Art Therapy and the Healing of Trauma for Military and Civilian Victims

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Abstract

Art defines culture and provides several benefits which include a mode of communication, promoting social cohesion, affective expression, challenging social norms, bringing to light hidden injustices, and a means of expression for disenfranchised communities (Estrada-Gonzalez, et. al., 2024). Art therapy, as a complementary psychotherapeutic intervention, is rooted in the recognition of trauma in World War II. Soldiers are exposed to a wide range of potential traumatic stimuli from the battlefield and therefore are vulnerable to Post-Traumatic Stress Symptoms (PTSS) and/or Post-Traumatic Stress Disorder (PTSD). Veterans and active-duty service personnel potentially suffer the "invisible wounds" of war (Tanielian, 2008; Lobban, 2014). Art therapy has gained increased acceptance as a complementary therapeutic approach for treating trauma in service personnel and the public sector. Specifically, mask-making is shown to be an art therapy approach that facilitates communication and expression of traumatic memories when language has been affected due to the neurological impact of trauma. Art therapy has made significant positive contributions for individuals and societies who are victims of traumatic events. Medical and psychological uses of art therapy in the public sector demonstrate the positive influence art therapy has in alleviating trauma symptomatology.

Keywords: Art therapy, mask-making, trauma, PTSS, PTSD, military, exposure therapy, cognitive processing therapy

Introduction

Art has been a defining characteristic of human culture since prehistoric times. Depictions of ancient art have been discovered and preserved. Art has many beneficial uses in culture such as a mode of communication, promoting social cohesion, as a means of affective expression, challenging social norms, bringing to light hidden injustices, and providing a means of expression for disenfranchised communities (Estrada-Gonzalez, et. al., 2024). Art describes different cultures, historic periods, and is a foundation of human symbolic expression. Early depictions of art present various creative and artistic efforts of early human beings beginning with human body decoration and images depicting animals and human figures in caves that, over centuries, have advanced as man's cognitive functions have become increasingly developed (Moriss-Kay, 2010). Traditionally, art has been evaluated by its aesthetic qualities and the affective experience it evokes while viewing artwork. Although art has a long history, the use of art therapy as a method of promoting healing and well-being, has a more recent and documented experience since World War II.

The development of art therapy, as a contemporary method of psychological and psychotherapeutic treatment, has been rooted in the contributions of military and wartime experiences beginning in the period of World War II. In recent years, the professional literature has shown how art therapy supports and promotes elements of healing. Considering art therapy's major contributions to the early treatment of trauma, as developed through military medical institutions, it is surprising that the literature that recounts this history is so limited (Lobban, 2014, 2018; Haeseler and Howie, 2017; Howie, 2017).

Military service personnel who suffered from physical and psychological trauma in the battlefield in World War II found improvement of their symptoms using art (Howie, 2017). The use of the term "art therapy" is attributed to Adrian Hill in 1942 in the United Kingdom (UK) because of his experiences in a sanitorium where he used art as part of his recovery from pulmonary tuberculosis. Hill was a war artist during World War I and later became an official war artist. As an artist, while in the sanitorium, he began to encourage other patients to draw and paint and observed how beneficial art had become with other patients in the sanitorium. Throughout his life, Hill promoted art therapy and was instrumental in the early development of art therapy as a field of study and practice (Howie, 2017; Lobban, 2016, Lobban & Murphy, 2019).

One art program founded to service post World War II veterans was the War Veteran's Art Center at the Museum of Modern Art in New York City. This program operated from 1944 to 1948 and offered a variety of classes and artistic media. Veterans were presented with artistic materials for "drawing, painting, fundamentals of design, jewelry making, metalwork, sculpture, and ceramics, to name a few" (Howie, 2017, p. 6). These art activities also included an expressive element which also was therapeutic.

The use of art therapy as a complementary treatment with veterans originated, concurrently, in the United States (US) and the UK's military health systems, following World War II. As military hospitals began to recognize the need for specialized treatment, art therapy became a practical intervention in working with traumatized veterans. Art therapists in the

UK were added to work with trauma units, operating in tandem with psychotherapists, which promoted healing through an art therapy focused on the "invisible wounds" of war (Tanielian, 2008; Lobban, 2014).

An example of treating soldiers in the UK occurred between 1977 and 1995 at Queen Elizabeth Military Hospital, Woolwich, England. Art therapist Nigel Hilton introduced art therapy in the trauma program presenting open studio groups and one-on-one sessions. The open studio approach allowed drawing and painting while facilitating a creative artistic process rather than an art interpretive process. Art therapy groups operated for two-and-a-half hours, where participants displayed their creative works on a wall and were free to compose their works without any discussion, although they were encouraged to reflect about their work. The group experience was seen as an important component of the therapy (Lobban, 2016).

