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Art as Experienced by a Female Combat Veteran Using the El Duende Process Painting.

by Bonita Owen, Master of Arts, Art Therapy Counseling

A Research Project Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts
in the field of Art Therapy Counseling

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May 4, 2023

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ABSTRACT

Art as Experienced by a Female Combat Veteran Using the El Duende Process Painting.

by

Bonita L. Owen

Chairperson: Professor Megan Robb

This single-participant phenomenological case study seeks to determine how a female combat veteran experiences art therapy. The case study participant is a female veteran who served in Iraqi Freedom and Enduring Freedom. While painting on a single canvas, the participant followed Miller's El Duende process painting procedure (2012) and kept a written and pictorial journal of the experience. The research involved five sessions during which the participant annotated her thoughts and feelings on the experiential expressions chart for each session. These charts were analyzed to identify the mechanism of change in art therapy for the participant. The participant's journals indicated initial tension followed by insight and relaxation by the end of each session, signifying that the process provided a means for emotional release as the veteran explored her inner feelings and memories by painting them into her artwork.

Keywords: *Combat, El Duende, female, veteran*

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CHAPTER 1

INTRODUCTION

In 1948, the Woman's Armed Services Act was signed by Harry Truman, allowing women to serve in the military (Dutra et al., 2011). Many women have entered combat zones since that time. Then on December 3, 2015, Ashton Carter signed a bill allowing women to enter infantry and special operations jobs, including the Navy Seals and the Green Barrett (Rosenberg & Philipps, 2015). Congress penned a bill requiring women to register for the draft, but the Supreme Court refused to discuss the matter at that time (Stohr, 2021).

Prevalence of PTSD in War Veterans

With gender roles in the military changing, is there a need to explore gender differential in the treatment as well? Recent studies pointed out that female veterans develop PTSD more than twice as often as their male counterparts (Wisco et al., 2016). This is partly because of military sexual trauma (MST) (Ramirez, 2016; Society for Women's Health Research, 2014). However, with more women entering the combat field, the number of combat-related PTSD is likely to grow. The latest prevalence rate for PTSD among women is 19.4%, whereas the rate for men is 6.8%. (Wisco et al., 2016). Many veterans do not report problems with mental health because they do not want to be stigmatized (Hoge et al., 2004). That, coupled with the number of those returning from Afghanistan in 2021, will most likely increase the rates of PTSD.

What is PTSD?

Current post-military problems include combat and sexual abuse-related post-traumatic stress disorder. APA's (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) defines PTSD as "Exposure to actual or threatened death, serious injury, or sexual violence" (p. 271). People who experience different types of traumatic

stress are prone to develop issues with mental health, including anxiety, depression, and PTSD. APA (2013) states that if a person experiences direct trauma (e.g., personal violence or Natural disasters) or vicarious trauma (e.g., witnessed trauma or learning that someone close to them has experienced trauma), they may develop PTSD. According to the APA, there are several symptoms reported in people who develop PTSD. These symptoms fall under four major categories:

- **intrusion:** distressing memories of people, places, or events related to the trauma.
- **avoidance:** lack of interest in things that used to be enjoyable or feelings of detachment.
- **negative alterations in cognition and mood:** inability to recall events associated with the trauma due to dissociative amnesia, negative thoughts of shame, "I'm a bad person," guilt "I caused my buddy's death," and fear "I can't trust anyone," angry outbursts, self-destructive behaviors, and suicidal ideation.
- **alterations in arousal and reactivity:** hyperarousal, hypervigilance, amplified startle response, problems with concentration, and sleep problems such as restlessness and nightmares (APA, 2013, pp. 271-274).

Identifying symptoms is not all there is to diagnosing PTSD because PTSD isn't a reaction or action to the body. According to Mate (2021), PTSD isn't what happens to a person but what happens inside a person, and it's the reaction to the trauma that causes PTSD.

