"My Heart on This Bit of Paper":

A Grounded Theory of The Mechanisms of Change in Art Therapy for Military Veterans

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Abstract [250]

Background: A proportion of veterans experience post-traumatic stress disorder (PTSD). Research has shown reduced effectiveness of commonly offered psychotherapies in military personnel. Some research suggested the usefulness of art therapy for veterans with PTSD, but its mechanism of operation has been unclear. The current project aimed to establish participants' perceptions of any impact of group art therapy and some of the perceived mechanisms of change. **Method:** In a grounded theory design, single semi-structured interviews were conducted with nine veterans who had received group art therapy, two art therapists, and a veteran's wife. Interviews were transcribed and analysed. **Findings:** Theorised categories included (a) art therapy group as "the family", (b) "the gentle conductor", (c) trust, (d) doing the work, (e) art therapy as "a communication tool", (f) "points of recognition", (g) "making things concrete", and (h) "not a cure". **Limitations:** Shortcomings included a homogenous sample who all attended art therapy alongside other interventions, reliance on subjective and unmeasured symptom change, and researcher effects related to qualitative methodology. **Conclusion:** The developed grounded theory is consistent with existing evidence and neuropsychological theory. Group art therapy may enable some veterans to prepare for verbal-only therapy, by offering a safe space in which to approach non-verbal traumatic and trauma-related contextual material in a controlled way. Artworks may provide a bridge to facilitate communication of experiences within subsequent verbal therapy and with loved-ones. It is suggested to replicate the project at different sites. Elements of the developed theory may be investigated further to establish its transferability.

Highlights

- A Grounded theory is presented concerning the perceived mechanisms of art therapy for PTSD

- Art therapy enables preparation for talking therapy by offering a safe space

- Artworks facilitate communication of experience in verbal therapy and with loved ones

- Participants perceived therapeutic change in all symptom clusters of PTSD

Prevalence rates of post-traumatic stress disorder (PTSD) are estimated to be 6.9% in United Kingdom (UK) combatants (Fear et al., 2010). Among United States of America (USA) veterans the reported numbers are higher, ranging between 10% (Kang et al., 2003) and 23% (Fulton et al., 2015; Schein et al., 2021). In comparison with soldiers who did not experience trauma during deployment, those who did are at higher risk of also exhibiting other mental, physical, relationship, and occupational difficulties as well as reduced quality of life (Erbes et al., 2011; Fear et al., 2007; Iversen et al., 2009). McCaslin et al. (2015) suggested that some military trauma reactions may be more complex than civilian traumas because of the greater likelihood of exposure to prolonged and repeated traumatic events and to more extreme traumas including both threats to one's own life and traumatic loss. Other factors that have been put forth included a higher prevalence of childhood adversity (Xue et al., 2015), and stigma around military membership (e.g., Murphy & Busuttil, 2014).

In the UK, trauma-focused cognitive-behavioural therapy (CBT) or eye movement desensitisation and reprocessing therapy (EMDR) are recommended treatments (National Institute for Clinical Excellence, 2018). Steenkamp et al.'s (2015) review of meta-analyses suggested that cognitive processing therapy (CPT) and prolonged exposure (PE) were the most frequently studied psychotherapies for military PTSD. Their review of randomised controlled trials (RCT) yielded large within group treatment effects. Whilst the majority of participants achieved clinically meaningful symptom reductions, mean post-treatment scores remained above the diagnostic cut-offs for PTSD with approximately two thirds retaining their diagnosis. Those studies comparing CPT or PE to a non-trauma-focused active control condition, found similar levels of symptom improvement between groups.

Some research has suggested that veterans benefit less from psychotherapy compared to non-military service-users (Watts et al., 2013) and meta-analyses have yielded smaller effect sizes in veterans (Bradley et al., 2005; Goodson et al., 2011). It must be noted, that this finding was not consistent and this question remains unresolved (Steenkamp et al., 2013,

2015). Several authors have hypothesised reasons for the sometimes-found reduced effectiveness of interventions. Pietrzak et al. (2011), for instance, emphasised the repetitive, intensive, and interpersonal nature of combat-related traumatic events. Moreover, a meta-analysis suggests symptom severity is higher in veterans (Brewin et al., 2000) and additional diagnoses can be more frequent (Murphy et al., 2017). In one study by Amsalem et al. (2021) co-existing diagnosis of major depression, severity of depressive symptomatology, and history of military sexual trauma predicted exposure-based treatment drop-out. UK service personnel appear to delay seeking help (Murphy et al., 2014) which may mean difficulties become chronic and more difficult to treat. Haagen et al. (2015) conducted a methodologically robust meta-regression of 57 psychotherapy studies with military personnel. It appeared that relatively low or high PTSD symptoms pre-treatment predicted smaller treatment gains compared to medium severity.

Despite well-supported treatment effectiveness of standard psychotherapy (e.g., Cusack et al., 2016; Jericho et al., 2021; McPherson, 2012; Watts et al., 2013) it must be considered that up to 30% of service-users remain unresponsive to evidence-based treatments (Wisco et al., 2012). Furthermore, drop-out rates as high as 36% for commonly used PTSD psychotherapies have been reported (Amsalem et al., 2021; Goetter et al., 2015; Steenkamp et al., 2015), suggesting that some could not benefit from or were not satisfied with the treatment received. These various limitations of standard psychotherapies with military populations make the exploration of alternative and bespoke treatment options imperative.

Originally rooted in the rehabilitation of war veterans, art therapy has since spread into a variety of contexts (Gabel & Robb, 2017; Lobban, 2018a). Over recent years some evidence has emerged for the effectiveness of art therapy in treating military PTSD. Morgan and Johnson (1995) discussed two case studies and reported a reduction in frequency and intensity of nightmares in their drawing condition but not in their writing condition. Johnson, Lubin, James, and Hale (1997) reported that art therapy was the most effective treatment

component for veterans with the most severe PTSD symptoms out of a pool of 15 interventions within a specialised residential programme. Campbell et al. (2016) conducted an RCT investigating whether a combination of art therapy and CPT yielded better treatment results than CPT alone. Both groups improved in terms of posttraumatic-stress and depression. However, no between-group differences were found possibly due to small sample sizes (n=15). Between-group differences in terms of depression came close to the significance level with a small effect size. Lobban (2012) derived the themes of 'connectedness', 'opening up', and 'processing material' amongst others in her thematic analysis of a focus group on processes during art therapy. Moreover, Schouten et al.'s (2015) literature review on the effects of art therapy for PTSD found symptom improvements in 50% of included studies. However, only six studies were identified, two of which were unpublished theses, one was in Dutch (translation services were not available), and the remaining three used mandala drawing rather than art therapy proper. Baker et al.'s (2018) verdict in their systematic review was that there was low to very low quality of empirical evidence supporting the use of creative arts therapies. Their inclusion criteria, however, appeared too broad in what seemed like an attempt to counterbalance the sparsity of art therapy literature. Music and drama therapy were included. It is likely that those types of therapies have different underlying mechanisms and thus result in different outcomes, putting their incorporation into one systematic review into question. Furthermore, out of four visual art therapy studies included by Baker et al. three used a non-clinical sample. Finally, Lobban and Murphy (2019) summarised the research coming out of a UK treatment centre for veterans. They subsequently proposed a set of treatment and ethical guidelines for art therapy with this client group.

Overall it can be argued that rigorously designed research into the impact of art therapy upon adult survivors of trauma generally, and veterans specifically, is scarce (reference redacted for blind peer review). Issues with this field of study pertained to a

predominance of unsystematic case-studies, limited use of validated outcome tools, small sample sizes, and possible researcher allegiance effects.

In terms of pertinent theories for art therapy with veterans, Litz et al. (2009) argued that moral injuries (i.e., reactions to transgressions of deeply held moral beliefs) are particularly prevalent in military PTSD. Moral injuries may inhibit communication (Keltner & Harker, 1998) and may therefore complicate standard talking therapies. Art therapy may offer a gentler way to explore and ultimately enable processing of strong feelings of guilt/shame through the provision of a 'container' (i.e., artwork) for those feelings (Avrahami, 2005; Williamson et al., 2021). Alternative and more helpful meanings may subsequently be found through an invitation to look at what had occurred from different angles and by bringing in a future/coping/compassion-oriented perspective (Lobban, 2018b).