In the U.S., beginning in the late 1950s, art therapy was becoming more established and developed through the Veterans Administration (VA) Medical Center in Connecticut where veterans, in their paintings, were found to be "very responsive and expressive in their artwork" (Haeseler and Howie, 2017, p. 17). In 1989, the VA Medical Center continued to develop with Dr. David Johnson, a drama therapist who created a Recreation and Creative Arts Therapy Section (RCATS) for the VA. An innovative therapist, he included drama, video, art, and poetry as therapeutic elements. The VA recognized the importance of the arts in facilitating the treatment of traumatic experiences. In 1989, Johnson became director of the newly established National Center for PTSD which was created within the Department of Veterans Affairs and included five creative arts therapists' positions.

Art therapy was introduced at the Walter Reed Army Medical Center in 1971. Activities designed to be artistically creative were incorporated into the daily schedule. Art therapy, in the Psychiatry service inpatient treatment, consisted of art (drawing and painting), recreation, and horticultural therapy programs. These services assisted patients to make their issues more manageable by helping them learn how to be more open and expressive with their feelings in the tangible form of creative art. As a form of communication, artwork reveals a person's "functional and developmental levels and their unique strengths and conflicts" (Haeseler and Howie, 2017, p. 25). This early work in art therapy became part of the treatment guidelines for beginning art therapists in other military facilities.

An innovative, new art therapy program developed in the UK in 1987 was introduced at the Royal Naval Hospital, Haslar, Hampshire, England for military service and emergency services personnel. The creative arts were incorporated to work with trauma patients in recovery. The members in the art-based groups were instructed to create a unique artwork that represented who they were before, during, and after the trauma. The media they used included art materials, newspaper articles, photos, and drawings. Some participants were quite innovative by using poetry and Celtic knots in their expression of self.

The Combat Stress Mental Health charity in England added art therapy in 2001 to their treatment of veterans from several conflicts and combat involvement. Art provided an alternative to the difficulty veterans faced with verbal expression and an attitude of "we don't talk about it." The attacks on 9/11, 2001 in the US had a significant impact on trauma treatment at the Combat Stress Mental Health charity that continues to the present day. Anecdotally, veterans reported art therapy as a vital part of their recovery (Lobban, 2018).

This veterans program facilitates evidence-based treatments and art therapy for trauma, grief, depression, anxiety, anger, and substance misuse. Modern directions in art therapy are rooted in its development through military applications since World War II as governments recognized the need to finds ways to assist service members in their recovery from trauma and other mental health issues.

The Experience and Treatment of Traumatic Injury from Active Combat

The experiences of war are unique and nuanced for each veteran who participated in active combat or was exposed to traumatic events while in active service. While civilians are "grateful for your service" or view veterans as "heroes" there may not be an accompanying feeling for the veteran. The stories that veterans tell are difficult for many to put into words and even harder for family members and civilians to understand or hear. Many veterans keep their stories to themselves because memories of those traumatic experiences can be activated in ways they do not want nor, at other times, expect. The human side of having been in combat is impacted by loss; loss of innocence, loss of body and mind, loss of safety and security, loss of a sense of family and social relationships, and losses involving mental health and cognitive processing abilities (Brunger, Serrato, and Ogden, 2013).

Moral injuries can be an additional problem for the service member when they are left with residual memories of acts and orders that have gone against their internal values and beliefs to which they feel intense guilt. There are clinical challenges in working with veteran's moral injury including, "1. being made witness to atrocities and depravity through repeated exposure to trauma narratives, 2. characteristic assignment of survivor's transference roles to clinicians, and 3. the clinicians' countertransference emotions and judgments of self and others" (Shay, 2014, p. 182). Clinical practitioners are not only treating trauma, in addition, they will need support as they are witnesses to the stories they hear of trauma that potentially affect them.

Veterans are faced with several potential barriers in accessing treatment in the VA for mental health and substance use issues. Hundt, et. al. (2018) reports that low engagement in evidenced-based psychotherapy (EBP) treatments for PTSD is a common problem with up to half of veterans failing to engage in EBP treatments. They identified barriers to factors that interfere with seeking treatment such as *practical barriers* (employment, attending college, transportation, physical health, and caretaking duties), *knowledge barriers* (no recollection that they were offered EBP options), *emotional barriers* (avoidance of potential fears of facing their trauma, lack of trust), *therapy-related barriers* (a sense of hopelessness about exposure therapy, poor alliance with a therapist, lack of continuity of care, veterans preference for alternative treatment options such as yoga, art therapy, or ongoing supportive psychotherapy), and *VA system-related barriers* (negative encounters with medical providers, lack of flexible scheduling, discomfort with the VA environment, and/or other veterans). These barriers were expressed by veterans who sought treatment outside of the VA.

PTSS, according to the U.S. Department of Veterans Affairs (2023), affects 29 out of 100 veterans who are likely to be diagnosed with PTSD at some point in their lives, slightly more than in the general population. Serving in the military can expose service personnel to different traumatic experiences than those in the civilian population. The experiences of being deployed

to a war zone exposes soldiers to traumatic risks as well as training accidents and military sexual trauma (U.S. Department of Veterans Affairs, 2023). The National Alliance of Mental Illness (2017) cites that 3.6% of the U.S. population are affected by PTSD which culminates in 9 million individuals. They add that about 37% of those diagnosed with PTSD are severe cases with women significantly more affected than men.

