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RESEARCH PAPER

Museum-based art therapy and wellbeing programme: experiences of veterans with PTSD

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 ABSTRACT

Background: Engaging in creative arts and heritage have both been shown to improve wellbeing.
Aim: The aim of the current study was to explore veterans’ experiences of attending the Creative Wellbeing Programme programme (CWP) in a military museum.
Methods: Seven veterans who attended the CWP programme were invited to share their experiences through a qualitative, semi-structured interview. The interview explored experiences of engaging in this type of programme and the impact this had on them. The interview was transcribed, and a thematic analysis was conducted.
Results: Themes concerned three stages of involvement: Pre-programme, Programme experiences, and Post-programme. Pre-Programme themes concerned reasons for participation, pre-programmes feelings, hopes and expectations. Programme Experiences concerned general experiences, the role of social support, the role of the museum, and the art therapy process. Post-Programme themes concerned perceived outcomes. Overall, the museum created a relaxed and informal environment, and the familiar items in the museum stimulated the creative process. However, for some this led to disengagement due to fear that objects may prompt negative emotions.
Conclusions: The findings suggest that engaging veterans in art therapy in a museum environment is beneficial. Future programmes should aim to focus on support post intervention.
Implications: The study provides insight into the acceptability of art therapy within a military museum environment. It also adds to the growing international evidence concerning the role museums have in supporting mental health and wellbeing.

Plain language summary

This study aimed to explore the experiences of veterans who took part in a Creative Wellbeing Programme programme (CWP). This programme involved using art and discussion in a museum environment as a way of supporting veterans with potentially traumatic memories. The group environment facilitated connection and a sense of belonging through discussion of museum items.

Seven veterans were interviewed via MS Teams about their experiences engaging in the programme, exploring potentially positive and negative aspects of participating. The transcripts were transcribed by MS Teams and anonymized before being analysed for potential themes.

Themes were identified relating to pre-programme, during the programme and following the programme. Pre-programme themes were centred on the reasons veterans participated, and their hopes and expectations about the programme. Programme themes were the role of social support in the groups, the role of the museum, art therapy process. Post-programme themes centred on the outcomes veterans felt had resulted from taking part in the programme.

Overall, the familiar items in the museum facilitated discussion and creativity despite some veterans feeling that the items prompted negative emotions. The study findings indicate the potential benefits of a museum group environment for veterans experiencing mental health difficulties.

Veterans may be more likely to experience mental health problems compared to the UK general population (Stevelink et al., 2018). Compared to non-veterans, veterans have a higher prevalence of Post-Traumatic Stress Disorder (PTSD; 8% vs. 5%), common mental health difficulties (23% vs. 16%), and alcohol misuse (11% vs. 6%; Rhead et al., 2022). In addition to coping with exposure to trauma during service, many veterans describe finding difficulty in transitioning to civilian life after serving years in the UK Armed Forces (Jones & Fear, 2011). Isolation is also a factor in the deterioration of mental health for veterans particularly in the transition to civilian life (Royal British Legion, 2018).

PTSD has been characterised as a cognitive disorder arising from difficulties processing, storing, and retrieving traumatic memories (Brewin et al., 1996). Whereas PTSD sufferers recognise non-traumatic memories as being in the past, traumatic memories may be played out in the present. This re-experiencing of traumatic memories may arise following sensory triggers in the environment, activating the fear network in the central nervous system, and leads to...
sufferers avoiding situations where these intrusions could occur.

The gold standard treatment for PTSD follows The National Institute for Health and Care Excellence (NICE) guidelines. NICE recommends exposure-based, trauma-focused therapy, such as Cognitive Behavioural Therapy (CBT), or Eye-Movement Desensitisation and Reprocessing (EMDR), which focus on reprocessing memories in a safe therapeutic environment (NICE Guidelines, 2018).

However, research suggests that some individuals do not respond well to these typical interventions (Goodson et al., 2011) and, in particular, veterans do not respond as well compared to other populations (Kitchiner et al., 2019). Trauma-focused CBT aims to reduce re-experiencing symptoms and reprocess the traumatic memory through exposure to the traumatic memory via imagined reliving, wherein the patient describes and then writes a full account of the trauma event. Patients then re-appraise their negative cognitions about the trauma, which are theorised to arise due to incomplete contextual information (Ehlers & Clark, 2000).

