet the criteria for a mental health condition,

most commonly PTSD, major depression, and generalized anxiety (Tanielian & Jaycox, 2008). Many struggling veterans indicate that these matters are extremely difficult to discuss verbally.

Although the prevalence and impact of these mental health conditions are significant, the less obvious challenges related to transition have broader implications for the veteran population. In my work with veterans I have observed that transition challenges can impact veterans regardless of their deployment history; as such, the number of veterans affected by transition is likely much larger than those with diagnosable conditions. A recent study estimated that 44% of veterans serving during the current conflicts in Iraq and Afghanistan have significant difficulty readjusting to civilian life (Morin, 2011).

Although it is true that a majority of service members are able to return home and make a successful transition to civilian life, many veterans have great difficulty doing so. The emotional and psychological struggles veterans encounter have been well documented in media accounts of adjustment problems brought on by PTSD. The literature and research related to veteran transition over the past 10 years has also focused on PTSD (e.g., Larson & Norman, 2014; Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010). However, there are other concerns and needs beyond PTSD that veterans have identified as being pivotal to successful transition that are much more specific to their reintegration experience. The art therapy program I advocate for in this manual will explore these issues in a way that illuminates how veterans perceive them and suggests art therapy interventions that might be most effective.

Healthy and Successful Transition

The return home is a moment that many veterans anticipate with great excitement. This anticipation is matched by the expectation of family and friends at home eagerly awaiting the service member's return. Many returning services members come home to their families and communities and transition successfully back into family life, resuming the roles of father, mother, son, daughter, husband, or wife. Many veterans find meaningful and gainful employment or return to college. Social supports such as friends and some professional services can serve as a buffer to the contrast between military and civilian lifestyles and with that help some veterans are able to successfully adapt to the norms of civilian society.

A healthy veteran is a successful and contributing citizen. Veterans without mental health or transition issues are better educated, more likely to be employed, earn a higher than average salary, and are more likely to vote and volunteer in their communities (Veterans Prevail, 2010). Every veteran strives for this level of success but there can be many challenges that complicate the transition home. Veterans who lack the support and resources to overcome these challenges may struggle with transition. This struggle can lead to adverse outcomes ranging from unemployment to homelessness and severe emotional distress.

Difficult or Unhealthy Transition

The emotional and psychological struggles veterans encounter have been well documented in media accounts of adjustment problems brought on by PTSD, a focus that is mirrored in the literature and research. However, there are many other concerns that

veterans have identified as being pivotal to successful transition that are indigenous to their experience of reintegration into civilian life.

Veterans who participated as members of the VOC art therapy research team identified several psychological and emotional challenges related to their transition experience. These included:

- fear of the unknown
- survival guilt
- physical and emotional unpreparedness for transition

Veterans on the research team also identified their needs in relation to transition that included:

- places and practices that support and normalize their transition experience
- more people who were able to fully appreciate and support the whole veteran experience from enlistment to combat to transition

The need to feel safe, both physically and emotionally, was also a common theme related to veterans' ability to start the transition process.

Emotionally Unprepared to Transition

Fear of the unknown was a challenge that many members of the research team associated with transition. For example, an Afghanistan veteran described his flight home to the United States. He recalled being on the plane and remembered his fears of coming home and not being able to find employment. He explained that the fear of losing everything he had was significantly greater than his fear of dying in combat.

Other veterans echoed this concern and described the need to **"de-train and re-**

train yourself" in order to make the transition. They were referring to the process of letting go of military ways of thinking and living in exchange for adaptation to civilian norms. One often-mentioned example related to adjusting to the relative lack of structure at home versus the clarity and definition of daily responsibilities in military life. The contrast between military and civilian culture and values was highlighted several times by veteran members of the research team. For example, one veteran talked about his objection to U.S. civilian culture's focus on individuality and fulfilling individual needs versus the military's focus on group cohesion and a common mission.

The culture of the military also impacted veterans' abilities to cope with and process emotions. One U.S. Marine veteran claimed that his military training reinforced his tendency to compartmentalize and not deal with his emotions. Later in life he realized that he needed to be able to express and process his emotions in order to prevent angry and aggressive outbursts. Another Marine veteran added that expressing and coping with emotions related to military experiences is complicated by the fact that there were events that happened in the service that he was not permitted to discuss.

Veteran researchers also indicated that survival guilt had a prolonged impact on the transition of veterans who served alongside others who were killed in combat. **"What did I do to deserve surviving?"** one veteran asked himself. He went on to describe the sense of responsibility he felt to come home and do something with his life "that would make those soldiers proud." He struggled because he felt he was not fulfilling this obligation.

The concept of time in relationship to transition has two aspects: the interval between combat and homecoming, and assumptions around the amount of time required

to completely and successfully transition home. One Iraq combat veteran declared that there was not enough time between combat and homecoming to "decompress." He said, **"You can't be immediately thrown back into civilian life. Like now, you fight one week and the next week you are home."** Research participants indicated that after the physical return to safety, more time for decompression was essential to allow combat veterans the emotional and physical space needed to return from war.

Other veterans discussed the length of time it has taken to transition. One U.S. Operation Desert Storm veteran said that her transition was ongoing, but that she was continuously faced with the expectations of family and friends that she "should be fine by now." Another female veteran poignantly declared that her transition was just starting, more than 30 years after she was discharged from the service. **"You have so much training to go into the battlefield. Coming home is more scary,"** an Iraq combat veteran declared. This statement resonated among veterans in the group. Most felt ill prepared to transition back to civilian life and many felt the level of support they needed to make the successful transition would not be available.

Feeling Socially Disconnected and Misunderstood

The need to feel physically and emotionally safe was identified by several veterans as an underlying necessity that enabled them to start the transition process. They identified social support, such as friends and family, and some professional services as key components that contributed to a felt sense of safety. However, most veteran participants perceived their existing support network as unprepared to help. One Afghanistan combat veteran discussed his experience coming home and trying to talk to

his friends about his combat experience. He described how they would quickly change the subject to something more positive. He added, **"It's not their fault, they don't know how…but wouldn't it be great to be able to train our friends to be more open to these conversations?"**

Another concern closely associated with social support was what participants identified as civilian assumptions about the military experience (Caplin & Lewis, 2011; Sayer et al., 2010). Most felt that there was a disconnection between civilian understanding of service and a veteran's experience of service. A combat veteran stated, "If [civilians] knew what we did to protect them, we would be outcast even more." This statement resonated with another veteran who stated,

> **I had to break off from my family for a while. I couldn't deal with anything. I was going through a divorce. My mother said "you can talk to me about anything." Anything but what happened in the military, I found out real quick. They didn't want to know about my experiences.**

This disconnection had a negative impact on the veteran's ability to confide in her family members.