Female veterans tend to suffer from the same mental conditions as male veterans but to a greater extent (Adams et al., 2021; Boucher, 2014). It affects them socially, mentally, and physically (Creech et al., 2016). The Society for Woman's Health Research (2014)

suggested that more studies are needed to assess PTSD in women who have served in combat zones because there is a current lack of information.

The Veterans Administration (VA) is responsible for treating many veterans returning from combat. Of these veterans, 10.8% are women with PTSD (Washington et al., 2013). The VA uses many treatments for PTSD. The VA's preferred method for PTSD treatment is Trauma-Focused-Cognitive Behavioral Therapy (TF-CBT) (Schouten et al., 2019), of which there are two forms Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy (Foa, 2011; Ramirez, 2016). Other recent treatments that have become popular are Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro & Maxfield, 2002; Talwar, 2007), bilateral stimulation (Tripp, 2007), psychodynamic psychotherapy, and art therapy (Campbell et al., 2016; Decker et al., 2018; Mandic & Spiric, 2016).

The studies of PTSD in veterans lack information on females who have experienced combat. There is also very little on the efficacy of art therapy with women veterans with PTSD. For this reason, I conducted a case study that follows an arts-based or aesthetic intersubjective paradigm. This study uses the El Duende process painting (EDPP) (Miller, 2012) and written and photo journaling to explore how a female military combat veteran diagnosed with PTSD experienced peer support with an art therapist in training.

CHAPTER II

LITERATURE REVIEW

For this review of literature, I focused on three domains: women, combat veterans, and PTSD (see Figure 1). I used search engines such as Ebsco, PsycINFO, Research Gate, MEDLINE complete, Cinahl, Military Government Collections, Art Full-text, Eric, Academic search complete, Google Scholar Cochrane Central, Newspaper source, Elsevier, and ProQuest to garner information pertaining to the three domains and their corresponding search terms (see Table 1). I used the terms veterans, combat, and PTSD to compile prevalence data and information on the effects of war. Using the terms, I found the prevalence of women soldiers with PTSD. I searched using PTSD, mental healthcare, and female veterans to obtain a list of different treatments used in the VA to treat PTSD. I used the terms combat veterans, PTSD, and art therapy to acquire information on Art therapy as a treatment for PTSD. I searched using Art therapy, PTSD, and women combat veterans to find studies on art therapy specifically for women.

Figure 1.

Ven Diagram of research terms

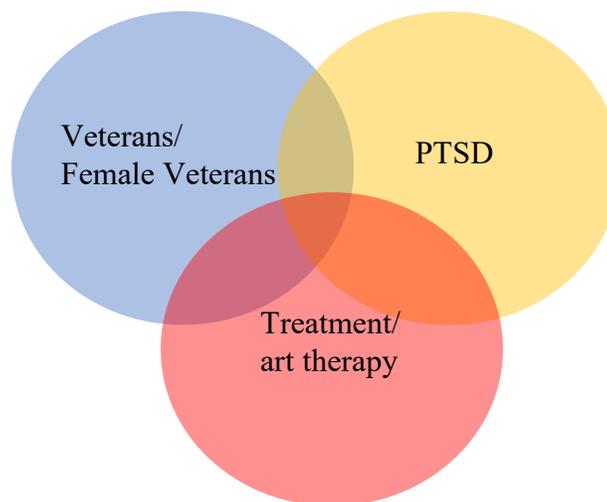


Table 1.*Research terms and databases*

Combat Veterans Women/Female	PTSD mental /physical social	Treatment/art therapy, CBT interventions	Search Engines
Veterans	PTSD	Treatment	Ebsco
Combat veterans	Combat PTSD	CBT	PsycINFO
Female veterans	Mental effects of PTSD	Psychotherapy CPT	Research gate Medline Complete
Female combat veterans	Physical Effects of PTSD	EMDR	Cinahl Military
Women Veterans	Social Effects of PTSD	Art Therapy Mental Health care	Government collections
Women Combat veterans	Cognitive impairment	Group Group art Therapy	Art Full Text Eric
Military	Relationships	Peer Support	Academic search complete
US Military	Intimate	Interventions	Google Scholar
Warzone	Relationships		Cochrane central
Afghanistan	Chronic Pain		Newspaper Source
Iraq	Fibromyalgia		Elsevier
	Mobility problems		ProQuest
	Suicidal Ideation		