Soldiers are potentially exposed to a wide range of experiences that can lead to combat-related trauma and stress. Exposure to combat has the potential to alter soldier's physical and psychological functioning due to direct combat-related trauma and/or stress (explosion, enemy ambushes, IED events, flight deck plane crashes, or witnessing the death of a fellow service member) and indirect injury or stress (traffic collisions, training accidents, military sexual trauma, survivor's guilt, fear of hostile military encounters, and ongoing exposure to death and violence). Additionally, fears of facing the potential lethality in war contributes to ongoing pressures. PTSD did not appear in the modern nomenclature as a diagnosis until 1980. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2022), following traumatic events, serious symptoms may arise such as avoidance of reminders of the traumatic event, emotional numbness or dissociation, hyperarousal, and re-experiencing of traumatic memories in the form of flashbacks and nightmares.

Herman's (1992) seminal work on traumatic sequalae described psychological trauma as "…an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning." (p.33).

When one faces a traumatic experience, the individual is overwhelmed with emotions under the threat or exposure of an actual physical and/or psychological assault. The body and mind respond with a physiological and cognitive processing breakdown, resulting in language and speech areas in the brain shutting down, affecting the ability of the individual to put a traumatic experience into words. The veteran suffering from trauma is faced with the impossible task of recalling and expressing memories that are highly emotional. The impact of trauma on the psyche potentially creates a split where aspects of the self become fragmented, resulting in dissociation. Some symptoms of trauma, notably flashbacks (reliving the traumatic experience) and rigid hypervigilance (heightened alertness to avoid danger), demonstrate how these split-off parts of the self are simply an attempt to maintain a sense of stability and security. Re-establishing an internal sense of one's boundaries is needed to function adequately in the environment (Dean, 2016; van der Kolk, 2014).

Combat veterans are potentially vulnerable to PTSS, which typically corresponds to Acute Stress Disorder (ASD) in the DSM-5-TR (APA, 2022). PTSS defines the characteristic symptoms immediately following a traumatic event and after a month, if symptoms persist, are more aligned with PTSD. Although PTSS is a precursor to PTSD it has a similar constellation of symptoms, namely, intrusive thoughts and flashback memories related to the traumatic event that was experienced. Treatment success is predicated on the severity of symptomatology. Although most persons exposed to a traumatic event, experience PTSS, less severe cases are likely to remit and not become PTSD. It is further noted that some individuals may not

experience PTSD symptoms for months or years after the immediate trauma. Shih, et. al. (2023) report in their study that 20% of trauma survivors with PTSS reported severe symptoms. Additionally, 40% had moderate symptoms, 30% had mild symptoms, and 10% reported minimal symptoms.

When combat veterans and service personnel return home from combat they potentially face a most difficult challenge returning to the "normalcy" of home (Brunger, Serrato, and Ogden, 2013; DeLucia, 2016; Derefinko, et. al., 2019). It may become difficult to accommodate such contrasting traumatic experiences and images from war. The journey to return home with PTSD symptoms cannot be adequately put into words for many veterans and active-duty service personnel. Due to the sensory and cognitive nature of traumatic memories, veterans may find themselves in a situation where reconnecting to the experience and memories of unspeakable traumatic affects, physical and bodily sensations, and horrific images are too overwhelming to be exposed to the self or others. The images embedded in memory are often too difficult to put into words. An earlier work by Janoff-Bulman (1992) discusses trauma as shattering the fundamental assumptions that we have about life and the world, that is, we see the world as benevolent, meaningful, and we understand the self as having worth. When these assumptions are disrupted by trauma, the experience can fragment how one views and relates to the self and others in the world.

Veterans and active-duty service personnel suffer from the "invisible wounds" of war (Tanielian, 2008; Lobban, 2014). The Combat Stress charity in the U.K. was approached by the BBC to film an art therapy group of veterans followed by discussion with the veterans about their art/image-making. The theme was "The Invisible Wound." Lobban (2014) identified several themes that emerge as the "invisible wounds" expressed by veterans that included disconnection (feeling detached from people around them and putting up defenses to maintain distance); *issues around control and avoidance of feelings* (situations that are beyond one's control); *presenting one's self to present a mask/false sense of self to protect their vulnerability* (present a normal personality to the world but a split-off emotional personality); *frozen in time with traumatic memories* (veterans describe themselves as prisoners of time where traumatic memories continue to play out in their mind).

Controversy surrounds the use of pharmacology as a first-line approach for treatment of PTSD. Ehret (2019) recommends "Trauma-focused therapies and other psychotherapies should continue to be recommended first-line in all patients with a diagnosis of PTSD; medications should be used in cases when trauma-focused psychotherapies are unavailable or unsuccessful, a patient requests medication, or a specific indication compels a medication" (p. 380). As these treatment guidelines for psychotherapy are recommended as a first line approach, the use of medications continue to be frequently used as first-line treatments for PTSD.

