

Identifying Curative Factors of Art Therapy Gallery Exhibition with Veterans: A Feminist Approach


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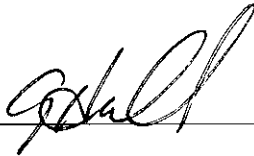
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Accepted May 2023

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ART THERAPY GALLERY EXHIBITION WITH VETERANS

**Identifying Curative Factors of Art Therapy Gallery Exhibition with Veterans: A Feminist
Approach**

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Submitted to the faculty of the Art Therapy Program
in partial fulfillment of the requirements for the degree

Master of Arts in Art Therapy
in the Herron School of Art and Design

Indiana University

May 2023

Abstract

Art therapy gallery exhibitions can address the mental health needs of veterans by empowering clients to share their experiences in art therapy settings on a public scale. This article uses qualitative methods to assess the benefits of an art therapy gallery exhibition with a group of female veteran participants. Post-exhibition interviews revealed themes of vulnerability, empowerment, connectedness, and validation. Publicly exhibiting artwork created in an art therapy setting proved to target clinical treatment needs often seen in veteran populations, including avoidance, disempowerment, self-stigmatizing beliefs, and isolation. The art therapy gallery exhibition also served as a social justice advocacy measure among a marginalized population.

Keywords: art exhibition, art gallery, art therapy, veterans, military, feminist

Acknowledgments

Thank you to Eileen Misluk, Lauren Daugherty, the participants of this study, the Fisher family, Francie Cohen, and all our community partners.

Dedication

This paper is dedicated to Angela and Jeff Neubaum, for supporting me this far, and to Liam Delaney, for supporting me moving forward.

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Chapter I

Introduction

Exhibition of artwork by people with mental illness dates back to the beginning of art therapy as a profession in Europe, fueled by psychiatrists that sought to understand the perspectives of those with mental illness and by members of the general public that were fascinated by the “raw” and “eclectic” perspectives of those individuals excluded from general society (Howie, 2017). These art collections, often curated by psychiatrists, incited several popular art movements, such as art brut, outsider art, folk art, and art of the insane. Modern art therapy exhibitions, however, have deviated from encouraging stigmatizing views of people with mental illness, and are now focused on empowering individuals to advocate for change and share their perspectives with the general public, ultimately humanizing a heavily stigmatized portion of the population (DeLucia, 2016; Thompson, 2009; Spaniol, 1990)

Feminist multicultural theory approaches treatment through empowerment. Feminist practitioners empower clients by validating and acknowledging clients’ lived experiences of oppression and collaboratively strategizing for change (Brown, 2004). Feminist literature has historically acknowledged oppression in intersectional identities with military populations, including race, gender, and socioeconomic status (Brown, 1986). The military offers marginalized individuals a means for social mobility; therefore, marginalized populations are often targeted for recruitment. However, trauma is often suffered as a result of becoming a member of the military. Acknowledging the trauma inflicted on marginalized populations as a result of attempting to scale the social hierarchy of value, and offering means of sharing their stories, perspectives, and strategizing for systemic change, is an empowering process (Brown,

2004; Brown, 1986). Art therapy gallery exhibition provides a medium for these empowering processes to take place through offering a space for marginalized populations to share their stories with the general public and providing a platform to advocate for systemic change.

The social-cognitive model of self-stigma asserts that external experiences of stigma lead to internalized stigma, ultimately leading to detrimental effects on mental health (Corrigan et al., 2006; Jahn et al., 2020). Empowerment is a key tenet in reducing self-stigma (Firmin et al, 2017). Within the social-cognitive model, the recovery process fosters the development of life meaning, self-efficacy, hope, illness management, and empowerment skills (Bellack, 2005). Research indicates that many individuals within the veteran population experience internalized stigma regarding mental illness, and that traditional masculine ideology contributes to the self-stigma of seeking help in veterans (McDermott et al., 2017).

Art therapy gallery exhibition has effectively bolstered de-stigmatization efforts and advocacy by sharing the perspectives of marginalized populations, leading to more positive recovery outcomes (Thompson, 2009). Exhibiting artwork in a public setting has extended the reach of empathetic communication and community for art therapy clients, while also increasing affirmation of the artist identity. By sharing dynamic and diverse perspectives, clients have become empowered by engaging in empathetic communication with the larger community. With veterans, an art therapy gallery exhibition has been successfully utilized to promote an empathetic community between veterans and civilians, as well as ease the transition from military life to civilian life (DeLucia, 2016). Research has found that by fostering a place for veterans to share their stories and engage with the community, rates of isolation after transition decrease (DeLucia, 2016).

The purpose of this research is to understand the potential curative factors of an art therapy gallery exhibition with members of the veteran population. It is hypothesized that publicly exhibiting artwork created in an art therapy group will facilitate empowerment in veterans through disclosing lived experiences and encouraging empathetic dialogue between the artists and the general public, thereby increasing the artist identity in conjunction with the veteran identity and reducing internalized stigma. This study aims to understand the curative factors of an art therapy gallery exhibition by providing a gallery exhibition experience with veterans and collecting data through a post-exhibition interview and qualitative thematic analysis of interview materials.

Operational Definitions

Art therapy gallery exhibition – An art exhibition that is curated with art made from clients in an art therapy setting (DeLucia, 2016; Thompson, 2009).

Social-Cognitive Model of Internalized Stigma – A theoretical model that elucidates the process of absorbing social messages into one's perceptions of oneself (Jahn et al., 2020).

Feminist Multicultural Theory – A theoretical counseling model that focuses on “how the effects of gender, cultural, heterosexual, and other stereotypes affect an individual's identity and relationships and how these lead to the types of problems for which a person seeks counseling.” (Gehart, 2015, p. 414).

Empowerment – “a process of gaining control over one's life and influencing the organizational and societal structures in which one lives” (Segal et al., 1995, p. 2).

Social hierarchy of value - “Inequality between individuals on a socially valued dimension” (Hays & Bendersky, 2015, p 1). Social dimensions of perceived value are affected

by intersecting identity markers such as race, gender, sexuality, ability, and socioeconomic status.

Community-based participatory research - a research paradigm that combines action and knowledge between community members and researchers in order to create sustainable, transformative, and positive change within communities (Collins et al., 2018).

Chapter II

Literature Review

History of Art Exhibition and Mental Illness

Collection and exhibition of client artwork have deep roots in the beginnings of art therapy in Europe. Before the establishment of the profession, psychiatrists collected artworks from their patients to help study and understand the human psyche, as well as to share with the public. Hans Prinzhorn, a German psychiatrist and army surgeon during World War I, put together a collection of client artworks titled *Artistry of the Mentally Ill*, in 1922. Prinzhorn's collection analyzed the artistic work of his patients to understand how creative therapies helped individuals relate their experiences nonverbally to others (Howie, 2017). The collection became hugely popular, resulting in public interest in the lives and perspectives of people with mental illnesses. Artist Adrian Hill used the term "art therapy" in a wartime environment for the first time in 1942; he identified the therapeutic elements of art and applied the work to soldiers returning from war. In collaboration with Hill, artist Edward Adamson collected and displayed over 100,000 pieces of patient art in order to enhance the public's understanding of populations with mental illness (Howie, 2017).