According to Brewin et al.'s dual-representation theory (1996, 2010) day-to-day memories and traumatic memories are processed via separate neurological pathways. Trauma memories are visually and emotionally encoded and unintentionally triggered by cues whereas ordinary memories are placed in the context of the whole life story, declarative, and encoded verbally. Harnett et al. (2020) have recently summarised the neurobiological and -chemical abnormalities found in PTSD. The current literature identified the neuronal network between prefrontal cortex, hippocampus, and amygdala as key areas of disruption following trauma. Changes in terms of function (e.g., amygdala hyperactivity; Hayes et al., 2012; Patel et al., 2012), structure (e.g., disruptions in white matter connections; Fani et al., 2019), and biochemistry (e.g., increased concentration of hippocampal glutamate; Rosso et al., 2017) have been found which appear to underlie the cognitive and affective experiences of those with PTSD. Looking at military PTSD specifically, research has shown that the hippocampus, part of the limbic system involved in declarative memory, can shrink by up to 26% (Gurvits et al., 1996). By engaging non-verbal and verbal parts of the brain hippocampal

activity may perhaps be restored and integration of declarative and non-declarative memory systems fostered (Avrahami, 2005; Gantt & Tinnin, 2009; Lusebrink, 2004; Talwar, 2007).

Smith (2016) used a systematic review to summarise hypothesised mechanisms of change in art therapy for veterans. She identified six themes: 1) group processes, 2) externalising image, 3) from verbal to non-verbal, 4) integration and processing of trauma, 5) containment, and 6) artistic pleasure and mastery.

The cited findings suggest that at least some veterans can benefit from art therapy for PTSD. In addition, several hypotheses based on established psychological theories regarding potential active ingredients of art therapy have been postulated. However, to-date those hypotheses are speculative. Most theories have furthermore not arisen directly from veterans' experiences. The current study therefore aimed to explore two questions. Firstly, how veterans experienced art therapy and whether any beneficial effects were perceived, and secondly, how the components of art therapy and their interplay may facilitate change from the perspective of recipients and facilitators of art therapy. Ultimately, the aim was to develop a grounded theory regarding the perceived mechanisms of change in art therapy for combat-related PTSD, grounded in veterans' experience. Grounded theory is frequently used to study action, interaction, and their meaning (Nolas, 2011). The approach has proven particularly useful to understand practice in applied settings such as psychotherapy (Nolas, 2011). It has been suggested that grounded theory can help surface latent aspects of practical work and in so doing explain questions of *how* and *why* (Emerson et al., 1995; Nolas, 2011; Star, 2007). Such a theory might suggest a more coherent set of hypotheses for testing in future research.

Methodology

The study received ethical approval from a university ethics panel as well as the internal ethics panel of the treatment centres from which participants were recruited.

Design and Participants

Corbin and Strauss' (2015) approach to grounded theory was used. Following their recommendations, proposed guidelines were not used rigidly. Instead emphasis was placed on remaining flexible and responsive to the data. A literature review enabled theoretical sensitivity (Corbin & Strauss, 2015) whilst taking care not to impose *a priori* concepts onto the data. Participants were recruited from Combat Stress, a UK-based mental health charity for veterans with PTSD. Combat Stress operates three treatment centres across the UK where a systematic and evaluated residential treatment programme for veterans with PTSD is offered. Veterans interviews were held between October 2016 and January 2018. All interviewees were male and identified as White British (Table 1). All names were changed to ensure confidentiality. Their mean age was 58 years (SD=9.02). Their mean length of active service was 11.4 years. To be eligible for this study they had to have a diagnosis of PTSD related to trauma experienced during deployment. The specific nature and number of traumas could not be assessed in this study as questions about the events were not approved by the relevant ethics panel. [Table 1 about here]

Treatment was offered as either a two-week or six-week multi-disciplinary residential programme with weekly art therapy as an integral part, alongside a mixture of individual trauma-focussed CBT and group CBT. The particular model of art therapy for PTSD has been developed over a number of years at Combat Stress. Sessions consist of two parts: 1) the art-making stage where participants produce artwork in relation to a theme provided by the therapist (45min), and 2) presentation of artwork by participants and group reflections (30min). The themes relate to Herman's stages of trauma recovery (i.e., safety, remembrance/mourning, reconnecting/moving-on; 1992) and the art therapist draws from a large pool depending on the stage the group is felt to be in (e.g., safety: 'calming place', remembrance: 'mirror', reconnecting: 'resources'). During the recruitment period, a new two-week art therapy only admission was trialled as opposed to the standard treatment packages

described above. As part of this programme veterans received daily group art therapy alongside a choice of individual art therapy or CBT. Seven participants had opted for individual art therapy and one for CBT. Due to vastly different proportions no meaningful comparisons could be made. As part of the art therapy only programme, sessions were increased to 1h of art-making and 1h of presentation and reflection.

Participants gave written consent to participate and some also for their artwork to feature in this article. Semi-structured interviews were conducted using open-ended questions. To develop the interview schedule, the first author observed a focus group of five admission completers on their experiences of art therapy at Combat Stress. Initial draft questions were subsequently agreed upon with the second and third authors. The final semi-structured interview schedule was trialled with the first two study participants who agreed to offer their thoughts on the questions after their interview. Both confirmed that questions were accessible, relevant, and not anxiety-inducing.

To limit the confounding impact of other therapeutic interventions it was aimed to recruit from the art therapy only programme in the first instance. Of 15 trial participants 8 were interviewed on the final day of their admission.

Data Analysis

Data was collected, coded, and analysed concurrently where possible. In line with theoretical sampling (Corbin & Strauss, 2015), the semi-structured interview schedule was altered according to perceived gaps in the data. Moreover, the number of participants was not pre-defined. Based on initial interviews a more heterogeneous sample was sought approaching participants in the standard treatment packages at a later stage. In addition, 11 veterans from two other centres were contacted after they had been discharged for at least eight weeks in a further attempt to clarify elements of the emerging theory, and one agreed to take part. Finally, spouses were contacted for triangulation.

Interview transcripts one to five were coded line-by-line by the first author. *In-vivo* codes were used predominantly to limit the likelihood of superimposing meaning onto the data. Sections from each interview were selected at random and independently coded by the second author. Aside from semantic differences the codes were largely analogous. Where disagreements were found, the first and second authors discussed those and sought a consensus code.

Seventy-three initial code clusters resulting from line-by-line coding were reduced by means of focused coding and diagramming (Birks & Mills, 2011). Those clusters constituted early and tentative categories (e.g., "a structured approach") with properties (e.g., "the creative process") and dimensions (e.g., "went blank" to "a flood of memories"). In line with Corbin and Strauss (2015) paradigm, theorising the interactions between categories entailed focussing on (a) conditions and perceived reasons, (b) actions-interactions, and (c) consequences. Please refer to Table 2 for a selection of codes detailing such interactions. During this phase of theory integration frequent meetings between the first and second author were held for feedback on coding, emerging categories and their links, and to ensure a level of closeness between the emerging grounded theory and raw data. Unless otherwise specified below, codes which were endorsed by less than two participants were dropped at this stage. In order to maximise the quality of the analysis, the procedures recommended by Birks and Mills (2011) were utilised, namely use of a research diary and memos to aid theory development and to maintain an audit trail, respondent validation, initial line-by-line coding and use of *in-vivo* codes where possible, independent audit of a proportion of the coding, and triangulation with two art therapists and a veteran's spouse. Triangulation interviews were held between July and August 2017. [Table 2 about here]

Theoretical sampling was stopped once theoretical sufficiency (Dey, 1999) was achieved. Sufficiency is reached when further data collection is unlikely to add properties or dimensions to established categories. Contrary to Corbin and Strauss' (2015) goal of

saturation, theoretical sufficiency does not assume a completeness of collected data. The aim was to reach a point where the grounded theory and categories within it made sense to the researchers (Morse, 2007). Regular meetings between the authors were used to reach a joint decision as to whether or not sufficiency had been achieved.

Findings

The developed theory incorporates time and location in two main phases: the art therapy session and after the session (see Figure 1). All *in-vivo* codes are in quotation marks. [Figure 1 about here]

Art therapy group as "The Family"

All veterans suggested that the bond to their fellow group members was an essential component of art therapy. According to Otis, for example, "the group's massive". The description that appeared to fit best with what the group provided was "the family"; an analogy used by both Joshua and Otis. Similar to a well-functioning family, group members offered each other mutual support and opportunities to learn from each other. "The family" was defined by its size and participants agreed that it should neither be too small nor too large. Eric found six to be the maximum number of participants but other veterans were less specific. "The family" operated on the basis of "ground rules" some of which were explicit whilst others were implicit. Mutual respect, letting each other talk, an ability to work quietly, and to not talk directly about traumatic events was important to respondents. "The family" was described as "select group" whose members were "on the same wave-length" sharing traits such as a similar sense of humour, being "mature", and "taciturn". They also all had a "military background", the "same problems" (i.e., PTSD), and "a shared goal". Some differences were acknowledged such as different levels of artistic skills, different approaches to art-making, and being at different stages of their journey. The following quote from Otis' interview illustrates several properties of this category well.

