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Military museum collections and art therapy as mental health resources for veterans with PTSD

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ABSTRACT

Background: A veterans' mental health charity and Hampshire Cultural Trust collaborated to facilitate art therapy groups for veterans with service-related post-traumatic stress disorder (PTSD).

Aims: The project aimed to improve the wellbeing of participants by tapping into their existing military knowledge, skills and expertise as a resource for mental health. Also, to explore how items from the museum collection might stimulate a sense of belonging that could moderate the isolating effects of PTSD, and later the COVID-19 lockdown.

Methods: Data was collected through established evaluation measures to rate wellbeing and loneliness, and through surveys tailored to the project. Focus groups and participant observation provided further data. Descriptive statistics of the quantitative data were then combined with thematic analysis of the overall data to provide the findings.

Results: Although military experiences were the cause of the veterans' mental health problems, and traumatic memories became stirred through recollections triggered by the museum items, the evidence suggests that participants experienced a sense of belonging which promoted self-confidence and social interaction, and improved wellbeing.

Conclusions: Through familiarity with the function of the artefacts, in-depth contextual knowledge, and shared military experience, the veterans were able to connect through an exploratory process. This was the case when the group was museum-based and when held remotely.

Implications: Military museums are potential mental health reservoirs for veterans. Digital art therapy sessions offer a way of involving and supporting socially avoidant or isolated veterans who cannot physically attend groups, as well as those who live out of the area.

Plain-language summary

During 2019, a veterans' mental health charity and Hampshire Cultural Trust collaborated to run art therapy groups for veterans with post-traumatic stress disorder (PTSD) associated with their military service. PTSD can have long-lasting consequences, such as social isolation and heightened anxiety. The project aimed to improve the wellbeing of participants by tapping into their existing military knowledge, skills and expertise as a resource for mental health. It was hoped that reconnecting with a range of memories from service life would counter-balance the weight of the distressing memories of military experiences that continued to have a detrimental effect.

Each session involved looking at specific items from the museum's collection; making a creative response through image-making or creative writing; and discussing ideas. The informality of the meetings where participants were encouraged to share their military knowledge, took the focus away from having mental health problems. Simultaneously, the effects of their psychological injuries were lessened by recognition and use of their specialist abilities.

Results were promising. Although military experiences were the cause of the veterans' mental health problems, and traumatic memories became stirred through recollections triggered by the museum items, the sense of belonging and camaraderie between veterans moderated the isolating effects of PTSD and enabled shared recollections. Further museum-based sessions were planned for 2020. However, as a result of the COVID-19 pandemic, the group transferred to an online platform. This paper provides a comparison between in-person and remote working in this context. Digital art therapy sessions offer promise as a way of involving veterans who cannot physically attend groups for reasons such as distance or agoraphobia. It is hoped that this study might encourage other military museums to consider similar projects to support socially avoidant or isolated veterans.

Introduction

During 2019, a collaborative project took place between Aldershot Military Museum, Hampshire Cultural Trust, and the veterans' mental health charity Combat Stress, for veterans with post-traumatic stress disorder (PTSD) associated with their military service. It was particularly aimed at veterans with enduring mental health problems whose issues may have been worsened by social isolation.

Research has highlighted the detrimental effects of isolation. A meta-analysis of associated studies that involved over 3 million participants, examined the effects of a subjective sense of loneliness and actual physical social isolation (Holt-Lunstad et al., 2015). The findings suggest that both can lead to a 30% increased risk of premature death, being comparable with the risk from obesity, substance misuse, sedentary lifestyle, and air pollution. As social animals, humans have needed social bonds to survive (Mental Health Foundation, 2010). Furthermore, emerging studies are suggesting a deterioration in people's mental health associated with the effects of the coronavirus lockdown. A survey conducted by Mind revealed that 65% of adult respondents with pre-existing mental health problems reported a deterioration during lockdown (Mind, 2020). Disturbances to interpersonal relationships and social isolation have been noted as factors associated with Complex PTSD in UK veterans (Murphy et al., 2020).

A needs assessment produced by Hampshire County Council features studies into the health of veterans in the county. One study mentioned, undertaken by Portsmouth University, highlights how social isolation is a major issue among veterans. To tackle this, it recommends using the positive memories of service for veterans. 'Service is a very significant time in many veteran's lives and by encouraging veterans to share their positive memories it may help to combat loneliness and isolation' (Hampshire County Council, 2015, p. 43).