Exhibitions of artwork by people with mental illness became largely known as "outsider art". There were several parallel art movements to describe art made by people "outside" of society and the art world, such as "art brut" or "art of the insane", "folk art", and "child art". All of these art movements utilized artworks of individuals that did not have the privilege, training, or knowledge that classical artists at the time were privy to, resulting in "raw" artworks that fascinated the public. These art exhibitions were curated by psychologists and artists alike.

Psychological Theory

Feminist Multicultural Theory

American Western culture is inundated with the white supremacist value that certain identifiers make individuals more or less valuable depending on where they are on the social hierarchy of value. The social hierarchy of value is defined as inequality between individuals on the basis of a value dimension scale (Hays & Bendersky, 2015). Identifying factors such as race, gender, sexuality, ability, and socioeconomic status play into these social dimensions of perceived value. Lower status in the social hierarchy has a significantly detrimental effect on quality of life and bodily health (Sapolsky, 2004). For example, socioeconomic status is one social dimension of perceived “value” in humans; low socioeconomic status is linked to barriers to healthcare, housing, food, safety, fewer protective factors, and greater proximity to stress (Sapolsky, 2004).

From a feminist perspective, treatment focuses on the empowerment of the client and recognizes that cultural structures of oppression elicit, and significantly impact, trauma. Furthermore, the long-term and pervasive experiences of trauma are exacerbated by these same structures of oppression (Brown 2004; Worell & Remer, 2003). When processing trauma-related material, feminist practitioners concentrate on empowerment of functioning and self-care before, during, and after recalling and processing traumatic events (Brown, 2004). Feminist practitioners strategize with clients to advocate for change in their environments, supporting autonomy and authority in their life narratives. The very experience of validating one’s trauma within the social hierarchy of value, and providing strategies to push back against the social hierarchy, is empowerment.

Brown (2004) conducted a literature review to examine and synthesize feminist theoretical literature to understand historical and current feminist paradigms for trauma

treatment. The researcher concluded that a key tenet of feminist trauma treatment is in addressing both the individual person and the overarching structures that perpetuate systemic trauma; for example, within the veteran population, understanding how their traumatic experiences in service are contextualized by their socioeconomic status, gender, or race. Brown (1986) detailed a case study of a military nurse that experienced combat trauma throughout her military service. For this client, accessing a secondary education was not within her financial means so she joined the military with the end goal of attaining a degree. As a result of seeking an education that would not have been within her means due to her socioeconomic status, she was exposed to combat trauma. This example elucidates the social and economic barriers that can perpetuate trauma because of the increased risks inherent in some decisions, like joining the military. Different environmental structures have higher risks for trauma than others, and the risk increases exponentially with intersecting environments and identities. Those with a low socioeconomic status have limited access to resources such as housing, transportation, food, and opportunities for upward mobility. The military intentionally recruits those with limited upward mobility, thereby increasing the risk of those with a low socioeconomic status experiencing military trauma in their effort to scale the social hierarchy of value.

Social-Cognitive Model

The social-cognitive model asserts that external experiences of stigma lead to internalized stigma, leading to negative impacts on self-esteem and self-efficacy, ultimately resulting in detrimental effects on recovery from serious mental illness (Corrigan et al., 2006; Jahn et al., 2020). Within this model, the recovery process fosters the development of hope, self-efficacy, life meaning, illness management, and empowerment skills (Bellack, 2005).

Firmin et al. (2017) conducted a quantitative study using open-ended questions through interviews with 24 individuals (10 individuals receiving MH services, 14 providers who identify as having a serious mental illness) with serious mental illness (SMI). The questions were sectioned into seven domains: experiences with mental health and stigma, self-stigma, not internalizing stigma, stigma resistance, broad feedback, and additional thoughts. The study explored resistance to internalized stigma through strategies at the personal, peer, and public levels. The personal level utilized strategies such as challenging stigmatizing thoughts, learning about recovery to empower the self, proving stigma wrong, and developing an identity apart from mental illness. The peer level included helping others through the lens of one's own lived experiences and involvement in peer services. The public level included strategies such as questioning, challenging, and confronting stigma, educating others, advocating for others living with mental illness, and self-disclosing one's lived experience. The study concluded that the theoretical strategies used for stigma resistance were positively received by the participants. It was noted that stigma resistance was an ongoing process, and a sense of empowerment is a key element in resisting internalized stigma. The researchers recommended future research on the negative effects of resisting stigma, such as burnout from the disclosure process.

Process Versus Product

Margaret Naumberg, one of the founders of art therapy, placed focus on art therapy as process-oriented with the development of art therapy based in psychoanalytic theory and practice (Naumberg, 1955). Naumberg believed that subconscious symbols would become evident in the process of creating artwork, and that psychoanalytic techniques could be used to give a new perspective to the subconscious through the art process. Edith Kramer, another pioneer of art therapy, also believed in the process of psychoanalytic theory in art therapeutic work. However,

she additionally believed that gratification in the final art product held psychological benefit (Kramer, 2000). Kramer believed that art therapists should have the skills and empathetic attunement to facilitate a client's artistic process and assist the client in creating a gratifying final product (2000). Art therapy gallery exhibition more closely aligns with Kramer's theoretical framework in that many practitioners who advocate for art therapy galleries believe that cultivating a sense of artistic sensibility is empowering (Thompson, 2009).

Gallery Exhibition

An art therapy gallery exhibition has effectively reduced stigma and increased advocacy in the empathetic relationship between clients and the general public, increasing positive recovery outcomes (Thompson, 2009). Thompson (2009) conducted a case study with two participants to understand the impact of artistic sensibility on the process and product of art therapy in a community mental health center. A gallery exhibition within the realm of art therapy provides a real-world method to empower clients while providing the clinical support necessary to meet therapeutic goals. The gallery studio model has been applied successfully to clinical therapy practice to use the communicative power of the art object to reach a wider audience beyond the therapist-client dyad. By extending the reach of the client's expression to the public, the researcher found that the client felt affirmed in their artist identity, seen as a dynamic entity and whole human being rather than simply a diagnosis or label, and empowered to reach beyond the self to engage in empathetic communication with the larger community. In this, Thompson's (2009) findings for empowerment in the art therapy exhibition aligned with Firmin et al.'s (2017) model of resisting internalized stigma through resistance at the public level. This also aligns with feminist theory in that within the process of sharing their artwork, the client becomes empowered

through becoming an active participant in advocacy, sharing their perspective, and destigmatization (Brown, 2004).

Chanbala (2008) completed a qualitative study to understand the beneficial factors of art therapy interventions and art therapy gallery exhibition for people with anxiety disorders. The researcher conducted group art therapy as an anxiety intervention with adult individuals at an inpatient psychiatric unit over a period of 8 weeks. Most participants experienced comorbid diagnoses, such as schizophrenia and anxiety, bipolar disorder and anxiety, or depression and anxiety. The groups consisted of art therapy directives that addressed anxiety, such as physical symptoms, experiences of anxiety, and coping mechanisms. At the conclusion of the groups, group members were informed about the exhibition and asked if they would contribute their work. The main goal of the exhibition was to facilitate acceptance and understanding of anxiety to the general public. Alongside the artwork, educational materials were hung, that included statistics, diagnostic rates, and testimonies. The researcher concluded that the art gallery enabled clients to engage in communication with the general public about their experiences with anxiety.