If you come here you meet like-minded people, so all your guards are dropped. […]
You can just relax because you've got like-minded people here and they've all got the
same problem. No-one hides the fact that they've got problems, they don't tell, I mean
you don't talk trauma but no-one hides anything. And you just feel comfortable
amongst ex-servicemen, servicemen, whatever […] I suppose it's like going back into
the forces a bit, the same humour pops up, you know, all this sort of stuff. So it's, you
feel comfortable, you don't feel guarded.

"The Gentle Conductor"

The art therapist was another perceived active ingredient of art therapy. Veterans valued their "calm"/"gentle" nature and the "non-judgmental" approach to the work and veterans in general. Respondents felt that their therapist was able to strike "the right balance" between remaining in control and handing control over to the membership. It was felt that the therapist helped participants to open up. "The gentle conductor" was responsible for providing the theme/topic of the art therapy session and providing the context. The therapist was in charge of keeping the structure, they may support in interpreting the artwork, and they act as record keepers.

"Trust"

Both "the family" and "the gentle conductor" appeared to be conditions for the development of "trust". Participants spoke about a deep sense of "trust" towards the other group members. In addition, veterans felt that their trust towards their art therapist was essential for doing the work. Joshua posited that "if you had [...] an instructor or a teacher where you didn't have the trust, it won't work". Aside from the properties of the previous two categories that were seen to be essential to build "trust" (e.g., similarities between group members, adherence to ground rules, calm and non-judgmental but active approach of therapist) there appeared to be a temporal aspect as well. Whilst not seen as a requisite, time spent together seemed to

support the bonding process. Kurt felt that "people with this disorder tend to be reclusive, and trust has to be built".

Doing the Work

Without "trust" no beneficial work can be completed. Kurt, for example, stated that trust is "100 percent important […] without the trust you wouldn't have the confidence to go the extra mile". Furthermore, operating at "that point in the middle" in terms of control wherein control is shared between "the family" and the art therapist was seen to be most helpful for effective work. Veterans experienced a sense of control as they were not obliged to speak, use prescribed ways of art-making, or make art at all. The slow pace of the sessions added to the sense of control. A quote from Joshua's interview encapsulates this:

> It all being washed out at once, you're trying to control what you talk about. And the nightmares start rushing in. So, you got no control. Whereas if it's out, slowly, a little bit at a time, you're able to control that.

Doing art therapy was repeatedly described as an "active" and "creative" type of therapy. It had a clear "here-and-now focus" and combined "verbal and non-verbal" elements. Moreover, the sessions followed "a set structure" that was "progressive" and "time-limited".

The first part of the session is spent on "art-making". It is based on a theme provided by the "gentle conductor". The initial stage is "a private affair" and for some it has a "therapeutic" effect in and of itself. Artwork produced was described as "heartfelt doodle" that was limited by the time available on the one hand and artistic skills on the other. A doodle in this context did not necessarily have to be a visual drawing but referred to artwork that is produced 'on the spot' also including poems or simple sculptures.

The "subject" of the pieces of art can be described on a continuum ranging from "positive"/"happy" over "deep and dark" to "horrible and nasty". Whilst a certain level of "artistic skill" was deemed helpful in the art-making process, it was not felt to be essential.

The medium of the artwork was also experienced as important. Otis used the phrase "horses for courses" to describe the choice of material. Others stated that their choice was based on personal preference as well as being able to work quickly. Moreover, the medium was at least for Dave dependent on his state of mind of the day.

Interestingly, most veterans reported a certain automatic, effortless, and unplanned process occurring during the art-making phase that was titled "it just happens". Veterans found it difficult to explain but when engaging with the topic sooner or later something would manifest and they would start to produce their art. Some saw something mysterious or even "magical" in this process. Otis found a powerful way to describe this:

> Once you've got the subject, in my case I was sitting there for twenty minutes because I go blank, nothing. But I just pick up some paper, various different pens and things […] and then I just… things just… come to you. […] I don't know, I can't explain it. But it's like a magician, you know? It's just something that… I get this image of these fairies… I know it sounds stupid, but in Sleeping Beauty, you know when they do that and all the sparkles come out. There's the little fat fairies dancing around and going "do de le do, de", that's how I felt during this thing.

In the second stage of an art therapy session the artwork is viewed and discussed in the group. It is a phase of "meaning making" and as the meaning is often concealed Kurt's analogy of "breaking the code" appeared to describe this subcategory best. "Breaking the code" is a "group effort" as members might see different aspects in each other's artwork. Whilst the art therapist had minimal input during the art-making stage, they might contribute to reading the imagery. It was important for veterans that the aforementioned ground rules were adhered to in that "the family" talked "about the picture" and not about any underlying traumatic experiences. It became clear that art-making is intrinsically linked with "breaking the code".

The final subcategory of doing the work pertained to a list of immediate experiences during the session: "off it all goes". Those could be categorised into three areas that appeared to be impacting on each other. Firstly, a range of mostly unpleasant "bodily reactions" was described, for example, heart palpitations, sweating, and nervousness. Secondly, doing the work appeared to get veterans' "minds going". A cascade of thoughts including both pleasant and unpleasant memories were triggered by engaging with their artwork. Interestingly, Alex describe a striking "organic development" of drawing and thoughts wherein "as the picture developed, so [his] thoughts developed".

The most frequently mentioned area pertained to "all of those emotions". Every veteran talked about a range of feelings. Those were organised along a dimension from pleasant to unpleasant emotional states. On one extreme end of the continuum was "panic" which was only described by Dave. Kurt, Otis, and Alex experienced sadness or distress during the sessions. Some talked about a sense of "relief" or reassurance. All veterans reported numerous moments when they felt "surprised" or even "amazed". Joshua, Dave, Alex, and Robert found aspects of the session "relaxing" or "grounding". Otis, Dave, and Chris described flow-like experiences where they became "lost in the work".

Art as a "Communication Tool"

This was the core category of the developed grounded theory. The authors chose this category as it appeared to have the highest explanatory relevance and direct or indirect links to all other categories were found. As described above, "the family" and "the gentle conductor" were conditions for building sufficient "trust" to "doing the work" which was part of using artwork as a "communication tool". Participants reported that it was generally hard for them to open-up about difficult experiences in their day-to-day lives. Interviewees confirmed that it was "easier to draw than to talk". They repeatedly stated that "a picture's worth a thousand words" alluding to their experience of artwork carrying a breadth and depth of meaning. The language of communication were "symbols", "metaphors", and "analogies"

which can be deciphered as part of "breaking the code". Figure 2 shows the use of 'Snakes and Ladders' as an analogy for Robert's current life situation. [Figure 2 about here]

The content of the communication can be thoughts, feelings, or situations/difficulties. Recipients were "the family", "the gentle conductor", others outside the art therapy situation, and the self. For instance, Eric explained: "I don't know what I think until I see what I draw." Importantly, using artwork to communicate offers "a safe way" to touch upon harrowing experiences. Participants felt that "feeling safe/comfortable" was necessary to use art therapy as a communication tool. "Feeling safe" appeared to be an amalgamation of "trust" and experiencing a sense of control.

The following quote illustrates powerfully several described mechanisms. Figure 3 shows the drawing to which Alex refers.

> So I've always worked in intelligence and I would never talk about that [...] That's secret, that's me, it's not to do with anyone else. But I found here, I drew one particular picture that showed me, a picture of me with many different shadows coming from my feet. And that's how it felt and I was able to explain that I can't find the right shadow because I've been in the shadows for so long, and hiding for so long. And that's difficult to tell someone. [The painting] helped explain where I normally wouldn't say to people, [...] But that allowed me the opportunity to say 'I've worked in the shadows and now I find it difficult to work out which shadow's real. Which one is me.' [Figure 3 about here]

All veterans shared that frequently there appeared "points of recognition" in the work. Those could be between artworks of different group members or within one participant across time. Similarities can include symbols used, a general feeling/situation communicated in the artwork, as well as explanations given when "breaking the code". Those "points of recognition" had a profound impact on veterans both during the session and after. Reactions were coded as part of "off it all goes" as well as under "a new perspective" and "the

aftershock" below. Some argued that "points of recognition" strengthened existing "trust" further.

