



Posttraumatic stress disorder and art group therapy: self-expression of traumatic inner world of war veterans

Posttraumatski stresni poremećaj i grupna art terapija: samoizražavanje unutrašnjeg traumatskog sveta ratnih veterana

Gordana Mandić-Gajić, Željko Špirić

Clinic for Psychiatry, Military Medical Academy, Belgrade, Serbia; Faculty of Medicine of the Military Medical Academy, University of Defence, Belgrade, Serbia

Abstract

Background/Aim. Art therapy and drawings may serve as alternative means of expression and release from trauma among veterans diagnosed with posttraumatic stress disorder (PTSD). **Methods.** The retrospective clinical study of drawings of war veterans was performed. A total of 89 war veterans met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) PTSD criteria and were consecutively admitted to the Day Hospital during 5 years. Art group therapy as part of integrative treatment was performed once a week. The group was open and heterogeneous. Qualitative analysis of drawings content and group protocols were obtained. The drawings were made by free associations. War related themes were explored and descriptive statistics were applied. **Results.** The most frequent type of common themes of combat stress presented battle and witnessing wounded and killed combatants. Less frequent were themes of graves, destroyed cities and broken trees. The veterans preferred black and red colors with association to death, blood, wounds and destroyed objects. **Conclusion.** Drawing could provide a unique, complex, visual illustration of war traumatic experiences and memories of posttraumatic stress disorder veterans. Art group discussion might enhance war veterans' verbal expression due to group support in safe setting. As adjuvant psychotherapy, art group therapy could enrich awareness and the ability of clinicians to treat hard posttraumatic stress disorder symptoms related to uncovered war trauma.

Key words: stress disorders, post-traumatic; art therapy; veterans; psychotherapy, group; drawings.

Apstrakt

Uvod/Cilj. Art terapija i crteži mogu poslužiti kao alternativna sredstva izražavanja i oslobađanja od trauma među veteranima kod kojih je dijagnostikovano posttraumatski stresni poremećaj (PTSP). **Metode.** Izvršena je retrospektivna klinička studija crteža ratnih veterana. Ukupno 89 ratnih veterana ispunili su kriterijume *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) PTSP, i bili konsektivno primljeni u dnevnu bolnicu u toku pet godina. Grupna art terapija kao deo integrativnog tretmana sprovodila se jednom nedeljno. Grupa je bila otvorena i heterogena. Izvršena je kvalitativna analiza crteža i grupnih protokola. Crteži su nastali prema slobodnim asocijacijama. Izvršena je analiza ratnih tema i primenjena je deskriptivna statistika. **Rezultati.** Najčešće teme borbenog stresa bile su prikazi same borbe i ranjenih i ubijenih saboraca. Ređe su bili prikazani crteži grobova, uništenih agrarova i polomljenog drveća. Veterani su najčešće koristili crnu i crvenu boju asociirajući na smrt, krv, rane i uništene objekte. **Zaključak.** Crteži mogu pružiti jedinstvenu kompleksnu ilustraciju traumatičnih ratnih iskustava i sećanja veterana sa dijagnozom posttraumatskog stresnog poremećaja. Diskusija u toku grupne analize može poboljšati verbalno izražavanje traumatskih sadržaja ratnih veterana usled grupne podrške u sigurnom okruženju. Kao adjuvantna terapija, grupna art terapija može obogatiti svesnost i sposobnost kliničara da leče teške simptome posttraumatskog stresnog poremećaja koji se odnose na neotkrivene ratne traume.

Ključne reči: stresni postraumatski poremećaji; lečenje umetnošću; veterani; psihoterapija, grupna; crteži.

Introduction

Posttraumatic stress disorder (PTSD) related to combat exposure has been associated with severe psychosocial dysfunction. War PTSD was over three times more prevalent among deployed

veterans than non-deployed veterans even ten years later¹. There were reports that approximately 7.6% to 20% of the troops deployed to Iraq and Afghanistan may require PTSD treatment^{2,3}.

