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## Veterans' perspectives on the acceptability of art therapy: a mixed-methods study

Emily Palmer, Kate Hill, Janice Lobban and Dominic Murphy

### ABSTRACT

Art therapy has been suggested to support veterans who may not benefit from verbal therapeutic approaches. Little is known about the perspectives of UK veterans with mental health difficulties on engaging in art therapy. This study aimed to explore the acceptability of art therapy for this group, employing a mixed-methods design. The sample was drawn from clients of treatment programmes provided by a national veteran mental health charity. It comprised 547 veterans with a range of mental health difficulties who had attended an art therapy group session. The veterans in the sample rated the usefulness of art therapy positively, with a mean score of 4.43 using a Likert scale where the maximum score was five. Veterans positively endorsed the likelihood they would apply the knowledge gained, with a mean score of 4.15 using the same scale. Content analysis was used to explore text comments. The themes were: experience of sharing with others, exploring difficult feelings and environmental aspects. In conclusion, this study provides an initial indication that art therapy may be an acceptable treatment approach for UK veterans with mental health difficulties. Further research should explore its impact on veterans' mental health.

### ARTICLE HISTORY

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### KEYWORDS

United Kingdom; military; veterans; ex-service; art therapy; trauma

### Introduction

Following the operational tours of UK Armed Forces in Iraq and Afghanistan there has been increased attention on the mental health of serving and ex-serving personnel. The reported rates of common mental health disorders and post-traumatic stress disorder (PTSD) in veterans is comparable with the general UK population, with rates of 20% and 4% observed respectively (Fear et al., 2010; Woodhead et al., 2011). However, in veterans who have sought help for mental health difficulties, the burden appears to be high. PTSD and depression prevalence rates of 80% and 73% respectively have been observed (Murphy, Palmer, et al., 2015b). At the same time, in the United Kingdom there appears to be evidence of increasing numbers of veterans seeking support for mental health difficulties over recent years (Murphy, Weijers, Palmer, & Busuttill, 2015).

Such an increase in referrals highlights the need for effective treatments that veterans are willing and able to engage in. Research in the United Kingdom and overseas has reported the effectiveness of treatment programmes for PTSD in veterans specifically (Goodson & Helstrom, 2011). Studies of UK veterans have found significant reductions in PTSD scores and functional impairment, maintained at six-month follow-up in response to a treatment programme combining trauma-focused cognitive behavioural therapy and multi-disciplinary group sessions (Murphy, Hodgman, et al., 2015a). However, research has also noted that veterans experience significant perceived

barriers to engaging in treatment (Iversen et al., 2011) and that a proportion do not benefit from treatment (Goodson & Helstrom, 2011).

Art therapy has been suggested to support veterans who might not benefit from a purely verbal approach (Lobban, 2016). Art therapy has previously been suggested as a promising therapeutic approach for combat-related mental health difficulties (Spiegel, Malchiodi, Backos, & Collie, 2006); fitting particularly within the established three-stage approach to treating trauma-related difficulties (Ford, Courtois, Steele, Hart, & Nijenhuis, 2005). It is proposed that art therapy accesses the non-verbal operations of the brain – emotions, visual imagery and bodily sensations (Hass-Cohen & Carr, 2008). Through this, it is suggested that art therapy can alter neural pathways and therefore alter function in a way that 'traditional' verbal therapeutic methods cannot (Belkofer & Konopka, 2008; Lobban, 2014). Art therapy has begun to embrace the challenge of gaining empirical evidence for its effectiveness, with some studies focusing on neurophysiological processes (Konopka, 2014).

As well as effectiveness of the treatment, it is important to seek evidence for the acceptability of art therapy. Understanding service users' perspectives on the acceptability of treatment types is of heightened importance in this potentially hard to engage group. An initial pilot study has explored factors that influence engagement in art therapy in veterans specifically (Lobban, 2016). The study suggested that veterans found that art therapy helped overcome avoidance of

their emotions and this led to new ways of thinking. The study also suggested veterans felt a sense of unexpected benefits, underpinned by their initial apprehensions towards the approach. Given the potential increase in demand for veterans services and the predicted decrease in funding for military charities (Poza & Walker, 2014), exploring acceptability to a greater scale will help to ensure investment in treatment development is cost effective.