Busuttil (2017) highlights how military culture is shaped by factors such as training, hierarchical rank, customs and conformities, military operations and combat exposure. 'Military training focuses on making individuals work as groups in efficient teams' (Busuttil, 2017, p. 77). Military identity can hold significant personal meaning in terms of self-worth, skills, knowledge, achievement, camaraderie and belonging. Away from this familiar structure, some veterans might struggle to adjust to civilian life and become isolated. This can be compounded by mental health problems like PTSD. PTSD might be defined as a disorder of information processing, storage and retrieval whereby traumatic memories from the past become dysfunctionally stored in the central nervous system and intrude into the present (Brewin et al., 1996). Unlike normal memories that are recognised as being in the past, traumatic memories may be experienced as taking on a life of their own. Once triggered by a sensory stimulus reminiscent of the original trauma, such as a sight, sound, smell or emotion, the memory is experienced as happening all over again in real time in its original raw, anxiety-provoking and unprocessed state. This unpredictability can cause veterans to shy away from public areas and social groups to avoid possible unplanned reactions.

The need to belong has long been recognised as a fundamental human drive (Allen & Kern, 2017; Baumeister & Leary, 1995; Maslow, 1968). Facilitating factors for belongingness include frequency of pleasant interactions, stability, and mutual concern regarding welfare (Baumeister & Leary, 1995). Belongingness has also been recognised as a factor in resiliency, along with connectedness, cohesion and collective efficacy (Meredith et al., 2011). Resilience can be a crucial factor in recovering from trauma, and it has been defined as 'an ability to recover from or adjust easily to misfortune or change (Meredith et al., 2011, p. 2). Art therapy research studies from Combat Stress on veteran mental health have recognised and valued the therapeutic benefits of belonging to a familiar peer group that shares a common culture and past. These factors were seen to foster trust which in turn enabled the sharing of true feelings. Recognising their own problems reflected in others helped to reduce isolation and to learn how others managed their difficulties. Personal isolation becomes moderated by the recognition that they are not alone in their reactions to trauma, which has a normalising effect (Lobban, 2014, 2017; Lobban & Murphy, 2018, 2019).

The aims of the art therapy group held at Aldershot Military Museum included resilience-building through a renewed sense of belonging, in recognition of the wider context of assisting veterans in community engagement, thereby fostering social inclusion. It was also recognised that through their professional training and experiences, veteran participants would have expertise that could bring to life the museum collection, which could potentially serve as a reminder of their personal abilities and resources and increase wellbeing.

The project was held in two blocks of ten sessions each. The first programme was a pilot designed to be flexible enough to meet the emerging interests and requirements of the participants. There were eight veterans referred by Combat Stress, of whom six became regular participants. The group facilitators were the senior art psychotherapist from Combat Stress, who initiated the project, and her occupational therapist colleague, along with the museum project manager and a veteran museum volunteer. The project was approved by the Combat Stress research committee.

The facilitators met to establish objectives and to discuss the group format. Also, to promote mutual understanding of the ethos of the museum and familiarity of the collection, as well as the presentations of PTSD and managing distress. Facilitation roles were discussed, and a programme of possible themes set. The veterans were invited to join the group individually by the art psychotherapist, who explained the format and objectives of the programme, and sent

them literature to enable informed consent, including the right to withdraw, anonymity and data security. The veterans were made aware that traumatic memories might be stirred by the military objects from the collection and the site of the museum on the edge of the army garrison.

Based on theories of change (Daykin & Ross, 2016), the need to belong, and the benefits of belongingness, the primary objective of the project was to explore how familiar cultural items from the military museum collection might be used to foster connectedness and improve the wellbeing of the group members, who had been traumatised by military experiences. It was hoped that this would be achieved by providing an informal and welcoming environment, with an enjoyable activity.

After 20 sessions at the museum in 2019, it was planned to provide further sessions there during 2020. However, due to the coronavirus pandemic and the lockdown that began in March 2020, sessions had to be transferred to a digital platform. The direction of the study then turned towards exploring the potential of inclusivity. The initial research question was in what ways might art therapy facilitate a sense of belonging between veterans using military museum resources? With the transfer to the online format, a further question emerged – what are the advantages and disadvantages of digital, museum-related, art therapy sessions for veterans with PTSD? In this paper, these questions are explored, highlighting implications for future practice.

The study aims to fill a gap in existing knowledge about the use of museums as potential resources for veteran mental health, adding to the findings of projects such as the *Wounded: Conflict, Casualties and Care* exhibition at the Science Museum, London (2020) and *Once a Warrior* at The Royal Albert Memorial Museum & Art Gallery, Exeter (RAAM, 2020). This paper also sets out to add to the pressing discussion about providing group art therapy online.

Methods

Data was collected through the established evaluation measures described below to rate wellbeing and loneliness, and through surveys tailored to the project. Focus group discussions with the existing group members, held at the museum using a topic guide, promoted socially orientated expression of participant's views, with an interest in interactions (Litosseliti, 2007; Marshall & Rossman, 1999). This approach was considered relevant to addressing the initial research question – in what ways might art therapy facilitate a sense of belonging between veterans using military museum resources? Questions explored group dynamics and the social components of the sessions. Participant observation during the focus groups and

the sessions provided further data and involved facilitator engagement as well as reflexivity (Willig, 2010).