Two art therapy groups were conducted, where participants were able to share their deep fears in a manageable way and that addressed themes that included, 1. *image-making/expression* (this allowed veterans to access non-verbal, emotional, intuitive, and sensory material to use as symbol and metaphor, increasing tolerance of difficult feelings and body sensations, and 2. *image-viewing/exploration* (images were explored in the group revealing contrasts and dilemmas between past and present self, inner and outer presentation, society and the veteran, and

whether being open or interacting with others is safe or harmful). Veterans were able to process in the group and afterward more openly. This offered the opportunity to make a shift and open up feelings that mediate being stuck with traumatic memories and the negative cognitions that go with them.

When treatment has not been readily available, PTSD is associated with high morbidity and functional impairment. The use of meta-analytic studies has shown improvements in PTSD using Cognitive Behavioral Therapies which include Prolonged Exposure therapy (PE) where the patient is exposed to trauma related memories, thoughts, feelings, and situations allowing a patient the ability to confront their fears (McLean, et. al., 2022; Norman, Hamblen, and Schnurr, 2023). Cognitive Processing Therapy (CPT) assists patients in learning ways to modify and challenge negative and less helpful beliefs that are related to the specific trauma. Eye Movement Desensitization Reprocessing (EMDR) (Shapiro, 2018; Shapiro and Maxfield, 2002), permits the patient in developing a mental image of the traumatic experience and related negative cognitions and is paired with tracking a bilateral stimulus. These represent the type of evidenced-based therapies encouraged by the VA in treating trauma-related disorders.

A randomized controlled trial by Campbell, Decker, Kruk, and Deaver (2016) was designed to evaluate if art therapy, when combined with CPT was more effective for reducing symptoms of combat-related PTSD than CPT alone. Relative to the processing of traumatic memories, the participants in this research indicated they either "recovered previously blocked memories or gained insights and realizations crucial to their healing processes through art therapy" (p. 174). During the art therapy intervention, participants were able to externalize the trauma and associated emotions, thus creating the artwork which acted as an externalized reflection of the internal self. The sensory and nonverbally stored traumatic memories allowed access to and facilitated integration of the memories. Improved processing of the traumatic memories was shown to be a significant contribution of the art therapy intervention. Additionally, both depression and PTSD symptoms were reduced. This study suggests that art therapy was useful in symptom reduction when paired with CPT. The combination of evidence-based psychotherapies with the use of alternative treatments (including art therapy) suggests promising and positive effects for the treatment of PTSD.

A randomized clinical trial by Schnurr, et. al. (2022) comparing PE and CPT with 916 participants (730 were men (79.7%); 186 were women (20.3%) demonstrated that both therapies were effective with PE more so but not at a statistically significant level. PE was used in vivo and imaginal exposure was followed by processing the imaginal experience. "In vivo exposure is accomplished through the gradual and systematic use of having patients approach distressing and trauma-related situations, places, and people that have been avoided and remain in the situation until distress reduces by half. Imaginal exposure involves repeated revisiting of the trauma memory and recounting aloud the traumatic events in detail, while vividly imagining the events . . . CPT consisted of cognitive therapy and participants writing two trauma accounts of the event they read to themselves and the therapists. The initial focus is on challenging beliefs caused by hindsight bias, just world violations, and self-blame or erroneous other-blame and then shifts to overgeneralized beliefs about self, others, and the world" (p.5). These findings support the VA's strategy of treating PTSD with evidence-based treatments.

The Healing Characteristics of Visual Art Therapy for Traumatic Experiences

Art therapy is a complementary and therapeutic approach to psychological treatment using a visual arts process. It is one segment of a larger group of therapies known as Expressive Arts Therapies which include creative and expressive activities such as music therapy, theater, writing lyrics to music or poetry, journaling, and dancing. This approach to art can be spontaneous or prompted by a therapist to facilitate the individual's creative expression. A variety of art materials and art techniques are utilized and include such modes as painting, drawing, sculpture, modeling, collage, masks, etc. (Avrahami, 2006). Among the many beneficial uses of art, it can serve as a means of communication, a force for social cohesion, and a vehicle to express emotions. There are indications that art therapy has shown to be effective in reducing PTSD symptoms (avoidance, arousal, and re-experiencing), and reducing depression (Schouten, et. al. 2015), however, more empirical research is needed to evaluate art therapy's effectiveness with traumatic disorders.

The definition of art therapy posited by the American Art Therapy Association (2022) "is a mental health profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" ("About Art Therapy," 2022). The British Art Therapy Association (2024) defines it as "a form of psychotherapy that uses visual and tactile media as a means of self-expression and communication. Art therapists aim to support people of all ages and abilities and at all stages of life, to discover an outlet for often complex and confusing feelings, and foster self-awareness and growth" ("Art Therapy," 2024).

Regarding the effectiveness of art therapy, Hamel (2021) posits several hypotheses about how art therapy influences individuals experiencing PTSD symptoms and chronic pain. These hypotheses include: 1. images created in art therapy elicit the expression of repressed emotions (*abreaction*); 2. the implicit processes (of the *right brain*) are more stimulated by art's ability to activate the right brain where traumatic memories, stored as images, can be expressed through art; 3. the art creation is a projection of internal experience (*isomorphism*), where the creative images express what cannot be consciously accessed; 4. that using art materials to externalize traumatic images (*objectification*), assists the client in establishing affective distance from the painful, traumatic content, 5. containment expresses a sense that projecting an image to paper creates a boundary, a transitional space in the form of the paper itself, where the image becomes contained within the paper and no longer contained within memory; and 6. security denotes the use of art therapy in the context of a safe, helping relationship, allowing the patient to experience greater or lesser emotional distance and allows for control over the pace, content, and depth of control in an effective way. As the patient experiences more control over their experience, intrusive re-experiencing of the trauma is reduced to just the memories.