Post-deployment early interventions may reduce risk for PTSD development, and there is a recommendation that

all PTSD veterans receive evidence-based cognitive-behavioral therapy^{3,4}. The most recommended kinds of psychotherapy are prolonged exposure and cognitive processing therapy among cognitive behavioral therapy, then eye movement desensitization and reprocessing (EMDR) and psychodynamic psychotherapy for PTSD treatment⁵.

Empirical evidences of good results for trauma treatment by art group therapy in clinical practice have been reported, but the systematic review of its effectiveness has not been established⁶. Art therapy provides an alternative means of expression and release from trauma. It may be a more profound and long-lasting procedure than standard treatment forms, so there is an urgent need for further research on art therapy and trauma^{5,6}. Treating war PTSD veterans challenges the clinicians faced with these patients, especially due to the fact that they are not fond of verbal expression of trauma events. A better inside into the inner world of veterans related to war trauma is essential for treatment tailoring and improvement.

The aim of this study was to present clinical observations of group art therapy as part of integrative treatment of war veterans with PTSD in the Day Unit and qualitative analyse of the drawing content.

Methods

The retrospective clinical descriptive study of the drawings of PTSD diagnosed combat veterans who returned from war deployment in former Yugoslavia was performed. The veterans were consecutively admitted to the Day Unit, Clinic of Psychiatry, Military Medical Academy, Belgrade, between 1992 and 1996. They were male patients who met the PTSD criteria according to DSM-IV⁷ and were treated in the Day Unit for two months. The presence of co-morbid major depression, psychotic disorders and alcohol or substance harmful use or dependence were exclusion criteria. PTSD veterans with more than three months and less than two years after returning from the war were studied.

The procedure

The form and content of drawings' series and group protocols from art group therapy sessions were qualitatively analyzed. The frequency of different types of presented war trauma were analyzed. The data from medical records were obtained.

Interventions

The integrative day treatment program was applied. The general goal was not only to reduce the clients' symptoms, but to enable personality social integration, as well. The staff of the Day Unit included psychiatrists, psychotherapists, clinical psychologists, and nurses. All the patients received combined pharmacotherapy, occupational therapy, counseling, individual and group verbal therapy and group art therapy. PTSD veterans underwent homogenous group psychodynamic therapy for anxiety and stress related disorders three

times a week. As adjuvant therapy art group therapy for the patients currently treated in the Day Unit was performed once a week. The group consisted from both gender, civilian and military adult participants with various mental disorder. In the first part of session the patients were drawing by free association and free choice of colors. Second part lasted 90 minutes when the patients exhibited drawings by themselves and discussed them in the setting of group analysis of drawings with therapists. The structural sessions started with giving the drawing title and discussing the feelings related to each drawing. The group was open and heterogeneous. The sessions usually consisted of 12 to 18 patients and among them 1–4 were PTSD combat veterans. The course of integrative treatment lasted two months and included on the average 7 art therapy sessions. Basic art materials, such as crayons and pastels, colored pencils, gouache paints and white paper of the same sizes, 210 × 297 mm were available.

The participants gave signed informed consent on admission and the latest release of the Helsinki Declaration was applied. Ethic approval for drawing use were obtained.

Results

Participant characteristics

There were 89 male PTSD war veterans: 72 (80.9%) active military personnel and 17 (19.1%) reserve, middle age of 35.6 years. The most were married (82%) and had on the average, 12.6 years of school.

Analysis of the drawings with war related themes

There were 553 drawings collected from PTSD war veterans (average 6.2 for each subject). After qualitative analysis of the drawings content and form, the war related themes were detected among 82.8% (n = 458) drawings, and were classified into five mainstream types according to the common theme. Each type of the theme was presented by some examples of PTSD veterans drawings. The each participant gave the title and described events and feeling related to the drawing during group sessions. Only 17.2% (n = 95) drawings illustrated other, war-non related themes.