Descriptive statistics were used to summarise the evaluation scores in an accessible format, including determining mean scores as a measure of central tendency (Gray, 2012). The findings were then synthesised using inductive thematic analysis, 'searching across' the overall data 'to find repeated patterns of meaning', following the six-phase guide set out by Braun and Clarke (2006, p. 15).

Art therapy sessions held at the museum

Research procedure

The self-assessment evaluation measures Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) and UCLA Loneliness Scale (Version 3) (Russell, 1996) were administered to establish a baseline at the beginning of the project and in the last session to monitor any change. The UCL Generic Wellbeing Questionnaire (UCL GWQ) (Thomson & Chatterjee, 2013) was also used at the end of each session to rate wellbeing associated with the museum activity.

The WEMWBS is a self-report measure for mental wellbeing among people aged 13–74 in the UK. It comprises 14 positively worded statements with five response categories from 'none of the time' to 'all of the time'. The total score ranges between 14 and 70. An increase in the total score indicates an improvement in wellbeing (Tennant et al., 2007).

The UCLA Loneliness Scale is a 20-item self-report measure for feelings of loneliness and social isolation, with a rating scale of 1 (never) to 4 (often) (Russell, 1996).

The UCL GWQ (full version) is a 12-item questionnaire, designed specifically for museum projects, that uses statements that refer to an emotion or life quality that participants might have experienced during the museum activity, such as 'I felt confident'. These are rated from 1 (none of the time) to 5 (all of the time) (Thomson & Chatterjee, 2013).

At the outset, participants were given a demographics questionnaire to complete and asked to identify personal objectives they wanted to achieve through the programme. Demographically, all veteran participants were male and aged over 50. All served in the British Army except one Royal Air Force veteran. All the veterans had PTSD associated with military service.

At the end of the first phase, a 10-question exit survey was given to the participants which provided space for qualitative feedback. A focus group was held a month later to reflect on the programme and to plan for the second block of sessions. All group members were invited to participate but three veterans were unable to attend. One facilitator asked

open-ended questions about the project and led the discussion whilst the other facilitator wrote notes to record what was discussed. The notes were subsequently written-up and distributed to all group members. A further exit survey was distributed at the end of the second phase, and another focus group, along the same lines, was held a month after the second block of sessions ended. In this way, a collaborative approach was taken in the co-design and implementation of the project.

Intervention description

The first session began with a tour of the museum and a treasure hunt led by the museum project manager, whereby each participant, Combat Stress co-facilitators included, was given a sheet of close-up photographs of small parts of museum objects for identification as the tour progressed. The veterans completed this task with ease whereas Combat Stress facilitator participants required clues from veterans. This was an early sign that the project was congruent with veteran expertise and observational skills, which began the shift of control from facilitator-expert to veteran-educator, creating a different type of therapeutic alliance.

During the tour, one of the veterans experienced increased anxiety and was flooded with memories when he saw himself in a large image on the museum wall as a paratrooper marching through Aldershot in preparation for deployment to the Falkland Islands during the war of 1982. This was one of many times when veterans' military experiences were triggered and personal distress was caused, although they did not often share this with the facilitators at the time but instead used personal distress management techniques. Learning how to manage symptoms is central to recovery. This might be through grounding techniques. These are exercises or activities that orientate people to the present and are intended to stabilise. They often involve the senses, such as smelling an essential oil or noticing the feel of an object like a pebble. Rather than avoiding anything that might stimulate an upsetting reaction, practicing a range of management strategies can help to engage fully in life.

One session involved looking at the museum's collection of military vehicles. Two of the veterans had driven similar vehicles whilst serving in Northern Ireland and Iraq during riots and attacks. In creative response, one veteran wrote down a partisan song that was sung to troops serving in Northern Ireland by republicans attempting to undermine the soldiers' morale. He was able to do this whilst keeping 'one foot' in the present and joining in the banter with his peers, some of whom would have had similar experiences during service years. In this way, he was able to share something significant that had been suppressed for years, releasing it within the safe museum environment.

After a summer break, the second block of sessions ran until Christmas. Changes to the group included the departure of two veteran members and the occupational therapist, and the welcoming of a new museum project manager. With only four veteran participants, it was decided to invite a further veteran to attend but this time remotely via videoconferencing. In this way, it was possible to explore the feasibility of including people who might live too far away to attend, or who might be socially avoidant or agoraphobic.