How PTSD Develops

Before addressing the prevalence and treatment of PTSD in the veteran population, it is essential to explain the development of PTSD. Gabor Mate' (2021) said it is what happens within a person, not to the person, that makes the difference. Siegel (2020) uses the concept of the window of tolerance to explain the experience of PTSD. Each person has a range called the window of tolerance, where they can maintain control of their emotions during stressful moments and stay regulated. But suppose a person is exposed to a traumatic event such as there is no escape and no opportunity to fight, and therefore, they can't maintain control or stay regulated? In that case, they may end up outside their window of tolerance and become hyper-aroused and highly activated or hypo-aroused and disassociated. In either

of these situations, the person loses the ability to reason because their higher cognitive functions go offline.

After the event, the person recovers and returns to the window of tolerance. Some people have trouble, get stuck in the area outside their window of tolerance, and cannot fully recover. The person may regain their ability to reason, but if something reminds them of the trauma, their brain perceives it as real, and the person reacts as if they are living the trauma again. This inability to recover is how PTSD develops as the person struggles to make sense of the senseless. Perry (2017) states that two people can experience the same trauma, but what is interesting is that one may develop PTSD while the other doesn't. Some people may have learned how to regulate their system when experiencing stress through small doses of stress throughout their lives. Others may have developed a maladaptive response to stress because their system was overloaded and couldn't adapt.

Veterans and PTSD

The United States has fought several wars in the Middle East over the last 20 years; the two most notable were Operation Iraqi Freedom (OIF) in Iraq and Operation Enduring Freedom (OEF) in Afghanistan. Many who served in OIF and OEF have returned home only to find it challenging to function in non-military life. One of the main reasons these veterans can not cope is the exposure to combat-related trauma. Decker et al. (2018) studied veterans who served in OIF and OEF and found that 34% of the participants met the full criteria for PTSD. Hoge et al. (2004) reported that PTSD was higher in veterans returning from OIF (15.6% - 17.1%) than in those from OEF (11.2%). The reported cases may be fewer, but Briant et al. (2021) pointed out that when the United States abruptly pulled out of Afghanistan, the mental effects may have been overlooked. The soldiers were performing jobs to sustain changes made in OEF, but the withdrawal caused many soldiers to question

whether their presence in Afghanistan mattered. The withdrawal undermined their mission and led to what could be considered an ethical failure. These peacekeepers returned with feelings of guilt, anger, and regret. These feelings could contribute to PTSD, depression, and suicidal ideation, especially when the soldiers realized their allies in Afghanistan were left unprotected (Bryant et al., 2021).

Mental Impact

The soldiers returning from OIF and OEF also displayed other psychiatric conditions associated with PTSD, such as obsessive-compulsive disorder (OCD), somatization, agoraphobia, generalized anxiety, alcohol and substance use disorder, panic disorder, hypochondria, eating disorders, and psychosis (Kimbral et al. 2015). In one study, veterans with PTSD were found to have greater difficulty with initial learning and memory retention than the control group. Still, working memory, processing speed, and attention difficulties were within normal ranges. (Stricker et al., 2017).

Another mental difficulty that many veterans deal with is suicidal ideation (SI). Evidence shows that 43% of veterans with depression deal with thoughts of suicide even after residential PTSD treatment, and 37% indicate chronic SI (Smith et al., 2020).

Denneson et al. (2020) reported that veteran suicides are 1.5 times higher than the non-military population, and women veterans are 2.2 times more likely to commit suicide than civilian women.