The most frequent type of war-related themes among participants was illustrated as horrifying war zone traumatic events with threatened death or injury and witnessing wounded and killed combatants in 48.3% drawings (n = 267) (Figures 1–3).

The traumatic re-experience also was vividly illustrated in 14.5% of drawings entitled as Nightmares (n = 80) (Figures 4–6).

The themes of grave were frequently presented in 9.9% (n = 55) drawings (Figures 7–9).

Destroyed churches, houses, abandoned cities also were presented in 5.8% drawings (n = 32) (Figures 10–12).

The next series of drawings illustrated broken trees, stripped of leaves, with no branches, often without roots and pulled out of the ground at 4.3% drawings (n = 24) (Figures 13–15).



Fig. 1 – The Combat (A veteran who drew it described fear, horror hopelessness, death which he experienced during the battle).

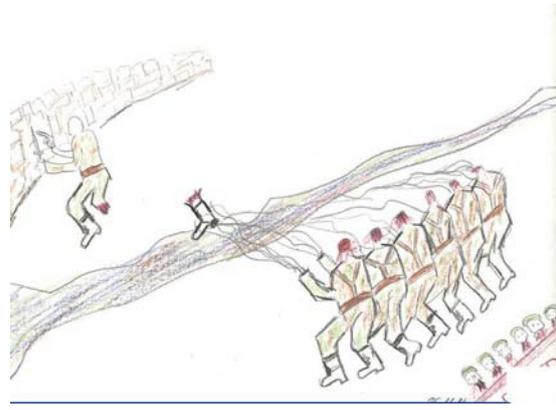


Fig. 2 – The Ultimate Combat (A scene to the combat in which all of the companions have died, while the author of the drawing has also fought and his suffered a life-threatening injury. Feelings of life endangerment, fear, sorrow because of the companions who have died, but also a will to survive and the feeling of vengeance).



Fig. 3 – The ultimate task (The description of the author refers to a sad memory of the lost companion who carried out respectfully his ultimate task, during which he died in a combat, and it aroused sad memories and suffering for this lost).



Fig. 4 – The nightmare (A dream that repeats it self after the return from the battlefield. Feelings of fear, horror, helplessness because of the explosions and destructions).



Fig. 5 – An Ambush, a deadluck (A dream followed by the feeling of complete helplessness and horror of the combatant in the war, after which he wakes up drenched in sweat, terrified).



Fig. 6 – The whirlpool of death (A desperate scream for help, horror, his attempt to save himself, while he sinks in the whirlpool of death).



Fig. 7 – The field of the nameless graves (Instead of wood of trees, the field of the nameless cross tombstones. The sad memory of a great number of the companions who succumbed to their injuries).

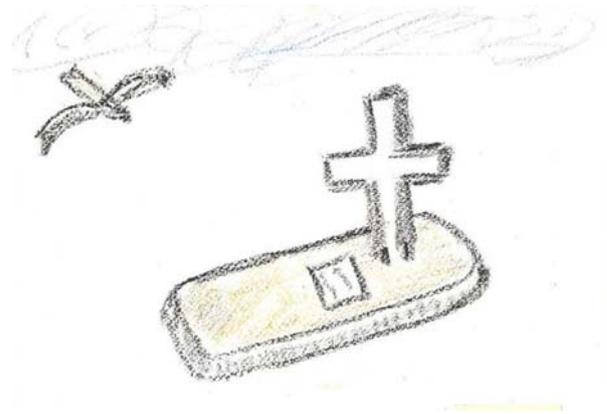


Fig. 8 – The lonely tomb (Feelings of great sorrow, emptiness devastation, complete loneliness and isolation).



Fig. 9 – After the war termination (The graves visited by the family members and companions. The grass began to grow, memories are still sad, however the life goes on).



Fig. 10 – The village in ruins (The description of destroying of the village by the hand of the enemy, feelings of devastation and sorrow).