This updates the meaning of the worst aspects of the memory such that they are more positively reappraised. By contrast, art therapy helps patients access traumatic memories non-verbally through creating art. The artistic process externalises the memory, which in turn can facilitate reprocessing and reappraisal and may create a more integrated narrative of a traumatic experience (Lobban, 2016). Furthermore, the creative process enables patients to communicate feelings and emotions which may be difficult to articulate (Haeyen & Staal, 2021). Other elements of art therapy that may support PTSD treatment include the group setting it often takes place in, creating shared experiences; nonverbal expression; facilitating feelings of control, as well as artistic pleasure and mastery (Smith, 2016). Qualitative studies have emphasised the benefits of the group context for art therapy, which veterans have referred to as a ‘family’ (Schnitzer et al., 2021). In another study, patients commented that the group facilitated communication and bonding, with the sharing of art helping to normalise mental health problems (Palmer et al., 2017).

Several studies indicate the benefits of art therapy for PTSD. In a randomised controlled trial, art therapy (in conjunction with cognitive processing therapy) facilitated veterans in accessing emotions connected with traumatic memories while providing distance from them, as well as supporting trauma recall (Campbell et al., 2016). In another study, veterans exhibited a greater improvement in depression and PTSD outcomes in the cognitive processing therapy group which included art therapy, compared with cognitive processing therapy alone. Subjective veteran reports of the treatment were also higher in the art therapy group (Decker et al., 2018).

Further evidence for the benefit of group-based art therapy settings has increased attention and focus on using alternative venues such as museums as mode of therapy. Treatment beyond the therapy room may reduce isolation and improve social facilitation (Bennington et al., 2016; Lobban & Murphy, 2019). In a case study of older care home residents who attended art therapy in a museum, the museum was an important part of the intervention with its role including curational functions facilitating the pacing and providing objects to focus on (Salom, 2011).

To the authors’ knowledge, only one study has explored art therapy in a museum environment with a veteran population with PTSD. A collaborative programme between Combat Stress, a veteran’s mental health charity, and Aldershott Military Museum explored the effectiveness of art therapy and resilience building in a group-based setting for veterans with PTSD – the Creative Wellbeing Programme (CWP; Lobban & Murphy, 2020). During the programme CWP, veterans engaged with objects from the museum that were familiar to them from their time serving in the UK Armed Forces. The aim of the programme CWP was to reduce isolation and improve connectedness through shared experiences and the use of creativity within a safe environment. In total, the programme consisted of ten sessions, facilitated by an art psychotherapist and occupational therapist from Combat Stress, and a museum staff member and volunteer. In March 2020, the sessions were transferred to a digital format. The role of the museum staff was to introduce possible objects for use in the sessions, while the Combat Stress staff primarily facilitated the sessions themselves. A full description of the programme is provided in Lobban and Murphy (2020).

This previous study explored the experiences of the veterans who participated in the programme using a short free-text feedback form. The study found that although service-related conversations were a potential trigger for veterans, they described the programme as a positive experience which facilitated a sense of belonging. Moreover, semi-structured interviews can provide rich data to analyse the potential impact and experiences of participating in a programme. The current study therefore follows Lobban and Murphy (2020) and aims to further explore the experiences of participating in the CWP, one of the first programmes of its kind. This could inform how future similar programmes could be improved or adjusted to further benefit veterans.

Methods

Study design

The current study adopted a qualitative design, which was further informed by realist evaluation (Pawson & Tilley, 2004), which asks what works for who and why. By conducting one-to-one semi-structured realist-informed interviews, the mechanisms through which art therapy in museums may impact on wellbeing can be explored. Realist approaches provide a framework in which interventions can be evaluated and tested outside the traditional clinical frameworks, which are not feasible in the current context.

Participants

All participants had been referred by Combat Stress to the Creative Wellbeing Programme programme. No exclusion or inclusion criteria were established the intake of the programme. However, some inclusion and exclusion criteria were pre-determined by Combat Stress. All participants needed to have (1) reported of a military trauma, (2) have served in the UK Armed Forces for at least one day, and (3) met the diagnostic criteria for PTSD. Participants were excluded if they had a personality disorder, psychosis, or dependence on alcohol. Participants with high perceived risk of suicide or suspected traumatic brain injury was also excluded. All participants who attended at least one session of the CWP were
invited to participate in the study. All participants were male, over 50 years of age; served in the British Army except for one RAF veteran, and all had PTSD associated with military service.