For the duration of the second programme, the format entailed viewing selected items from the collection with a theme in mind, such as 'communication'. After a time of discussion, members were invited to make a creative response. This was followed by a time of group-sharing and reflection, before an ending relaxation/grounding exercise.

Post-group discussions between the museum project manager and the art psychotherapist distilled the essence of each session and the reflections were used to extend the material into the following week. For instance, Figure 1 was created by one participant as a humorous take on the theme of 'transport'. After a spontaneous group discussion on 'service humour' began to emerge in that session, the topic was set for the following week along with relevant items from the collection. In this way, a fluid and attuned structure was established that was informed by veteran interests.

There were a number of factors that challenged or assisted the programme, depending on perceptions. For instance, the presence of a school party on site one week made some of the veterans uneasy. For those who have experienced the distress and effects of war on children in conflict situations, the sound of screams even if done in excitement, can bring back haunting memories. Children's movements can also be unpredictable. Two young children 'burst' into the quiet of the group space which caused unrest to those sensitised to threat. Although some of the veterans thought they might have to leave due to the presence of the children, everyone remained, and the session became one of the most creatively productive.

Without doubt, the availability of tea, coffee, and biscuits assisted the group process. Participants were welcomed with 'a brew' and could take a refreshment break at will. This enabled participants to recover from their journeys (some involving the use of public transport which can present a significant challenge to people with PTSD); manage the anxiety of walking into the space; and engage in a productive task that helped to ground into the safe and supportive environment. Also, refreshment breaks enabled participants to moderate their distance from difficult psychological
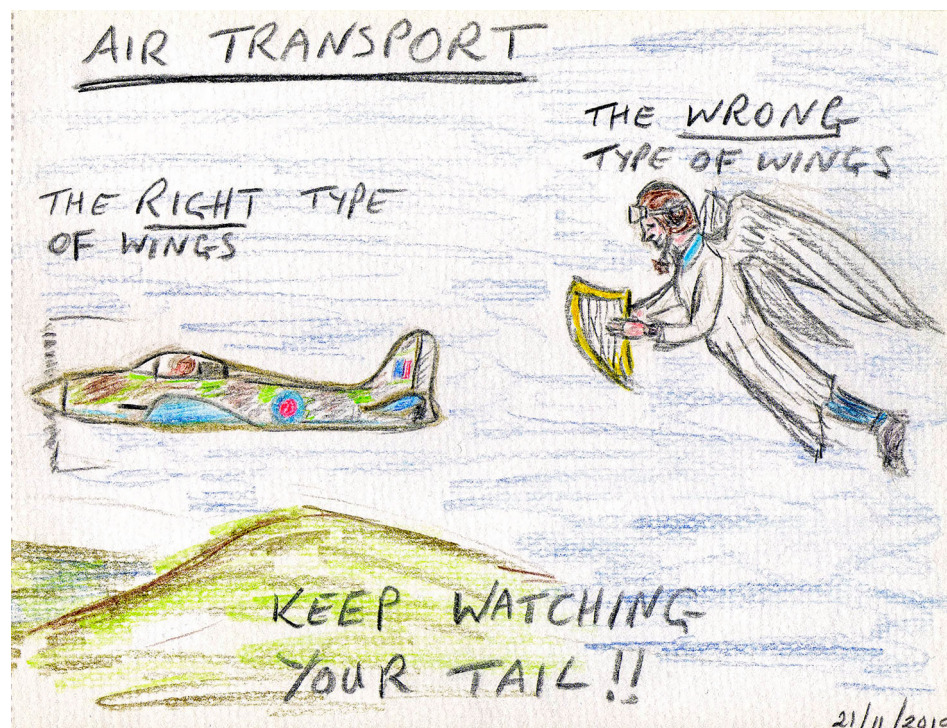
Figure 1. Air transport.

responses and material that emerged during the object-handling and discussions. It was noticeable how humorous banter escalated after a period of serious recollections.

On one occasion, when viewing collection items associated with the theme 'transport', the discussion turned towards the normality of experiencing extreme conditions in military life, with all its sensory associations. Examples were shared of being bitterly cold and exposed due to being ill-equipped with inappropriate kit and having to find shelter. Also, being thrown about in the back of military vehicles in claustrophobic conditions and with the smell of diesel inducing nausea. A period of grounding back into the present after the discussion was designed to help participants manage any unpleasant physical sensations they may have been experiencing consequently.

Of note, the second programme occurred over Armistice Day, which is a particularly significant time for veterans when feelings can come close to the surface. The group took advantage of that opportunity and produced some of its most poignant and expressive work. Poems and images took on shared meaning whereby the participants all seemed to relate to the work and deep discussion ensued. This time seemed to cement the bonds that had been growing between members.