The effects of trauma for military service personnel with PTSD face a succession of attempts at processing traumatic memories that have become fragmented, dissociated, and have only nonverbal recall of memories of the traumatic experience (van der Kolk, 2015). Visual art therapy, according to Avrahami (2006), is described as the:

> ". . .spontaneous or prompted creative expression using various art materials and art techniques such as painting, drawing, sculpture, modeling (clay or substitutes), collage, etc.

> It offers a nonverbal language to express emotions and focuses on the way the client works and creates.....At the heart of art therapy lies the healing power of the creative process and the special communication that takes place between the client, the artwork, and the therapist. Although the art expresses the suffering, it also calls to the creative, healthy part of the client, which enables an authentic, non-threatening expression, opening new possibilities for change and growth" (p. 6).

Lobban (2014) stated, "Art therapy is an action therapy that combines movement, tactility, vision, memory, and imagery in the creative process which addresses the non-verbal core of traumatic memories" (p. 11). Furthermore, art therapy offers a means of activating neural and sensory processing pathways to achieve a cohesive, holistic level of healing (Belkofer & Konopka, 2008; Lobban, 2014). The evidence indicates that art therapy is well-equipped to support veterans experiencing any mental health condition; however, the interventions and models currently used in the literature vary in format, length and setting.

A pilot study by Schouten, et. al., (2019) designed and presented a trauma-focused art therapy protocol with 12 patients that was administered in three phases. The first phase focused on stabilization and symptom reduction (reducing stress and arousal and increasing a sense of control); the second phase is trauma-focused (exposure-focus on expression of traumatic and positive memories); and the third phase focused on integration and meaning-making (focus on past, present, and future; this phase involves reorganization, integration, and farewell). The objective was to test the feasibility and applicability of this trauma-focused art therapy for clinical practice. Results indicate that some participants had a decrease in symptoms and others experienced an increase in symptoms, however, those with the increase of symptoms had long-standing, multiple traumatic events for more than 40 years previously.

A report on art therapy in an open studio group with veterans was addressed by Boatwright (2021). "When veterans feel disenfranchised, isolated, and secluded, art therapy can provide a safe refuge of hope and increased resilience through an open studio art therapy support group" (p. 79). The open concept allows for creative and psychological expression that originates from one's internal perceptions of trauma. The artwork is transferred to a sheet of paper, a mask, or a canvas utilizing specific mediums and colors (colored pencils, watercolor or acrylic paint, charcoal, oil, pastels, drawing pencils, chalk, clay and clay tools) which communicates various personal meanings in the story of the veteran's trauma. Lobban (2014) has stated, "Art therapy is an action therapy that combines movement, tactility, vision, memory, and imagery in the creative process and which addresses the non-verbal core of traumatic memories" (p.11).

Mask-Making as an Art Therapy Intervention with Military Personnel

Mask-Making is a specific art therapy intervention that has been a contemporary method of PTSD treatment with veterans, representing their personal and perceptual war experiences. Mask-making, although used in a variety of contexts throughout history (in theater, ceremonial rituals, and religious worship), and as a therapeutic strategy. Brigham (1970) addresses the roots of mask-making as a potential psychotherapeutic tool. Janzing (1998) describes the use of masks in psychotherapy as a, "Mediator between humans and the spiritual world, between culture and nature, between conscious and unconscious, between psyche and soma, the mask

allows the staging of our fundamental ambiguities" (p.156). The development of mask-making as an intervention with service personnel is part of the National Intrepid Center of Excellence (NICoE) program at the Walter Reed National Military Medical Center in the Healing Arts program designed by Melissa Walker, a Creative Arts therapist (Walker, 2019; Walker et. al., 2017; Walker, 2015). "The use of metaphor in the masks correlated with less anxiety symptoms, possibly indicating a source of resilience when service members are able to reflect and use insight and imagination to explore their psychological experiences and identities" (Walker, 2019, p. 122).

Mask-making has become an important intervention for therapeutic appraisals involving traumatic experiences for military personnel. Dean (2017) notes that mask-making in a therapy setting allows for two important dimensions: boundary and mediating functions, particularly for trauma. She indicates that, psychologically, masks "act like an auxiliary skin, infusing positive introjects, as aspects of self are integrated, and self-concept and self-esteem are reestablished or created. Masks also provide an opportunity to put on and remove any unwanted aspects of self through the removal of the mask or even, if not worn, the ability to view the unwanted aspects of the self as a *part of* but separate quality or aspect of oneself" (p. 140).