This study aimed to explore the acceptability of art therapy as used in treatment for mental health difficulties experienced by veterans offered by a national mental health charity in the United Kingdom. This was done using a combination of quantitative and qualitative data. Quantitative measures were used to elicit an overall rating of the acceptability of art therapy for this group, through the constructs of relevance (referred to as 'usefulness') and a predicted ability to apply the techniques. Qualitative measures were used to further understand the nature of the acceptability of art therapy from the veterans' perspectives. This insight could begin to elucidate what aspects of the therapy underlie acceptability, or lack of acceptability, of art therapy for veterans.

## Method

### Setting

Combat stress (CS) is the largest national provider of specialist mental health services for veterans in the United Kingdom. It was chosen as the setting for this research because it gives access to a large population which is homogeneous in terms of veteran status. In the United Kingdom, a veteran is defined as having served at least one day in the Armed Forces and now discharged from service (Dandeker, Iversen, Ross, & Wessely, 2006). The population included veterans with a range of mental health difficulties relating to military service, who were at various points along their treatment pathway. The population was drawn from veterans who attended a residential treatment programme at one of three treatment centres across the United Kingdom, in Surrey, Shropshire and Ayrshire.

CS offers four residential treatment programmes for veterans. The Intensive Treatment Programme is a six-week treatment programme for PTSD, comprised of individual trauma-focused cognitive behavioural therapy and multi-disciplinary group sessions. The Anger Management Programme is a two-week cognitive behavioural therapy-based programme for anger difficulties, consisting of group and individual sessions. The Stabilisation Programme is a two-week programme based on psycho-education and symptom management skills, consisting of group and individual sessions. Finally, a two-week transdiagnostic

programme comprises psycho-education group sessions for common mental health difficulties. All four residential treatment programmes offer group art therapy sessions as part of the multi-disciplinary approach.

### Therapeutic intervention

The art therapy intervention is an adaptive model informed by clinical neuroscience and understanding of military culture, evolved to treat veterans (Lobban, 2014, 2016). The structured sessions consist of two sections. A theme-based approach is used, involving a time of image-making followed by reflective discussion. The first section begins an introduction of a theme or question relevant to the veterans' mental health or experience. The veterans then use art materials to express their thoughts and feelings associated with the theme. Veterans have access to a wide range of materials, including pencils, paints, pastels, clay and collage materials. As well as visual art, veterans are able to produce written materials such as poetry or prose. The second section consists of a therapist-facilitated discussion of the veterans' creative expressions. In this way, non-verbal expression can be explored verbally to assist meaning-making and to increase self-awareness. The therapeutic environment is one of openness and acceptance, as well as providing soothing features such as relaxing music during the time of image-making. Art therapy is offered as part of a multi-disciplinary timetable in a residential context. This context minimises practical barriers to attending sessions, such as travel, and the influence of stigma may also be reduced.

### Study design and sample

The study employed a cross-sectional design, sampling at a single point in time following an art therapy block of treatment. All veterans who attended art therapy sessions as part of one of the four residential treatment programmes at CS from January to December 2015 were invited to complete a questionnaire. Inclusion criteria for this study were being on a residential treatment programme at CS, attendance at a minimum of one art therapy session as part of this programme, not currently using alcohol or drugs and not currently experiencing active psychosis. All veterans in the sample met criteria for at least one of depression or anxiety-related disorders or PTSD. This yielded a sample of 547 veterans who completed the research questionnaire. Questionnaires were completed anonymously and participation was voluntary. Therefore, data for non-responders and thus response rates were unfortunately not available.