Social Impact

Veterans returning from war tend to isolate themselves because sensory stimuli can trigger traumatic memories where smelling, hearing, seeing, or touching something can bring them back to the theater of war. Veterans avoid social interaction and are more likely to report having difficulty finding a job to prevent this unplanned reaction. Working

veterans reported higher rates of workplace impairment compared to those without PTSD. Regarding family and intimate relationships, those with PTSD reported having issues integrating with the family after their return and inadequate parenting and intimacy problems with their partners (Lobban & Murphy, 2020; Vogt et al., 2017). Lutz (2004) stated that veteran couples are three to five times more likely to experience domestic violence than civilian couples. Most of the perpetrators have indications of PTSD.

Physical Impact

Along with mental health problems, there are also physical health conditions related to PTSD. These include respiratory diseases such as chronic bronchitis and asthma; gastrointestinal problems like ulcers, ulcerative colitis, and Crohn's disease; chronic fatigue and pain, including back problems, migraines, and arthritis (Sareen et al., 2007). There is also a higher risk of hypertension and cardiovascular disease. Many of these veterans are also sensitive to multiple chemicals (Sareen et al., 2007). These physical problems, especially chronic pain, might be why these veterans have reduced physical function and self-efficacy. Veterans also tend to catastrophize their lives (Benedict et al., 2020), which ties into the negative alterations in cognition and mood seen in the presentation of PTSD (APA, 2013)

Female Veterans and PTSD

PTSD affects nearly twice as many female veterans as male veterans (Wisco et al., 2016). Boucher (2014) stated that this difference might be partly because women are more likely to have experienced pre-military trauma. A study by Adams et al. (2021) indicated that 29.4.% of women who served in OIF and OEF had a lifetime diagnosis of PTSD, whereas only 11.6% of the men had a lifetime PTSD diagnosis. Participants in a workshop have theorized that there are differences in how the Hypothalamic-Pituitary-Adrenal (HPA)

axis reacts in the female system. This may be why women experience trauma differently than their male counterparts (The Society for Women's Health Research, 2014). Women tend to ruminate more on the negative memories and relive the traumatic event more. Women also have more intense negative emotions and a stronger startle reflex. These reactions to stressors make women more susceptible to developing PTSD.

Women were also more likely to have mental health problems such as adjustment disorder, depression, and suicidal ideation than men. Rivera & Johnson (2014) noted that women had other mental issues as well as PTSD and depression. These include anxiety and eating disorders. Dutra et al. (2011) conducted a study on women who served in OIF and OEF. According to this study, 22% of the women reported PTSD symptoms of avoidance, arousal, and reexperiencing, and 31.5% reported emotional numbing and detachment.

Social Effects

PTSD can influence social interaction with friends, family, and intimate partners. In a study of women returning from deployment to the OIF and OEF, there was a direct and negative association with PTSD symptoms and difficulty with family function and intimate partners relationships satisfaction (Creech et al., 2016). In another study, Maiocco & Smith (2016) interviewed eight female veterans after returning from war. When analyzing the responses, they discovered six themes indicating the difficulties of reintegrating with family and friends. The first theme was a reaction of mixed emotions; the women felt the excitement of returning home and apprehension with a wish to escape the chaos. The second theme indicated that their views on self, friends, and family had changed. Their expectations were different, and they couldn't find their mission in life. The third theme was aggravation regarding conversations of petty complaints from family and friends. The fourth theme was related to leaving their family for deployment and leaving their military buddies when the

war was over. The fifth theme was regarding war memories and an inability to relax because they were always on alert. The sixth and last theme was the need to make a difference for others. While the female veteran tries to figure out how to reintegrate socially, she also feels physically stressed.

Physical Effects

Women experience the physical effects already stated on page 7 and more. Several physical problems accompany PTSD. In a study of self-reported symptoms, women with PTSD were more likely to report problems with irritable bowel syndrome, obesity, emphysema fibromyalgia, and sexually transmitted diseases (Dobie et al., 2004). The neuroendocrine system is responsible for regulating many processes in the body. A part of this system, the HPA axis, controls the body's reaction to stress. This stress reaction affects the immune system, digestive system, emotions, mood, and fear response (Society of Woman's Health Research, 2014). This reaction to stress in the HPA axis may contribute to chronic fatigue, fibromyalgia, and pelvic pain (Tanriverdi et al., 2007).