Once the artwork was used to communicate an inner experience, something was made concrete. Veterans reported that their artwork persisted over time. It is something tangible that "can't be changed" but that functions as "a record of [their] journey". It can thus be re-visited at a later stage and potentially explored from yet another angle. This particular function of art therapy also allows for bridging the gap between the art therapy session and after. The communicative effect of artwork can be carried over to other settings, and many shared positive experiences of using artwork to facilitate other therapy sessions such as CBT. Some reported the use of their artwork to open-up to people from their social environment.

Not a Cure

Veterans reported various impacts of art therapy beyond any experiences during the sessions. It is important to note that all participants agreed that art therapy did not offer a cure for their difficulties. In addition, most argued that the effects were somewhat transient with difficulties re-emerging after some time back in their daily lives.

Nevertheless, it was felt that art therapy helped to "defuse" PTSD symptoms. All participants talked about being better able to "open-up". Some participants stated that nightmares were "less fierce". Veterans shared that they were "feeling more relaxed" following art therapy and that they experienced an "emotional release" of bottled up negative affect. Thom described his powerful experience of "defusing the memory" of a traumatic event supporting, him to remember it more similarly to an ordinary memory:

> […] the memories that you get with PTSD […] they stay there, they're in perfect detail, and
> they're so close. […] And it was only when I started incorporating that into this work that I
> realised that I was remembering everything wrong and the emotions are far too strong. And it
> actually corrected that problem, it defused the memory in effect. It negated it. Within one
> drawing. And yet it had been stuck in my mind for the thirty years, in the wrong form. But this
> one drawing […] it defused it and I lost the anger, I corrected the sense of humiliation, that

shouldn't have been there, and it wasn't there. […] I don't know if I can describe it, but as it clicked back, it came in with absolute clarity and closeness, […] it was there, close, and then whoosh, straight back down this tunnel, into the past, and became just an ordinary memory.

Aside from perceived effects upon symptoms of PTSD, interviewees reported to have gained "a new perspective" on various aspects of their lives through art therapy. Firstly, they were able to "share the pain" which made them realise that they were "not alone". Secondly, some gained a new perspective of themselves. This might entail understanding oneself better and/or being "more kind/compassionate" with oneself.

Moreover, veterans talked about a new perspective on their own future. Two interviewees stated that before accessing art therapy their "future wasn't there" and instead they felt somewhat "stuck in the past". For others this pertained more to becoming more hopeful and positive about the future. Finally, most veterans experienced a sense of "achievement" that was carried over beyond the therapy session; "achievement" on the one hand regarding the creation of meaningful artwork and on the other hand regarding having communicated something that had been hard to put into words.

All veterans stated that following an art therapy session there was a certain "aftershock" which encompasses a mostly unpleasant amalgamation of emotions as well as physiological reactions. Experiences were organised along a dimension ranging from "fluffy"/"fuzzy" on the more pleasant end of the spectrum over "tired" and "drained" to "panic". Most were surprised about "the aftershock" as doing the work had usually not felt taxing. Kurt and Chris argued that "the aftershock" might be a direct consequence of "off it all goes" as the experienced emotional and physiological reactions during the session left participants feeling emotionally and physically exhausted.

It would go beyond the scope of this paper to describe triangulation in depth. For this purpose, two art therapists and one participant's wife were interviewed in August 2017. Interviewees were asked about their experience of delivering art therapy (where applicable),

about the changes they witnessed in those participating in art therapy, and their views of how it might facilitate change. Based on the categories and their relationships emerged from veterans' interviews, transcripts were focus coded. Similarities and difference to veterans' data were attended to. By and large responses by participants interviewed for triangulation purposes were in concordance with data from veterans. For example, the group was perceived as an important agent of change and similar properties were described (e.g., "the right number", "like-minded people"). Codes from triangulation interviews regarding the art therapist fitted in well with veterans' responses. However, art therapists additionally commented on their role in matching the art-making themes to the specific group and in keeping artwork by attendees in mind over the course of their admission. Art therapists offered a certain 'view behind the scenes' (e.g., "giving them lots of choice", "encouraging without directing") which appeared broadly consistent with veterans' category of "the gentle conductor". It could be said that differences between veterans and triangulation interviews primarily pertained to more theory-driven responses (e.g., "the group acts as a container for intolerable experiences", "the phases of art therapy activate both hemispheres of the brain"). More detail on triangulation may be requested from the corresponding author.

Discussion

Summary of Findings

Based on veterans' interviews it appeared that the well-functioning art therapy group along with a gentle but active art therapist formed the conditions to build trust. The category title of "the family" echoes Lobban's 'Band of Brothers' theme commonly described amongst veterans (Lobban, 2012) as well as Yalom & Leszcz' (2005) therapeutic factor of 'recapitulation of the primary family'. Additionally, Smith's (2016) literature review identified group processes as frequently proposed therapeutic mechanism of art therapy for veterans. Part of being "on the same wavelength" was a shared sense of humour; a finding in line with Kopytin and Lebedev (2013) who emphasised the therapeutic function of humour in

art therapy groups for veterans. Due to the nature of the group it might have served as a 'container' (Bion, 1970) in which harrowing experiences can be shared and strong emotions tolerated. Trust was felt to be required to engage in effective work. Herman (1992) posited that following traumatic events basic trust is lost causing a sense of isolation and alienation. She highlighted the power of a healing relationship.

In line with existing literature, feeling safe was a condition for engaging in art therapy (Lobban et al., 2018). Moreover, having a sense of control was highlighted by the participants as a helpful factor; a concept that has been deemed essential in trauma work (Herman, 1992). The interplay between the use of both verbal and non-verbal parts of the brain was part of the developed theory. Lusebrink (2004) suggests that during the art-making phase non-verbal parts of the brain that communicate in images, emotions, and bodily sensations are stimulated. This might explain the strength and breadth of experience that veterans reported under the category "off it all goes". Consistent with Brewin et al. (1996; 2010), the reported process of "breaking the code" may have improved communication between different brain pathways, thus assisting the integration of aspects of trauma (Collie et al., 2006; Gantt & Tinnin, 2009; Nanda et al., 2010) and decreasing re-living experiences as described by participants (see "not a cure" category).

When the aforementioned aspects come together in the right way, it is hypothesised here that art therapy can be used as a communication tool between group members, within the individuals, and others outside the art therapy session. Parallels may be drawn to Lobban's (2012) theme of 'opening up' as well as to the identified therapeutic factors of 'communication' and 'self-expression' as part of a systematic review of art therapy for depression (Blomdahl et al., 2013). Viewing and exploring each other's artwork as a group task revealed commonalities across time and participants on one hand triggering reactions during the session and on the other strengthening trust further; a finding akin to thematic meta-synthetic findings of group art therapy by Gabel and Robb (2017). It was furthermore

reported to help veterans to normalise their experiences, in line with Yalom and Leszcz'

(2005) group therapeutic factor of 'universality'. Similarly, Allen (2012) and Luyten et al.

(2020) wrote about the notion that adversity only begets trauma when the mind experiences

itself as alone. Turning to a trusted person can offer survivors support, security, and help in

re-calibrating the mind. However, unlike verbal group psychotherapy, art therapy has the

unique ability to make an inner experience concrete and tangible. It is likely that this serves

the function of externalising the problem (White & Epston, 1990) allowing for mastery of

(Avrahami, 2005) or for emotional distance to (Collie et al., 2006) painful experiences. The

artwork can subsequently be transferred and made use of outside the art therapy room,

modifying communications with others.

At this point it may be worth highlighting identified factors of art therapy that may be

common in therapeutic approaches and those that appear to be unique. The so-called common

factors (CF) approach (Frank & Frank, 1993; Laska et al., 2014; Wampold, 2001, 2007)

conceptualises psychotherapy as a socially constructed healing process and focus is placed on

factors necessary for change that are common across a range of different therapeutic

modalities. The subcategory of trust towards the art therapist as well as some of the properties

of the "gentle conductor" category (i.e., calm, non-judgmental) appeared akin to the

emotionally charged bond between therapist and client discussed in the CF approach.