## Measures

The measures were collected using a questionnaire that comprised quantitative and qualitative sections. The quantitative questions used a five-point Likert scale. The first asked participants to rate their endorsement from 1 = *strongly disagree* to 5 = *strongly agree* when considering the statement 'I found the session useful'. The second asked participants to rate their endorsement from 1 = *definitely not* to 5 = *definitely* when considering the statement 'When I get home I intend to use the knowledge I gained to make changes'. The qualitative section allowed participants to provide free text comments to answer the open-ended question: 'Please tell us what you found most interesting/helpful about the session(s)'. Data were collected throughout a 12-month period between January and December 2015.

## Analysis

The analysis was conducted in two parts. The first part explored the two quantitative questions using descriptive statistics and graphical presentation of the data. Analyses were conducted using IBM SPSS Statistics version 22. The second part used content analysis to explore the qualitative free text comments provided (Elo & Kyngas, 2008). An inductive method was used as this is recommended when there is not enough former knowledge about the phenomenon or when knowledge is fragmented. This involved a process of noting the transcribed comments, extracting the information and categorising this into major and minor themes. Free text comments were provided by 404 of participants, representing 74% of the overall sample.

## Findings

### Quantitative findings

In total, 547 veterans (100% of the sample) completed the question 'I found the session useful' using the Likert scale from one to five, where 1 = *strongly disagree* and 5 = *strongly agree*. The mean score was 4.43 (SD = 0.682). Figure 1 shows the distribution of these ratings for the sample. A total of 540 veterans (99% of the sample) completed the question 'When I get home I intend to use the knowledge I gained to make changes' using the Likert scale one to five, where 1 = *definitely not* and 5 = *definitely*. The mean score was 4.15 (SD = 0.925). Figure 2 shows the distribution of these ratings for the sample.

### Qualitative findings

Through the process of inductive content analysis three major themes were drawn out of the qualitative

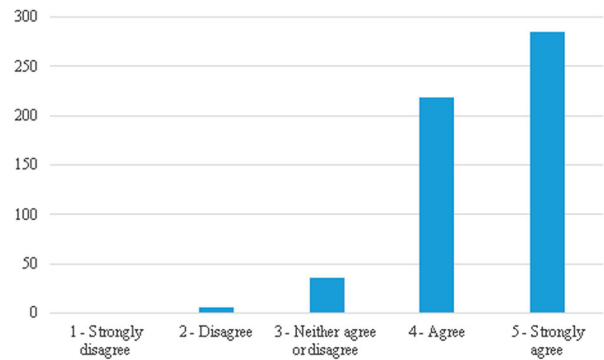


Figure 1. Distribution of ratings in answer to 'I found the session useful'.

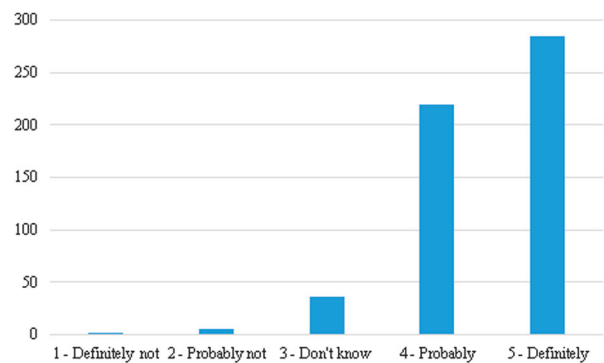


Figure 2. Distribution of ratings in answer to 'When I get home I intend to use the knowledge I gained to make changes'.

question: the experience of sharing with the cohort; being able to access and express difficult feelings; and environmental aspects. Within each theme there were two minor themes. These are illustrated in Table 1, along with examples of corresponding quotes.

The first major theme of experience of sharing with others is described by the minor themes of art being able to facilitate communication within the group which creates a bonding experience and that through hearing others' perspectives the experiences of mental health problems are normalised. The second major theme of exploring difficult feelings is described by the minor themes of using art as a method of expressing feelings that are difficult to voice and art therapy unlocking previously inaccessible feelings. The final major theme of the environmental aspects influencing the therapeutic value of the art therapy is described by minor themes of a relaxing and calming atmosphere and the use of different materials.