Treatment for Veterans with PTSD

The VA uses many different treatments for veterans presenting with PTSD. Many VA doctors start with pharmacotherapies as a first-line treatment before sending veterans to the mental health department. Most of the current medications focus on the symptoms of anxiety and depression. The medicines most used include selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants. Puetz (2015) found that these drugs were more effective than most drugs for treating anxiety and depression.

The most used therapy treatment is Trauma-Focused Cognitive Behavior Therapy (TF-CBT) (Schouten et al., 2019). This includes Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) (Foa, 2011). Eye Movement Desensitization and Reprocessing

(EMDR) has recently been added to the treatment list. Sautter et al. (2016) studied Structured Approach Therapy (SAT) and PTSD Family Education (PFE) intervention. They found a significant reduction with SAT over PFE in decreased emotional regulation and fear reduction. In a case study done by Maltz et al. (2020), Chief Echo (pseudonym) entered an intensive outpatient treatment program that used a Skills and Resiliency Treatment (SRT) program focusing on emotional regulation and coping skills. At the end of the program, he reported higher PTSD symptoms than his initial intake report had indicated. After Chief Echo attended the art therapy portion of the treatments, he showed an overall improvement in all symptoms. The discussion of this study reported that cognitive processing of art therapy in a nonverbal creative way helped Chief Echo take ownership of his feelings and process them more fully.

Two studies (Doran & DeViva, 2018; Steenkamp, 2015) focused on trauma-focused evidence-based psychotherapies such as TF-CBT, CPT, and PE. These studies indicated promising symptom improvement results, but between 60%-72% of veterans still met the criteria for PTSD after completing an entire course of treatment (12-14 sessions). There was also an indication that individual therapy or a combination of individual and group therapy had a better outcome than group therapy alone (Haagan et al., 2015). Haagen et al. also stated that EMDR and stress management therapy (SMT) were less effective than CPT and PE. But Bradley et al. (2005) refuted that and said half of the patients treated with EMDR showed marked improvement. Bradley et al. also pointed out that there may be discrepancies in data in the VA system because veterans may not disclose improvements, so they don't lose disability income.

Treatments and Results for Women Veterans

When people think of PTSD, they envision the typical symptoms listed on page 2 of this report which are observed in most male combat veterans, but women manifest some symptoms differently than men (Boucher, 2014). For this reason, treatments, interventions, and delivery for women also need to be different (Lacefield et al., 2020; Lehavot et al., 2021; Stefanovics & Rosenheck, 2019). One way they are changing treatments is with group therapy. Until recently, most women were placed in mixed groups, but the VA finds women do better when placed in a women-only group (Stefanovics & Rosenheck, 2019). TF-CBT, CPT, PE (Foe, 2011; Ramirez, 2016), and EMDR (Shapiro&Maxfield, 2002; Talwar, 2007) are the most frequently used treatments for PTSD in veterans. PE shows the most promise for women veterans because women prefer to talk about interpersonal problems and emotions (Boucher, 2014). One study focused on using CBT and CPT for not only PTSD symptoms but also chronic pain and fibromyalgia symptoms (Lacefield et al., 2020).

A new treatment initially used to treat men, Delivery of Self Training and Education for Stressful Situations (DESTRESS), was modified and called DESTRESS-WV (Women Veterans Version). Test results for this program showed a higher completion rate than other treatments, and participants indicated treatment satisfaction and a unique therapeutic relationship due to modifications just for women. Changes included language that showed sensitivity to gender and more social support than the men's version. Forty-seven percent of the participants showed changes in PTSD symptoms (Lehavot et al., 2021).