The veterans' in-depth knowledge of the museum items, as symbols of a shared history, imbued the objects with meaning. Their contextual knowledge and lived experiences enabled rich, esoteric discussions which remained rooted in everyday life. Items

that might have received little regard by the uninitiated were recognised, valued and honoured by the veterans in their own pragmatic way.

Results of the museum-based sessions

The data from the evaluation measures Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007) and UCLA Loneliness Scale (Version 3) (Russell, 1996) varied between individuals according to wider circumstances. However, the UCL Generic Wellbeing Measure (Thomson & Chatterjee, 2013) was particularly helpful for examining factors associated with the project objectives, namely measuring self-confidence and social interactions related to the group. With a mean score of 4.1 where the maximum was 5 ('all of the time'), participants felt confident 'very often'. The mean score for 'I enjoyed the company of other people' was 4.5, and for 'I talked to other people' it was 4.4. This indicates that the attendees experienced positive engagement.

The surveys designed specifically to capture data for this study, particularly qualitative feedback, revealed that 100% of the veterans experienced a sense of belonging and increased confidence; 83% of participants reconnected with good memories from military life; and 100% of attendees said they would like to participate in a group like that again. Service-related conversations triggered 100% of participants, and the coping mechanisms used included 'grounding techniques'; 'distraction'; 'tried to make a joke of it'; 'letting intrusions run their course'; and 'letting go'.

Veterans' personal objectives and feedback

The veterans were given the opportunity to set their own objectives for the programme, but they were also given examples in the survey for inspiration. All chose to circle relevant examples rather than add different targets. Those chosen were: 'socialisation' and 'have a few laughs' 83% of participants; 'learn something new', 'friendship', and 'get me out of the house' 50% of participants; 'nostalgia' and 'knowledge-sharing' 33% of participants; and 'achievement' 33% of participants. At the end of each block of sessions 100% reported that they had achieved their personal goals.

In the last session of each block, participants were asked to identify some of their memorable moments from the group. Responses clustered around specific experiences, for example, 'going to the NCO's Mess', and 'doing my display'; and interactions. The interactions were most commented upon, for example, 'comradeship'; 'making new friends'; 'conversation'; 'meeting other veterans'; 'just sitting and listening to the stories'; 'just coming to the group'; 'some of the black humour'; 'the banter and shared experience'; and gaining positive feedback from others about art work created.

When asked to describe how it had been viewing the collection in three words, the following terms were used: 'fascinating'; 'nostalgic'; 'mixed thoughts'; 'interesting'; 'relaxed'; 'non-invasive'; 'well presented'; 'thought-provoking', 'pleasant and knowledgeable staff'; 'funny memories'; 'sad and happy'; 'memorable'; 'inspiring'; 'great'; and 'fun'.

A veteran's perspective as a remote participant

Key points fed back by the remote veteran participant helped to ascertain the feasibility of working in this way. Using his own words, advantages included 'at the end of the session I simply had to say my goodbyes and switch off, without facing a long drive home'.

On the other hand, disadvantages centred on some significant technical problems associated with a poor-quality connection. 'This manifested as intermittent freezing of the picture, intermittent loss of sound, and sometimes the link was lost completely and had to be re-established as a new call'.

> The main non-technical problem was that I could not touch the exhibits that were being used as inspiration in the sessions. However, I found this to be a very minor issue, and the visual input and participating in the conversations gave me ample inspiration to produce a relevant artwork.

Overall,

> despite the poor quality of the link, I found it very natural to interact with the group. It felt very much as though I was in the same location, looking at the others through an open window. I found that conversation came very naturally, and I felt entirely a member of the group, and I felt that the others considered me one of their number. Prior to starting this project, I had not expected to feel like this – I expected to have an interesting and useful experience, but I also expected to feel a separation from the others, and a strained, artificial form of communication.

> I was hoping to gain some therapeutic value from creative artistic activities, but I was not expecting any meaningful social contact through the link. In practice, I found that I was enjoying the social aspects of experience, and I found myself looking forward to the weekly meetings with my friends … The preliminary discussions about military subjects, and looking at the exhibits that had been selected, seemed to stimulate my emotional thinking. I found that I finished each session with a feeling of calmness and reflection that lasted several hours.

The results provide indications that the art therapy sessions had facilitated a sense of belonging between the veterans using the museum resources, tapping into the shared cultural context.

Art therapy groups held through an online platform

Museum-based art therapy sessions were due to start again in April 2020 but because of the pandemic lockdown the museum closed, and the sessions were cancelled. By that time, many people were home-working or furloughed, and online platforms were becoming a new way of working, as well as providing a social lifeline. Hampshire Cultural Trust decided that they wanted the art therapy sessions to continue so practice had to be adapted to the changed circumstances. New online-working guidelines were emerging which had to be tailored to suit context.