Fig. 11 – The demolished church (The description of a burned and ruined church which was seen by a return at the battle-field, after the withdrawal of the enemy. Feelings of sorrow and rebellion against the enemy because of the profanation of a religions sanctuary).

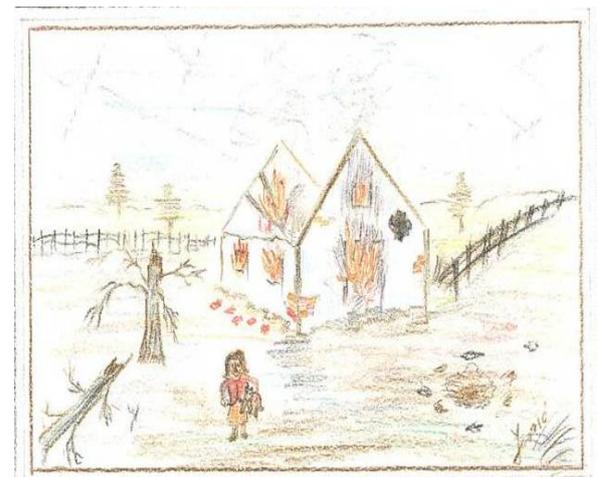


Fig. 12 – A little girl in the whirlpool of the war (A memory of the village after the redemption. From a burning and ruined house only the girl has managed to escape. Feelings of devastation and sadness for the orphan, whose family and happy childhood were gone forever because of the war).



Fig. 13 – The lonely, naked tree in the field deserted by war. Feelings of despair.



Fig. 14 – A broken trunk (The only thing that's left of the robust tree in the chuck of the greyish colour. Feeling of sorrow, pain, devastation, lost).



Fig. 15 – The battlefield after the combat (Feelings of complete devastation, death, demolishment of everything possible, hopelssness).

The analysis of drawings form

Qualitative, observational analysis of the most preferred chosen colors showed that the PTSD veterans in the drawings preferred black and red colors. Black was reserved for death and fear and red for illustrating blood and wounds. Lines were sharp and quick, showing extreme tension and emotional charge.

Self-reported feelings, associations and behavior expressed during sessions

From the group protocols self-reported associations and self-descriptions of feelings related to illustrated themes expressed during sessions were obtained and analyzed. During discussion the participants verbally expressed horror, helplessness, grief, anger, guilt, loneliness and the need for forgetting anything related to exhibited drawings. They stated that they felt unpleasant when evoking memories. The patients' behavior in the group analysis was similar to their social functioning at the time: silence, negative attitude, doubting the possibility to be cured, repeating themes, and feeling that they have a "job" to do it. However, after a few sessions the most of the veterans changed their attitude, and became more interested in discussing drawings of civilian members with everyday life themes.

Discussion

The structure of the symptoms of PTSD in deployed war veterans is not known enough, but the separate four factors of re-experiencing, avoidance, dysphoria, and hyperarousal symptoms have been identified^{7,8}. In this study the veterans most frequently drew the horrifying combat traumatic events with threatened death or injury, witnessing wounded and killed combatants and nightmares as themes, which is in concordance with another reports⁹. Some new approaches to PTSD treatment refer to the interpersonal view of PTSD, and considers, estrangement feelings, guilt and protective factors, such as forgiveness and social support¹⁰.

The themes of illustrated graves and destroyed cities and trees in war zone after combats were less frequent. Other authors reported that war deployment was associated with PTSD in terms of significantly more frequent exposure to wounded and killed and to the feeling in great danger of being killed during deployment in 20.8% vs 18.9% cases, respectively¹¹.

Psychodynamic processes became visible through "inner pictures" of the creative process of drawing that some authors suggested may be the main focus for group psychotherapy¹². But in this paper, drawing and art group therapy did not take the central part of integrative therapy. The decision to make heterogeneous art group therapy was the result of practical reasons as it was only the adjuvant kind of therapy. The PTSD veterans were submitted to integrative treatment with the focus on homogeneous psychodynamic group psychotherapy for anxiety and stress related disorders three times a week. The veterans also could go on further discussing about traumatic themes from their drawing in homogenous group psychotherapy. Sometimes it was less painful for them to talk about trauma the next day on the verbal therapy group session.