A veteran who had served in Afghanistan acknowledged the impact of his transition on his entire family system, noting that his family members were not adequately prepared for the transition process. He advocated for more family education services around transition as well as supportive services to help family members. The group in my study adopted the term "brothers-and-sisters-in-understanding," referencing people who were able to fully appreciate and support the whole veteran experience from enlistment to combat to transition.

Some veterans expressed concern that helping veterans had become "trendy" and "a business" rather than being about service. It was their impression that helping veterans needed instead to be more focused on selfless service. They identified a need for more brothers-and-sisters-in-understanding and for people, places, and practices that normalized the transition experience.

The absence of this support and understanding came at a high cost to veteran participants in the form of isolation. It was a common experience among participants that feeling misunderstood resulted in social withdrawal. One veteran declared, **"You have one or two opportunities. If a veteran is opening up to you and you shut him down, that's it. Chances are he is not going to try again."** This comment supported research demonstrating that social support is a key factor in successful transition (Caplin & Lewis, 2011; Furukawa, 1997; Larson & Norman, 2014). Isolation could also be a contributing factor to veteran suicide. Robert McDonald, U.S. Secretary of Veterans Affairs, reported that 17 out of 22 veterans who take their own lives each day are often disconnected from family and friends, and are not receiving supportive services (National Public Radio, 2015). Connection to supports, including other veterans and professional services, could help prevent suicide by reducing isolation, normalizing struggles, and providing hope for the future as these veterans start the long journey home.

Factors That Complicate Transition

Research participants identified several additional factors that complicated transition. These included:

- original reasons for joining the service

- levels of functioning prior to enlistment
- combat trauma and related injuries
- military sexual trauma
- particular circumstances surrounding discharge from the military

These factors are also commonly referenced in literature on veteran transition (e.g., Coll & Weiss, 2013; Murdoch, Pryor, Polusny, & Gackstetter, 2007; Vasterling et al., 2010; Wolfe, Keane, Kaloupek, Mora, & Wine, 1993).

Several veterans in the group acknowledged that they sought a sense of belonging, brotherhood, or family and joined the military for the camaraderie and group cohesion it offered. One veteran proclaimed that the military was the best 4 years of his life: **"I joined the Navy because it was my last chance….I wasn't a lone wolf like in civilian life, I was part of a team."** For veteran participants who found this level of support and sense of belonging only in the military, the return home was very difficult. They were separated from a group of people that had become family and then returned to the adverse circumstances they'd left prior to joining the service.

Feelings of separation and loss were even more complicated for several veteran participants who had been physically and psychologically wounded by fellow service members. One veteran, who was shot by a fellow Marine sniper, talked about how this trauma impacted his future relationships. **"You cannot have a full freedom relationship with anyone anymore,"** he said. This comment resonated with other research participants who had experienced other military-related traumas, including military sexual assault. They identified an enduring sense of betrayal and difficulties trusting people, which negatively affected their ability to establish and maintain healthy

relationships. These traumas complicate and can stall healthy transition. For one veteran, the experience of military sexual trauma was both a heavy burden and a secret for more than three decades. This veteran was just beginning to express feelings about this experience in order to heal from the trauma. When asked about transition, the veteran declared, “It’s just starting.”

For some of the veterans, the circumstances of their discharge from the military had an impact on their transition. For example, some research participants reported that they were unable to fulfill their career in the military because of a medical discharge. Veteran participants who were not able to meet their career goals in the service were left to rediscover a sense of purpose and direction while dealing with a self-described loss of identity accompanying their untimely discharge. One veteran recalled,

> **When I got out at 24 I was medically discharged. I was classified as unfit for continued military duty. I wanted to be a cop and I couldn’t be a cop. There were a lot of different emotions, to be 24 and told by the military you are disabled for life.**

Veteran participants who were not able to fulfill their career goals in the service were left to rediscover a sense of purpose and direction while dealing with the loss of identity accompanying their untimely discharge.

Identity loss was another common theme among the veteran research participants in my study. All participants said they had been changed by their service experiences. Some of the changes were positive and others negative. Regardless of their overall attitude toward their service experience, they shared common concerns regarding self-identity. As their service commitments came to a close they were forced to reconfigure

their identities and senses of purpose. A major aspect of this renegotiation was the practical application of the skills they had acquired in the military to the civilian workforce. Some participants felt like they had gained invaluable life experience and confidence through their military service that supported achievements in civilian society. Others described their skills as "non-transferable" (Coll & Weiss, 2013). Despite having had years of travel experience, leadership responsibilities, and the ability to work in highly pressurized situations, they were under-qualified for most civilian jobs.

A Call For Treatment Options

In order to increase the percentage of positive outcomes for transitioning veterans the U.S. Department of Veterans Affairs (VA), along with community-based organizations, can expand treatment options and offer a multipronged approach (Schell et al., 2011). In 2011 the RAND Corporation conducted a qualitative study on the needs of veterans in New York state, including veterans who were not enrolled in VA care, and found that one in five service members and veterans screened positive for a probable diagnosis of PTSD and/or depression (Schell et al., 2011). Only half of those identified had received any mental health care in the past year. The lack of engagement in mental health services was largely due to barriers such as complicated service delivery systems, long wait times, and concerns about occupational discrimination (Schell et al., 2011). Despite the efforts being made to decrease discrimination and stigma, veterans continue to identify a prevailing stigma attached to seeking mental health services. They report an avoidance of metal health services, often until symptoms cause major interference with relationships, work, and/or school (Reyes, 2013).

A range of options including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PET) provided within the Veterans Health Administration, along with a variety of nonverbal approaches including art therapy will increase positive outcomes for treatment-seeking veterans (Scurfield, 2013). Evidence-based therapies that follow a prescribed manual have been shown to offer relief to a significant number of veterans and can be reliable and consistent across settings and providers (Scurfield, 2013). However, they are not the right treatment for all veterans and often the benefits of such prescribed therapies can also act as limitations (Scurfield, 2013). Veterans may not be prepared to engaged in exposure techniques or directly verbalize traumatic experiences. Fifty percent of veterans who chose cognitive-behavioral treatment and complete the treatment protocols have successful results. This leaves 50% who complete the treatment without obtaining relief and fails to account for the number of veterans who do not enter these treatments (Scurfield, 2013). It has been my experience that people who have experienced trauma may avoid therapies where they are required to provide a direct verbal account of the trauma.