Veterans with PTSD and Art Therapy

The VA uses evidence-based psychotherapy with veterans meeting the criteria for PTSD. Some veterans (up to 30%) show little to no measurable improvement from these programs (Wisco et al., 2016). Because of these problematic cases, the VA has been trying

other forms of treatment. One study looked at art therapy as an adjunct to other treatments using a control group of CPT alone and an experimental group integrating CPT and art therapy (Campbell et al., 2016). Depression and PTSD symptoms improved in both the CPT and the experimental groups, with no significant difference between the groups. One positive outcome was that none of the experimental group participants dropped out of the study, whereas 40% of the CPT control group left before the end of the study. Participants reported positive participant feedback in three studies (Campbell et al., 2016; Kaimal et al., 2019; Lobban & Murphy, 2019). These participants also indicated improvements in socialization skills and emotions connected with the trauma, including feelings of guilt and grief from loss. The images produced in sessions also helped the veteran express what they could not verbally express. One study highlighted a program where veterans came for drop-in sessions (DeLucia, 2016). These sessions were open to all veterans regardless of age, gender, or era of combat. The veterans were then encouraged to display their art in the center's art gallery for public viewing. This program helped veterans reconnect with society, helping them transition to civilian (non-military) life (DeLucia, 2016).

Art Therapy Groups

The VA has started to use art therapy in group sessions (Ramirez, 2016). Researchers have noted many positive effects of art therapy groups, including anxiety reduction, self-confidence, and social bonding (Mandic-Gajic, & Spinc, 2016; Spiegel et al., 2013). Group therapy provides a safe place where veterans can connect with their emotions and painful memories. Many express their ability to engage in these memories in a more tolerable way than through talk therapy. Veterans can express feelings and distressing thoughts using symbolism which helps create a safe distance from the content (Lobban, & Murphy, 2019). One art therapy experiment with Russian war veterans added humor to the mix. The

participants were encouraged to use humor to draw stories. The researchers concluded that comedy significantly fostered creativity and diminished anxiety (Kopytin & Lebedev, 2013). As mentioned before, these studies imply a need for emotional distancing in group therapy, whereas female-only groups had repeated high engagement and preference for emotional content (Boucher, 2014).

Art Therapy with Military Women

More females are serving in combat roles, so more women-only groups are being formed. I found very few studies that included women and even fewer that utilized art therapy. Malhotra et al. (2021) performed a group therapy study using collage with five female participants. These women created art that focused on their experiences in units with only one or two female soldiers. One issue was that the women were afraid to talk about the loneliness they felt when returning home. Participants stated a feeling of being ignored and lacking treatment. These women were able to express this in their art. Art therapy helped them feel heard for the first time since they returned home (Malhotra et al., 2021). In a case study of a female veteran with multiple medical problems, the therapist focused on helping the veteran use her mental abilities to create paintings for a private show to help build her self-esteem by enabling her to use what little mobility she had left (Sutherland, 1999). Both of these studies underscored the therapeutic value of emotional and intersectional processing for female veterans.

Peer Support

In the section above, I talked about the many different treatments available in the VA for veterans who are dealing with PTSD, but there is one form of rehab I haven't mentioned that shows a great deal of promise. In his book, *The Body Keeps the Score*, Van der Kolk (2014) noted that many of his veteran clients were reluctant to talk to a counselor about their

wartime experiences, but when they were placed in a group of their peers, they freely talked to the other veterans about the war. These groups are called peer support groups. Peer support groups work because many veterans feel a sense of comradery when sitting in a room with other veterans.

Galoveski et al. (2022) state that female veterans have a higher rate of loneliness than their male counterparts because they have unique situations. The civilian world does not understand their position in the military, and they are often ignored for their contribution when it comes to combat roles. Many therapists are ignorant of the military culture that causes female veterans to hide their pain so they don't get labeled weak by their male counterparts. For this reason, women veterans prefer an all-female peer support group to feel free to talk without being judged or told to take it on the chin and be quiet by an unfeeling male soldier (Koblinsky et al. 2017). Peer support groups often use activities to connect, and art is often chosen because it creates a common interest the group can bond over. Peers can also encourage creative expressions and share skills with each other (Blanch et al. 2012).