Measures

The aims of the group remained that same. However, it was decided to devise a six-question wellbeing survey to distribute through SurveyMonkey after each session. It was based on the UCL Generic Wellbeing Measure (Thomson & Chatterjee, 2013) and it required participants to rate how they felt during the sessions in terms of being happy; engaged; comfortable; safe and secure; enjoyment of the company of others; and talking to people. The options ranged from 'none of the time' to 'all of the time'.

In addition, at the end of each four-session block, participants were invited to complete a wellbeing summary survey to comment on the topics, the introductions and the usefulness of the sessions; also to ask how the group might be improved and to check if they might be interested in participating in similar sessions in the future.

Procedure

A revised procedure was agreed adapted from the museum-based sessions. This included (i) boundary-

setting, such as time-keeping; (ii) practical advice like how wearing earphones can help to improve sound quality and make conversations more confidential, or providing technical instruction where necessary; (iii) safe-keeping issues, like self-care and emergency procedures; (iv) and housekeeping points, such as muting the connection as appropriate.

All the group participants were emailed and/or telephoned and invited to join the online sessions. The veterans had already provided their full contact details and it was checked that their consent for the project still applied in relation to using the new virtual platform. An information sheet was provided that set out requirements and procedures. For instance, they were advised that sole access to a device (computer, tablet or smartphone) with an internet connection would be required. Also, to ensure that privacy was maintained for all participants, that they would need to work in a room away from anyone else and make sure that would be undisturbed during the session.

It was also underlined that although the intention of the sessions was to improve wellbeing, it was possible that painful memories might become stirred connected with military experiences. As part of the safety measures, the veterans were recommended to have a pre-prepared distress management strategy in mind, such as a calming place visualisation, grounding techniques, or a breathing exercise, to overcome any upset they might experience. Participants were already aware that the facilitators would not be able to provide mental health support outside of the group. If professional help was needed, the veterans were recommended to contact their GP or A&E. The Combat Stress 24-hour helpline telephone number was also shared. It was established that their consent to the protocol would be given by accepting the invitation to the Zoom meetings.

A date for a test run was set and the veterans were informed that during the test run, other participant's friends or family members might be present to help with setting up the link. If anyone preferred not to be present for this possible wider group interaction, then individual set-ups could be arranged on request. As part of the test run and safety planning, it was established where participants would be based during the sessions in case of emergency.

Having already piloted the inclusion of a veteran remotely, potential benefits were recognised. This time the group facilitators were the art psychotherapist, the community manager of Aldershot Military Museum, and the veteran volunteer. To date, two blocks of four sessions were held over May and July 2020. Four veterans from previous sessions participated, along with three new members who otherwise would not have been able to attend due to the geographical distance involved.

As the museum was closed, only photographs of objects from the collection or photographic material was available for use in the sessions. There would be no object-handling this time. A theme was chosen for each session and items sourced from the collection accordingly. After each session, a survey was sent to participants for feedback, with an additional questionnaire at the end of each block of sessions.

Initial themes set were relevant to current news stories and events to provide an opportunity to take stock and reflect, for example 'Captain Tom Moore' and 'VE Day'. This produced very rich material whereby participants reconnected with a sense of national pride; the ability to endure; and having made a personal contribution. The group discussed the roles of duty and loyalty, and how their military work involved facing conflict, with inevitable losses. As the weeks progressed, the concept of a 'moral compass' emerged through the artwork, which struck a chord with all the veterans. This seemed to hold shared meaning that helped participants to make sense of personal choices and the repercussions of events beyond their control.

The theme of 'diversity' was given at the time when 'Black Lives Matter' protests were emerging in the news. This inspired thoughts about bullying and discrimination but also the positive influence of meeting people from different cultures and backgrounds within the armed forces. In Figure 2, the veteran has used the symbol of a brick to represent individuals. Different colours and materials come together to form a wall – the armed forces. Upon leaving/detaching, some of the bonding cement still sticks. Some of the bricks have changed by taking on the colour of other bricks i.e. something someone might have said that had a long-lasting influence.

Thus, the group provided a space for veterans to connect during lockdown and to reflect on current issues, as well as creatively exploring wider associations with military experiences.

Results of the online sessions

The results revealed that 100% of respondents positively experienced the targeted factors (happy; engaged; comfortable; safe and secure; enjoyment of the company of others; and talking to people) from 'some' to 'all of the time'. This included members new to the group who only joined during lockdown. The most positive results were for 'I enjoyed the company of others' and 'I felt safe and secure' with 100% of respondents experiencing this 'all of the time' during the last two sessions.