## Discussion

This study aimed to explore the acceptability of art therapy for veterans in treatment for mental health difficulties and used a mixed-methods design. Veterans highly rated the usefulness of art therapy, with over half of the veterans endorsing the statement 'I found the session useful' with the response 'strongly agree'

**Table 1.** Major themes with minor themes and examples of corresponding quotes describing veterans' responses to free text questions about art therapy experiences.

Major	Minor	Quotes (page, line reference)
The experience of sharing with others	The art facilitating communication within the group; creating a bonding experience	'A creative way to communicate' (4, 66) 'It allowed me to open up in a non-threatening way' (10, 181) 'Drawing to explain communication, as opposed to the spoken word' (5, 82) 'The group helped me get out feelings that needed to come out in some way' (12, 220) 'The subject matter brought out a lot in the group which was very useful' (6, 95) 'Meeting other people' (4, 60) 'Good exchange and interaction within the group' (5, 87)
	Hearing others' perspectives on the same theme, normalising the experiences of mental health	'Knowing I am not alone' (4, 64) 'Knowing I am not the only person with sleep problems' (6, 102) 'Find out just how much the group members were thinking along the same lines' (8, 140) 'Discovering the commonality of symptoms with the members of the group' (10, 170) 'That most of us are thinking on the same wave length' (10, 172) 'The talks after fascinating how we all had different but the same feeling' (22, 392) 'Eye opening to different people's perspectives' (14, 239)
Exploring difficult feelings	Use of art as a method of expressing feelings that are difficult to voice	The way in which a simple topic could evoke such strong emotions' (7, 119) 'Helped me to explore strong feelings' (19, 331) 'I wasn't expecting the emotion drawing brought out (wow)' (5, 86) 'I am amazed at the range of emotion that a simple drawing can evoke' (5, 89) 'Getting in touch with my thoughts/self' (9, 163) 'It hurts, but helps to express how you feel without having to speak' (9, 150) 'The way a single word can evoke such a huge and meaningful response' (9,162)
	Art therapy unlocking previously inaccessible feelings	'Opens your mind up and explains what you think at a time and place' (6, 92) 'I was always surprised at how a single word can open up a whole range of feelings and thoughts' (9, 158) 'It opens thoughts that you usually don't unlock' (9, 160) 'It is an amazing tool to get others to open up' (12, 112) 'It is amazing how a one worded subject can get you to open up/explain your inner thoughts' (10, 177) 'I found it unlocked me in ways I didn't think it could' (8, 142)
Environmental aspects	Relaxing and calming atmosphere	'It is so creative and flexible' (4, 71) 'Nice slow pace' (11, 187) 'Feel welcome and relaxed' (7, 126) 'Calm and thought provoking' (8, 146) 'Relaxing, able to focus' (11, 188) 'Being able to focus in a lovely environment' (22, 342)
	Use of different materials	'Being able to use clay' (1, 19) 'I loved using different materials' (13, 233) 'Expressing your feelings using different materials' (15, 261) 'Good to have lots of different mediums to try/use' (22, 344) 'I love working in clay' (19, 342)

and a mean overall rating of 4.43 out of a maximum of five. Importantly, the majority of veterans also endorsed their intention to use the knowledge they took from the sessions at home, following treatment. There was a mean overall rating of 4.15 out of a maximum of five. These scores suggest a high level of immediate and ongoing acceptability of the contribution art therapy had to the veterans' treatment experience. These findings imply that veterans are willing and able to engage in the therapy. It also has implications that provide support for the inclusion of art therapy for treatment programmes targeted at this group.

The themes drawn from the analysis of qualitative data provide further insight into how veterans experienced art therapy. The importance of experiencing

the therapy within a group was the first major theme; this was important in two ways. First, the process of the art facilitates communication and therefore bonding with the group. This may have implications of increasing social support and demonstrating ability to connect with others (Yalom & Leszcz, 2005). Second, the perspectives shared with each other drawn out by the art therapy themes have an effect of normalising mental health problems. The way art therapy helps to explore difficult feelings was the second major theme. It helped through offering an alternative method both to express feelings and also to 'unlock' feelings that veterans were not previously aware of.