When expressing feelings about oneself, mask-making has been particularly useful where the mask tells the external story created from the internal memory and experiences of military serviceman. Walker, et. al. (2016) utilized a mask-making art project designed as a case study for a serviceman suffering from traumatic brain injury (TBI) and PTSD. The serviceman in this study had a successful military career for several decades. However, while on his last deployment he suffered a moderate TBI when a mortar shell exploded near him on base. While trying to take cover, he was hit with shrapnel to his leg and a loss of consciousness/post traumatic amnesia for 30-45 minutes. He also reported seeing "death up close." In addition, he suffered the loss of his friend to an improvised explosive device (IED) in a convoy he was scheduled to be on. The patient asked his friend to take his seat in the convoy so he could attend a meeting which created a sense of guilt for him. The authors concluded that, 1. art therapy with other integrative therapies (acupuncture) allowed the patient to become more open to treatment; 2. that other integrative therapies concurrently can be helpful in working through physiological and psychological symptoms; and 3. art making (including mask-making) is useful in non-verbal discovery. Art-making, along with other integrative therapies, can awaken and unlock potential feelings that are fragmented, making it difficult to give voice to the trauma.

A larger study conducted with active military service members in creating art therapy masks was conducted by Walker, et. al. (2017). Their study focused on visual representations of masks for military personnel (n=370) suffering from "persistent symptoms from combat- and mission-related traumatic brain injury (TBI), PTSD, and other concurrent mood issues" (p. 4). They report that in a group art therapy session during the first week, participants created masks that were to represent any aspects of their experiences and/or identities. "The primary goal of the mask-making session in the first week is to provide an opportunity for a service member to artistically externalize parts of themselves in a safe and non-judgmental environment" (p. 3).

These art therapy sessions (Walker, et. al., 2017) were designed to promote self-expression and group cohesion, empathy, and mutual support. They identified that masks take on representations of the self across six domains. Masks are representations of the *self as an individual* (interests, attributes, physical and psychological injuries); *the self in relationships* (able to recognize support and mourn loss); *the self in the community* (military identity/division/unit

and references to regional/ethnicity/sports teams, etc.); the self in society (cultural metaphors and existential reflections); *the self as represented over time* (the mask representing one's life story, questions/transitions); and *the self as conflicted or split* (this represents two selves from any of the other categories).

Psychologically, masks represent complex meanings for patients in a mask-making art therapy experience. Masks, as an art stimulus in the Walker, et. al. (2017) study indicated that the cognitive and physical tasks offer opportunities for assessment, improvement of outcomes, therapeutic, artistic, and verbal processing of physical and brain injury experiences. Some symptom reduction can be realized as the mask reveals an unconscious process which can be revealed cognitively and verbally. Some masks refer to the emotional difficulties in managing overwhelming emotions, "(e.g., anger and sadness represented frequently in shades of "darker" colors; explosive emotions in the form of fire, lightning, or explosions referring to anxiety as being "on edge") (p. 9). Many service personnel represented a feeling of "being broken" (e.g., literally cutting up and piecing together their masks).

Service members fragmented memories can be represented in the masks where pieces of the narrative story may be missing. Other themes that emerged were moral struggles of patients with expressions of grief and loss related to losing someone in combat. Other servicemen created masks that contained symbols of patriotism and military identity (US Flag, camouflage designs, one's unit, weapons, helmets, and dog tags). Service members had questions that emanated from their masks: existential questions and other questions about their overall health and treatment concerns. Many service members represented symbolism as a divided or dual sense of self (past/present, health/injured, military/civilian).

The creation of a mask, in an art therapy setting and with the support of the therapist, offers the opportunity to evaluate various aspects and representations of elements of the trauma experience at an emotional distance, therefore creating a sense of protection. There is a mediating function that the mask fulfils between the self, the self in the aftermath of the trauma, and the self in the healing process. Irrespective of how the mask is made (paper mache, plaster mold, or creating the mask from scratch), the development of the art therapy mask "circumvents the verbal skills that become compromised when emotionally charged, allowing for expression and reintegration of fragmented aspects of the self and experiences in a non-threatening way" (Dean, 2016, p. 140).

Psychologically, there is a protective function the mask can provide between the internal experience of trauma, memory, and the external image the mask represents. There are three specific roles that highlight the healing functions of masks: 1. containment of existing traumatic sequelae, that is, protecting the self from split-off traumatic effects; 2. mediation between the ego and traumatic effects, and 3. the ability to mediate or form a bridge between the person's experience and their interpersonal relationships with loved ones and society (Dean, 2016).

A recent, innovative study by Estrada Gonzalez, et. al. (2024) focused on emotionally expressive qualities of art with a military population experiencing PTSS. Art therapy has been shown to allow people increased expression of complex memories and emotions that cannot be easily facilitated by language. It provides an avenue for patients to externalize, reflect upon, gain insights into, and alter both cognitive and emotional experiences and expressions. A mask-masking protocol for military service members was designed to create masks in the first two and

last two sessions of an eight-session art therapy program. The masks in the first two sessions and last two sessions were evaluated by independent raters. The raters were unaware of any clinical details of the patients who made the masks or when they were made. The masks created in the first sessions were perceived by independent raters as presenting more negative emotions and the masks evaluated in the final sessions were reported to present more positive emotions. The latter mask-making masks were considered more affectively positive indicating that the course of art therapy demonstrated improvement in expressions of emotion.