The exit questionnaires revealed that 100% of respondents found the sessions useful and were interested in participating in other online art therapy groups. Comments included 'I really enjoyed the groups … the introduction was good, the content
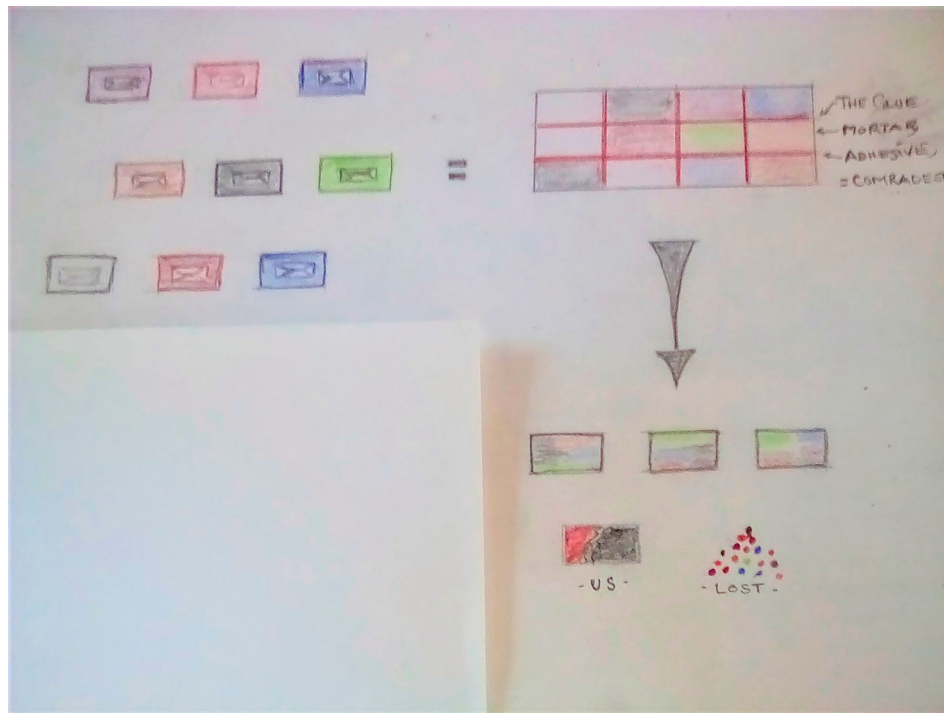
Figure 2. Diversity.

was good, the participation was good, as was the banter'. The themes were described as 'challenging'; 'thought provoking'; and 'extended lateral thinking'. It was enjoyable to 'be able to talk with other ex-servicemen and talk about my past without going too deep' and to 'work together on a subject as a team'.

The results opened a discussion about the advantages and disadvantages of digital, museum-related, art therapy sessions which addressed the related research question.

Discussion

In recent years, Combat Stress has published several studies that explore the use of teletherapy for veterans with PTSD (Ashwick et al., 2019; Murphy & Turgoose, 2019; Turgoose et al., 2018). Findings suggest that teletherapy is as acceptable and effective as face-to-face treatments and provides a feasible alternative to in-person interventions. These findings are corroborated by the current study.

Furthermore, studies from the USA have contributed to our understanding of how telehealth-based creative arts therapy can assist with the rehabilitation of veterans in rural areas (Levy et al., 2018; Spooner et al., 2019). As Combat Stress works with veterans across the UK, including those in remote areas of Scotland, being able to adjust art therapy practice to a digital format is an advantage. This paper adds to the evidence to support the potential of this option.

The group in this study went through several changes during its development. Some were by design, for instance in response to veteran feedback.

Other alterations, such as moving the group to an online platform, were informed by necessity. One big advantage of remote working was that veterans who otherwise would not have been able to attend due to factors like distance or inability to use public transport, were able to participate. Although the private room at the museum became a safe space for the veterans, participating from their own homes meant that they were not arriving feeling stressed by their journey, in a state of hyper-arousal that took a while to calm down from. They had familiar things around them, and often family members or pets close by for support. It was noticeable that regular breaks were unnecessary. This might suggest that participants were better able to tolerate the feelings stirred by associations with the collection due to being within their home environment.

By the same token, the disadvantage of participating from home meant that there was not exposure to stressors like travelling, or unexpected encounters with school parties, which might result in increased distress tolerance, and potentially the confidence to further extend social parameters. There was less informal banter between veterans, and participants were not able to experience the full sensory atmosphere of the museum. Also, the museum objects played more of a central role when the group was present at the site. Items were held, studied, and passed around, or stood by in the case of vehicles. This connected with all the senses, for example, feeling the weight and texture of an object, or smelling something that might trigger a reminiscence. The photographs of items provided digitally inspired associations and

discussion, but they were rarely returned to for further observation.

Fortunately, there was no loss of signal during the 2020 groups but that had been an issue in the 2019 pilot. The change to a different platform seemed to help.