Morris & Willis-Rausch (2014) created the Social Empowerment in Art Therapy (SEAT) program to address the stigma surrounding mental illness in an inpatient psychiatric facility, as well as to facilitate artistic empowerment of participants. The researchers conducted a review of the SEAT program, including facilitator observations of behavior, artwork, and verbalizations, testimonials from participants and staff, and continued demand for programming. The SEAT program took inspiration from the resident government program at the psychiatric facility, using elected representatives from each psychiatric ward to voice concerns and vote on issues in conjunction with therapists and staff. The researchers utilized the format of a resident government, as well as social action art therapy and theories of open art studios to inform the

model of the Art Club. The researchers identified a need to address the stigma surrounding mental illness, especially acknowledging how stigma affects the relationship and power dynamic between healthcare providers and patients, and how this stigma becomes an internalized stigma, leading to disempowerment and more frequent relapses. The researchers emphasized artistic identity and sensibility as central to the SEAT program, as art exhibition to foster the development of social roles as artists for clients has been used successfully in studio models throughout the United States and the United Kingdom to empower clients. The researchers argued that studio and gallery models of art therapy bolster the artist identity through providing opportunities to partake in independent decision-making, success and failure in a safe environment, development of emotional expression between artist and artwork, validation of socially valued roles among marginalized populations, and increases in self-esteem. The researchers also utilized social action art therapy theories and resident government principles through community art exhibition. The researchers posited that art exhibition allows residents to become social activists through fostering empathy, understanding, and social change in the dialogue between artist and viewer. The researchers determined through both participant testimonials and behaviors that within the SEAT program, including the open studio groups and art exhibition process, participants experienced increased levels of empowerment through independent decision-making, increased group socialization, increased collaboration and problem-solving, reduced stigma among hospital administrators, therapists, and staff, and increased identification with the artist identity.

Key Issues in Gallery Exhibition with Vulnerable Populations

Spaniol (1990) conducted a review of the Committee of Advocacy Through Art's juried exhibition of artworks made by people with mental illness at Boston University. The study also

examined historical context of exhibitions of artworks made by people with mental illness. Key issues were identified in language usage, selection of artworks, phases of the opening reception, and guiding principles. One issue the researcher and committee confronted through this process was the use of language in the title of the show and the impact this would have on public perception of the works. In the United States, the common term for artworks by untrained artists and people with mental illness is “outsider art”. This term was first coined in 1972 by humanities professor Roger Cardinal in his book about untrained artists. While this term is accurate for some artists, originally used in the context of those isolated from society in mental asylums, the term in the context of a modern exhibition had the potential to reinforce stigma surrounding people with mental illness. While those with mental illness used to be barred from mainstream society in remote mental asylums and seen as “outsiders”, the landscape of mental healthcare has changed so drastically since the term “outsider art” has been coined that the researcher and committee questioned if this languaging would hold harmful connotations of “otherness” from society rather than integration or destigmatization. Therefore, the committee decided that the term “outsider art” would not be used for this exhibition. This is an impactful consideration to the present research, as the goal of an art therapy gallery exhibition is to humanize clients instead of further stigmatizing or tokenizing.

A second issue identified by Spaniol (1990) in the exhibition organizational process was how to develop protocols for selecting client artworks. The committee received applications from 114 artists and 500 works and organized a jury to select physical artworks for the exhibition. The jury decided to include all 500 entries on a continuous slide presentation in the gallery to include all artists who submitted their work to be viewed by the public. In order to select physical works, the researcher and committee developed criteria based on the mission of

the exhibition – reducing stigma. The selection of works, then, was centered around reducing stigma surrounding people with mental illness by exhibiting high-quality artworks by individuals who had experienced mental illness. An important ethical consideration emerged, what to do with artworks submitted by caregivers rather than by the artist. The committee concluded that these artworks submitted by caregivers would not be included in order to ensure that the artist had full control and consent over the entire process.

Another key issue Spaniol (1990) identified was the media portrayal of artworks and artists exhibiting work in galleries. Historically, media portrayal of those with mental illness has been unflattering and stigmatizing. To provide control to the artists exhibiting work in this show, the committee offered the artists gold stickers; if they consented to be interviewed and photographed, they would place one of these stickers on their name tag. Despite careful monitoring of media coverage, the researcher was disappointed in the emphasis of media coverage on the artist's "eccentric" lives and mental illness rather than on aesthetic appreciation of the artwork. The researcher recommended a structured public relations campaign in order to mitigate the exploitation and potential misrepresentation of the artists in the future.

Ultimately, Spaniol (1990) synthesized the guiding principles of exhibiting artwork by people with mental illness, marginalized identities, and disabilities into three words; opportunity, safeguards, and empowerment. A public exhibition of artwork provided these artists with professional opportunities to network with other people in the art community, publish and sell their works. However, the researcher urged safeguards for participants in terms of confidentiality. Specifically, since art therapists are bound by ethical rules on confidentiality and must receive written permission before disseminating any visual or written information, it is important to collaborate with and provide artists with complete control over the personal

information disseminated to the public. Lastly, the researcher identified empowerment as the most significant governing ethical principle of the art exhibition by people with mental illness. The researcher identified that the artists should be involved in every step of decision-making to foster an active and empowering role in the exhibition process. Identified steps in the process that can empower individuals include decisions about framing, pricing, selling, and media communication.

Veteran Identified Needs

Connectedness

One of the most prevalent needs for the veteran population is connectedness. Chen et al. (2022) conducted a qualitative study to understand facilitators and barriers to building community and decreasing isolation in veterans. Veteran suicide rates are elevated compared to the general population. Social connectedness remains a significant protective factor against suicidal ideation, so this research sought to elucidate the current barriers, needs, and facilitators for veterans seeking engagement in community activities following psychiatric hospitalization. The researchers conducted semi-structured interviews with 30 veterans within one week of discharge from an inpatient Veterans Association psychiatric unit. Participants were mostly white, male, and cisgender; the average age of participants was 48.4. After analyzing the interviews using a modified grounded theory approach, the researchers found that the participants lacked a specific community aside from broad specifiers (for example, “veterans” or “everybody”), lacked confidence in their abilities to increase their social connectedness, and historically held negative attitudes towards increasing social connection due to traumatic life experiences prior to joining the military. The researchers recommended connecting veterans to

peer support structures in order to facilitate higher feelings of connectedness and community for veterans.

