



Combat Trauma Art Therapy Scale

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ABSTRACT

This study correlated an art therapy descriptive technique originally applied to adolescent burn victims with adult combat-related victims in an effort to identify art themes and graphic elements associated with post-traumatic stress disorder. The designed rating instrument, referred to as the Combat Trauma Art Therapy Scale (CTATS), consisted of 62 items aimed to detect common themes associated with war time experiences. Using the CTAS, raters examined 158 pictures, with depictions of women, violence, and combat interwoven, suggesting an ongoing struggle to cope with the emotional aftermath of recent traumatic experiences.

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The United States is involved in two large military operations, one in Afghanistan referred to as Operation Enduring Freedom (OEF), which started in October 2001, and Operation Iraqi Freedom (OIF), which followed in March 2003. Soon after the launch of OIF, researchers conducted a comprehensive assessment of the war's emotional impact (Hoge et al., 2004). Using the DSM-IV TR's definition of post-traumatic stress disorder (PTSD), these investigators reported 12.9% of Army Service Members deployed in support of OIF and 12.2% of Marine Corps personnel supporting OIF met the criteria for PTSD. Roughly half that number, 6.2%, of Army personnel engaged in combat operations supporting OEF met the criteria for PTSD. A later analysis of the war's impact, published 4 years after OIF started, concluded that clinicians now were identifying 20.3% of Active and 42.4% of Reserve Component soldiers in need of mental health treatment for PTSD, depression, and alcohol use disorders (Milliken, Auchterlonie, & Hoge, 2007). The collective weight of these clinical investigations points to enduring emotional consequences for a sizeable group of combat veterans. Identification and treatment of combat veterans suffering emotional problems from their war experiences requires the sustained vigilance of a multidisciplinary group of clinicians. Based on the authors' clinical observations in the military population, service members, like many individuals coping with a traumatic experience, may fear verbalizing their story. In some cases that is a conscious decision to spare both themselves and the listener the graphic, highly emotional details. This approach may cause friction among friends and

family members who, desperately seeking to help the troubled service member, feel rebuffed in their supportive efforts. In other cases, the highly charged traumatic event cannot, as a consequence of various psychological defenses such as repression, dissociation, and denial, be verbally recreated. Dissociation may play a key role. A traumatic event may create a sudden blast of emotion, surprise, and powerlessness and when coupled with dissociation as a psychological coping mechanism, interferes with a person's ability to integrate memories in a readily retrievable manner (Nemiah, 1998). On the one hand, this defensive process protects the individual from re-experiencing the original trauma and its associated emotion, but it also hinders recovery efforts in PTSD treatments.

Art therapy can overcome the obstacles imposed through dissociation by tapping into the person's nonverbal world. This can be a less emotionally threatening way to unite the fragmented trauma memories. The use of various art materials provides a number of advantages such as allowing the trauma victim to tell their story with the emotional distance achieved through a pictorial depiction (Avrahan, 2005). In addition, artwork typically relies on various symbols, many of which are personal, to express thoughts and feelings. Artwork can be viewed from a safe psychological distance offering opportunities to rework images and in the process gaining a sense of reassuring mastery.

Clinicians can identify specific therapeutic interventions that appear helpful in reducing the PTSD triad of avoidance, hyperarousal, and intrusiveness (Collie, Backos, Malchiodi, & Spiegel, 2006). Based on clinical experience, art therapists recognize the therapeutic value of consolidating memories, progressive exposure, externalization, arousal reduction, and emotional self-efficacy. The consolidation of memories is a key component art therapists hope to achieve which ideally leads to an integrated trauma story. Avoidance is a core feature of PTSD and art ther-

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apy helps overcome this dysfunctional stalemate by creating a less threatening symbolic exposure to the original trauma. Artwork creates a physical representation of the trauma story, one that the individual can literally externalize and hold safely at distance while they process the emotional content. Externalization contributes to a safety zone that reduces anxiety and lessens the hyper-arousal associated with the emotionally charged subject. The ultimate consequence of safely expressing a traumatic event is a renewed sense of emotional self-efficacy.

In their clinical practice, art therapists may choose among several theoretical approaches, such as cognitive, psychodynamic, humanistic, and eclectic. These different clinical approaches differ in many respects including the degree of structure the therapist brings to the interaction. In a military treatment facility, a more structured approach may resonate better with the service member's training thereby promoting therapeutic engagement. A task orientated approach increases the military participant's sense of control by reducing unpredictable expectations, a necessary predicate to engage in the expressive narration and memory integration necessary to achieve symptom relief with PTSD (Rankin & Taucher, 2003). In a similar fashion, a customized rating questionnaire permits similarities among PTSD patients' artwork to emerge.