Conclusion

Trauma from combat has been a problem for men for a long time. With the changes in laws forcing women into combat roles, more women are now being affected. The most frequently used treatments for PTSD are only marginally effective (Doran, 2018), but when coupled with art therapy, studies indicate improvements in social and cognitive function (Campbell et al., 2016). Some of the most notable improvements are witnessed in peer-supported art therapy group settings where the camaraderie of the veteran relationship offers support and encouragement (Delucia, 2016).

CHAPTER III

METHODOLOGY

This case study research aims to explore how the art-based therapy of the one-canvas *El Duende* process painting (EDPP) (Miller, 2012; Miller, 2017; Miller, 2022; Miller & Robb, 2017) may bring about change for a female who has experienced active combat, resulting in PTSD. A case study uses a single subject ($n = 1$) to provide data on how or why a therapy brings about change (Hilliard, 1993). Working from a phenomenological perspective (Leavy 2017), which looks at how a person thinks about an experience, this qualitative study explores one participant's experience with EDPP. Institutional Review Board (IRB) granted approval for this case study research on March 4th, 2022. The participant gave informed consent, which included the use of photos of her art for this study (see Appendix B for an unsigned copy of informed consent)

Participant

Miss May (pseudonym) was selected to participate in this study because she represents a typical female veteran who has experienced combat, making her relevant to this study (Ishak, & Abu Baker, 2014). She served in the National Guard during OIF and OEF and experienced combat situations that led to the Veterans Administration (VA) diagnosis of post-traumatic stress disorder (PTSD).

Life History

Miss May grew up in a rural town and joined the military after graduating high school. After completing her military duty Miss May used her GI Bill to study occupational therapy and now works as a certified occupational therapy assistant (COTA). She is an intelligent, strong, and friendly woman who enjoys art to express herself. Miss May also enjoys traveling, communing with nature, and kayaking on the river. Table 2 shows Miss

May's cultural characteristics using the ADDRESSING model (Hays, 2013). Figure 2 is a genogram (McGoldrick & Gerson, 1987) illustrating her family relationships.