Visual Art Therapy's Impact on Individuals and Societies

The recognition of visual art therapy as a mode of psychological healing and promoting well-being has been recognized for several decades, particularly given the physical and psychological complexities of traumatic injury. The general population experiences, at least, some traumatic events during their lifetime, and PTSD should be of a major concern in the US. There has been a substantial increase in art therapy services that offer treatments for trauma within the general population. Historically, visual art therapy has offered antidotal studies which have presented only anecdotal support of art therapy as a means of healing since World War II. As military applications of art therapy flourished in both the UK and the US following the war, art therapy for the general public has benefited a variety of populations and disorders in society and health/mental healthcare.

A review of several studies using art therapy as an intervention with a number of different clinical populations was conducted by Regev and Cohen-Yatziv (2018). Their review focused on 27 studies measuring the effectiveness of art therapy. Although the articles utilized in this review were limited in scope and quality of research, it conveyed the challenges of conducting research due to the emergent nature of the field of art therapy. This research was limited by the inclusion of smaller sample sizes for some studies, a scarcity of studies utilizing diverse art therapy techniques, and a specified inclusion criteria which limited the number of articles included in the review. The studies were separated into seven categories which included cancer patients (predominantly breast cancer) medical conditions not cancer-related (advanced heart failure, obesity, and HIV/AIDS), mental health (schizophrenia and depression), trauma victims (exposure to a traumatic event, trauma with war veterans), prison inmates, the elderly (older adults with dementia, depression, older Korean-Americans' aging healthy), clients who face daily, ongoing challenges (those experiencing burnout syndrome in oncology units, stress and anxiety of healthcare employees, and infertility in women), and refugees and asylum seekers (Nose' et. al., 2017). The positive growth of art therapy in the public sector is evidenced by the variety of populations where there has been success with trauma victims in the decrease of traumatic symptomology.

The complementary use of art therapy for mental disorders was investigated by Hu, et. al. (2021). They conducted a literature review of 413 articles evaluating the use of art therapy for disorders including depression, anxiety, cognitive impairment, dementias, Alzheimer's dementia, schizophrenia, and autism. Painting can be utilized to assist cancer patients in the expression of anxious and fearful emotions. The use of projection, in one's artwork, allows for venting negative emotions, adds to the overall improved mood, and a reduction in symptoms of depression and anxiety. When evaluating cognitive impairment for dementia, the authors found that there was no sufficient evidence of improvement due to the difficulty that patients had to accurately remember or assess their own behavior or mental state and may lose the ability

to use and enjoy art therapy. However, this may suggest art therapy is effective when cognitive impairment is in a milder form. Alzheimer's dementia is associated with chronic pain where art therapy could be used to reduce pain. Autism spectrum disorder is a neurodevelopmental syndrome where individuals present difficulties in social interaction, communication problems, and repetitive behaviors. The literature highlights how art therapy allows for communication in a non-verbal way. Creating images externally on paper helps children express internal images that may depict their fears while enhancing their imagination and abstract thinking.

Another use of visual arts-based approaches is the effective didactic approach in medical school education for increasing empathy and compassion with patients (Potash, Chen, Lam, and Chau, 2014) and professional identity formation (Stephens, et. al., 2020). It is known that physician empathy increases physician-patient relationships and more positive outcomes for patients. The focus has been on the development of medical curriculums incorporating arts-based teaching to facilitate increasing physician's empathy and compassion with their patients as well as promoting individual well-being. The recognition that medical students' empathy and compassion declines during their medical education, the demands of medical school curriculums, and the demands of hospital administrative pressures contribute to declines in empathy and compassion, and patient care (Wang, et. al., 2022).

An exploration of mask-making for promoting identity formation in the professional development of medical students was reported by Stephens, et. al., (2020) and Joseph, et. al. (2017). Mask-making allows for "metaphorical representation," is subjective and complex, and utilizes visual and tactile experience. Participants in the study were challenged to reflect on their personal experiences (and the emotions elicited by those experiences) during their medical school education. In addition, they were to consider what lessons they learned that could be applied to residency and use the mask to interpret and express themselves. The study design of these arts-based medical education activities creates the development of new meanings about the self and how this would translate to students' future medical practice.

There is an increasing focus toward worldwide initiatives to improve health-centered care throughout the world. Mollaoglu, Mollaoglu, and Yanmış (2022), at Cumhuriyet University in Turkey include art therapy as one of several areas promoting worldwide health. They indicate the importance of a health-centered care approach designed to protect, maintain, and improve the health of individuals, families, and society. They discuss the relationship between art and health and the role they play in developing health initiatives, the growth of the individual, and assisting individuals in recovery and restoration of health as a central theme. The use of art therapy is an avenue in which individuals can explore past and present experiences, take an inventory that reviews one's life, cope with, and adapt to changes across the lifespan. Additionally, finding ways to receive support during emotional and physical crises, such as significant loss in one's body, memory or mobility. They regard art therapy as an effective means of expressing repressed emotions and underlying conflicts with verbal expression.