A segment of the veterans served at Veterans Outreach Center (VOC) have told providers within the center that they are not comfortable using VA services or have tried VA services and were not satisfied. Some have attempted CPT or PET and have not been able to successfully complete these treatment regimens. As a result, veterans reported feeling hopeless and frustrated with the treatment process. These veterans told us they would not pursue or participate in any mental health services, if alternative treatment options like VOC's art therapy program were not available.

The Need for Nonverbal Modalities

Due to the nature of traumatic events in the military, veterans with PTSD frequently have difficulty verbally processing thoughts, feelings, and memories associated with such events. Some of the aforementioned traditional therapies depend upon this verbal processing. Thus many veterans struggle to succeed in verbally oriented modalities. For those who cannot talk about their experiences, art therapy, which utilizes visual expression, affords veterans the opportunity to process and express traumatic events in the way they most often recall those experiences: in the form of images. Art making provides a nonverbal form of processing that may be more suitable for consolidating and integrating traumatic memories. Furthermore, making images inherently externalizes the problem or event from the veteran (Collie, Backos, Malchiodi, & Spiegel, 2006). Creating artwork provides a psychologically safe milieu in which stories of the trauma can emerge (B. L. Moon, 2008). By the very nature of the work, art therapists empower veterans by offering the choice of a wide variety of materials; giving control over the therapy progression and pace; and creating opportunities to mold, shape, paint, cut, sew, glue, and draw, in the process transforming cognitions, emotions, and recollections related to combat experiences.

It is well known that trauma influences a person's ability to construct a full verbal account of the traumatic event because the stress of trauma hijacks the part of the brain responsible for language (van der Kolk, 2014). The terror and hopelessness characteristic of trauma disrupts people's ability to put words to the experience. As such, trauma memories are stored and often recalled as visual images (nightmares, flashbacks) and physical sensations (anxiety, panic; van der Kolk, 1994). These visual memories do not

fade with time like ordinary memories. They continue to be relived with the intensity of the original trauma, causing the body to feel as if the event is occurring in real time. In order to stop this cycle trauma memories need to be situated in autobiographical memory, or, simply put, in the past (Ogden, Minton, & Pain, 2006). Art therapy can combine visual and verbal expression, utilizing both right and left hemispheres of the brain, increasing the potential for veterans to be able to translate their experience into words (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001). As veterans are able to process their experiences using both images and metaphor, the traumatic event can be moved into the past where it belongs, and the haunting images will cease to interrupt daily functioning (Appleton, 2001; Collie et al., 2006).

When successful, exposure-based therapies like CPT and PET can address symptoms of increased arousal (e.g., exaggerated startle response) and intrusion symptoms (e.g., traumatic nightmares, intrusive flashbacks) related to trauma. However, these therapies do not target the emotional numbing and social withdrawal that can accompany these symptoms (Herman, 1992). These relational and social aspects are an important part of recovery. Addressing these aspects can improve interpersonal relationship quality and life satisfaction (Herman, 1992). Further, cognitive-based therapies such as CPT and PET address cognitions and focus on verbal expression. Art therapy can address the intrusive visual images that underlie these cognitions, because the language of art therapy matches the language of trauma memories. This language is visual. It uses images and metaphor.

As discussed earlier, veterans may need supportive services to address the concerns and challenges related to transition whether or not they have an accompanying

mental health diagnosis. The art therapy program at VOC provides a much-needed alternative to traditional forms of therapy. The program attracts veterans who feel unprepared to talk about their experiences and veterans who may be avoiding talk therapies because of the stigma attached to receiving services. These veterans find art therapy a more accessible and engaging form of treatment.

The Art Therapy Program at Veterans Outreach Center, Inc.

Uniquely conceived and collaboratively organized in the community, Veterans Outreach Center, Inc., (VOC) is the only 501c(3) organization serving the Rochester Metropolitan Statistical Area within the continuum of care devoted to serving veterans and their families. Formed in 1973 by returning veterans as the Vietnam War was coming to an end, VOC has built its inventory of supportive services and resources around the needs of all veterans and their families, regardless of each veteran's personal characterization of military service. Today VOC offers some of the most comprehensive and high quality supportive services and resources exclusively for veterans and their families. Art therapy services became a part of the portfolio of supportive services in October 2010. Since then art therapy services have become an integral part of the continuum of care for veterans in the Rochester area. As is the case with all programs offered within the center, art therapy services are available free of charge to all veterans and immediate family members.

How It Works

Direct art therapy services include confidential one-on-one art therapy sessions, drop-in open studio group sessions, and opportunities to exhibit and sell artwork in the VOC's storefront gallery space, called "Our House Gallery." Veterans can self-refer to any of these services or service providers within the center or community may generate a referral. The U.S. Department of Veterans Affairs (VA) is a common source of referrals for art therapy. Veterans may engage in art therapy as an adjunctive treatment to complement the therapy they are already receiving through the VA or other community provider. Adjunctive art therapy can often advance treatment progress. Many veterans and providers claim that art therapy can help to move treatment past "stuck points," particularly when therapy involves discussion of traumatic events (Rubin, 2005). The single criterion for admission into the program is evidence of service (i.e., DD Form 214, the Certificate of Release or Discharge from Active Duty).

What It Requires

Art therapy practiced in a studio-based setting, as described in this proposal, has particular requirements that help to foster a safe, supportive, and engaging art making experience. These requirements—including space, materials, rules, and staffing—are described in turn below.

Space. Art therapy is most effectively provided in an environment that is created with art making in mind, such as an art studio. There are several considerations when developing a therapeutic studio space that include attending to the physical look and psychological impression of the space. The space should be welcoming and organized

and also attend to practical considerations such as physical safety and clean up after art making. A welcoming space conducive to art making also includes windows, adequate lighting, large work tables that are ideally tall enough to clear a wheelchair or that can be height adjusted, comfortable chairs that are easily wiped down, easels, and stools.

The space should also offer some inspiration to veterans who are making art. For example, inspiration can come from other veteran artwork hanging on the walls, art books, inspirational quotes, poetry, or music. In the studio at Veterans Outreach Center there is a display area for completed artwork and veterans are also invited to leave in-progress artwork on easels or pinned up on the walls. Additionally, there is a large canvas hanging on one wall. Veterans add to this canvas when they have paints left over at the end of a session. This painting has become a source of conversation and a surface for experimentation and play among veterans who are making art in the studio. It also serves as a form of collaboration and communicates to veterans that they are part of a collective group who seek healing in the studio.

Other practical considerations for the art studio space include storage for in-progress and completed artwork (e.g., drying racks, shelving, and portfolio folders), access to water, cleaning supplies, and flooring that can easily be cleaned after art making. Adequate storage for the various art materials is particularly necessary so that they can be easily found during art making and returned to the proper place at the end of a session.