One way in which veterans may reduce isolation is through identification with Veterans Service Organizations (VSOs). Russel & Russell (2018) conducted a quantitative study using an online survey of VSO participants. The researchers sought to understand the therapeutic benefits that VSOs as social support systems provide to veterans, and to understand how degree of participation or cultural identification with the VSO affects these perceived benefits. Participants completed an online survey, and answered questions that assessed VSO attendance, VSO social identification, social isolation, benefit-finding, posttraumatic stress, demographics, and control variables. The researchers found that higher levels of social identification with the VSO was linked to lesser levels of isolation, and therefore lower levels of posttraumatic stress. Ultimately, regardless of frequency or infrequency of attendance, participants with higher levels of identification with the VSO reported a higher level of reduction in social isolation and posttraumatic stress symptomology. The researchers suggested the importance of these findings in the context of the virtual age of organizations, as it is not physical participation that matters but rather the bond and social identification between members. The researchers emphasized that traditional clinical mental health interventions may be ineffective with this population, but social and community-based intervention may be more equipped to address veteran mental health concerns, especially in the issue of social isolation and posttraumatic stress symptoms. The arts-based wellness model within the community setting within the present research may be an effective middle ground, as previous research shows that the studio and gallery-based approach to art therapy offers clients a means for empowerment, social connection, and building identity while also meeting clinical goals (Thompson, 2009; DeLucia, 2016). Traditional clinical mental

health approaches may not be effective for the veteran population (Russell & Russell, 2018).

According to the researchers, veterans are more likely to experience a reduction in posttraumatic stress symptoms and isolation if they have a higher social identification with a Veterans Service Organization. Veterans Service Organizations are community-based settings that provide an organizational structure to support veterans in forming interpersonal bonds and maintaining camaraderie with other veterans. The present research takes place in an informal, community-based setting (art studio and art gallery) that potentially provides the social identification necessary to reduce isolation and posttraumatic symptomology.

Mental Healthcare: Comorbidity

The veteran population is comprised of a diverse group of people with a varied set of mental healthcare needs. Veterans suffer from higher rates of all mental illnesses compared to general civilian populations. Some of the most prevalent mental health concerns among veteran populations include posttraumatic stress disorder (PTSD) and common mental disorders (CMDs) such as anxiety and depression, loneliness, and alcohol misuse. Williamson et al. (2022) conducted a quantitative research study to understand the current health and well-being needs of United Kingdom veterans. The research employed the use of a survey that included questions related to the individual, military history, social network, gambling and drinking habits, health, obsessions and compulsions, stressors and symptoms, and personal history. Participants were randomly selected from the Combat Patient Management System, and a total of 428 participants completed the survey (97.4% male, 94.7% white, 82.5% British Army). The researchers concluded that the most prevalent needs for the veteran population were CMDs, loneliness, and PTSD. In this sample, loneliness was strongly associated with more severe mental health presentations. Furthermore, PTSD was strongly correlated with moral injury. The researchers

concluded that veteran needs are intrinsically linked to complex comorbidities in mental healthcare, and recommended treatment that supports the complexity of physical and mental health presentations for this population.

Self-Stigma

McDermott et al. (2017) completed a quantitative study to understand the connection between traditional masculinity ideologies in veterans and the barriers that self-stigma presents to seeking psychological help. While veterans experience mental health concerns at a much higher rate than the baseline United States population, many do not seek psychological services. The researchers sought to utilize a theoretical model interrelating adherence to traditional masculine norms (self-reliance, emotional control) and painful self-conscious emotions (guilt, shame) as a predictor for self-stigma in student veterans seeking help. The researchers employed a study with 349 student veterans, primarily between the ages of 19-35, white, undergraduate, and male. The survey consisted of three assessment measures: The Personal Feelings Questionnaire-2, the self-reliance and emotional control subscales of the Conformity to Masculine Norms Inventory-46, and the 10-item Self-Stigma of Seeking Help Scale. The researchers found that emotional control, self-reliance, and self-stigma were correlated with painful self-conscious emotions and that for student veterans with a history of war-zone deployment, self-reliance became an additional correlational variable with painful self-conscious emotions. The study concluded that traditional masculine norms are associated with the self-stigma of seeking help in student veterans. The researchers recommended further research on additional forms of stigma, differing male role norms, and attitudes toward counseling. The researchers also recommended that clinicians working with student veteran populations employ

peer support groups facilitated by fellow student veterans to encourage discussion of painful self-conscious emotions among peers.

Silvestrini and Chen (2022) completed a qualitative study to understand patterns of help-seeking behavior and barriers faced by male veterans in accessing care for posttraumatic stress disorder (PTSD). The researchers conducted interviews with 25 male veterans recruited from the Veterans Association healthcare system in the United States. Patients were only eligible for the study if they were initiating an appointment for PTSD care and had no mental health visits at the Veterans Association for 2 years prior. The researchers utilized a semi-structured interview that lasted approximately 60-90 minutes per participant. The researchers found that many male veterans indicated reluctance to seek mental healthcare due to the stigma surrounding mental illness. Participants communicated that they believed seeking mental healthcare indicated “weakness”. Participants also indicated a preference for avoidance in sharing emotions with others. The researchers concluded that the findings align with current research in that themes emerged of internalized stigma due to values embedded in traditional, rigid masculinity structures, thereby increasing avoidant behavior in male veterans seeking help.

Veterans Art Therapy Approaches

Gaddy (2018) conducted a mixed methods survey design and a semi-structured interview with 42 participants (mean age 50.4) to understand the effects of art therapy and integrative medicine on veteran wellbeing at a residential mental health treatment center. This program utilized a holistic approach to treatment that included art therapy, occupational therapy, nutrition, recreation therapy, and psychological services. The integrative medicine program was a 4-week, group-based treatment using holistic, evidence-based practices. The researchers employed the Short-Form 12-Item Health Survey to understand overall health status, including mental and

physical health components. The semi-structured interview utilized open-ended questions to understand veteran perspectives about the integrative medicine program, including helpfulness of the program and what could be improved. The results of this study found enhanced energy, mood improvement, reduced pain, and excitement about skills gained. The researcher recommended that integrative medicine practices, including art therapy, be included in more Veteran Association healthcare systems.

Lobban (2014) conducted a thematic analysis of a BBC broadcast about art therapy with veterans with PTSD. The broadcast followed a group of veterans selected by the researcher to participate in an art therapy group. The raw cut of the film was then thematically analyzed by the researcher to understand the themes and benefits of using art therapy with veterans. The researcher concluded that within a single session, the participants were able to identify their struggles around disconnection and the desire to avoid or control feelings. They were then able to use the artmaking process to overcome avoidance, increase their tolerance for difficult feelings, and connect with themselves and others on an emotional level.

Lobban & Murphy (2018) conducted a mixed methods study to understand if art therapy can be used to overcome avoidance in veterans during treatment for PTSD. Experiential avoidance is a common symptom among people that suffer from PTSD and poses a significant barrier to treatment. This overdependence on avoidance as a coping strategy also perpetuates and prolongs PTSD symptoms. Some veterans with high levels of dissociative or avoidant symptomology are especially resistant to treatment; while the industry standard for PTSD treatment is trauma-focused cognitive behavioral therapy, the researchers hypothesized that forms of treatment that are less reliant on verbal/cognitive processes, such as art therapy, may prove to be a promising approach to treatment-resistant PTSD. The researchers admitted a group

of veterans to inpatient care for 2 weeks; the participants were only allowed to be part of art therapy treatment approaches during their stay, had enduring and chronic PTSD, and had never engaged in CBT trauma treatment. The researchers highlighted four case studies, in which client presentations (including verbalizations, behaviors, and artworks) during the course of the sessions were reported and analyzed, along with quantitative psychometric measures; Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder (GAD-7), PTSD Checklist for DSM-5 (PCL-5), and Warwick & Edinburgh Mental Wellbeing Scale (WEMWBS). Following the groups, the researchers concluded that art therapy provided the participants with a way to express their emotions while also maintaining a safe distance through symbolism and metaphor. Though the intervention was brief, at discharge the participants still showed a reduction in scores in the avoidance cluster of PTSD symptoms. Furthermore, all of the participants were able to create artwork that expressed emotional material and reported improved wellbeing at discharge. Participants expressed that the creation of emotional work and subsequent discussion of work was tolerable and not overwhelming. The researchers recommended art therapy as a means of addressing PTSD with high avoidance and treatment resistant presentations.