This study used a systematic approach with service members' artwork in an effort to identify common themes and graphic elements. Previously published studies adopted a similar strategy. In one clinical study, the investigators reported use of a descriptive assessment for psychiatric art (Hacking, Foreman, & Belcher, 1999). The authors rated artwork based on color, line quality, and space. In a study examining the artwork created by patients at a forensic hospital, a standardized art assessment tool known as the Formal Elements Art Therapy Scale (FEATS) identified a statistical correlation between a past criminal history and the scale's activity score (Lande, Howie, & Chang, 1997). The FEATS is an example of an art therapy rating instrument that attempts to standardize the analysis of a patient's artwork (Gantt & Tabone, 1998). Another instrument, The Person Picking an Apple from a Tree (PPAT) Assessment, requires both a standardized task and standardized rating using the FEATS (Gantt & Tabone, 1997).

This study sought to show similarities in themes that were tracked and assessed by Appleton in her work with adolescent burn victims (Appelton, 2001). Adolescent burn victims share certain similarities with combat veterans where changes in physical appearance, a life-threatening event, and a loss of invincibility can seriously impede a return to a normal emotional life. According to this view, trauma resolution includes four stages: (1) impact; (2) retreat; (3) acknowledgment; and (4) reconstruction. Each stage has accompanying themes and graphic elements that can be identified in the person's artwork. Reconstruction, for example, could be identified by themes involving home or work images and graphic elements such as fully completed pictures.

Methodology

In correlating the stages of adolescent trauma resolution, the authors of this study amended the content of Appleton's (2001) four stages to reflect clinical observations anecdotally observed in the artwork of combat veterans. The revised rating questionnaire, referred to as the Combat Trauma Art Therapy Scale (CTATS), contained 62 specific items incorporated into the original four stages and includes images adapted to military experiences such as the use of weapons, combat-related injuries, and family reunions.

The 62 rated items consisted of 55 themes and 7 graphic elements. Stage 1, the Impact or Trauma Stage (18 items), includes thematic references to combat events, death, injury, and, military equipment. Stage 2, the Escape Stage (10 items) includes themes which offer escape from the stress encountered in area of combat

operations such as depictions of peaceful scenes, alcohol use, or figures suggesting strength or power as an unconscious reflection of a sense of invincibility. Stage 3, the Acknowledgement Stage (18 items), contains common military themes such as religious symbols, patriotic values, family figures, and expressions of grief. Stage 4, Reconstruction (9 items) includes themes of hope and future leaning elements such as education and relationships. The seven graphic elements rated the artwork in terms of abstraction, media, and space.

The pictures included in this study were collected from military personnel receiving psychiatric treatment at Walter Reed Army Medical Center's Psychiatry Continuity Service (WRAMC PCS). The WRAMC PCS is a multidisciplinary intensive outpatient program which provides a wide range of psychiatric services, with a section devoted to early intervention trauma care. Art therapy is an integral therapeutic component of the comprehensive treatment program. Pictures included in this study came from a "feelings exploration" group. The art therapist provided a standard set of instructions preceding the group activities. These instructions briefly summarized the therapeutic role of art therapy and the goals. Patients were instructed to convey, through their artwork, thoughts and feelings that led to mental health care. In an effort to further facilitate the expression of emotionally sensitive content, the art therapist structured the artwork with a theme, such as "depict something that you are having difficulty accepting." Patients are permitted to choose a mixture of media that might best express these thoughts and feelings.

Three psychiatry residents were selected as raters and subsequently were trained to look at artwork and respond to the different elements in the artwork in order to answer the questionnaire. Each rater then practiced their skills in detecting the 62 items on the CTATS by examining 20 different pictures. A trained art therapist independently rated the same 20 pictures and concluded the training exercise after achieving inter-rater reliability. After receiving this training, the raters scored 158 pictures completed by 37 military personnel following their deployment to an area of combat operations. Each of the 62 items on the CTATS was coded as either present or absent in each picture. Exact agreement was calculated between each pair of raters using the following formula: [total number of exact agreements/total number of possible agreements]. Agreement across the three rater pairs for specific picture themes was excellent with a range of 79% agreement ("Violence") to 100% agreement ("Military memorial"). The reliability for the graphic elements of the scale was slightly lower. Agreement between the three rater pairs ranged from 44% ("Completed/integrated pictures") to 93% agreement ("Exploration of diverse media: collage").

This retrospective study was approved as an exempt protocol by the WRAMC Human Use Committee. Statistical analysis was completed with SPSS version 13.

Results

A total of 37 patients contributed 158 pictures for this study. All patients met the diagnostic criteria, based on multidisciplinary clinical evaluation and objective testing, for post-traumatic stress disorder. The study group included 29 (78.4%) men with a mean age of 28 years and 8 (21.6%) women with a mean age of 35 years.

Descriptive statistical analysis identified the raters' endorsement of any criteria within each of the four stages. A majority of the picture sample contained at least one item from each of the four stages: Stage 1 (72.8%), Stage 2 (77.2%), Stage 3 (76.6%), and Stage 4 (72.8%). Thus, approximately a quarter of the sample did not endorse items in any given stage (see Table 1). Among all the pictures ($n = 158$), the most frequently depicted items from the CTATS included depictions of women (28.5%; $n = 45$), violence (25.9%; $n = 41$), and combat related themes (25.3%; $n = 40$). The

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