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Military veteran use of visual journaling during recovery

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This paper details a pilot study that used a six-week visual journaling art therapy group with military veterans in recovery in order to reduce symptoms of stress, anxiety, depression, and trauma. Two participants completed the journaling group, pre- and posttest Clinical Outcomes in Routine Evaluation—Outcome Measure (CORE-OM), and an individual interview. The data from the CORE-OM were analyzed to determine change in overall score as well as the domains of life functioning, risk/harm, problems/symptoms, and subjective well-being. The individual interviews were analyzed to determine themes. The following themes were identified: self-knowledge gained via the journaling process, therapist qualities, individual versus group therapy, art-making benefits, and art communicates the "real" me. Although the CORE-OM did not show clinically significant change, the interviews revealed that the participants benefited from their participation in the journaling group. Due to the small sample size and the fact that both participants were receiving other mental health treatment at the time of the study, the results cannot be generalized. However, the results indicate that further study is warranted.

Keywords Journaling; visual journaling; writing; art therapy; veterans

Introduction

According to the United States Department of Veterans Affairs (VA), as of 30 September 2011, there were approximately 22.2 million living veterans. Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), those who participated in the Iraq and Afghanistan wars, represented 12% of that estimate, a total of 2.6 million veterans (U.S. Government Accountability Office, 2011). Technological advances, such as the use of improvised explosive devices, have changed the battlefield resulting in injuries of a more serious nature as well as a higher number of injuries sustained by military members. As of 23 May 2014, OIF, OEF, and Operation New Dawn, the last three major conflicts that the US military was involved with, have resulted in a total of 52,010 military personnel being wounded in action (U.S. Department of Defense, 2014). In addition to these visible wounds, many returning service members have what Tanielian, Jaycox, Adamson,
and Metscher (2008) have deemed “invisible wounds.” Others, even close family members, friends, or other service members, are often unaware when a service member is struggling with posttraumatic stress disorder (PTSD), anxiety, depression, substance abuse, or traumatic brain injury (Tanielian et al., 2008).

Although many wounds may be invisible, it does not mean they have been less prevalent. Seal et al. (2009) found that from 2002 to 2008, 37% of Iraq and Afghanistan veterans who sought treatment at US health facilities were diagnosed with PTSD, depression, alcohol abuse, or other mental health issues. Of veterans who were diagnosed with mental health problems, 29% had two separate conditions and 33% had three or more conditions. PTSD prevalence increased most during the study, from 0.2% in 2002 to 21.8% in 2008. Depression was the second most increasing diagnosis.

In response to these issues, the Department of Veterans Affairs offers many evidence-based treatments, however, these treatments mostly rely on verbal processing and are not able to help those who have difficulty talking about their experience. Visual journaling offers a potential to fill this void and help those who would benefit from a nonverbal treatment. This led the author to develop a six-week visual journaling curriculum for use with military veterans. The journaling curriculum was focused on providing education and decreasing symptoms of stress, anxiety, depression, and trauma. A pilot study was conducted using the journaling curriculum to provide group art therapy at a therapeutic housing community for homeless veterans. The research questions this study sought to answer were:

- What is the lived experience of military veterans who have participated in a visual journaling art therapy group as part of their recovery process?
- Does the use of visual journaling impact subjective well-being, symptoms, life functioning, and risk as measured by the Clinical Outcomes in Routine Evaluation—Outcome Measure (CORE-OM)?

**Method**

**Participants**

Two participants from a homeless veteran therapeutic housing program in Northwest Florida completed the study. John was a 50-year-old African American man who was in the Navy for three years and had seven different deployments. John and military and nonmilitary trauma history and was dealing with anxiety, depression, PTSD, and homelessness. Jane was 25-year-old woman of mixed race and Dominican descent. She was in the Marine Corps for four years was deployed once to Afghanistan. Jane had military and nonmilitary trauma history and at the time of the study she was dealing with homelessness, depression, anxiety, and PTSD.