Gallery Work with Veterans

DeLucia (2016) conducted a program review study to conceptualize the effects of the studio and gallery-based approach on veteran transition to civilian life at a Veteran's Outreach Center in Rochester, New York. The results of the program review concluded that art therapists can promote an empathetic community between veterans and civilians, encourage rituals that foster reintegration, and normalize veteran perspectives through studio and gallery practices. The researcher recommended employing an art therapy gallery exhibition to reduce isolation and foster a community for veterans transitioning from the military.

DeLucia & Kennedy (2021) completed a community based participatory research (CBPR) project with 10 veterans to determine the effectiveness of CBPR with veterans in the art therapy field and to aid in the development of an art therapy treatment model for transitioning veterans. The veterans co-researched with the art therapist at a community-based nonprofit that consisted of individual art therapy sessions, drop-in art therapy studio groups, and a veteran's art gallery. Collective inquiry was utilized to gather information, exploring issues such as defining readjustment, essential components of readjustment success, and development of an art therapy program based on veteran needs during readjustment. Data was collected through discussion in focus groups and artwork made throughout the process. Focus group sessions among the participants/co-researchers consisted of artmaking and interactive group discussion of their experiences of transition. The facilitator analyzed themes of each focus group in-between sessions using a grounded theory approach and reported the results back to the veteran co-researchers in an ongoing repeated cycle in order reexamine the themes, check assumptions, and gain multiple perspectives. The researchers concluded that the art therapy program, including individual art therapy sessions, studio groups, and the art therapy gallery, offers veterans psychological safety, gets to the heart of the matter, promotes growth, draws out strengths, builds connections, awakens emotions, and cultivates a sense of purpose. Nine of the ten veteran co-researchers organized an exhibition of the artworks and writings they created within the research process, featuring over 50 pieces of artwork from the co-researchers and facilitator.

The research was then evaluated through a CBPR lens in outcome validity, process validity, catalytic validity, democratic validity, and dialogic validity (DeLucia & Kennedy, 2021). The researchers concluded that in the context of outcome validity, meaningful change was acquired through both changes to the existing art therapy program and through personal

meaningful change in the lives of the co-researchers. Specifically, veteran co-researchers described higher levels of self-confidence and a motivation to continue involvement in initiatives that are designed to create positive change in their local community. In process validity, the co-researchers engaged in new ways of examining their experiences, reviewed analysis, and provided critical feedback throughout the entire process. In catalytic validity, co-researchers deepened their understanding of the problem through hearing the perspectives of fellow veterans and were motivated to take action through communicating a strong desire to conduct outreach events that involved shared art experiences with the local community. In democratic validity, the veteran co-researchers communicated a strong feeling of importance to the research because they had a stake in the identified problem and expressed a desire to have a positive impact on the lives of other veterans. Lastly, in dialogic validity, the facilitator extended critical and reflective dialogue to a colleague that was knowledgeable in CBPR methodologies in order to provide feedback. This colleague identified the research as successful in the realm of CBPR, especially in the desire of co-researchers to continue to make positive change in their community. This colleague also offered critical feedback in terms of time limitations of the study due to the facilitator's doctoral research deadlines. Overall, the researchers concluded that this art therapy program, which consisted of individual art therapy sessions, art studio groups, and an art gallery, provided veterans with meaningful experiences and a lifeline to readjustment to civilian life. Furthermore, the process of CBPR was empowering for the veteran co-researchers, who reported meaningful personal change and motivation to continue to engage in meaningful organized change in their communities.

Chapter III

Methods

Study Design

This qualitative study employed a post-exhibition interview to understand the impact on participants (Patton, 2002). A convenience sample was used to recruit participants from existing arts-based wellness groups. Participants submitted at least one piece of artwork created during existing arts-based wellness groups to be shown in a gallery setting. Participants worked with the researcher to decide which artworks to select for the exhibition. The selected artworks were included in an art gallery exhibition open to the general public. Participants completed a post-exhibition interview that detailed their experiences in the gallery exhibition.

Community-Based Participatory Research

The present research utilizes a modified community-based participatory action research model (CBPR), as it is a priority to equitably involve community members to facilitate sustainable, positive change within the community (Collins et al., 2018). Collins et al. (2018) completed a theoretical literature review and case study to understand CBPR principles, historical roots, steps for implementation, benefits, and challenges. CBPR aligns with feminist theoretical models in that this research model is uniquely poised to address mental health concerns for marginalized groups due to the flexible, inclusive, and client-centered nature of the process. Furthermore, both CBPR and feminist multicultural models are focused on the inherent power dynamic between the facilitator and the participants. According to the researchers, the basic principles of CBPR as opposed to traditional, non-client-centered research can be divided into researcher-participant relationship, research question, finding, oversight, research design,

intervention design, data collection, data analysis, publication/dissemination, and sustainability. In CBPR, the researcher-participant relationship is built over long-term investment. The present research is specifically designed to engage with participants that are already involved in community arts-based wellness groups with the researcher in order to build the research upon the preexisting authentic, long-term relationship with community members. Furthermore, in CBPR models, the research question is derived from a social justice imperative, driven by the community's identified needs and developed collaboratively with community members. The research question within the proposed research, "In what ways did the gallery exhibition experience impact you?", was developed so that the participants may identify their own challenges and benefits within the experience of exhibiting artwork, rather than imposing predefined academic constrictions within the question that would be generated by the researcher. While the funding, oversight, data collection, data analysis, and publication/dissemination of the proposed research more closely align with the traditional research models due to restrictions of thesis requirements and availability of community organization and resources within the thesis timeframe, the proposed research will draw upon community input in order to create a more equitable design and implementation of research.

Location of Study

The art exhibition will be held within a community art space. Post-exhibition interviews will take place in a private classroom at Herron School of Art and Design, IUPUI.

Time Period for Study and Enrollment

The solicitation of artwork will occur in February 2023. The exhibition will occur March and remain open for 3 weeks. The post-exhibition interviews will occur one week after the gallery opening.

Recruitment, Enrollment, and Participant Information

A convenience sample will be used to recruit participants from existing arts-based wellness groups facilitated by the researcher. Participants must be veteran individuals currently participating in arts-based wellness groups. Participants will be contacted verbally in person by the researcher during existing arts-based wellness groups about potential interest in the study and given an informational recruitment letter if they verbally express interest.

Subject Type

Participants will all self-identify as veterans and be existing participants of current arts-based wellness groups. Ineligible participants include individuals without veteran status who do not currently attend an arts-based wellness group with the researcher.