War veterans are often socially isolated based on negative experiences they had with civilians, so participating in the group analysis of drawings was a chance to correct that experiences in a controlled and protected environment. Negative attitude was presented at starting art therapy, but after a few sessions it used to be resolved and the most of the veterans accepted this program that made them possible to experience the group support and gratification.

Our clinical experience confirmed the recommendations of another authors that art therapy interventions may uncover unknown and traumatic material while enhancing relaxation and improving communication skills through group interaction⁵.

Positive effects of art therapy associated with patients with different clinical profiles as an acceptable and cost-effective treatment have been reported⁶. There is no need for expensive equipments, and drawings could help in diagnostic and therapeutic evaluation processes¹³. In the frame of multidimensional treatment of posttraumatic stress disorder visual art therapy is a unique approach and enables working on traumatic memories and integration¹⁴.

Most of the veterans avoided talking about their traumatic experiences in front of other persons without war experiences¹⁴. But visual expressing and facing their drawing directly is a chance to observe it from another perspective after war¹⁵. The therapist and the other members of the group then helped them to synthesize the differences between war and peace time reality. There was the evidences that non-trauma focused psychotherapies less reduced PTSD symptoms compared to trauma-focused treatments with greater drop-out in treatment groups^{16,17}. Some efforts were done to promote the evidence-based psychotherapies for PTSD in mental health settings, but additional studies are needed to understand implementation of evidence-based therapy¹⁸. The researchers reported positive effect of art group war veteran therapy with the defined themes for each session the same for all participants according to the therapy program¹⁹. We preferred free associations for expression of inner world of the participants. Our findings suggest that art group therapy warm up veterans for enhancing psychodynamic group psychotherapy and other activities in the Day Unit.

The treatment goals are: reduction of anxiety, lessening of passivity, increasing of self-confidence, providing communication in positive atmosphere. During the course of day integrative treatment, these war veterans draw themes of nightmares and reminiscing war scenes with all the previously shown negative feelings. Influenced by the whole therapeutic process in the Day Unit it was observed that they gradually switched from war themes to the current social context and reality, focusing more on the "here and now" problems. They also started showing feelings of hope, with increased self-confidence in positive communication atmosphere provided.

The second part of sessions further may clarify the drawings content with the patients verbal expression of

drawings during group discussion. It might enlarge the therapeutic response, trust, confidence and the group support for the participants. The important role of group psychotherapy in improving interpersonal trust in veterans with PTSD was reported²⁰.

The limitation of this study is that it was the retrospective descriptive analysis with clinical observations of only war- and trauma-related themes of drawings of war veterans. The heterogeneity of patients population with civilian and military persons with various mental disorders suggests the need for caution in interpreting the results of this paper. The therapists must be careful and aware of how countertransference affects their interpretation of the drawings, even when symbolization is simple and obvious. The art group of veterans might give a unique contribution to treatment, but here it was framed into integrative day treatment and could not be evaluated and extracted from the other procedures. In this paper the focus was on the clinical experience and practice, but further studies and analyses of art therapy versus other treatments are needed to provide the evidence of its efficacy.

Conclusion

The findings of this study suggest that drawing could provide a unique and complex insight into visual presentation of uncovered war trauma experiences and memories of PTSD veterans. Group discussion might enhance self-confidence and verbal expression of each war veteran followed by group facilitation and support. As adjuvant psychotherapy the art group therapy could enrich awareness and ability of clinicians to treat hard PTSD symptoms in war veterans.