When a veteran walks into the studio the environment should immediately communicate “we make art here.” The more the space can be modeled after a fully functioning art studio, the greater the benefit to the veteran who participates. This is

because the space is often the first impression a veteran has of the program and it becomes the initial point of engagement in the program's services.

Materials. The art therapy studio should be well equipped with a variety of art materials that are student-grade quality or higher. High quality art materials are important because they produce better results and generally last longer. The range of supplies should include painting mediums (water color, acrylic, tempera, brushes), drawing materials (pencils, charcoal, chalk pastels, markers, water color pencils), quality paper (drawing paper, water color paper), canvas board or stretched canvas, magazines for collage, adhesives (glue sticks, craft glue, wood glue, gel medium), clay (self-drying clay, oven-bake clay), and other supplies that can be used in various ways for two-dimensional or three-dimensional artwork (fabric, tape, wood, colored tissue paper). Materials can be purchased in an art store and some materials can be donated or reused (e.g., magazines, fabric samples from a local furniture store, cardboard). There are several academic sources in the art therapy literature that are helpful when developing a list of materials for an art studio (e.g., Liebmann, 2004; Malchiodi, 1998; C. H. Moon, 2010).

Rules. One of the key rules of art therapy at Veterans Outreach Center is that the studio and gallery are collective spaces that people own together, veteran and art therapist, and as such everyone tends to the needs of the space as part of the work. This includes cleaning the space together after individual or group sessions, preparing the gallery walls for a new exhibit, and caring for the materials by making sure they are properly cleaned and stored for future use. Veterans are given access to the studio as

often as possible between scheduled services and whenever there is therapeutic benefit to doing solo work in the studio. The same is true for the gallery. Veterans have access to the key in order to allow visitors to attend their exhibits outside of regular gallery hours, to hold therapy sessions in the gallery space, or to spend time with their work alone in the gallery in order to reflect on the significance of the exhibition experience.

A rule that is seldom spoken but is continuously reinforced in the behavior of the art therapist is to be respectful of each other, the artwork, the studio space, and the art materials. This is modeled in the way people care for the space together, respectfully talk about their own and each other's art making process and artwork, and take care of the artwork, both as they are creating it and when it is completed.

Lastly, privacy and confidentiality is honored in individual sessions as well as in open studio drop-in sessions. All veterans agree that what is discussed in studio sessions is not carried out of the studio space. This helps to establish a sense of emotional safety among participants and helps veterans to feel more comfortable sharing personal stories.

Staffing. Art therapy staff members should maintain the highest level of credentialing in the art therapy field. Credentialed staff should conduct all art therapy services. Credentialing includes registration and board certification with the field's national credentialing body, the Art Therapy Credentials Board, and state licensure to provide art therapy and psychotherapy. In New York State art therapists are licensed as a Creative Arts Therapist (LCAT). Other states have comparable licenses in creative arts therapy or mental health counseling. In addition to credentialing, it is required that all VOC staff members are proficient in military culture and trauma.

All art therapy staff members at VOC receive routine art therapy supervision and the art therapy program director receives clinical oversight by nearby Nazareth College of Rochester's School of Health & Human Services (through a shared services agreement within a Memorandum of Understanding). Supervision is necessary at all levels of the program in order to assure that services maintain a high standard of excellence and also to prevent staff burnout and secondary trauma.

Why It Works

The development of the art therapy program at Veterans Outreach Center was based on the unique needs of veterans transitioning from military to civilian life. The program model incorporates three different services: Individual art therapy sessions, drop-in open studio groups, and art exhibitions in a veterans' art gallery. These components are designed to address specific aspects of the veterans' treatment needs. Whether a veteran uses just one or all three services described below, it is critical to understand that art therapy works precisely because it is not solely dependent upon the clients' willingness or ability to talk about their experiences. Rather, art therapy provides services that are nonverbal.

Individual art therapy. Individual art therapy sessions are designed to address mental health symptoms and psychosocial stressors tied to transition difficulty. The sessions use an approach that builds on the veteran's strengths and operates from an understanding of how trauma impacts an individual's overall psychosocial functioning. Sessions are typically 60 minutes long and are conducted by an art therapist. Treatment is

participant-driven. Goals are developed from needs and interests identified by the veteran during an initial intake interview guided by the art therapist. Sessions are offered in an art studio environment where veterans have access to a wide variety of quality art materials.

I have witnessed the benefits of individual art therapy first-hand with veterans who have used it to heal from past traumas, improve relationships, develop new ways to manage stress, and start to define themselves with a new identity that is "creative." In my experience, this therapeutic work supports success and achievement in relation to the tasks veterans face when transitioning home and readjusting to civilian life.

Drop-in open studio group sessions. Drop-in open studio group sessions offer the opportunity to mitigate the social isolation often experienced by veterans struggling to transition. These sessions typically run 2 to 3 hours in length and are conducted by an art therapist. The studio environment and its uniquely creative culture functions as a safe place. The studio inspires creative risk taking through engagement with art materials, the physical environment, image making, and group energy that develops among participants who make art together in the presence of a facilitator who models commitment to art making (Allen, 1995; Luzzatto, 1997; McNiff, 1995; B. L. Moon, 2010). The studio environment can foster a sense of camaraderie among veteran participants as they share workspace and materials with others while creating their own individual artwork. Art making is a way to communicate and share stories among veterans, forming as a culture of support and friendship. Additionally, the studio offers a space where veterans can use both symbolic and verbal sharing to honor each other's struggles and successes.

Drop-in open studio group sessions are not closed groups; veterans may engage for an extended period of time (e.g., 6 months) or may participate on a more time-limited basis (e.g., five visits). However, there are practical limitations of space. Group sessions become closed to new participants when there are seven veterans attending on a weekly basis. Open studio sessions serve as a stand-alone service for some veterans and as a complementary service to other veterans engaged in individual art therapy or mental health counseling.

Veterans can self-refer to open studio or their art therapist or other provider can refer them. Providers routinely refer veterans to open studio sessions because it challenges the veteran to make therapeutic gains in emotional and psychological ways that are more readily targeted in a group setting. Furthermore, open studio sessions offer veterans not already engaged in individual art therapy an opportunity to get involved in art therapy in a way that is often less threatening. Commonly, veterans will engage in open studio sessions and eventually request to work with an art therapist for individual sessions in order to engage in more focused therapeutic goals. As they become familiar with the art therapy program, philosophy, and practice, they develop a sense of trust that the services are helpful, unlocking opportunities for increased therapeutic engagement and healing in the future.