All arts-based wellness groups are open to any participants that identify as veterans.

Investigational Methods and Procedures

Instrumentation

Participants will submit at least one piece of artwork created during an existing art-based wellness group to be shown in a gallery exhibition. To understand the exhibition's impact on participants, a post-exhibition interview will be employed. The participants will type their answers directly into Qualtrics (see Appendix A). The interview is anticipated to take about 15 minutes.

Informed Consent

After verbally expressing interest and reading over the recruitment materials, participants will be emailed an informed consent document (see Appendix B and C). Once the participants complete the informed consent documentation, the participant will be given a copy of the informed consent, and another will be stored in a locked, secure file in the Art Therapy offices.

Data Collection and Analysis

Participants will be asked to participate in a post-exhibition interview process to be able to gather data on the impact of the art therapy gallery exhibition. Participants will be asked the question, “In what ways did the gallery exhibition experience impact you?”. Participants will type their answers directly into Qualtrics. Qualitative data from the participant interviews will be thematically analyzed and verbatim responses will be reported as part of the results. Thematic analysis is “a method for identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 6). Thematic analysis will be completed through immersion in data, generating initial codes, searching for themes, reviewing and refining themes, defining and naming themes, and then producing the report (Braun & Clarke, 2006).

Possible Risks and Discomforts to Subjects

There may be some discomfort or feelings of vulnerability in the process of displaying artwork to the public. There is also a loss of confidentiality because participants will be presenting their artwork in a public gallery space. There is a risk that participants may become uncomfortable while answering interview questions.

Special Precautions to Minimize Risks or Hazards

In order to mitigate potential discomfort and/or forced vulnerability, participants will have complete control over what artwork is submitted and what information is publicly shared. Participants may rescind their submitted artworks at any time. Participants may submit artwork under their initials or participation ID number if they do not wish to disclose their names. While completing the interview, participants may share as much or as little about their experience based on their comfortability.

Chapter IV

Results

Five participants from existing art therapy groups self-selected to participate in the gallery exhibition. All participants identified as female and middle-aged, three were black/African American and two were white/Caucasian. Of the five participants, four completed the post-exhibition interview. The fifth participant did not complete it because of a medical issue that arose shortly following the exhibition. Qualitative data from participant interviews were analyzed using thematic analysis. In order to qualify as a recurrent theme, the topic had to be mentioned across two independent participant responses or more. Recurring themes that emerged from participant responses include vulnerability, empowerment, connectedness, and validation. Specific quotations regarding specific themes are included in the discussion, and a full transcript of participant responses are included in Appendix D.

Chapter V

Discussion

Among the participants' post-exhibition interviews, the main themes identified were vulnerability, empowerment, connectedness, and validation. Each theme is discussed alongside prevalent literature on the subject, as well as the limitations and delimitations of the research, and experiences with exhibiting.

Vulnerability

Stigma

A unanimous response among all participants was that each participant indicated that they experienced some level of vulnerability. Following the research on stigmatization of mental health issues in military populations, it is likely that participants were feeling high levels of vulnerability due to publicly confronting stigma (McDermott et al., 2017; Silvestrini and Chen, 2022). Specifically, McDermott et al.'s research indicates that traditional rigid masculine norms are a significant factor in self-stigma among military populations (2017). An all-female veteran art exhibition that deals with the subject of mental health was a subversive topic to undertake for this population. Leading up to the show, there was much discussion among participants about what it meant to them to have a platform for female veterans to share their perspectives and experiences. Many of the participant artworks confronted themes of gendered violence and mental illness. Following the opening reception, Participant B remarked "It was a blessing to have a platform of this magnitude", and that "It enabled me to release a lot of bottled down emotions, that I had been experiencing since the military. The trauma I experienced had been suppressed for thirty-five years, finally released" (Appendix D). Participant D remarked "The

gallery exhibition experience allowed me to step out of my comfort zone in a safe way and receive positive feedback” (Appendix D). According to Firmin et. al.’s research on social cognitive methods of resisting internalized stigma surrounding mental illness, publicly self-disclosing one’s lived experiences is a main pillar of resisting stigma (2017). However, alongside confronting stigma came uncomfortable feelings for many participants. Participant A remarked that she felt “Anxious at what others will think of me. Vulnerable at exposing myself and my flaws to the public”, as well as that she felt “Raw at seeing my art pieces displayed and emotions & experiences it took to create the pieces. Self conscious about sharing” (Appendix D).

Participant C asserted that “The emotions that had been buried so deep inside me, that took years and months and many tears to express, were on display for the world to see. Oh my! Did I really share the emotions that were now crucified to canvas with everyone? Did this art do justice to my pain, emotions, fears, anxiety? What did they think? Am I being judged?” Public disclosure of a stigmatized topic produced fear, worry, and anxiety. As a precautionary measure, the researcher spoke to each participant before the exhibition about the risks and benefits of public disclosure at this level, and the topic of vulnerability was discussed at length. Though the participants indicated anxiety leading up to the exhibition, they also indicated that they found the work meaningful and wished to continue with the research.

Validation

Alongside vulnerability, it is important to consider participant’s remarks concerning feelings of validation. Though participants indicated anxiety and fear at public disclosure of topics related to mental health and gendered experiences, these statements were also often attached to remarks indicating feelings of validation after participating in these disclosures.

Participant C remarked “Well, I must say that seeing my Art boldly displayed on the Athenaeum

walls, in beautiful frames really brought on feelings of validation and something way outside the realm of surrealism” (Appendix D). From a therapeutic standpoint, feelings of safety and validation following vulnerable personal disclosure enforces patterns of authenticity of self in relation to others. Feminist researchers indicate that validation of one’s lived experiences is a vital aspect of empowering clients (Brown, 2017). Successfully showing participants that individuals outside of the therapy space can validate their experiences is an important consideration for this research. In feminist theory, it is the goal of the therapist to model growth-fostering relationship. By modeling growth-fostering relationship in the therapy space, feminist practitioners theorize that clients will then engage with this pattern of relating to others outside of the therapy space. However, the art therapy exhibition is able to take this one step further by engaging clients in growth-fostering patterns of relationship and connection through extending the therapeutic space to the general public. Following her remarks concerning uncomfortable feelings of anxiety, Participant C wrote, “But the patron’s close examinations of my work ended with salutations and declarations that my art was powerful it spoke to me and that it says so much but mostly: Thank you for your service, and thank you for sharing your innermost feelings with us” (Appendix D). Though absolute safety cannot be guaranteed in a public space, this exhibition was received with warmth and validation by public spectators.