R E F E R E N C E S

1. *Toomey R, Kang HK, Karlinsky J, Baker DG, Vasterling JJ, Alpern R, et al.* Mental health of US Gulf War veterans 10 years after the war. *Br J Psychiatry* 2007; 190: 385–93.
2. *Richardson J, Contractor AA, Armour C, St Cyr K, Elbai JD, Sarven J.* Predictors of long-term treatment outcome in combat and peace-keeping veterans with military-related PTSD. *J Clin Psychiatry* 2014; 75(11): 1299–305.
3. *Steenkamp MM, Litz BT.* Psychotherapy for military-related post-traumatic stress disorder: review of the evidence. *Clin Psychol Rev* 2013; 33(1): 45–53.
4. *McNally RJ.* Are we winning the war against posttraumatic stress disorder. *Science* 2012; 336(6083): 872–4.
5. *Foa EB, Keane TM, Friedman MJ.* Effective therapy of PTSD: Practice guidelines from the International Society for Traumatic Stress Studies. New York, NY: Guilford Press; 2004.
6. *Uttley L, Scope A, Stevenson M, Randin A, Buck ET, Sutton A, et al.* Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders. *Health Technol Assess* 2015; 19(18): 1–120.
7. *American Psychiatric Association.* Diagnostic and Statistical Manual of Mental Disorders ((DSM-IV). 4th ed. Washington (DC): American Psychiatric Association; 1994.
8. *Pietrzak RH, Goldstein MB, Malley JC, Rivers AJ, Southwick SM.* Structure of posttraumatic stress disorder symptoms and psychosocial functioning in Veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychiatry Res* 2010; 178(2): 323–9.
9. *Talwar S.* Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *Arts Psychother* 2007; 34(1): 22–35.
10. *Maercker A, Horn AB.* A Socio-interpersonal Perspective on PTSD: The Case for Environments and Interpersonal Processes. *Clin Psychol Psychother* 2012; 20(6): 465–81.
11. *Peterson AL, Wong V, Haynes ME, Bush AC, Schillerstrom JE.* Documented combat-related mental health problems in military noncombatants. *J Trauma Stress* 2010; 23(6): 674–81.
12. *Steinbauer M, Taucher J.* Paintings and their progress by psychiatric inpatients within the concept of integrative art therapy. *Wien Med Wochenschr* 2001; 151(15–17): 375–9. (German)
13. *Hárdi I.* Sixty years of dynamic examination of drawings. *Psychiatr Hung* 2010; 25(4): 291–8.
14. *Schouten KA, de Niet GJ, Knipscheer JW, Kleber RJ, Hutsche-maekers GJ.* The effectiveness of art therapy in the treatment of traumatized adults: a systematic review on art therapy and trauma. *Trauma Violence Abuse* 2015; 16(2): 220–8.
15. *Ararabami D.* Visual art therapy's unique contribution in the treatment of post-traumatic stress disorders. *J Trauma Dis-sociation* 2005; 6(4): 5–38.

16. *Bisson JJ, Roberts NP, Andrew M, Cooper R, Lewis C.* Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database Syst Rev* 1996; (3): CD003388.
17. *Rauch SA, Eftekhari A, Ruzek JI.* Review of exposure therapy: A gold standard for PTSD treatment. *J Rehabil Res Dev* 2012; 49(5): 679–88.
18. *Watts BV, Shiner B, Zubkoff L, Carpenter-Song E, Ronconi JM, Coldwell CM.* Implementation of evidence-based psychotherapies for posttraumatic stress disorder in VA specialty clinics. *Psychiatr Serv* 2014; 65(5): 648–53.
19. *Kopytin A, Lebedev A.* Humor, Self-Attitude, Emotions, and Cognitions in Group Art Therapy With War Veterans. *Art Therapy: J Am Art Ther Assoc* 2013; 30(1): 20–9.
20. *Williams W, Graham DP, McCurry K, Sanders A, Eiseman J, Chiu PH, et al.* Group psychotherapy's impact on trust in veterans with PTSD: a pilot study. *Bull Menninger Clin* 2014; 78(4): 335–48.

Received on May 12, 2015.

Accepted on May 18, 2015.

Online First August, 2015.