**Measurements and/or materials**

A semi-structured interview schedule comprising 11 questions was developed collaboratively between all authors (see supplementary material for full interview schedule). It is vital to emphasise that this study adopted a realist, rather than a constructivist position. Accordingly, the interview schedule was not an attempt to explore the experiences or life world of the participants. Instead, a realist-informed approach was taken, which focuses on the intervention itself; how it might work, for whom it might work, and in what context it might work (Manzano, 2016). As a result, the questions were divided into sections: pre-intervention, intervention, and post intervention experiences to guide the conversation. These sections included open-ended questions about the expectations, impact of and experiences of the programme, as well as any good and bad experiences, or positive and negative emotions felt over the course of the programme. What is discussed within these sections is led by the participant, meaning that inductive analysis is still possible. As with other semi-structured schedules, the questions were not always asked if the participant had naturally covered the topic area, and prompts were used to explore participants’ experience of the intervention in more depth. The interviews were carried out in August 2020 and were conducted via telephone. The interview was recorded via a separate audio recorder (Homder Digital Voice Recorder).

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**Procedures and ethics**

All participants were contacted by the lead facilitator (the art therapist) for the CWP with an email introducing the study. In the event of a non-response, a second email was sent the following week. Participants interested in taking part in the study were sent an informed consent sheet along with a proposed time and date for the interview. The participant was asked to sign and return the informed consent sheet by email and agree or suggest a different date and time for the interview. Out of 10 veterans who were contacted to participate in the study, a final sample of 7 participants completed the interview.

Prior to starting the interview, the researcher asked the participant to confirm their consent to participate. Interviews lasted for about 40 min (SD 12,45) on average (range 13-45 min). After this, interviews were transcribed with all potential identifying information about participants removed. Audio files were destroyed after transcription was completed. Demographic information, age, gender, ethnicity was recorded at the beginning of the interview. Post interview each participant received a full debrief email including contact details for any veteran support services if the veteran would be in need of further support post-interview.

The study received ethical approval from Southampton Solent University Psychology Ethics Committee and Combat Stress Research Committee. All participants gave informed consent for participation.

**Data analysis**

It is important to emphasise that a framework was needed that described the participants’ engagement with the intervention, and this naturally fell to the programme stages described above. Within these stages themes were developed through thematic analysis (Joffe & Yardley, 2004), which was carried out for each transcript. Themes were developed by identifying specific patterns of interest within units of meaning (sections of sentences, whole sentences, or paragraphs). After initial in vivo coding, these codes were grouped together, leading to the development of themes. Analysis was carried out at both the manifest (explicit) and latent (implicit) levels.

**Results**

Themes developed through analysis concerned three stages of involvement; Pre-Programme, Programme Experiences, and Post-Programme. Pre-Programme themes concerned reasons for participation, pre-programmes feelings, and hopes and expectations. Programme Experiences concerned general experiences, the role of social support, the role of the museum, and the art therapy process. Post-Programme themes concerned perceived outcomes associated with participation as well as experiences of other interventions. Table 1 summaries the themes.

**Pre-Programme**

Participants spoke of their reasons for wanting to be involved in the art therapy programme, as well as their feelings pre-
programme and what they had hoped to gain from taking part.

Reasons for participation

The main route into the programme was via the therapist, with whom a number of participants had worked with previously at Combat Stress art therapy sessions. However, for one veteran the route in was through his social network:

I was actually talking to one of the other veterans who was already involved and he said to me would I be interested in taking part (Participant 101).

Once invited, there seemed to be two main reasons for getting involved, and these were to re-experience art therapy or to re-connect with their former support network. As Participant 101 also described:

I used to attend Janice’s art therapy maybe two or three times a week, and I got a lot of benefit out of them (Participant 101).

As a result, participants felt positive about taking part through these trusted routes and due to positive previous experiences of art therapy.