Connection

Art therapy groups inherently include peer support from fellow veterans during the process of creating and exhibiting artwork. Art therapy exhibitions also expand into the community beyond the therapeutic group, fostering a wider range of potentially diverse connections. Connection is one of the most prevalent needs for the veteran population; Chen et al. recommended connecting veterans to peer support structures in order to facilitate higher

feelings of connectedness and community for veterans (2022). Multiple participants indicated feelings of connectedness with the other group members as a result of participating in the exhibition process. Participant A wrote that the exhibition experience impacted her in that she was “‘Not Alone’ in my military experiences, thoughts, feelings” (Appendix D). Participant D wrote that “I loved the camaraderie shared with other veterans” (Appendix D). Research has found that veterans may lack a specific community aside from broad specifiers (Chen et al., 2022). Through art therapy exhibition, veterans may find more specific community specifiers through the therapeutic art community. Some participant remarks referenced the direct community built through art therapy gallery exhibition; Participant A remarked that she felt “Empathy towards fellow veterans & their expressions of themselves & experiences”, and that she felt “Heard & Understood” (Appendix D). Russel & Russell identified that high social identification with Veteran Service Organizations reduce levels of social isolation, and therefore posttraumatic symptomology (2018). The results of the current research indicate that veterans that participate in art therapy gallery exhibition may view the experience and the process through the lens of high social identification. This is beneficial in that reduction of isolation through socially identifying with a veteran service organization also leads to a reduction of posttraumatic symptoms in veterans (Russel & Russell, 2018).

Empowerment

Several participants indicated feelings of empowerment as a result of the art therapy gallery exhibition. From a feminist perspective, empowerment is a central tenet of treatment (Brown, 2004). Leading up to the exhibition, and during their speeches at the opening reception, participants repeatedly spoke about the level of connection and validation that they felt by being part of an all-female group of veterans that specifically understood their gendered struggles and

experiences. Feminist treatment validates client's experiences within the social hierarchy of value, as well as empowers clients to push back against the social hierarchy. Art therapy gallery exhibition essentially aligns with feminist treatment by enacting a concrete strategy for pushing back against the social hierarchy by giving clients a platform to engage the public in empathetic communication about their perspectives and experiences through the sharing of artwork. This in turn supports autonomy and authority in clients' life narratives (Brown, 2004). Participant A's remarks regarding empowerment include, "Empowered by fellow veterans", "Stronger than I have felt in a long time", "Proud of myself & fellow veterans", "I was proud" and "Awakened curiosity of what else I can do" (Appendix D). Participant C also remarked "I was proud" (Appendix D).

Clinical Concerns

Vulnerability and Safeguards

Though the responses to the exhibition were generally positive, vulnerability on a public scale does not guarantee safety of participants. Because high levels of vulnerability prompted anxiety and fear in the participants of this study, it is possible that future participants of art therapy gallery exhibition could perceive this experience as detrimental, especially if inefficient safeguards are enacted. When identifying ethical concerns in gallery exhibition with vulnerable populations, Spaniol identified safeguards as a key guiding principle (1990). Art therapists are bound by ethical principles of confidentiality. Confidentiality is effectively broken during the process of art therapy gallery exhibition, and therefore, this process should be handled with utmost caution and deference to the privacy of participants. This research further proves the necessity for safeguards when asking participants to engage in a vulnerable process. While vulnerability can be psychologically beneficial when paired with validation, connectedness, and

empowerment, it is also possible that participants may experience burnout from the disclosure process (Firmin et al., 2017). This research enacted safeguards for participants in the form of thorough informed consent and continued discussions about the nature of public disclosure leading up to the exhibition, including potential risks from sharing personal information with the general public. Participants had complete control over how much or how little they shared about their art pieces and processes, as well as whether or not they wished to disclose their name on their title cards next to their artworks. Participants had the option to speak at the opening reception event, but they were also informed that this was not a necessary requirement. Participants chose the title of the show and approved all marketing materials and curatorial statements. Following the exhibition, the researcher prompted group processing of the participant's experiences during the opening reception. Further research should be conducted as to the potential of burnout from the disclosure process, as identified by Firmin et al. in their research on resistance of stigma at the public level (2017).

Limitations and Delimitations

Population

This research is limited in scope and scale, and therefore not necessarily generalizable to the entire veteran population. While not much research has been done in terms of the female veteran population, it is the researcher's hope that these findings will be a valuable asset to the growing literature on this subject. Recruitment proved to be a significant barrier to this research in terms of male participants. McDermott et al. identified that traditional rigid masculine ideology is correlated with the self-stigma of views on mental illness in male veteran populations (2017). Furthermore, Silvestrini and Chen (2022) identified that the preference for rigid masculine ideology is a significant barrier to accessing treatment for male veterans; stigma

surrounding mental illness, beliefs that seeking mental healthcare indicates weakness, and a preference for avoidance in sharing emotions with others are all potential contributors to the lack of male veteran participants in this study. While art therapy gallery exhibition may be beneficial for male veterans in theory, further research should be conducted to assess these claims.

Recruitment

While recruiting participants only from existing art therapy groups did provide a limitation to number of participants and to diversity of participants, it also proved to be a beneficial point as to the safety of participants and equity within the research process. While some art exhibition with vulnerable populations accepts submissions from the general public, as in Spaniol's research on art exhibition with vulnerable populations (1990), it was important to the researcher to have an established rapport and connection with the participants before engaging in the research. By engaging with the community as experts in their own experiences, and consciously inviting them to be equitably involved in the exhibition process, the research moves towards CBPR methods of engaging the community in the research process. While not true CBPR, the researcher drew inspiration from the ways in which CBPR engages the community as equitably as possible in a process that is historically rooted in privilege and inequitable power dynamics. The research question itself, "how did the exhibition experience impact you?", invites participants to define their experiences in their own language without academic pre-constrictions. The process of recruitment from existing therapy groups follows CBPR in that the researcher had built relationships with the participants for about six months before engaging them in a research project. This established rapport and safety within the therapy space decreased the level of risk for participants engaged in this process.

Experiences with Exhibiting

The experience of organizing this exhibition posed some specific obstacles to be considered for future research or replication of the art therapy gallery exhibition.

Education

When engaging with individuals outside of the art therapy field, there is always a level of education that is required of the art therapist. As this was a very public process, and the scale of the exhibition required collaboration with professionals in various industries, it was necessary to provide education to many collaborators in this process, as well as to the general public attending the gallery exhibition. For example, the researcher engaged with gallery and event organizers, videographers, and several marketing departments while organizing and marketing the exhibition. In order to respect the artists and the purpose of the work, the marketing materials and curatorial statements had to be very clear and informative. Preparation for repeated and thorough educational materials for collaboration across industries is an important consideration for this process.

Organization

The organization and time constraints of the master's thesis timeline posed some barriers to the exhibition process. Organizing participants and assisting them in deciding what artwork to submit, writing statements for the pieces, titling the work, coordinating with venue organizers and marketing departments, creating marketing materials, and framing/hanging the work was a significantly time-consuming process. A longer timeline from recruitment to exhibition may be beneficial in future art therapy gallery exhibitions. Furthermore, clear constraints and timelines for submissions of client work in order to provide ample time to frame and hang the work is an important consideration. Lastly, providing clients with education on protocol for submitting

artwork in professional art exhibitions may be an empowering process to undertake, so that clients can repeat the submission process at other venues if they desire. However, very stringent limitations on professional submission protocol may be a deterrent for clients that are not used to submitting artwork for exhibition. Providing support to clients while walking them through the process may be a positive way to increase client knowledge of professional art gallery processes while not increasing barriers to participation.