These two major themes refer to the veterans' experiences of psychological mechanisms that are



valuable in treatment for a range of mental health difficulties. This suggests that veterans are engaging in the therapeutic experience of art therapy, rather than engaging on a non-therapeutic level. This therapeutic engagement indicates support for the inclusion of art therapy in treatment plans, for diverse or co-morbid mental health presentations in veterans. Further, the theme describing how art therapy helped some veterans express or access difficult emotions suggests that art therapy may have a valuable role in cases where veterans are finding 'traditional' verbal therapeutic approaches challenging. This indicates support for the idea that art therapy accesses non-verbal processing (Hass-Cohen & Carr, 2008).

The third major theme refers to the environment art therapy is offered in, within this setting. The soothing atmosphere created by the therapist and the physical and sensory environment had a positive impact on the veterans. Further, the diversity of materials providing new creative experiences was highlighted. This theme provides useful practical implications for how art therapy can be presented to clients in a way that is found acceptable. This may be quite different from the environment of a more 'traditional' group therapeutic session, and could suggest an important differentiation between art therapy and other therapy approaches.

This study employed a substantial sample which is representative of UK treatment-seeking veterans across a 12-month period. The sample is homogeneous in that it only included veterans with mental health difficulties engaged in treatment, although it offers some generalisability across the breadth of this group in that it was nationally representative across the United Kingdom and included veterans on four different treatment programmes. However, the sample is limited due to the purposive sampling approach. It is possible that those with lower acceptability of the therapy did not complete the questionnaire. A final potential limitation regarding the sample lies in responses only being sought from those who attended art therapy. However, as veterans were staying in a residential setting, this sample bias was limited because the setting increased the likelihood of those attending who may have otherwise avoided doing so due to barriers, such as stigma or practicality. Further, art therapy was offered as part of a multi-disciplinary timetable, so veterans who may not have sought out this type of approach would have had the opportunity to attend.

Further limitations that should be noted include the acquiescence and social desirability bias inherent in a questionnaire design (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003; Tourangeau, Rips, & Rasinski, 2000). Attempts to mitigate such biases were made by ensuring the questionnaire was anonymous and completed confidentially. It was also mitigated to an extent by the mixed-methods approach, providing participants

with the chance to express their response with free text. The content analysis themes aligned with the positive quantitative ratings. Further, due to practical restrictions, the questionnaire is a cross-sectional approach, sampling from a single point in time within each veteran's treatment. It was also completed immediately after the session. These limitations mean that conclusions cannot be drawn about how the acceptability and relevance of art therapy evolves over time following treatment. Because the setting for this research was within a multi-disciplinary programme, further research is required to delineate whether this relevance is for art therapy as part of a programme or as a stand-alone therapy.

In conclusion, this study provides an initial indication that art therapy may be an acceptable treatment approach for UK veterans with a range of mental health difficulties. Themes indicated that the veterans' experience of sharing with others, connecting with and making sense of their emotions and a safe, soothing environment were important. Further research should explore the longitudinal acceptability and ongoing engagement in art therapy. Having established evidence for positive attitudes and therefore likelihood of engagement in art therapy for veterans, research should look to explore the impact of art therapy on veterans' mental health outcomes.

### Disclosure statement

No potential conflict of interest was reported by the authors.

### Notes on contributors

**Emily Palmer** is a Research Assistant at Combat Stress and is currently training to be a Clinical Psychologist.

**Kate Hill** is an Assistant Psychologist at Combat Stress and is currently training to be a cognitive behavioural therapist.

**Janice Lobban** is the Senior Art Therapist at Combat Stress and has worked at the service since 2001.

**Dr Dominic Murphy** is the Senior Clinical Lecturer at Combat Stress; he established and now leads a Research team within the service.

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