Interviewees referred to the importance of the therapist providing a context and structure akin

to the confidential healing setting highlighted by Wampold (2001). Moreover, veterans talked

about finding the set structure and time-limited nature of art therapy useful. This may be in

line with the CF of set procedures in which clients may enact something positive or helpful

(i.e., producing artwork, sharing experiences with others). Aside from these common factors,

however, the developed grounded theory referred to a number of unique perceived

mechanisms of change. Perhaps the most obvious of these was regarding art therapy's ability

to combine verbal and non-verbal elements. EMDR with its lateral stimulation whilst

recounting (parts of) traumatic events is the only other evidence-based therapy sharing this strength. Related to this factor was the perceived active ingredient of finding it easier to draw than to talk, being able to express vast and complex thoughts and information easily through imagery, and the therapeutic effect of producing something tangible that exists unchanged and as a record in the external world; and that in itself acts as a mode of indirect communication with others in the group; a process that has been termed relational aesthetics (Gabel & Robb, 2017).

It is important to note that art therapy was not seen as offering a cure. Nevertheless, veterans shared an experienced decrease in nightmare severity (re-living), ability to open-up (avoidance), breaking free from social isolation and release of built-up emotions (negative affect), and feeling more at ease (hyper-arousal). Thus, participants reported positive effects on all symptom clusters of PTSD. In addition, veterans reported that a new perspective was gained of the self and their future alongside a sense of achievement. These changes appeared to be the result of engagement in art therapy. For example, the release of negative affect may be the consequence of "off it all goes", artwork as "a communication tool" may support in over-coming avoidance, and "the family" may offer an antidote to social isolation. However, it remained unclear whether and how long therapeutic gains were maintained as most described a re-emergence of difficulties following earlier art therapy.

Limitations

In terms of limitations, all participants received art therapy via one UK charity as a residential package and all were White British. One veteran was interviewed after attending a six-week admission including art therapy, CBT-based psychoeducation group sessions, occupational therapy, as well as individual therapy. The remaining eight veterans had attended a two-week art therapy only programme with either individual CBT or art therapy in addition to the group sessions. Most had previous treatment often using other therapeutic modalities. Consequently, it is difficult to attribute any reported effects to the treatment

components. However, it could be argued that because of having been exposed to a variety of therapies over a number of years the respondents had become particularly articulate in commenting on perceived treatment effects of art therapy. It would have been helpful to compare those participants who received CBT alongside art therapy with those who received art therapy only. However, the cell sizes were too small for any meaningful comparisons.

Moreover, participants were with one exception recruited from a single treatment facility and received art therapy delivered by a small number of art therapists. Consequently, findings are somewhat difficult to transfer to some other contexts. That said, responses of Chris who received treatment elsewhere, fitted well into the developing theory.

The researchers did not have access to participants' health records and it was therefore not possible to ascertain whether a measurable and clinically meaningful change in symptoms or diagnosis had been achieved over the course of art therapy. Any reference to changes in symptomatology was regarding a perceived change from a service-user perspective. Equally, it was not possible to assess the number and nature of traumatic events veterans had experienced. It is perceivable that this may have impacted on participants' ability to benefit from art therapy

Finally, it is possible that participants perceived the primary researcher as part of their treatment team, despite being independent of it, and not being an art therapist. If that was the case, it may have been difficult for veterans to answer questions openly and honestly. Moreover, it was acknowledged that there are many ways in which data can be elevated onto a theoretical level (Birks & Mills, 2011). The researcher's pre-conceptions (e.g., 'art therapy works', 'art-making enables tapping into the unconscious') were likely to have shaped the final theory.

Clinical and Research Implications

Despite these limitations, participants all attested to the usefulness of utilising artwork to facilitate other types of therapy. Clinicians working with traumatised adults may capitalise

on that by co-working with or signposting to art therapists. It may be particularly useful when service-users find it difficult to put their experience into words due to avoidance (e.g., Keane & Barlow, 2002), memories being encoded in non-declarative parts of the brain (Brewin et al., 2010), or strong feelings of guilt/shame (Litz et al., 2009). Certain aspects of or perhaps around the trauma can be explored through artwork and it may subsequently be used as a launch-pad for trauma-focussed psychological work. It may be tempting for therapists trained in other models to use some of art therapy's techniques, however, this might be ill-advised. It is possible that specialist art therapy training and supervision are needed to enable safe use of art materials in the treatment of traumas. That said, enhanced opportunities for cooperation between art therapists and other psychotherapists may be fruitful.

Fostering a sense of control and containment appeared to play an important role for interviewees. This was also recommended by Bion (1970) and Herman (1992) in their writings on psychotherapy. Therapists using any model, art therapy or otherwise, may be well advised to keep this in mind when working with traumatised adults. There appeared to be a 'point in the middle' in terms of control, and therapists are invited to consider how the right balance can be struck.

In order to establish the transferability of the presented theory it may be useful to conduct similar projects at other sites or with other groups. Most published research into art therapy for trauma describes one-to-one interventions (reference redacted to ensure blind peer review) and it is possible that different mechanisms are at work. Exploration of active ingredients in the work with non-military trauma or other common presentations (e.g., psychoses: Holttum et al., 2017) may help to establish common mechanisms of change across settings, modes, and presentations. Commonalities and differences could subsequently be used to develop art therapy programmes specific to mode and presentation with maximised effectiveness. Furthermore, quantitative tools (e.g., Revised Impact of Event Scale; Weiss, 2007) may be used to investigate elements of the presented grounded theory such as the

perceived symptom reduction following art therapy. Moreover, veterans alluded to a state during art-making that appeared akin to Csikszentmihalyi's states of flow (2000). Csikszentmihalyi's semi-structured interview or the Flow Questionnaire (Csikszentmihalyi & Csikszentmihalyi, 1988) may be used to establish whether veterans are 'in flow' during art therapy. It may also be useful to confirm the proposed links between artmaking and the perceived changes following art therapy; for example, by researching explicitly participants' perceptions of the level to which an inner experience was communicated and made concrete through artwork, and whether this indeed led to the perceived treatment outcomes.

Lastly, all participants highlighted that difficulties re-emerged after some time back in their usual environment warranting further support at a later stage. It would be important to investigate this further. Several hypotheses were made during the project none of which could be (dis-)confirmed as part of the interviews. For instance, it is possible that Combat Stress provided a unique environment away from veterans' home lives. Re-occurrence of difficulties may therefore be explained by re-entering a world of un-addressed triggers. Additionally, it has been hypothesised that partners not involved in PTSD treatment may unwittingly disrupt the recovery process (e.g., Blount et al., 2015) and Monk et al. (2017) reported beneficial effects through their participation. Another possibility was that veterans had experienced a number of traumas. Processing one trauma may offer some respite but other traumatic events or different aspects of the same event may come to the fore over time. It may be helpful to establish a time-line of lapses and explore the specific nature of re-emerging difficulties.

Several active ingredients of group art therapy for military PTSD as identified by veterans and largely corroborated by two art therapists and one spouse were hypothesised in the current grounded theory study. The developed theory was consistent with previously hypothesised mechanisms of change in art therapy that were largely untested. This research supports the retention of group art therapy as part of multidisciplinary treatments for PTSD in veterans, and suggests that it may be considered more often as an economical optional

preparation for trauma-focused verbal therapies, given that it may enable a gentle, non-verbal approach to difficult material within a supportive and contained group.

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Table 1.
Demographics of interviewed veterans.

Participant alias	Age (in years)	Marital status	Employment	Length of active service (in years)	Previous treatment	Previous AT	Current intervention
Eric	72	married	retired	6	yes	yes	AT only
Joshua	58	married	retired	16	no	no	AT only
Kurt	64	married	retired	6	yes	yes	AT only
Thom	62	married	long-term sick/disabled	7	yes	yes	AT only
Otis	63	married	unemployed	16	yes	yes	AT only
Dave	52	married	retired	23.5	yes	yes	AT only
Alex	43	married	employed	12.5	yes	no	AT only
Robert	52	co-habiting	unemployed	5.5	yes	no	AT only
Chris	-	married	employed	7	yes	no	6-weeks combined

Notes. AT = art therapy. All names were changed to ensure confidentiality

Table 2.
Examples of codes describing links between (sub-)categories.

| a) Conditions and reasons	b) Actions-interactions	c) Consequences
Artwork makes it easier to talk about trauma	Drawing is the shortest distance between two minds	AT enables to express myself which I cannot normally
Got to be simple so others understand	Joint interpretation leads to bonding	Feeling great for sharing something
Right balance needed [between control and direction]	Therapist supports in making sense of images	Points of recognition highlight that you're not alone
Without trust you can't do the work	Sitting back and letting things happen	Off it all goes