Pre-Programme Feelings

The participants’ talk focused on feelings of isolation as well as experiences of poor mental health prior to taking part in the programme. These feelings of isolation were acute and seemed to be linked to expressions of poor mental health. A powerful example of this came from Participant 100, who explained his feelings of disengagement along with suicidal feelings:

I’d shied away from all my friend you know I disengaged should we say from all my friends I didn’t think there was light at the end of the tunnel. I was suicidal and I had thought of [] self-harming (Participant 100).

Hopes and expectations

As one might expect in the context of pre-programme feelings, participants also expressed the ways in they hoped that being involved may impact on them, with confidence being a key hope along with ‘mental health and wellbeing’ (Participant 104). For others, participation in the programme and increases in confidence were a way to make social connections. Participant 103 explained his particular hope in relation to social connectedness:

My communication skills, mixing with other people because I am very much a loner and I just wanted to get to know other people (Participant 103).

This need to reconnect seemed for some to be due to having lost social connections, particularly networks that had been fostered through Combat Stress. The desire to reconnect with the veteran community was quite a strong theme throughout, as demonstrated in the following quote:

Getting something from Combat Stress, you know what I mean, and you know I just needed some support you know, help [] And it was that social interaction with other veterans (Participant 104).

Programme experiences

Programme Experiences concerned aspects of the programme, such as general experiences of the programme as well as the role of social support, the museum setting, and the experience of art therapy.

General experiences of the programme

All participants reported positive experiences of the programme and a sense of having benefited from taking part. As one participant explained:

That’s how I left Aldershot Military Museum, not always on a high, but always positive about yourself (Participant 105).

However, it also seemed that for some the initial experience proved a little difficult:

The first day I virtually stayed to myself. As the course went on I started mixing with people and sharing their experiences as well (Participant 103).

What seemed to help participants to overcome these initial concerns was the presence of people they knew from Combat Stress, whether veterans or the therapist herself. These connections facilitated involvement from the start:

Four of the guys I knew from Combat Stress and obviously I knew Jan from before as well and it helped (Participant 101).

The role of social support

The importance of social connectedness and social support became more apparent when participants spoke about the ways in which the group had come together throughout the programme. The group seemed to provide an important social connection, but it was particularly the social connection with other veterans that was most valued. The importance of peer support and a shared understanding was expressed by all participants:

I think that shared community of being veterans certainly helped this groups along cause we were all on the same wavelength [] the members of the group were instinctively very supportive of each other (Participant 106).

This supportive environment seemed to be important in giving a sense of being understood, particularly during the creative process. Indeed, there appeared to be an element of social support that caused participants to reflect on their own experiences, a theme returned to later. In the quote below Participant 105 described how sharing experiences allowed him to understand that he was not alone:

I was actually talking to someone else whereas someone else might have horror (Participant 105).

Despite these positive experiences, a sense of challenge was experienced by some, though even this seemed to be ultimately a positive experience. Participant 104 describes how this sense of challenge prompted reflection on experience:

Cause you have other veterans around that can challenge you. And sometimes it might be a bit heated, some of the times we might be laughing eh so yeah it can be challenging in a good sense. [] Challenging in that someone can see the same object but in a different view so you could have fond memories of that object whereas someone else might have horror (Participant 104).

It was not always the case that the supportive environment led to communication and sharing of experiences. For one
participant, it seemed that the programme led to avoidance, or at least a non-communication, of experiences:

We talked to each other but we never went into why we were there or what’s happened to us in the Army you know (Participant 103).

The role of the museum setting
There were two elements afforded by the museum setting that seemed to be particularly important. First, the museum offered an informal setting, which seemed to provide a relaxed environment, captured by Participant 100:

It was a nice and relaxed area. You didn’t have to sit there. You could get up and take a breather whenever you wanted. Not classroom oriented in any way whatsoever you know so you had plenty of tea and coffee and that you could just get up to get coffee when you wanted it and everybody interacted with each other (Participant 100).

There was a sense of control in Participant 100’s quote, in that if participants felt they needed to take a break from the task, the informal nature of the setting meant that they felt able to leave the setting.

Another important aspect of the museum setting was that since it was a military museum, it was meaningful to the participants. In this context participants felt able to contribute their knowledge, which gave them a sense of achievement and a feeling of being expert, as explained by Participant 101:

Some things came up to do with the military and there we were definitely experts in that field (Participant 101).