**Data collection**

The collection of data began with obtaining participant consent and demographic information. Next, participants completed the CORE-OM. The participants then attended visual journaling group art therapy sessions over the course of six weeks.
They once again completed the CORE-OM and then participated in individual interviews. This process is outlined below and can be seen in Figure 1.

Demographics

At pretest, participants filled out a demographics form. The following data were collected: age, race/ethnicity, service (Army, Navy, Marines, Air Force, or Coast Guard), education level, marital status, number of children, years of service, military occupational specialty, number and location of deployments, date of military separation, physical disabilities, and first language. The following data were obtained from participant treatment files: formal diagnosis, if any; medications; and past and current treatments.

CORE-OM

The CORE-OM was utilized to collect quantitative data on participants’ level of global distress. The CORE-OM is a user-friendly 34-item self-report measure. Scores from the CORE-OM can be calculated to determine global index of distress as well as dimensions of subjective well-being (4 items), problems/symptoms (12 items), life functioning (12 items), and risk (6 items) (CORE Information Management Systems, n.d.). The problems/symptoms domain includes the following clusters: depression, anxiety, physical, and trauma. General, social, and close are the three clusters that comprise the life functioning domain. The risk domain examines risk to self and risk to others (Barkham, Mellor-Clark, Connell, & Cahill, 2006).

Evans et al. (2002) studied the CORE-OM to determine usability, reliability and validity, and internal reliability for all domains were found. Test–retest reliability was
highest for the domains; of these the lowest level found was for risk due to the small number of items for this domain and the situational nature of what it measures. Data also revealed that the CORE-OM is capable of distinguishing between clinical and nonclinical samples at a statistically significant level.

Participants in this completed an altered version of the CORE-OM prior to beginning the first visual journaling session and again during their individual interview session. The manipulated form contained the same questions and answer options as the original form; numbers, which may influence responses were removed from the form so as to increase trustworthiness of data. As another means of ensuring accurate data collection, two versions of the manipulated form were created with questions in a different order on each form. Participants completed one form at pretest and the other at posttest. Scores were calculated for overall score, as well as domain scores, utilizing the scoring method set forth in the Core System User Manual (The CORE System Trust, n.d.). Clinically significant change was examined as suggested by the Core System User Manual (The CORE System Trust, n.d.).

**Therapeutic visual journaling procedures**

Six visual journaling sessions were conducted in the homeless veteran program’s main office. Sessions lasted two hours and took place around the conference table in the common area of the office; the door to the office was locked during sessions so as to provide privacy from other program participants. The participants were provided with basic journaling supplies, a Moleskine notebook and a Pitt Pen, which they kept in between sessions. Additional art materials, such as markers, colored pencils, and pastels, were provided for use during each session. Each session included a psychoeducational component, art directive(s), and group reflection.

The first session of the visual journaling group began with a psychoeducational component on visual journaling and its uses. Capacchione’s (2002) “how do I feel right now” directive was utilized to evoke mindfulness within participants and enable the participants to connect physical and emotional sensations with visual images. Capacchione’s (2002) “my inner and outer selves” directive was utilized to enable participants to discover the differences between what they hold in and what they show to the world as well as the importance of being truthful when working in their journals.

Session two of the visual journaling group focused on stress. After psychoeducation about stress, the participants created art about this theme. Participants were asked to think of how they felt when they were “stressed” and to depict it visually in their journals. They were then asked to create a list of what causes their stress. Capacchione’s (2002) “time/life map” was be utilized to demonstrate that participants are the ones in charge of their lives and they make the decisions about the things for which they utilize their time.

Session three concentrated on the theme of anxiety. Again, participants were asked to represent their anxiety visually in their journals. Next, participants were led in an art-making activity, which required identification of healthy ways to cope with
anxiety and a visual representation of at least one of the identified coping mechanism.