Note. AT = art therapy
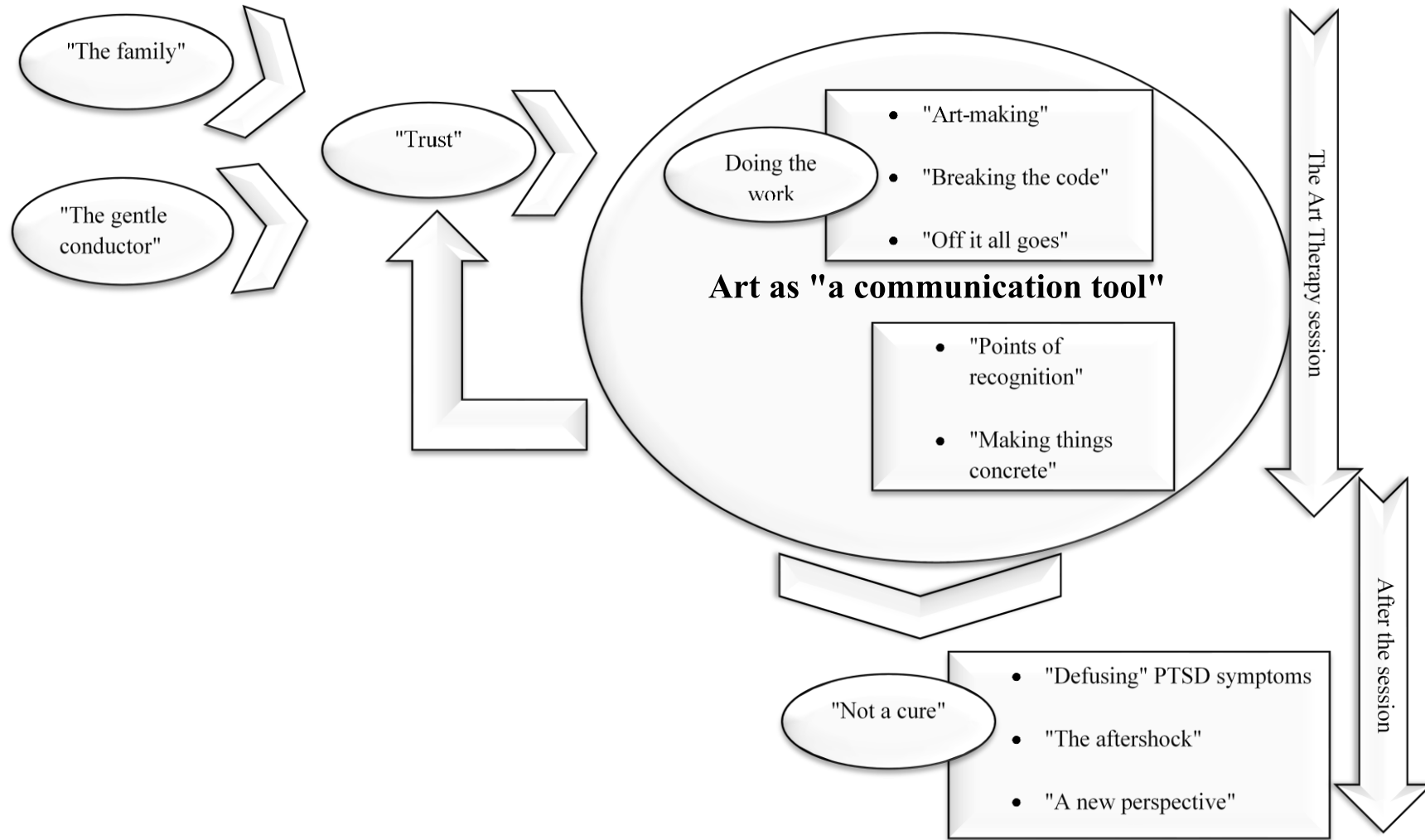
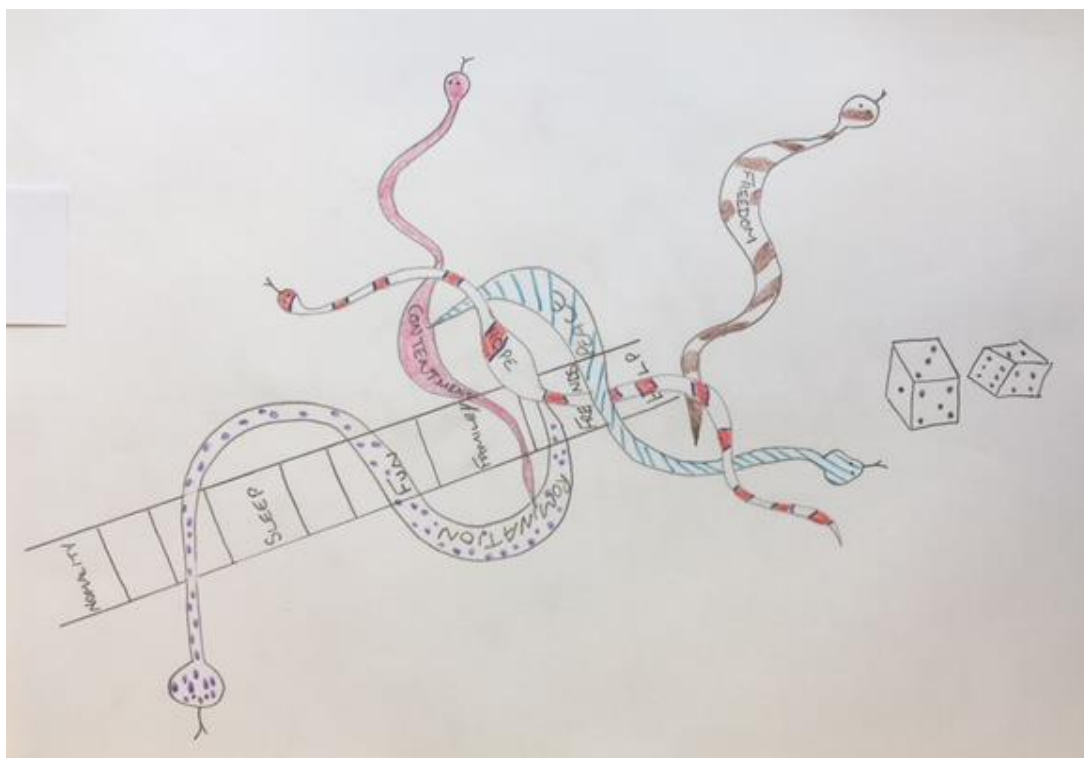*Figure 1*. Diagrammatic model of developed grounded theory.

Figure 2. Artwork by Robert pertaining to the theme of 'road to recovery'. Written consent was obtained to use this image for publication.

Figure 3. Artwork by Otis pertaining to the theme of 'identity'. Written consent was obtained to use this image for publication.

Appendix A

Additional Tables with Properties, Dimensions, and Quotes of (Sub-)Categories

Table A1.

Category of "the family" with its properties and quotes.

Properties	Illustrative quote(s)
"Size"	Eric: "And the other, yes, very important not too big. Just, that's very important. One over the top and it just doesn't work."
(Explicit and implicit) "ground rules"	Eric: "And the ground rules are all understood by everybody." Robert: "Yeah, okay, we have a laugh, but when it comes to that part of it, nobody's judging you. People listen to what you've got to say and even if it's not relevant to them they do, you know, they take time to listen.
"select group"	Dave: "And because we were here almost hand-picked to do this because we'd responded so well, the group functioned really easily."
similarities	Kurt: "Well there's a common bond between people who've been in conflicts […] We've got the same symptoms, some of us were in the same conflict, in the same piece of ground, so that creates a common bond […] And we all seem to be on roughly the same wavelength, and so if you're on the same wavelength you all kind of mesh together because you all understand each other"
differences	Otis: "From a different angle. Not from a knowledge, right? Because everybody's different, every trauma's different. Everybody's different and everybody's approach to things is different."
Supporting each other/ learning from each other	Kurt: "[...] as a group, we sort of all helped each other through it. I don't know if I could have done it on my own, and I don't know if I could have had the strength to do it, to go on a one-to-one art therapy without the support of the others first."

Table A2.

Category of "the gentle conductor" with its properties and quotes.