The meaning associated with the items in the museum collection was also of significance to the participants. Having these familiar items meant that they were able to engage more with the objects used to stimulate the creative process:

It was just about getting a deeper understanding I suspect you know if you had come across that item we were presented or you understood its significance to where it was you know (Participant 104).

The association between museum items and experiences was not positive for all, though. For one participant in particular, the familiarity of the collection led to disengagement and avoidance due to a fear that objects may prompt negative emotions, something they had struggled with previously:

We didn’t actually walk around the museum, what I was frightened of was seeing there [recognisable items or items of meaning] (Participant 102).

The art therapy process
Art therapy was experienced as a creative process allowing participants to make meaning of their experiences, or at the very least provide an opportunity to feel positively about themselves and their contributions:

The three I took part in definitely enabled me to feel creative, feel positive, about what I put down and I feel I contributed to the group as well (Participant 101).

Further to this, there was the sense from a number of participants that the creative process allowed them to make sense of experiences, particularly in a way that did not require them to talk about their experiences:

Sometimes you can get lost in the narrative when you are speaking whereas if you are presenting if from a different format it just seemed to get it out of me (Participant 104).

Another powerful example came from Participant 106:

I found that using art seemed to be a very powerful way of achieving that because it forces your subconscious and conscious mind to work together I think (Participant 106).

Art therapy was also considered to allow participants to recall difficult memories in a safe environment. In the quote below, Participant 106 describes how being able to work with memories, he was able to incorporate them into his personal narrative:

Art therapy its extremely powerful medium of therapy bringing things to the surface that I have tried to keep hidden from the world and from myself from years because the issues feel pressured when they come up, but art therapy seems to come out there for re-examination I find it they were, it puts them in my history rather than them still being in my present (Participant 106).

The military museum naturally prompted participants to recall their service experiences, which provided an opportunity for participants to talk and share these memories within the safety of the therapeutic context. As Participant 104 explained,

I think it’s because of the association with the object, because it is making you face your time and period when you may have come across something similar very similar. You know it’s bringing it back up and it’s allowing you to sit there in amongst your peers and talk about it, and hopefully get some support (Participant 104).

Participant 104 indicated that the special connection to the objects used for the art therapy meant that memories were brought to the fore, but the presence of peers provided the opportunity to process the memory in a safe environment.

Post-Programme
Post-Programme themes concerned both perceived outcomes resulting from taking part as well as experiences of support post-programme.

Outcomes
For the majority of participants, outcomes concerned social connectedness and wellbeing, therefore reflecting the hopes and expectations they had before taking part.

Importantly, social connectedness seemed to last beyond the duration of the programme for some participants. In the following quote, Participant 105 explains how he reconnected with his former support network through the programme and how this was maintained:

The poppy parade, was it last November, yeah it was, it was the same four of us all together all turned up together and yeah it was good to meet up, we had to get up early in the morning though but yeah it was. Yeah like I say I go and ring them up every so often to see how they are, again with all of this lockdown you don’t know how they are (Participant 105).

In terms of mental health and wellbeing, it seemed that confidence increased for some, and others experienced an uplift in their wellbeing. In contrast to this, Participant 106 explained that during the programme his wellbeing improved, but this was not maintained longer term:
I felt that I left, I finished the sessions feeling calmer and how can I put it more orderly fashioned, it only lasted a couple of days that feeling but for those couple of days afterwards I did have a good feeling of feeling better and more able to get on with the things in life (Participant 106).

Experiences of other interventions
The importance of social connectedness was highlighted when participants spoke of their experiences of other interventions and services. For the vast majority of participants, there had been a distinct lack of support outside the art therapy programme. The context is important here. As mentioned previously, the interviews were carried out during the COVID-19 pandemic and at this time service provision changed significantly in the UK. When asked what services he engaged with post-programme, Participant 104 explained:

Well there isn’t that many services at the moment is there? I have not even bothered with mental health services because nothing has been open, unless you are at risk nobody is interested (Participant 104).

In addition, a number of participants spoke about how they would have liked contact:

I would have loved to go into Combat Stress in Leatherhead there for two or three days or whatever just to have a break so I could relax and chill (Participant 100).

Despite the desire to get involved with Combat Stress once again, Participant 100 explained that he had enjoyed art therapy more in the informal setting of the museum:

I couldn’t go into the classroom because there were just too many people in there for me. I felt claustrophobic, afraid, everything (Participant 100).