In terms of the group aims of fostering connectedness and increasing wellbeing, the results suggest that both museum-based and digital sessions were able to fulfil these objectives.

Limitations

To date, over twice as many museum-based sessions have been run to those online (20 and 8 respectively). However, the indications are that results are comparable.

The total sample size was small (N = 10). Also, the outcome measures WEMWBS and the UCLA Loneliness Scale, Version 3, did not prove to be as helpful as anticipated in this study due to the variation between individuals according to personal circumstances. It was the UCL Generic Wellbeing Measure and its adapted form that provided relevant data for descriptive analysis, as they were directly connected with the museum activity.

Implications for practice and research

Digital art therapy sessions offer promise as a way of involving veterans who cannot physically attend groups for reasons such as distance or agoraphobia. They foster inclusivity and can provide a psychosocial lifeline. The informality of the cultural encounters where participants were encouraged to share their military knowledge, took the focus away from having mental health problems. Simultaneously, the effects of their psychological injuries were ameliorated by recognition and employment of their specialist skills and experiences.

It is the intention that, when possible, the group will once again gather at Aldershot Military Museum but next time it will include some veterans from further afield participating digitally. Although informed by necessity, the lockdown art therapy group showed that distance working can provide an effective means of fostering a sense of belonging. It is hoped that this study might encourage other military museums to consider hybrid-working in this way to access and support socially avoidant or isolated veterans.

Future research studies would benefit from qualitative interviewing to glean the rich material that participants might be willing to share.

Of note, the transfer to online working required a change in the way the art therapy images were recorded. When the group was museum-based, a facilitator was able to photograph the work, with the consent of participants, with a high-resolution camera. When the group moved online, participants gave consent for screenshots to be taken of their work. Screenshot clarity depends on display resolution and differs according to the device used. For the purpose of this paper, two veterans provided their own photographs of their work. This co-production factor has implications for future studies.

Conclusion

The research questions for this study were: in what ways might art therapy facilitate a sense of belonging between veterans using military museum resources? and what are the advantages and disadvantages of digital, museum-related, art therapy sessions for veterans with PTSD? Both questions have been explored through the text with findings shared.

The primary objective of the project was to explore how items from the museum collection might stimulate a sense of belonging that could moderate the isolating effects of PTSD, and later the COVID-19 lockdown, and how reconnecting with existing military expertise and knowledge might be used as a positive resource for wellbeing. Through familiarity with the function of the artefacts, in-depth contextual knowledge, cultural awareness, and shared military experience, the veterans brought the objects to life in their discussions. They connected with each other through this exploratory process. Regularly military terminology and slang were used. Their broad familiarity and prowess enabled deeper meaning and understanding of the objects to emerge.

The evidence suggests that participants experienced a sense of belonging which promoted self-confidence and enabled social interaction. This was the case when the group was museum-based and when held remotely. Even though the museum items triggered traumatic memories, the veterans chose to continue being part of the group and used symptom management techniques as necessary. In this way, they overcame avoidance of stimuli reminiscent of their traumas. Avoidance is one of the presentations of PTSD which can contribute to social isolation. Recollections were sometimes bitter-sweet whereby memories might be laced with tragedy as well as courage, fortitude, pathos, or humour. The group did not shy away from difficult content and managed the personal distress that might have caused. This study is a contribution towards increasing awareness of the potential of military cultural heritage as a mental health resource for veterans with PTSD.

Disclosure statement

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Notes on contributors

Janice Lobban, art psychotherapist and Churchill Research Fellow, has specialised in veteran mental health since 2001. She has had a number of related papers published and edited the book 'Art therapy with military veterans: Trauma and the image'. Janice has lectured and provided training on art therapy with veterans in the UK, St. Petersburg, New York, Amsterdam, Stockholm, and Athens. In 2016, she spent six weeks in the USA researching art therapy with veterans and serving military members on sites across the country to gather evidence of the unique contributions of art therapy within military mental health, in order to strengthen clinical understanding of practice and inform further research. Currently, she is exploring the potential use of military museum collections to access and support socially avoidant or isolated veterans.

Dominic Murphy is a Clinical Psychologist. He joined Combat Stress in 2013 where he established and now leads a research department specialising in veterans' mental health. The Combat Stress research department is co-located within the King's Centre for Military Health Research (KCMHR) where Dominic continues to be a member. Dominic is part of the Forces in Mind Trust mental health steering group, editor for a number of journals and member of several international military mental health research consortiums. In 2019, he was elected the President of the UK Psychological Trauma Society (UKPTS) and onto the executive board of the European Society for Traumatic Stress Studies (ESTSS). Dominic has specialised clinically and academically within the field of PTSD and military mental health and is widely published with over 100 articles to date.

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