Property	Illustrative quote
"Calm"	Dave: "They've got to be very calming. There's an aura about Beth that when you very first meet here, you know straight away that everything's going to be alright. She's only a dinky little dot anyway, but she's so calming, relaxed, even when I've had my one-to-ones with her. There's just a really nice, warm, fuzzy feeling."
"non-judgmental"	Alex: "They weren't judging us. We were judging them, but the instructors weren't judging us."
Being able to "help veterans to open-up"	Joshua: "I think whereas you on all those other therapies where it's individual and they're trying to get bits of information out of you, but the more they try the more you fasten your box up. So like I said it took me 10 years to talk to Judith [psychotherapist] about one subject. Over a year and a half with Beth I've talked about three subjects."
"the right balance"	Otis: "So it's so quiet when you walk into the room and Beth speaks so softly and everything else, she doesn't take control or anything like that. Chris: "I would say it's because there's somebody there, I think you need somebody there to lead that. You need that bit of focus."
In charge of: a) providing the theme/topic, b) providing the context, c) keeping the structure, d) support in reading the images, e) record keeper	a) Dave: "An easy starting point. Something that Jan's very good at is picking the topic" b) Eric: "One of the very interesting ones we did last Friday. We had a link-up with an American veterans group in Connecticut." c) Otis: "It's just every time we come in she explains what's going to happen, and it's basically the same as what happened before, and… you know, but everyone feels comfortable" d) Alex: "Not in the design phase […] They would make input on the communication phase, on the second part. Just to highlight where you might have not seen you've done something yourself." e) Dave: "And Beth did a thing with us the other day[…] where she laid out all our work, you know, from day one to the last day of all the stuff I'd done."

Table A3.

Category of "trust" with properties and quotes.

Property/condition	Illustrative quote
towards the "gentle conductor"	Eric: "Yes, and that's one of the very important things about the group that's here. They know Beth going back 10, 12 years. So there's a huge amount of trust there, enormous amount. That's really I think what makes this group work so well"
towards "the family"	Kurt: "You have to be in a position where you can trust the people around you. If there's someone disruptive you tend to be very quiet and not want to engage."
time spent together	Joshua: "I suppose Eric I have known for a long time. [other veteran] I have known for a long time. Er, Robert I've met him now and again. And Thom I've never met in my life. So I don't know, just the-the nature of everybody that just jelled."

Table A4.

Category of doing the work with its properties and quotes.

Property	Illustrative quote
"active and creative"	Eric: "It's difficult, it's very difficult to explain. It's-it's one of the, I suppose it's a, it's a, it's a type of creative thing. At the same time it's personal."
"here-and-now" focus	Eric: "Erm, and another thing that is important, just occurred to me there, very often the, the work deals with the here and now."
Combination of "verbal and non-verbal	Thom: "Yeah, because the right brain would be wanting to communicate in these symbols with the left brain once it can communicate in speech. And the art therapy allows the right brain to put this down […] This is why I find it so powerful, because it puts the two halves of the brain, it gets them speaking in a common language. Instead of one side using words and the other side using symbology, it forces both of them to work in the same medium."
"set structure"	Kurt: "And it's usually two phases, the drawing of the thing, and then the explanation of what you, the situation you want to get out."
"time-limited"	Eric: "[...] the first hour is making the art and doing the actual assignment. And the second hour is actually talking about what one has done."
"progressive"	Kurt: "I found this the best way of doing it. As opposed to sitting talking to someone about something. And losing my train of thought, getting angry, getting… not wanting to talk. This way is progressive. A beginning, a middle, and the end."
condition: "that point in the middle"	Joshua: "Whereas if it's out, slowly, a little bit at a time, you're able to control that. Well I do anyway […] So as long as you got that grip on the uncontrollable then it's easier to talk about it. It's when it comes out and there is no control over it and you just bubbling and you got no control. So the-the nightmares become more fiercer. And sleep just don't exist. But as long as you're in control then it works. It works for me."

Table A5.

Subcategory of art-making with its properties, dimensions, conditions and illustrative quotes.

Property/dimension	Illustrative quotes
"a private affair"	Eric: "You know, art therapy is a private thing. It's done in a very, a very, er, private sort of, er, [way]."
"therapeutic"	Eric: "The art therapy is an activity in very, in a nice setting. And, erm, activities are useful 'cos you know when you could, half of it, if you're doing something and you're not talking that's quite therapeutic in itself."
"Heartfelt doodles" limited by a) "skills level" and b) "time"	a) Eric: "Although I have to confess my own skills are-are probably beneficial that I can start off with a doodle and just develop it into something else." Otis: "[…] people think they've got to be good. And the guys that are on the course know that you don't have to be good." b) Alex: "But it was also the staff here giving me the time, giving you 45 minutes to what essentially would be a doodle. You know, you're not looking at any architectural drawings here, you're looking at a doodle to explain your mind and what's going on in your life right now."
"subject" range: ▲ "positive"/"happy" "deep and dark" ▼ "horrible and nasty"	Chris: On the one session, that I'm looking at now, with the belly-laugh with my wife, I came out of that and that's all I could remember that happy time." Alex: "[…] you're drawing about things that are difficult." Kurt: "[…] you're discussing things that happened in the past, using analogies, describing things that were very horrible and nasty."
"it just happens"	Joshua: "You don't actually think 'oh I'll do this', you just start drawing I suppose unconsciously and you're doing this picture and then you realise what you're drawing."
condition: "horses for courses"	Robert: "I think that's personal choice. What you're comfortable with. I started with crayons, pencils, and then I found that with the pastels I was just more comfortable with, then a combination of both. […] with me it was very what I call 'rough lines' rather than using a ruler or anything like that […] And then to a certain extent I think some people would use cutting pictures out, making a collage sort of thing. I don't know whether that's me lazy, not being bothered to look through, or whether it's just it was easier to do it in the pastels."

Table A6.

Subcategory of "breaking the code" with its properties, conditions, and quotes.

Property/condtion	Illustrative quote
Making sense/ explore "meaning"	Thom: "And some of the symbols, things that you draw down, they have absolutely no meaning when you do them. And you'll come to realise them sometimes when you're in the group discussion afterwards. Often because somebody else tells you, recognises what it means and you don't."
"talk about the picture"	Otis: "That you've opened up and… but you don't actually, you don't talk to, nobody's ever spoken about their traumas or anything like that."
"group effort"	Otis "Well it's a group thing, isn't it. So she [art therapist] wouldn't say "what does that mean to you", the author of the piece or whatever, she would say, put that up on the wall like that and have that one there, only one at a time, and you would then explain what, why you done that, you go through it [...] And then someone will pick up something, they all would, one, two and three. Instead of you sitting there explaining what it was all about, I mean you are given the chance, you do. Then it's gone over to the rest of them and they sort of took it all up, and they started explaining it and saying how alike it was to the one that they were going to show in a minute, and stuff like that.
Condition: "simple and easy to read" artwork	Eric: "And the line drawing is useful because it actually, erm, it's gotta be direct and it's got to be actually, it's got to be, you be able to read it. So I'm not terribly into, I'm not actually getting into art, erm, painterly sort of things. I'm keeping it very simple. And I'm not trying to actually do a Michelangelo version of something like that. So I had to put, er, that's put to one side."

Table A7.

Subcategory of "off it all goes" with its properties, dimensions, and quotes.

Property/dimension	Illustrative quote
"bodily reaction"	Otis: "Sometimes your body, 'cause you get mental sensations in your physical body, heartbeats, sweats, nervousness, all of that. And you can get that as you're drawing."
"gets your mind going"	Kurt: "Do we feel in control? It's a controlled environment, and I feel confident to discuss things with her [art therapist]. But my heart's beating rapidly, and my mind is going ten to the dozen, and because of the disorder I have I've got to try and get things in order to be lucid. Because you have a thousand thoughts all trying to get out at once."
"all of those emotions" range: ↑ "getting lost in the work" "relaxing"/"grounding" "surprise"/amanzement "relief"/"reassurance" Saddening/distressing ↓ "panic"	Chris: "You do not realise. You just get carried away with it. I did. I been in a group, it's been in a session, perhaps sometimes I sit there thinking "what am I gonna do?" […] And every time I had that sort of light bulb moment, yeah, I know where I'm going with this. And then that was it and all of a sudden she goes "time to finish now!" Like "where did that just go?" Robert: "I didn't find art therapy a task. Once I started doing the drawing I found it quite relaxing." Eric: "Now that was really something quite, erm, it was quite an amazing experience." Eric: "It's comforting […] You know, it's reassuring." Otis: "[…] he [other veterans] actually let it go to the group and cried in the process. You know, and all four of us have cried at one point or another doing the thing so." Dave: "Sometimes it helps to put things to bed. To sort of close a passage. And then other times it will put me into a panic because I don't want to remember that, I don't want that to start impacting on my life again."

Table A8.

Core category of "a communication tool" with its properties, conditions, and quotes.