Veterans' art gallery. The veterans' art gallery serves as an extension of the art studio and is a separate storefront property where monthly art exhibits are held. There are a variety of opportunities for veterans to display their artwork in the gallery. Multiple group art shows are held throughout the year and are open to all veterans participating in

the art therapy program. Individual art shows are open to all veterans participating in the art therapy program; however, historically they have been utilized by veterans engaged in individual art therapy sessions, perhaps because of the additional level of support offered. Art therapy staff members help the veteran consider the various aspects of the exhibition experience by guiding all art exhibition opportunities. The staff members help veterans to consider what it will be like to put personal art expression on display, how it will feel to engage with people during public viewing times, and what it may feel like to have someone give them feedback about their artwork. Guidance may occur during individual therapy sessions or separate meetings scheduled with an art therapist that focus on the art show experience.

Gallery exhibitions are much more than a formal display of artwork. Public exhibition raises the general public's awareness and understanding of the veteran experience. Formal art openings validate and legitimize the artwork of veterans by bringing it into the broader art community as well (see also Howells & Zelnik, 2009). The experience of professionally displaying one's own artwork in a public venue can be particularly validating for populations who feel marginalized from the mainstream (Vick & Sexton-Radek, 2008). As exhibiting artists, veterans self-advocate and inform the public of their experiences, externalizing and taking ownership of their own perspective. Veterans from VOC's research team emphasized that art exhibitions contribute to a positive veteran narrative. Thus, the gallery becomes another intervention to decrease isolation and disconnection between veterans and the civilian community they call "home."

All gallery exhibits have a formal art opening, including a modest reception, and are advertised through local art venues (e.g., First Friday Rochester). Additionally, the art gallery has weekly open gallery hours staffed by volunteers. Some veterans have chosen to be present during gallery hours and available to talk with gallery visitors, although this is not a requirement. Veterans who have engaged in the gallery hours have found benefit in talking with gallery visitors about their art exhibitions.

Based on my experience working with veterans in a community-based setting, and based on the findings of the veteran research group, I support the idea that these particular approaches to art therapy can target treatment concerns associated with transition that are not addressed in traditional individual and group therapy settings.

Basic Tenets of Art Therapy With Veterans

At the Veterans Outreach Center, art therapy provides veterans with a multifaceted approach to address the complex issues associated with posttraumatic stress and transition to civilian life. Seven basic principles of art therapy with veterans are described below. Veterans from the research team identified these core principles based on their personal experiences with art therapy and their transition experiences. These basic tenets were also consistent with many core principles found in the art therapy literature (e.g., McNiff, 1988; B. L. Moon, 2008, 2010; Riley, 2001; Rubin, 2005; Waller, 1993).

1. Art Therapy Offers Psychological Safety

In the VOC participatory study, veterans frequently described that they were able

to establish or discover a sense of emotional and physical safety in the studio space. This occurred as they engaged with art materials, created artworks, and formed relationships among fellow veterans and staff in drop-in studio groups. As discussed earlier, veterans dealing with transition challenges or symptoms of posttraumatic stress identified that the feeling of safety was absolutely necessary for them to start the transition process. Literature in art therapy and psychotherapy has supported the claim that a felt sense of safety and trust is the foundation for any potentially healing relationship or experience (B. L. Moon, 2008; C. H. Moon, 2002; Herman, 1992; Ogden et al., 2006). Several veterans on the research team identified experiences of safety within their art therapy experience.

Veterans identified art making as a safe way to express feelings. An Operation Desert Storm veteran declared, **"Art therapy has allowed anger and rage to begin to come out in a safe way."** Having the ability to express and contain these powerful emotions in her artwork felt more manageable than providing a verbal account of these intense feelings. The artwork served as a symbolic space where the emotions were metaphorically stored. An Afghanistan combat veteran agreed, **"Using an artistic medium allows me to navigate uncharted personal territory that I would normally steer clear from. I can safely look into my 'unsafe safe' and try to sort it out."** Many veterans found that making artwork in therapy was cathartic as they released strong emotions through a controlled, safe process, guided by the art therapist. As one veteran stated, "Art therapy has taken the pain out of the telling."

The artwork created and the materials used in art making can provide a sense of safety and comfort as veterans confront difficult images and topics (see also Johnson,

Lubin, James, & Hale, 1997). Two VOC veterans shared an exchange about the use of colored pencils, commenting that when they experienced stress or anxiety they found refuge in the art materials, particularly materials that had become familiar, in this instance colored pencils. Another veteran described his artwork as a safe resting place he could go to during therapy sessions. He said, **"There is something there, in between me and the therapist that I can go to…like a security blanket."**

The studio environment served as an extension of the therapy process, offering a creative, supportive, and safe atmosphere (Fenner, 2012; Henley, 1995). Veterans described the art studio as "a place that lifts me up" and as a "loving and caring environment." Another veteran described his workspace in the studio as his "safety area." Veterans routinely found a physical space in the studio that became their own, where they left in-progress artwork and materials. Having ownership of the space encouraged veterans to let their guard down and start the healing process. The studio space became a second home. Art therapy offers a safe, nonverbal treatment modality to engage veterans in therapy. Safety is a key component to any successful therapy experience.

2. Art Therapy Promotes Growth

For several VOC veterans art therapy furthered the development of healthy coping strategies to deal with symptoms of PTSD (Collie et al., 2006) or the stress, anxiety, or depression associated with transition challenges. Coping strategies can be taught by the art therapist and exercised through the art-making process (Malchiodi, 2012; Rankin & Taucher, 2003). Alternatively, opportunities for development of these strategies can unfold naturally as people address emotionally challenging topics in their

artwork (Henley, 1995). For VOC veterans this process was more engaging and experienced as less stigmatizing than traditional talk therapy.

In the process of creating artwork veterans were confronted with both technical and emotional challenges. The end product—the completed artwork—provided visual reinforcement of each veteran's capability to work through those challenges. For example, one combat veteran talked about the significance of learning how to paint as part of his therapy process. He noted improvement in his painting skills and also in his ability to cope with symptoms related to PTSD. He declared,

> **I think it gave me hope…I think over the last year and a half I have gotten better. There is something about it…it hits you inside and resonates more than sitting with someone and telling them your problems. Don't get me wrong, talk therapy is beneficial, but being able to speak about it *and* express it in some sort of creative way is extremely beneficial.**

Working through technical challenges that arose with various art materials fostered the ability to problem solve, think creatively, and develop a personal sense of direction (see also Kopytin & Lebedev, 2013). Working through emotional challenges reinforced a sense of control, capability, and renewed hope that healing is possible.