The fourth session began with psychoeducation on depression. Utilizing Capacchione’s (2002) “self-inventory” exercise as a guide, participants were asked to create lists of what they have accomplished that brings them pride. This exercise concluded with a discussion on affirmations and their uses. Participants were then be asked to make a list of at least five affirmations in their journals and to create a visual image representing one of the affirmations.

The theme for session five was trauma. Psychoeducation on trauma and PTSD took place before art making. Participants were asked to create images representing three different points in their lives: life before, life at the current time, and life as they wished it to be in the future.

Session six was intended to be the final session of the visual journaling group. This session’s theme was “where am I going?” This session did not take place, however, because the participants had other commitments. Had it taken place, the participants would have been asked to think back to the future drawing created the previous week and to select a goal they wished to begin working toward. They would then have be asked create a drawing representing themselves now in relation to the goal, the obstacles they would face in trying to reach the goal, and themselves once they had reached the goal.

Interviews

Two days after the final session was to take place the participants met individually with the researcher for 60 minutes. Following the advice of Englander (2012), semi-structured interviews were guided by questions designed to elicit responses that described the lived experience of veterans who have participated in a visual journaling art therapy group. Although predetermined questions were designed to elicit informative responses, the questions were not utilized as a questionnaire and the interviewer may have asked other questions as deemed appropriate based upon participant responses.

Participant interviews were recorded and transcribed. Pauses and any seemingly relevant nonverbal communication were noted in the text. Transcribed interviews were then compared with recordings and adjusted as necessary. Transcribed interviews presented to participants for review and feedback and adjusted as necessary.

Analysis of the interview data followed the method developed by Lindseth and Norberg (2004). A naïve understanding of the text was obtained by completing several readings in order to grasp the meaning of the text as a whole. Thematic structural analysis was then conducted.

Thematic analysis began by identifying meaning units. Lindseth and Norberg (2004) described meaning units as “part of a sentence, a sentence, several sentences, a paragraph, i.e., a piece of any length that conveys just one meaning” (p. 149). Meaning units were compared with the naïve understanding of the transcribed interview texts. The meaning units were expressed in everyday words and sorted
based upon similarities. Similar meaning units were further condensed to form themes and subthemes. Themes were then compared to the naïve understanding and it was determined that the themes validated the naïve understanding.

As a final step, the themes were once again verified. Participants were asked to review themes and provide feedback to ensure confirmability. No further adjustments were necessary; the final themes had been reached.

**Review of art**

Images of artwork created during therapy sessions were taken with permission of the participants. Journal artwork presented by participants as personally significant during the interviews was photographed. Statements made in regard to the presented art was documented as part of the interview transcript and coded for data enrichment. Discrepancies between interview responses and statements made about art were examined. Additionally, notes taken about participant statements and reactions to art created during therapy sessions were utilized to provide support for interview data.

**Trustworthiness and confirmability**

Validity, in regard to the CORE-OM scores has already been discussed. In regard to qualitative data obtained from participant interviews, several steps were taken in order to ensure trustworthiness and confirmability. First, the establishment of the therapeutic relationship during the six-week visual journal group resulted in trust between participant and researcher and enhanced the trustworthiness of data gathered from participant interviews. Additionally, participants were encouraged to be truthful and provide as much detail is possible during their interviews. Lastly, participants were given copies of their transcribed interviews as well as a list of themes for their review and feedback.

**Triangulation**

The collection of both qualitative and quantitative data allowed for triangulation. The data from the qualitative interviews were compared with quantitative data from the CORE-OM to determine the amount to which one supports the other (Johnson, Onwuegbuzie, & Turner, 2007). Additionally, data obtained during therapy sessions were compared to other data to determine degree of support.

**Ethics**

An Institutional Review Board (IRB) at The Florida State University reviewed this study. After IRB approval, the study was presented to the leadership of a homeless veterans program in northwest Florida, which had given tentative approval pending IRB approval. Once the program gave approval, participants were recruited via the use of flyers and staff referrals. The visual journaling intervention took place at the
homeless veterans program and all participants signed consent forms prior to beginning the study.