Property/condition	Illustrative quote
"it's easier to draw than to talk"	Eric: "Erm, it's a lot easier than talking to somebody and talking about the process of doing it. Erm, certainly for me, it's a lot easier to produce a drawing."
"a picture is worth a thousand words"	Chris: "One thing that works for me and perhaps for others is the simplicity of it if that makes sense. It's not that you have to sit and talk to somebody and explain your experiences and how you're feeling. You can do that with one image and as I said there's so much going on behind that image. I find it, especially for people who don't wish to talk a lot you know. It's a way of expressing your feelings really quickly."
language: "symbols", "analogies", "metaphors"	Otis: "I like to do things that are, that explain things through art. But not a direct picture of a gun, picture of a battlefield, things like that, I don't do that. Mine's more sort of woolly, I think. It's got a meaning to it, but it's… until it's explained, you can't see it, if you know what I mean."
content: a) thoughts b) feelings c) situations/difficulties	a) Alex: "So it was nice to come here and put my thoughts into a drawing, a doodle, a sketch, and then talk about that." b) Chris: "Feelings. Memories. Definitely feelings and memories […] Feeling of, sometimes a bit of feeling of desperation 'cause from one image it told you a lot about how'd been feeling and how you'd been for a long time." c) Kurt: "It was excellent […] Because you're able to fully explain the situation you want to talk about through the means of art therapy, through a picture. As opposed to doing it cold, face to face with nothing."
recipients: a) "the family", b) "the gentle conductor" c) the self d) others outside the art therapy session	a) Dave: "And I'm not an artist by any means, but once you're given the subject of the day and the thought process of how to turn that into pictures, somehow brings out of me in the end of group discussions feelings, emotions, and being able to share with others, which I find very difficult normally." b) Kurt: "As I said, it's a medium for getting out situations without talking to someone point-blank. And [the art therapist] could read into your pictures, something you might put down into the picture and she can read into it, which you can't read into it. Because she can kind of decipher a code, if you know what I mean." c) Eric: ". I think what art therapy is it's looking, it's looking for a way to say something. And you don't know what you actually want to say until you start doing it." d) Robert: "It's like they say, a picture speaks a thousand words. To the point of, with my one-to-ones with the therapist, I took a picture in to explain a situation because that was easier than me trying to describe it."
"a safe way"	Kurt: "It's not an instant cure but at least I've got it out in the open. And I've been able to do it in a way which has not horrified anybody, not frightened anybody. Well I mean, pictures are pretty harmless. I've got my message out."

| condition: "feeling safe/comfortable" | Alex: "we were all comfortable with talking to each other and explaining parts of our lives through the drawings, and it was helpful." |

Table A9.

Subcategory of "points of recognition" with its properties and quotes.

Property	Illustrative quote
Similarities between artwork of different group members	Otis: "So no two things are alike, and when they start talking about their artwork up there on the wall or whatever that they've done, they sit there and just sort of explain it. And when they explain it you're thinking, you notice things in your own, you know? And you notice things in his. […] They're all similar, every one of them. They're not dissimilar. But they've all come from different routes to it."
Similarities between artworks of one group member across time	Thom: "And that didn't, that symbol didn't mean anything to me for about six years. And that was when this other dragon started to come out, this Taffy, he became a major character. And he was the symbol of, as I said, my self [inaudible] inside. But he had actually, it was amazing to see, when I look back through the pictures I'd done because Beth, the therapist, she keeps them all on file. We were looking back through one day, back what I'd done, and I said 'good God, I've drawn it there!'"

Table A10.

Subcategory of "making things concrete" with its properties and quotes.

Property	Illustrative quote
"can't be changed"	Dave: "Because you can say something and then think about what you said, and without realising it you change words that you physically said to words that you think you've said. But when you've drawn it or painted it or modelled it or whatever, there is no changing it. It's there. And you can look at it from different angles and perspectives but that picture will never change. But your explanation about that picture can."
"a record of the journey"	Chris: "Of your journey! Yeah, yeah, definitely. Er, which is why I wish to, you know, and I don't think there's many in my, and I know different people do different things but I think I was the only one in my group that I took all the imagery home with me. For that reason because I find it is good to look back on them."
Can be revisited	Dave: "your drawing, hours later, a couple of days later you can go back to it and think of it in possibly a better light, or 'oh, now that really does make sense to me, why I drew that'. Or 'really, what was I thinking about? Why was I like that?'. So you get that chance to revisit and possibly have the emotions again, or to move on."
Can be used after the session	Thom: "This time, I'm glad to say the cognitive therapist was actually extremely good and versatile in his thinking when I told him. Because I explained my problem by taking in some of the pictures that I had, to show this problem of the dissociation and what's been happening. And he decided that as I seemed to be able to express myself well in pictures, he thought we'd have a go at using art to express the ideas and then deal with the pictures using the cognitive principles."

Table A11.

Subcategory of "defusing" PTSD symptoms with its properties and quotes.

Property	Illustrative quote
"opening-up"	Dave: "I think because I come from a very military background, and quite a bloke-y world, we didn't, certainly in the military you're taught not to show emotion, you're taught not to share things. Just shut up and get on with your job. And when you're being questioned, just questions fired at you, you lock up straight away it's sort of a defensive thing […] Whereas with the art, it's almost instantaneous that it's open."
"less fierce nightmares"	Chris: "But I mean I'm at a far better, happier place now, 'cause I still get the bad nightmares. They don't go away like you say, that doesn't change but how I get up and cope with that definitely has. And how I get over that. Definitely I can function. Before I couldn't function for days. It took a week to get over sometimes. Now, still get it but yeah functioning a lot better and I can talk about it more as well."
"defusing the memory"	Thom: "But with the memories that you get with PTSD, they don't. They stay there, they're in perfect detail, and they're so close. Whereas the perspective of it is all wrong. It's big, and it should be small. And it was only when I started incorporating that into this work that I realised that I was remembering everything wrong and the emotions are far too strong. And it actually corrected that problem, it defused the memory in effect. It negated it. Within one drawing. And yet it had been stuck in my mind for the thirty years, in the wrong form. But this one drawing […] it defused it and I lost the anger, I corrected the sense of humiliation, that shouldn't have been there, and it wasn't there. […] I don't know if I can describe it, but as it clicked back, it came in with absolute clarity and closeness, and then it was almost as though it was shooting back down a tunnel. […] it was there, close, and then whoosh, straight back down this tunnel, into the past, and became just an ordinary memory."
"feeling more relaxed"	Joshua: "Before coming, I'd been coming here 16 years now. Erm, everything was just bottled up. And since I've been doing the art therapy I tend to be more relaxed."
"emotional release"	Chris: "Yes, definitely there is a release of emotions."

Table A12.

Subcategory of "a new perspective" with its properties and quotes.

Property	Illustrative quote
"sharing the pain"	Alex: "I also seen it with my colleagues in here, especially the Royal Marine. How his work came on, how he really opened up, how he would cry when explaining things. It was quite a sweet thing to be a part of. You know, in this roughy toughy world that I live in and operate in, it was nice to see that others were affected and felt the same way that I did."
the self	Robert: "This is probably going to sound a bit different, but it's like I've discovered something new. A new way of understanding myself. So just by doing the different drawings, you know, I say it comes from nowhere but it's got to be there. And it feels like I've tapped into something which I didn't know was there."
the future	Chris: "It's made me realise that there is a future because I'm looking at it. And I can see, and I put the future into the imagery. Would I have spoken about the future without doing the art therapy? Probably not because you don't realise there is a future. The imagery helps you see that."
"a sense of achievement"	Robert: "at the end it, for me I have a sense of achievement. Drawing, or creating pictures or anything like that is not something that I've never considered myself to be someone that can do it. And I'm quite sort of proud of what I've done, and to actually talk about it as well."

Table A13.

Subcategory of "the aftershock" with its dimensions and quotes.

Dimension	Illustrative quote
"fluffy"/"fuzzy"	Otis: "The only thing I say is when you come out of it, you feel quite fuzzy."
"tired"	Kurt: "But there is an aftershock later on, because the cogs whirl in your heads, and see other pictures and images… yes, it does tend to make you tired after a while. Because you're discussing very important, and you're going very deep, if you know what I mean. You know, very personal things. And there's an aftershock."
"drained"	Joshua: "And it's like a mental drain. And you can come in here bright as a button, do your work and you leave and you're absolutely exhausted mentally."
"panic"	Thom: "you feel exhausted and I find quite frequently I actually find myself physically shaking afterwards. And I know I'm not alone because you'll often find that the group of veterans that have been doing the art therapy, we'll all head down to the tea-making point and immediately brew up a cup of tea to drink, just to try to calm down and settle down."