An interesting study conducted by Kaimel et. al., (2019) focused on a conceptual framework for research on art therapy as an intervention with children and adolescents diagnosed with cancer or blood disorders, their families, and healthcare providers. Through an art therapy program titled "Tracy's Kids," a nonprofit that utilizes evidence-based research paradigms, the art therapists are integrated with the medical care team. Outcomes of art therapy interventions were tracked across pediatric patients, their families, caregivers, and

healthcare providers who all were engaged in the art therapy process. In the dimensions of Biological, Psychological, Social, and Spiritual outcomes each dimension/group demonstrated improvements. Psychologically, pediatric patients were more resilient, showed improved adaptive coping and perception of their illness, reduced stigma relative to cancer, improved mood/affect, and improved cognitive skills which included attention, processing speed, working memory, and verbal/visual-spatial skills. Family members improved in their ability to cope as well in their mood/affect. Healthcare providers demonstrated overall improved health, reduced burnout and increased empathy for patients and families, improved communication, and improved quality of life.

Art therapy, as a non-pharmacological and complementary treatment has been beneficial in improving quality of life and mental health. Rigorous, evidenced-based research is beginning to emerge with various populations. Hu, et. al. (2021), regarding their research in art therapy and evidenced-based approaches suggests "it will be helpful to specify the details of art therapy and patients for objective comparisons, including types of diseases, painting methods, required qualifications of the therapist to perform the art therapy, and the theoretical basis and mechanisms of the therapy" (p. 7). It is important to note that art therapy, in numerous studies, continues to report positive improvement with patients experiencing trauma, numerous other physical and psychological disorders, and contributing to emotional well-being and quality of life.

Conclusion

The use of art therapy as a complementary treatment for PTSS/PTSD has an important early history in its development, particularly in the military health systems in the US and the UK. This history has been rich in terms of theory and innovation of art therapy techniques. Soldiers are potentially exposed to combat-related trauma and stress contributing to post-trauma symptomatology. The hallmark symptoms of post-trauma include avoidance of reminders of the traumatic event, emotional numbness or dissociation, hyperarousal, and re-experiencing the trauma in the form of flashbacks and nightmares (American Psychiatric Association-DSM-V-TR, 2022).

PTSS affects 29 out of 100 veterans who are likely to be diagnosed with PTSD at some point in their lives, slightly more than in the general population (U.S. Department of Veterans Affairs, 2023). The National Alliance of Mental Illness (2017) points to the occurrence of PTSD as affecting 3.6% of the population culminating in about 9 million individuals with women being significantly more likely than men to experience PTSD. Co-occurring issues with PTSD include suicide, depression, anxiety, obsessive compulsive disorders, borderline personality disorder, and substance use disorders. These statistics constitute PTSD as a major public health concern.

Service members may be reluctant to engage in psychotherapeutic treatment and/or art therapy due to experiencing the stigma associated with negative attitudes about seeking psychological healthcare. Many service members get inadequate care in the VA. Ehert (2019) suggests that medication is too often the first line treatment protocol for service members suffering from PTSD. She reports that the psychotherapies offered by the VA should be the first consideration for treatment of PTSD.

The stigmas that influence seeking help include, perceived public stigma, self-stigma (internalized stigma), and attitudes toward seeking help. Service members who are reluctant in seeking mental health intervention often have an attitude that treatment offers very limited benefit and they may have doubts about treatment. The stigma of treatment and attitudes about psychological health should be addressed in an initial session with a patient (Kaplan, 2019). Helping veterans engage in art-based and psychological treatment should be considered an important area of investigation.

Art therapy shows considerable promise as a complementary treatment for trauma with veterans, active-duty service personnel, and the public sector, including adults and children. Art therapy is a link where individuals can explore past and present experiences, review one's life, cope with and adapt to age-related changes, and receive support or physical care during emotional crises, such as loss, dementia, mobility and/or disease process (Mollaoğlu, S., Mollaoğlu, M., & Yanmış, S. 2022). Trauma research has made considerable progress in understanding the neurological mechanisms that operate and are compromised by the complexities of traumatic sequelae. The difficulties in treating trauma have encouraged complementary therapies such as art therapy to emerge.

Art therapy, as utilized in the public sector, provides increased opportunities for treating adults and children with a variety of physical and psychological disorders, diseases and conditions that impact one's physical and mental well-being. There is a consideration and need for art therapy to be utilized in the military, hospitals, mental health facilities, and education. As art therapy has become an increasing part of treatment efforts to relieve those who are suffering from trauma, continued research is needed to identify the mechanisms of trauma, neurological effects, long-term benefits, types of health conditions that are supported, and what patients can benefit the most from participating in creative art therapy.

Special Notation

The opening photograph presents a powerful artistic painting developed by a member of the US Marine Corps that raises up the nature of therapeutic art healing processes. The photograph is a work of the Department of Defense and is therefore in the public domain and used freely. The full information on the photograph can be found on Wikimedia Commons at: https://commons.wikimedia.org/wiki/File:Sergeant_therapeutically_paints_through_PTSD_healing_process_120403-M-OT671-890.jpg.

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