Results

Interview themes

Thematic analysis of the interviews resulted in the identification of the following themes: self-knowledge, therapist qualities, group versus individual therapy, benefits of art making, and art communicates the “real” me. Themes are discussed in further detail below.

Self-knowledge. Learning about oneself was prevalent throughout both interviews. Both participants gained a better understanding of their emotions, which resulted in having an easier time talking about symptoms and facilitated self-expression. Additionally, learning about personal strengths resulted in an increase in self-confidence. The increased self-knowledge of the participants resulted in increased self-acceptance and hope for a better future. Self-knowledge likely increased as a result of the psychoeducation component of each session that was followed by journaling exercises designed to help them apply the knowledge they had just gained.

Journaling resulting in self-knowledge was identified as a subtheme because the self-knowledge gained by the participants was a direct result of the journaling exercises that were completed during the group sessions as well as journaling they did on their own between sessions. Both participants reported working in a journal outside of the group session. John used his journal to explore feelings, symptoms, and daily concerns while Jane wrote about her feelings in order to reduce rumination.

Therapist qualities. The participants identified several preferred therapist qualities: common ground between therapist and clients, therapists giving his or her full attention to clients, and therapist should be trustworthy. Additionally, women therapists were preferred over male therapists. Common ground between therapist and clients, as indicated by the participants, can be obtained via having a therapist that is also a veteran or by having a therapist that has worked with veterans for many years. Due to shared language, norms and beliefs of military members and veterans, it has been said that the military constitutes a distinct culture. Several unique aspects of military culture can greatly impact the efficacy of psychological care: the abundant use of acronyms or specialized terms, defined behaviors based on rank, the internalized need to “suck it up” or “drive on,” and the devaluing of any characteristics which could place the mission at risk (Reger, Etherage, Reger, & Gahm, 2008).

Military culture does not disappear when an individual leaves the military. As evidenced by their tendency to introduce themselves by stating their name as well as some details of their military service, veterans continue to be influenced by military culture. Strom et al. (2012) addressed cultural considerations for therapists working with veterans within the VA and stated that military values and beliefs can hinder treatment; the necessary “collective mind” that is acquired during crisis situations
results in quickly established trust and rapport among veterans and this may hinder the establishment of a therapeutic relationship with a civilian therapist. Therefore, in stating that common ground with a therapist is important, the participants in this study were simply asking for a therapist that is culturally competent and able to provide them with the best possible therapy.

The other therapist qualities that were identified by the participants were: trustworthiness, paying attention to the client, and women therapists were preferred over male therapists. These preferred qualities were the result of the participant’s prior bad experiences with therapy and other health-care providers. Both participants stated that their participation in the group was a direct result of their trust in the therapist, without it they would not have taken part in the group. Since these preferences are based mostly on personally history it is likely that other veterans may have different preferred therapist qualities.

Group versus individual therapy. Another topic of discussion in relation to therapy was group versus individual therapy. Both participants stated that their previous individual work with the therapist had facilitated their participation in the journaling group and without this prior interaction with the therapist they would have been uncomfortable coming to the group. Both participants stated that other people were hard to trust and that they would feel unsafe within group therapy. Thus, both participants preferred individual therapy over group therapy. Additionally, John stated that some things would be harder to talk about in a group.

Many researchers suggest group therapy for veterans (Collie, Backos, Malchiodi, & Spiegel, 2006; Ready et al., 2012; Rozynko & Dondershine, 1991), which is why this study was designed as a group treatment. Perhaps the participants were unable to benefit from being in a group due to the fact they were only together for one and a half sessions because they each missed sessions in order to attend other appointments.