Chapter VI

Conclusions and Recommendations

The art therapy gallery exhibition prompted themes of vulnerability, empowerment, connectedness, and validation for participants. The most present theme was vulnerability, which was likely prompted due to the stigmatized nature of self-disclosing experiences tied to mental illness, military trauma, and gendered violence. However, paired with empowerment, connectedness, and validation, vulnerability can be supported through the art therapy gallery exhibition process and ultimately may help lead to beneficial treatment outcomes. Safeguards should be enacted to ensure that the inherent risks with public vulnerability and self-disclosure are reduced as much as possible.

Further research should be done as to the specific clinical treatment benefits of art therapy gallery exhibition. As identified in this research, connectedness and social identification with the art therapy gallery exhibition group may reduce PTSD symptomology; further research should be done to specifically measure the potential clinical reduction in symptoms through this process. Furthermore, future research should explore a wider scope and scale in terms of diversity and number of participants.

Ultimately, art therapy gallery exhibition proved to be beneficial for veterans in art therapy treatment. The themes that emerged of vulnerability, empowerment, validation, and connectedness targeted specific treatment goals of veterans, including isolation, avoidance, disempowerment, and self-stigmatizing beliefs. The art therapy gallery exhibition provided a method of meeting clinical goals while engaging clients in a non-traditional form of treatment while also serving as a method for social justice advocacy of a marginalized population.

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Appendix A

Interview Question

In what ways did the gallery exhibition experience impact you?

Appendix B

Recruitment Letter

Research Participation Opportunity

You are receiving this letter because you are eligible to participate in a graduate thesis research project.

The purpose of this research is to understand the benefits of art therapy gallery exhibition for veteran populations. If you are interested in participating in this study, some of the artwork you make in the art therapy group may be displayed and shared in a public exhibition. If you choose to share your artwork in this exhibition, you will be able to select which pieces to display and how much information is shared about the pieces. Following the gallery show, you will be asked to participate in an interview about your experience showing your artwork in this exhibition.

The results of this study may be eligible for publication; all information gathered in the study will be anonymized in the research paper for participant confidentiality. If you do not choose to participate in this study, you will not be penalized, and you will be able to continue regular participation in the art therapy group.

Thank you for your consideration. If you are interested in participating in this research project or have additional questions, please contact the researcher at:

bneubaum@iu.edu

If your interest in participation is confirmed via email, you will be contacted with additional information and informed consent documentation.

Thank you,

Brooke Neubaum

Appendix C

Informed Consent

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH

Art Therapy Exhibition with Veterans

IRB: #17540

Herron School of Art and Design, IUPUI

You are being asked to participate in a research study. Scientists do research to answer important questions that might help change or improve the way we do things in the future. This consent form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

The purpose of this study is to engage veterans in an art exhibition to understand the curative factors of making, displaying, and sharing their artwork in the community.

We are asking you if you want to be in this study because you have participated in previous art-based wellness groups facilitated by the graduate art therapy program at Herron School of Art and Design, IUPUI. The study is being conducted by Brooke Neubaum, Graduate Intern and Eileen Misluk, Director Art Therapy. It is funded by Healthcare Initiatives Inc.

If you agree to be in the study, you will do the following things:

- You will submit at least 1 piece of artwork created during an existing art therapy group to be shown in a gallery setting.
- You will complete a post-exhibition interview that will detail your experiences showing your artwork in the gallery exhibition. This interview will take approximately 15 minutes, and data will be recorded in Qualtrics.
- The artwork submitted for the gallery exhibition will be photographed and organized using numbers to de-identify participants for the publication of the results.
- Artwork will be returned to participants no more than 30 days after the closing of the exhibition.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study.

There may be vulnerability and discomfort in exhibiting artwork. There is a loss of confidentiality because you will be presenting your artwork in a public gallery space. The exhibition will potentially include your name and any other details that you would like to share about your artwork. In order to mitigate potential discomfort and/or forced vulnerability, you will have complete control over what artwork is submitted and what information is publicly shared. You may rescind your submitted artworks at any time. You may submit artwork under your initials or participation ID number if you do not wish to disclose your name. The exhibition will be open to the public, and no restrictions on attendance will be employed by the researchers.

You may be uncomfortable while answering the interview questions. While completing the interview, you can skip any questions that make you uncomfortable or that you do not want to answer.

We think you will have some personal benefits from taking part in this study and we hope to learn things that will help researchers in the future. Potential benefits may include advocacy, stress reduction, empowerment, community engagement, empathetic communication skills, and increases in art making skills.

You will not be paid for participating in this study. There is no cost to participate in the study.

We will protect your information and make every effort to keep your personal information confidential in the publication of the results, but we cannot guarantee absolute confidentiality. Photographs will be taken, labeled with a number, and uploaded onto a secure, shared folder through IU. Access to this folder will only be given to the researchers.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law). Information collected in this study may be used for other research studies or shared with other researchers for future research. If this happens, information that could identify you, such as your name and other identifiers, will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for your additional consent.

If you have questions about the study or encounter a problem with the research, contact the researcher, Brooke Neubaum at bneubaum@iu.edu or Eileen Misluk at emisluk@iu.edu, 317-278-9460.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. If you decide to withdraw from the study, you can still attend any of the groups following this decision without penalty. You will not be required to complete the interview, and any artwork submitted will be returned before the exhibition. This request must be made verbally to the research team.

PARTICIPANT'S CONSENT

In consideration of all of the above, I agree to participate in this research study. I will be given a copy of this informed consent document to keep for my records.

Appendix D

Participant Responses

Participant A

Anxious at what others will think of me. Vulnerable at exposing myself and my flaws to the Public. Empowered by fellow veterans. Raw at seeing my art pieces displayed and emotions & experiences it took to create the pieces. Self conscious about sharing. Stronger than I have felt in a long time. Holding my breath vs thankful to have a space to breathe. Empathy towards fellow veterans & their expressions of themselves & experiences. Proud of myself & fellow veterans. “Not Alone” in my military experiences, thoughts, feelings. Awakened curiosity of what else I can do. Heard & Understood.

Participant B

The Art Therapy exhibit was a wonderful experience. It enabled me to release a lot of bottled down emotions, that I had been experiencing since the military. The trauma I experienced had been suppressed for thirty-five years, finally released. It was a blessing to have a platform of this magnitude. Being a Veteran of the United States Army, I say kudos to these wonderful Art Therapy Interns, on a job well done!

Participant C

Well, I must say that seeing my Art boldly displayed on the Athenaeum walls, in beautiful frames really brought on feelings of validation and something way outside the realm of surrealism. The emotions that had been buried so deep inside me, that took years and months and many tears to express, were on display for the world to see. Oh my! Did I really share the emotions that were

now crucified to canvas with everyone? Did this art do justice to my pain, emotions, fears, anxiety? What did they think? Am I being judged? But the patron's close examinations of my work ended with salutations and declarations that my art was powerful it spoke to me and that It says so much but mostly: Thank you for your service, and thank you for sharing your innermost feelings with us. At the exhibition, I was a total and complete mess. I was afraid. I was proud. I was/felt validated.

Participant D

The gallery exhibition experience allowed me to step out of my comfort zone in a safe way and receive positive feedback. I loved the camaraderie shared with other veterans.