Interestingly, and quite powerfully, participants who had also experienced art therapy elsewhere did not have positive experiences. Participant 101 explains how participation had led him to feel negative and withdrawn:

I have had art therapy in the community and they left me feeling quite emotional and withdrawn (Participant 101).

Discussion
Through thematic analysis, three main themes were developed concerning particular stages of involvement. Within each of these main themes, as series of sub-themes were developed. Pre-Programme sub-themes concerned reasons for participants, pre-programme feelings, and hopes and expectations of participation. Programme Experience sub-themes concerned general experiences of the programme, along with the role of social support, the museum setting, and the process of art therapy itself. Finally, Post-Programme sub-themes concerned perceived outcome as well as experiences of service use post-programme.

It is important to note that participants who took part had experienced art therapy previously with the therapist leading the programme they were invited to. Where participants did not have this existing relationship with the therapist, they took part because they were invited by trusted peers. This theme of trust and support was manifest throughout the transcripts. When describing the experience of art therapy itself, it seemed that participants felt able to process their experiences because they were in a safe environment with peers and a trusted therapist. In addition, the museum staff themselves were accepted and trusted by the participants.

The role of peer support in helping veterans cope with difficult memories is well founded in the empirical literature (Burnell et al., 2017; Jain et al., 2016). In addition to this peer support, the museum setting itself seemed to provide a unique contribution. It provided an informal setting in which participants felt a sense of control. This is a theme mirrored in work by (Coles & Harrison, 2018) in which participants with mental health issues felt more in control and less stigmatised in the non-clinical environment of the museum. In addition, the specific nature of the museum itself, a military museum, added yet another dimension to the therapy. It was not possible for participants to avoid memories of their military service in this context. As a result, it seemed that through the support of their peers and the facilitators, they were encouraged to reflect on their own life experiences within the shared cultural heritage of being part of the military, with the museum artefacts acting as prompts. This might have involved recalling the mundanity of everyday procedures, with amusing anecdotes, or the extreme challenges of being in battle. Ultimately, the creative process enabled expression and externalisation of the associations made, which could then be further processed and defused through group interactions.

In terms of outcomes, it did seem that mental health and wellbeing improved as a result of involvement. However, the extent to which improvements were maintained is not as well understood. In contrast, social connections need seem to be maintained post-programme, and also seemed to fill a significant void in relation to limited access to other services. Of note, a social (non-creative) group led by a veteran volunteer was available for the veterans to join to maintain contact. However, this opportunity was not taken up suggesting that participants were not seeking a particular type of interaction.

Implications
This study provides interesting insight into the ways in which art therapy conducted within a military museum environment may impact positively on participants. In addition, it adds to the growing international literature concerning the potential role of museums in supporting mental health and wellbeing programmes, and particularly the ways in which heritage that is personally significant can support meaning making of difficult life experiences. For example, although findings revealed that objects sometimes reminded veterans of distressing memories, they still found that the context of the sessions overall enhanced their connection with each other through the shared understanding of the material. Furthermore, the findings suggest that art therapy in a museum context is not only feasible, but also acceptable to participants, who reported benefits to the online format in terms of controlling their environment. The implication of this finding is that the programme can potentially be offered to veterans who may be unable to travel, or who live far away from the museum.

Limitations
While the sample size was small, this represents all participants who took part in the art therapy programme and, as
a result, provides useful insight that can be transferred to similar contexts. Interviews were conducted by telephone, due to the pandemic. As such, the interviews did not always have the depth of exploration that one may expect from face to face, or even online interviewing using platforms such as MS Teams. Telephone does, however, provide an accessible way for all participants to take part. Participants all had prior associations with Combat Stress rather than coming to the group through a variety of referral sources. This emerged during informal interactions between participants and may have assisted trust building and bonding.

Conclusion

The study explored the veteran’s experiences of attending a creative wellbeing programme in a museum setting. Veterans provided insightful comments about the pre, during and post experience of the programme. Common themes revolved around importance of peer-support, trust, opportunity to share experiences in a safe environment, and the impact this had on their own wellbeing. Future studies should explore the impact this may have for long-term on mental health and wellbeing.

The authors report there are no competing interests to declare.

Disclosure statement

There is no conflict of interest in this paper. No financial or benefit has arisen from the direct application of the current research.

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