Another reason the participants may have preferred individual therapy is that anyone in a group that takes place at the homeless veteran housing program is a participant of that program. All participants lived in a small apartment complex and have daily interactions with each other, which increases the likelihood that information disclosed during group and communicated to nongroup members would reach someone the participant did not desire it to reach. This idea is consistent with the reasons given for the preference of individual therapy: other people are hard to trust, others would need to be trustworthy in order for a feeling of safety to be present, and some things would be harder to talk about in a group.

Art-making benefits. Several benefits of art making were mentioned by the participants during their interviews. Jane stated that drawing resulted in a feeling of calm; this was however, the only statement about art making that was directly related to the journaling group. Both participants had created masks during their individual work with the therapist and reported that mask making increased recognition of feelings and self-understanding. Additionally, the use of both hands to create the 3D masks resulted in decreased cognitions and an increased feeling of calm.

Mask making was probably valued due to its novelty. Not only was the mask making something neither participant had done before, but it also involved the use of
new materials. Additionally, mask making is a multistep project that requires delayed gratification and provides many chances to contemplate and make changes to the final product. The time and thought investment required to complete mask making likely resulted in pride in the final product and a sense of accomplishment.

Art communicates the “real” me. There were several times when the participants stated that their art communicated personal qualities, or their “real” self. When asked which entry in his journal was most important he replied “All of it. Because it relates to everything I am going through.” The piece that Jane created during the trauma-focused session was valued because it showed her past, her present, and what she wanted for her future; it showed both struggle and hope. These pieces were highly valued by the participants; both identified art that communicated their “real” self as the most significant art they had made. The selected pieces could reveal very personal information if explained by the participant that created them and thus reveal the “real” self.

CORE-OM

The participant’s pre- and posttest scores were calculated and compared. Mean scores range from 0 to 5 with higher score meaning the individual reported more problems or more distress.

Jane’s scores. Jane’s CORE-OM Scores can be seen in Table 1. Her mean score for the subjective well-being dimension did not change. Although all other dimensions and the overall mean decreased, the scores did not reflect a clinically significant change according to the CORE System User Manual (CORE Information Management Systems, n.d.). The largest change was in the domain of problems/symptoms where a decrease of 34% of one standard deviation was found; thus, although there was a decrease in some scores, the decrease was only a fraction of a standard deviation and thus insignificant. Jane’s pre- and posttest scores were more reflective of a nonclinical population than a clinical population (CORE Information Management Systems, n.d.). Jane’s pretest scores were relatively low and thus left little room for change.

John’s scores. John’s CORE-OM scores can be seen in Table 2. John’s mean scores on the subjective well-being decreased by 26% of a standard deviation while

<table>
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<th>Dimension</th>
<th>Pretest mean</th>
<th>Posttest mean</th>
<th>Change</th>
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<td>Jane’s CORE-OM scores</td>
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<td></td>
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<tr>
<td>Subjective well-being</td>
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<td>1.25</td>
<td>0</td>
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<td>Problems/symptoms</td>
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<td>0.75</td>
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<td>Life functioning</td>
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<td>0.6666</td>
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<td>Risk/harm</td>
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<td>-0.25</td>
</tr>
<tr>
<td>All nonrisk items</td>
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his life functioning score decreased by 49.5% of a standard deviation. In contrast to this, his mean scores on the problems/symptoms and risk/harm dimensions increased causing his overall mean score to increase as well. John’s scores do not reflect an improvement; in fact, they suggest the opposite, that he perceived his problems/symptoms as worse at the end of the journaling group and that he was at higher risk of self-harm. John’s risk/harm domain score increased by 1.11% of a standard deviation.

Since there was no indication during John’s individual therapy or during the group sessions of any events that would cause his symptoms to increase, and his interview indicated that he benefited from his participation in the journaling group, the increase in his mean scores from pre- to posttest likely reflect more truthful answers.