Another veteran commented on how art therapy was helping him to address posttraumatic stress following a recent intense service-related experience. He stated,

> **Instead of being all stressed out and being hypervigilant about everything, I am trying to use that same energy to make something [a drawing] that is detail-oriented. It is helping me a lot because it is distracting me from trying to micromanage everything around me.**

Several veterans took the therapeutic benefits of art making outside of the studio, finding it to be a helpful outlet to use at home. One Marine veteran routinely engages in art making at home as a way to monitor and express his feelings. He said, "It allows me to focus on what is going on with me for a minute. It has helped me to stay cool. Because I don't want to hurt anybody and I don't want anyone to hurt me." He added,

> **It allows me to focus not just on the problem so much as to focus on the solution. Early on I saw that it calmed me down and that was something I really, really needed. Instead of the drinks, the drugs, a cigarette, another person, I have my art, it just helps me.**

Another veteran emphasized the lasting impact: "No matter where I go, for as long as I live, I will always have this outlet."

Veteran researchers talked about the skills they learned from each other through art making and discussion in the open studio sessions. One young veteran commented, **"It is quite a relief for me to not only just be able to make art but to be able to speak to other veterans in a confidential setting. It is very therapeutic for me."** He described how weekly participation in open studio sessions decreased his anxiety and helped him to learn ways to deal with PTSD using artwork and conversations with other veterans. Art therapy engages veterans in a creative, accessible therapy process that supports the development of adaptive coping strategies.

3. Art Therapy Gets to the Heart of the Matter

It was a common experience among veteran participants that art therapy helped them to express and confront issues that resided at the core of their struggles with

transition. Being able to address their most important issues was difficult and some veterans felt it would have been impossible with words alone. In art therapy, veterans told their stories without using words, and in the process many felt they were able to address their core concerns. Because it allows veterans to uncover and cope with important underlying issues, art therapy may provide longer-lasting benefits than therapies that rely solely on talking and that may never gain access to the core concerns. An Iraq and Afghanistan combat veteran stated, "The difference between art therapy and conventional therapy [is] in ordinary therapy you never address the real underlying problems...for fear of being controlled again by the government, especially in the age of the Patriot Act." This veteran felt that he was able to express his experiences through the use of metaphors and images as opposed to words.

Nonverbal therapies could be a lifeline to veterans who have bottled up years of pain and suffering. A Navy veteran openly shared,

> **Art therapy has saved my life. There was an emptiness in my soul…[with art therapy] I was able to let out the secrets and not be afraid of judgment. I released years of poison through my paintings, making several a week for 2 years. Now that all that poison is out I can focus on the positive.**

Another veteran shared a similar sentiment in a poem, "Rendered frightful, burned and drugged. My colors will not fade, they exist. They revive, not degrade. In my art they connive to set my heart free." After reading his poem aloud he said, "What I get from art is life."

Several veterans noted that the therapy often occurred directly in their relationship to their images and in the process of creating art. "The imperfections that we create [in

our artwork] are the things that allow us to grow and develop and change," an Afghanistan combat veteran declared. Learning to cope with these imperfections, exercising frustration tolerance, and persevering in the face of adversity were exercised in the process of making art. This benefit was echoed by another veteran who stated,

> **In your artwork you are forcing yourself not only to do something different but to do something the opposite of what you were trained to do. You have to de-train yourself and re-train yourself. That's so much work. When you take that and apply it to this [art therapy] program and what this place represents, and there's a whole lot of healing going on.**

Art therapy can illuminate the path to healing through the dark, uncomfortable, or unmentionable places that are often buried too deeply for veterans to access with words alone.

4. Art Therapy Builds Connections

VOC's art therapy programming was tailored to build connections among veteran participants and their social supports, as well as the community they identified as home. The art studio became a place for veterans to connect to other veterans through activities such as drop-in open studio sessions. Another source of connection was the artwork on the studio walls. As the studio filled with veteran artwork, participants in individual art therapy sessions engaged as both viewers and witnesses to the expressions and stories of veteran peers; a silent but powerful way to reinforce the fact that there were other veterans on the same path to healing. The addition of an art therapy gallery space embedded within the city where the program resides allowed veterans to connect to a

larger audience through public display of their artwork. Participation in gallery exhibits helped to connect veterans to the civilian citizens they often reported feeling disconnected from and misunderstood by. The range of these connections—with the studio, the art itself and those who viewed the art—helped to reduce isolation experienced by veterans struggling to transition.

Veterans experienced art making in open studio sessions among veteran peers as a psychologically safe way to connect with others. One Army veteran described, **"I've never had a safe place before…It's safe to share these things here because we all illustrate them."** Seeing commonalities that were apparent between his artwork and the artwork of veteran peers encouraged a sense of emotional safety for this veteran and helped him to open up and receive support from other veterans in the program.

Tending to the needs of personal relationships through open, truthful communication helped to build healthy, meaningful connections. It also repaired previously damaged relationships. Veteran artwork served as a voice in these crucial conversations to help significant others understand what the veteran was going through. A Marine veteran stated,

> **It gives me a chance to let people know what is going on with me because they say "Oh, wow. I like that right there" and I can actually tell them a story about what is going on and explain that I used it to refocus and think about some things.**

This same process occurred as veterans created and prepared their artwork for gallery exhibits. One veteran described his art show experience by saying, **"I shared things I've never told anyone. They are still there in my head but the weight is not**

there anymore." He experienced several viewers of his art who were emotionally moved by his art expressions and the messages he communicated with his images about pain, suffering, and healing. In fact, another veteran on the research team shared his own impressions of the exhibition:

> **You shared something through your art that was extremely personal and I connected with you on it because we shared similar experiences. I wanted to thank you because your art expression made me realize I could own it too and share it with my therapist. Because of you I am better.**

This exchange illustrated a powerful example of how the art show connected veteran and viewer, leaving both positively changed by the process. Art therapy can repair and build connections for veterans who are having difficulty transitioning, mitigating the negative consequences of isolation.

5. Art Therapy Draws Out Strengths

At VOC, art therapy naturally drew out the personal strengths of veterans and helped them reconnect with a healthy, creative, capable sense of self. Art therapy treated dysfunction by providing opportunities to function (B. L. Moon, 2008). Veterans developed a sense of mastery over the materials and created artwork that they felt was "good." This experience was identified as "a self-esteem builder" that reinvigorated a sense of being capable (see also Franklin, 1992). The sense of mastery and accomplishment was elevated when veterans displayed their artwork in the gallery. All of the veterans who participated in art exhibitions claimed that the experience increased self-esteem and brought out a sense of pride.

When talking about his experiences with individual art therapy and open studio drop-in sessions, one Army veteran professed, "I've stopped saying things like 'I have no creativity or imagination.'" A Marine veteran described his experience with individual art therapy sessions by saying,

> **My experience with art therapy has been very different than regular therapy because it has opened up a creative side of me. When I am struggling and emotions are overwhelming me, that seems to be when I do my best work.**

Veterans reported that learning to express emotions through a creative outlet brought about a sense of accomplishment and a feeling of well-being and that they were becoming proficient in both emotional expression and working with various art mediums. Speaking about his gallery experience, a Marine veteran said,

> **It was a really good experience for me because it gave me the opportunity to showcase my work and to feel proud about it. It was a self-esteem builder, to be able to say "I've got some artwork and they are showing it in the gallery, stop in and see it." That junk feels good.**

This was a common experience for veterans who had displayed their artwork in the gallery. An Army veteran who put together a full exhibit of his artwork said,

> **I started this program 3 years ago. The person I saw in the mirror was completely worthless and there was nothing he could do anyone found worthwhile. He had no real purpose in life, no clue what he was capable of…. I had no idea I was capable of any of the things I put in that show. I had a series of photographs that told a story…to be able to do that, and to have people see that story and get it—wow.**

Another veteran shared these sentiments about his exhibit. He said,

> I was proud of myself. I am not one to publically speak. But it was really cool, the interactions I had with people…shaking my hand, saying "Wow, you're doing a really good job." I felt like I was really helping people with my art.

These examples show us that art therapy has the potential to draw out personal strengths as veterans explore and rediscover their innate creative capacity.

6. Art Therapy Cultivates a Sense of Purpose

As discussed earlier, many veterans identified two major struggles with transition: the reconstruction of identity and the reestablishment of a sense of purpose. These struggles were especially connected to veterans' immediate concerns about productivity. A Marine veteran aptly stated, "As your service commitments come to a close, so does a huge sense of self." As veterans engaged in art making they rediscovered their innate ability to be creative, an ability all people possess. Creativity helped these veterans to look at their problems in new ways. Further, making art inspired a sense of freedom and accomplishment as veterans experimented, learned, and carried a project to completion. This sense of completion was often immediately satisfying, helped to build self-esteem, and in turn inspired veterans to consider new alternatives to life challenges like employment and relationship stress. Veterans were also able to consider deeper psychological questions tied to identity and purpose, and for some this included exploring spirituality and their connection to a higher power.

One combat veteran described how art therapy helped him to reestablish a sense of purpose. Referring to his transition out of the military he stated, **"What we were,**

seen, done, witnessed, they are still a very active part of you. Being able to form your own self-expression can lead to finding yourself." He described how he was able to explore facets of his identity in his artwork and by creating his own visual language was able to tell a story about his service. This story was an important aspect of honoring this part of his past as well as focusing on his future. Ultimately he was in control of this process, as the creator of these images and metaphors, and it was this sense of control that reinforced his ability to establish a personal sense of direction.

A Navy veteran identified his goal and purpose for engaging in art therapy:

> **To become myself. You don't know (who you are), because most of your life you are told who you should be, by your parents, your teachers, and then the military.…Making art is a way of calming and I can concentrate, get into the good part of my brain. The part that was a kid once and thought anything was possible.**

For this veteran making art provided some mental clarity and connected him to the part of himself that felt capable and eager to take on challenges.

Two veterans described finding this sense of purpose in their relationship with God and identified how making art supported this connection. A Marine veteran described how art therapy supported his spiritual fitness, **"Making art is a God-given gift. When I am making art I get the chance to focus not on myself, but on God."** He described finding "inner peace" while making art, which helped him to feel spiritually and emotionally healthy. Veterans use art making then not just to cope with transition issues, but also to find direction and rediscover a sense of purpose by connecting to their inner strengths. For some, art making allows them to open themselves to guidance from a

higher power.

7. Art Therapy Awakens Emotions

One of the basic principles of art therapy is that art making is a pleasurable activity that veterans enjoy, and as such it can evoke positive emotions (Collie et al., 2006). Veterans who are reluctant to engage in therapy because of the stigma attached to mental health treatment, fear of confronting challenging topics, or other reasons find that the satisfaction involved in making art often entices them to continue treatment. Making art as a means of self-expression is enjoyable even when the imagery and feelings expressed are painful (B. L. Moon, 2008).

While discussing his experience with individual art therapy sessions, a combat veteran stated,

> **Art therapy will calm me when I am nervous, help me to focus when I am blurry, and helps to give me confidence when I am lacking conviction…art therapy gives me a two-fold sense of accomplishment: personal wellness and physically creating—both happening at the same time.**

An Air Force veteran declared,

> **Art therapy has awakened a part of me I thought had died. This experience has reopened my love for many types of art that had closed down when I transitioned out of the Air Force. I wish I had been exposed to art therapy 20 years ago.**

A Navy veteran commented, “Art making helps me get into the good part of my brain. The part that hasn’t been messed with.…After years, the military twists you up and you

think that life is not worth it." Art therapy then, reawakens positive emotions and ultimately reinforces participation in activities that are healing and life affirming. These activities include supportive therapy.

The Call to Action

Although the data offered here on transition and art therapy were based on qualitative interviews that may not be representative or generalized to represent every veteran's experience of transition and art therapy, the data do provide important insights into the concerns that veterans find pivotal to the transition to civilian life. The data also support the idea that art therapy can help veterans cope with these concerns.

The approaches to art therapy discussed in this manual offer certain benefits that can address multiple levels of need, starting with the veteran and reaching out to the context of community or "home" where the veteran returns. The veteran researchers repeatedly emphasized the significance of being able to use imagery to express thoughts, feelings, and experiences that could not be expressed with words. There are other veterans who may benefit from nonverbal therapies to help them begin to address the complex issues associated with transition. This claim is well supported by research on trauma, memory, and posttraumatic stress (e.g., Brett & Ostroff, 1985; Ogden et al., 2006; van der Kolk, 1994, 2014; van der Kolk & Fisler, 1995)

This program manual offers a foundation of the basic principles in art therapy with veteran populations. It also offers a program model that addresses needs, as identified by veterans, related to the transition to civilian life. It is my hope that this manual inspires other community-based organizations and VA service providers to

develop art therapy programming for veterans, because there is growing need for alternative and complementary treatments that address the broad needs of veteran populations.

References

Allen, P. B. (1995). Coyote comes in from the cold: The evolution of the open studio concept. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 161–166.

Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association, 18*(1), 6–13.

Brett, E. A., & Ostroff, R. (1985). Imagery and posttraumatic stress disorder: An overview. *American Journal of Psychiatry, 142*(4), 417–424.

Caplin, D., & Lewis, K. K. (2011). Coming home: Examining the homecoming experiences of young veterans. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson (Eds.), *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 101–124). New York, NY: Springer.

Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. M. (2001). The effectiveness of art therapy interventions in reducing post traumatic stress disorder (PTSD) symptoms in pediatric patients. *Art Therapy: Journal of the American Art Therapy Association, 18*(2), 100–104.

Coll, J. E., & Weiss, E. L. (2013). Transitioning veterans into civilian life. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 281–297). Hoboken, NJ: Wiley.

Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal of the American Art Therapy Association, 23*(4), 157–164.

Fenner, P. (2012). What do we see? Extending understanding of visual experience in the art therapy encounter. *Art Therapy: Journal of the American Art Therapy Association, 29*(1), 11–18.

Franklin, M. (1992). Art therapy and self-esteem. *Art Therapy: Journal of the American Art Therapy Association, 9*(2), 78–84.

Furukawa, T. (1997). Sojourner adjustment: Mental health of international students after one year's foreign sojourn and it psychosocial correlates. *Journal of Nervous and Mental Disease, 185*(4), 263–268.

Henley, D. (1995). A consideration of the studio as a therapeutic intervention. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 188–190.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence- from domestic abuse to political terror.* New York, NY: Basic Books.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*(1), 13–22.

Howells, V., & Zelnik, T. (2009). Making art: A qualitative study of personal and group transformation on a community arts studio. *Psychiatric Rehabilitation Journal, 33*(3), 215–222.

Johnson, D. R., Lubin, H., James, M., & Hale, K. (1997). Single session effects of treatment components within a specialized inpatient posttraumatic stress disorder program. *Journal of Traumatic Stress, 10*(3), 377–390.

Kopytin, A., & Lebedev, A. (2013). Humor, self-attitude, emotions, and cognitions in group art therapy with war veterans. *Art Therapy: Journal of the American Art Therapy Association, 30*(1), 20–29.

Larson, G. E., & Norman, S. B. (2014). Prospective prediction of functional difficulties among recently separated veterans. *Journal of Rehabilitation Research and Development, 51*(3), 415–428.

Liebmann, M. (2004). *Art therapy for groups: A handbook of themes and exercises* (2nd ed.). New York, NY: Brunner-Routledge.

Luzzatto, P. (1997). Short-term art therapy on the acute psychiatric ward: The open session as a psychodynamic development of the studio-based approach. *Inscape: Journal of the British Art Therapy Association, 2*(1), 2–10.

Malchiodi, C. A. (1998). *The art therapy source book: Art making for personal growth, insight, and transformation.* Los Angles, CA: Lowell House.

Malchiodi, C. (2012). Art therapy with combat veterans and military personnel. In C. Malchiodi, *Handbook of art therapy* (2nd ed.; pp. 320–334). New York, NY: Guilford Press.

McNiff, S. (1988). *Fundamentals of art therapy.* Springfield, IL: Charles C Thomas.

McNiff, S. (1995). Keeping the studio. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 179–183.

Moon, B. L. (2008). *Introduction to art therapy: Faith in the product* (2nd ed.). Springfield, IL: Charles C Thomas.

Moon, B. L. (2010). *Art-based group therapy: Theory and practice.* Springfield, IL: Charles C Thomas.

Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist.* Philadelphia, PA: Jessica Kingsley.

Moon, C. H. (2010). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies.* New York, NY: Routledge.

Morin, R. (2011, December 8). The difficult transition from military to civilian culture. *Pew Research Center: Social and Demographic Trends.* Retrieved from http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from military-to-civilian-life/

Murdoch, M., Pryor, J. B., Polusny, M. A., & Gackstetter, G. D. (2007). Functioning and psychiatric symptoms among military men and women exposed to sexual stressors. *Military Medicine, 172*(7), 718–725.

National Public Radio (Producer). (2015, February 12). *Obama signs act designed to prevent suicide among veterans* [Audio podcast]. Retrieved from http://www.npr.org/2015/02/12/385793944/obama-signs-act-designed-to-prevent-suicide-among-veterans

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York, NY: W. W. Norton.

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., & Southwick, S. M. (2010). Structure of posttraumatic stress disorder symptoms and psychosocial functioning in veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychiatry Review, 178*(2), 323–329.

Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Psychological resilience and post deployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety, 26*(8), 745–751.

Rankin, A. B., & Taucher, L. C. (2003). A task-oriented approach to art therapy in trauma treatment. *Art Therapy: Journal of the American Art Therapy Association, 20*(3), 138–147.

Reyes, V. (2013). Enhancing resiliency through creative outdoor/adventure and community-based programs. In R. M. Scurfield & K. T. Platoni (Eds.), *War trauma and its wake: Expanding the circle of healing* (pp. 267–282). New York, NY: Routledge.

Riley, S. (2001). *Group process made visible: Group art therapy.* Philadelphia, PA: Brunner-Routledge.

Rubin, J. A. (2005). *Artful therapy.* Hoboken, NJ: Wiley.

Sayer, N. A., Noorbaloochi, S., Fraizer, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatry Services, 61*(6), 589–597.

Schell, T. L., Tanielian, T., Farmer, C. M., Jaycox, L. H., Marshall, G. N., Vaughan, C. A., & Wrenn, G. (2011). A needs assessment of New York State veterans. *RAND Health Quarterly*, *1*(1). Retrieved from http://www.rand.org/pubs/periodicals/health-quarterly/issues/v1/n1/14.html

Scurfield, R. M. (2013). Innovative healing approaches to war trauma. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (pp. 1–8). New York, NY: Routledge.

Tanielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery.* Santa Monica, CA: RAND Corporation.

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*(5), 253–265.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* New York, NY: Penguin.

van der Kolk, B. A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress, 8*(4), 505–525.

Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, C. W., Heeren, T., King, L. A., & King, D. W. (2010). PTSD symptoms increases in Iraq-deployed soldiers: Comparison with non deployed soldiers and associations with baseline symptoms, deployment experiences, and post deployment stress. *Journal of Traumatic Stress, 23*(1), 41–51.

Veterans Prevail. [VetsPrevail]. (2010, June 15). *Veterans and suicide - We must overcome* [Video file]. Retrieved from http://youtu.be/6VmUulPab4M

Vick, R. M., & Sexton-Radek, K. (2008). Community-based art studios in Europe and the United States: A comparative study. *Art Therapy: Journal of the American Art Therapy Association, 25*(1), 4–10.

Waller, D. (1993). *Group interactive art therapy: Its use in training and treatment.* New York, NY: Routledge.

Wolfe, J., Keane, T. M., Kaloupek, D. G., Mora, C. A., & Wine, P. (1993). Patterns of positive adjustment in Vietnam combat veterans. *Journal of Traumatic Stress, 6*(2), 179–193.