Several factors may have contributed to the increase in truthfulness. First, the pretest was completed during the first session and two other participants were in the room; although all participants were completing their CORE-OM at the same time, this may have caused John to be uncomfortable answering honestly. Second, the six-week journaling session and individual art therapy sessions allowed John to develop a relationship with the therapist, which likely made him more comfortable giving truthful answers during his posttest. The journaling sessions also resulted in more self-reflection, which may have left John less defensive and more vulnerable. Lastly, John completed the posttest during his interview session when only he and the therapist present.

**Discussion**

According to the participant’s CORE-OM scores, they did not benefit from their participation in the visual journaling group. The participants missing journaling sessions could very well have impacted what they were able to get out of participating in the group. For instance, John missed the sessions on stress and trauma as well as half the session on anxiety; these were all things that John struggled with and his attendance at these sessions may have helped lessen his symptoms or provide him with a feeling of normalcy. Both John and Jane missed the final session, which would
have provided closure for the group and helped them determine steps to take to achieve their goals.

However, in contrast to the CORE-OM scores, the participant interviews indicated benefits of participating in the journaling group. Self-knowledge increased which facilitated self-expression and resulted in an increase of self-confidence. Additionally, the art-making process resulted in reduced rumination and increased calm.

Confounding variables

This coincided with another study, which was taking place at the Anxiety and Behavioral Health Clinic at the local university and was paying for participation. Many individuals at the homeless veteran housing program participated in the Anxiety and Behavioral Health Clinic study and only three participants volunteered for the visual journaling group. Both of the visual journaling group participants were participating in the other study and this caused them to miss some of the visual journaling group sessions. Additionally, the visual journaling group ended at the same time as the academic semester, which resulted in conflict with final exams. Lastly, both participants were homeless veterans with many personal concerns and placed their participation in the visual journaling group at a lower priority than other mental and physical health appointments.

Limitations and implications

This pilot study only had two participants, both of whom were receiving other mental health treatment while participating in the visual journal group and participating in another study aimed at reducing anxiety and depression symptoms. Due to the small size, and the additional treatments received by the participants, the results cannot be generalized to the larger population of veterans, homeless veterans, or student veterans. However, this study found that participation in visual journaling art therapy group was beneficial for the two participants. Self-knowledge increased for both participants resulting in a better understanding of their symptoms, emotions, and feelings, as well as increased self-understanding, increased self-confidence, and hope for the future. This increase in self-knowledge was facilitated by the visual journaling that was completed during and between group therapy sessions as well as by art projects completed by the participants during their individual therapy sessions. Although the identified themes were consistent with some findings of other studies (Deaver & McAuliffe, 2009; Makin & Gask, 2011; Mercer, Warson, & Zhao, 2010; Spandler, Secker, Kent, Hacking, & Shenton, 2007; Van Lith, Fenner, & Schofield, 2011), this pilot study is not generalizable. Further study would be needed to determine if the self-knowledge gained by the participants was truly attributable to the visual journaling group experience.

Although this study was designed as a group treatment, the participants were only together for 1.5 sessions; the majority of the study was conducted with one participant. This indicates that the visual journaling sessions can be beneficial when
conducted as part of individual therapy. Further research could investigate the utilization of this same six-week visual journaling curriculum as part of individual therapy.

Conclusion

This study involved the use of a six-week visual journaling art therapy group with military veterans in recovery. The CORE-OM was used to gather pre- and posttest data on overall quality of life and the dimensions of subjective well-being, problems/symptoms, life functioning, and risk/harm. Qualitative data were gathered via semi-structured interviews conducted after the conclusion of the therapy sessions. Thematic analysis of the interview data found the following themes: self-knowledge (gained through journaling), therapist qualities, group versus individual therapy, art-making benefits, and art communicates the “real” me. Increased self-knowledge gained via journaling and art making resulted in increased self-confidence, increased self-understanding, and hope for the future. Further research is needed to increase the generalizability of the study via increased number of participants and decreased confounding variables. Lastly, suggestions were given for the use of visual journaling with art therapy client.

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References