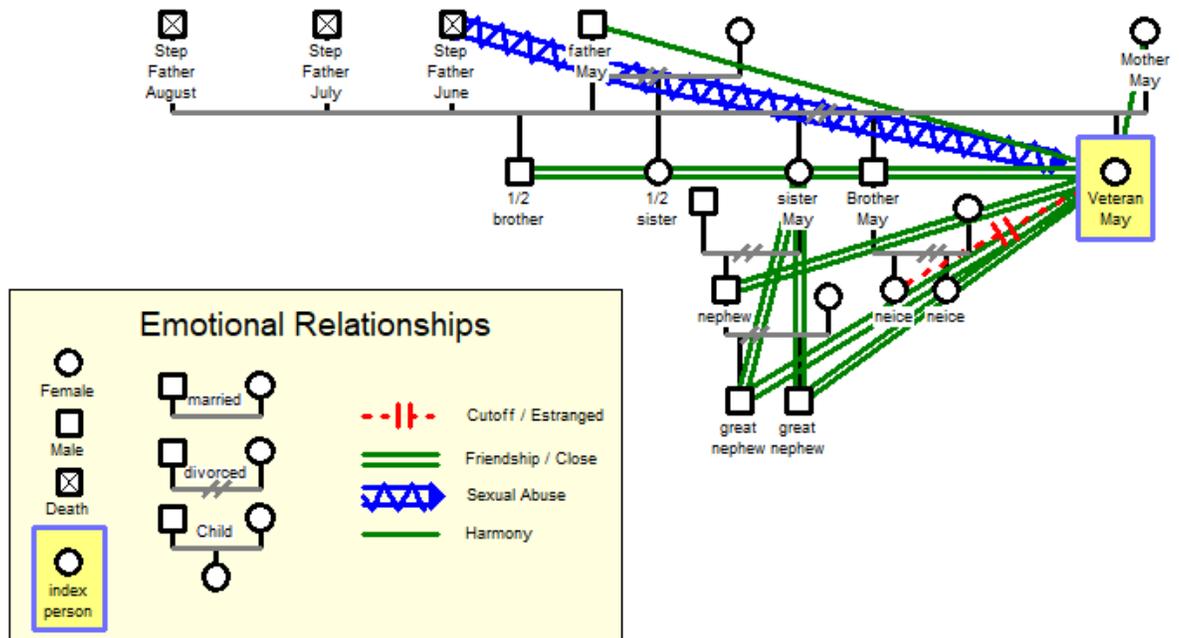
Table 2

ADDRESSING Framework

CULTURAL CHARACTERISTICS		MISS MAY
A	Age	Middle Aged
D	Disability (Developmental)	Dyslexia
D	Disability (Acquired)	PTSD/Depression
R	Religion and Spiritual Identity	Christian
E	Ethnicity/Race Identity	German/Eastern European
S	Socioeconomic Status	Middle Class
S	Sexual Orientation	Heterosexual
I	Indigenous Heritage	No indigenous heritage
N	Nationality	United States citizen
G	Gender	Cisgender Female

Figure 2

Genogram



Strengths of Participant

I met Miss May through a veteran's art group in 2014. I've learned through many interactions and conversations that Miss May has several strengths. Through her work with developmentally challenged adults, Miss May has learned the importance of seeking assistance when necessary and leans on her social relationships to help her cope with stress. Miss May enjoys art activities and seems open-minded and willing to try new things. Although Miss May has self-reported difficulty experiencing positive emotions, she seems to try to keep a positive outlook in everyday activities, as evidenced by her cheerful demeanor when things aren't going as expected. Miss May has stated that she feels the calmest when she spends time kayaking with her veteran friends, as floating on the water helps her forget the demons that haunt her mind from her time in combat.

Presenting problems

Miss May presents with symptoms related to PTSD, as noted in DSM-5, such as recurrent distressing memories, dreams, and flashbacks. She avoids activities that could trigger these memories, such as fireworks displays on the fourth of July. Miss May also has trouble remembering specific aspects of the traumatic events that led to her PTSD. Miss May reported struggles with trusting others and seems to be in a persistent hypervigilant state. This becomes evident when we go to a restaurant. She insists on sitting on the side of the table facing the door. She also refuses to sit on the inside of the seat. She states this is so she can escape if necessary. She reported having difficulty concentrating and is easily startled (APA, 2013).

Goals and objectives

This study aims to find out how a female combat veteran experiences using art to process her emotions during five sessions of EDPP to manage symptoms of PTSD. There are three main objectives: (1) To provide the space and supplies to facilitate creative exploration; (2) To have the participant journal her experience of EDPP using written documentation and photography during the five sessions; (3) to analyze the journals and photos to discover how she experiences the EDPP (Miller & Robb, 2017).

Interventions

For this case study, the participant followed the EDPP process and documented any moments of change or insight by keeping a journal and using photographs to capture images of the process (Miller & Robb, 2017). The EDPP process consisted of painting for five consecutive sessions on the same canvas creating a new image by the end of each session.

The word El Duende draws from the Spanish term for the mysterious power of emotional vibrancy that cannot always be seen or explained but can be felt (Maurer, 1955/1998, as cited in Miller, 2019). The EDPP entails painting for a predetermined period (for this study, it was five sessions), focusing on the spontaneous flow of creativity instead of the product. This is done by continuously layering paint and other materials on a single canvas and allowing imagery to be painted over, with nothing discarded (Miller, 2012).

The initial session for this study consisted of a kinesthetic warmup where the participant filled the canvas with two colors of paint using a sweeping motion. This movement allowed the participant to release stress and clear her mind before exploring the canvas, with multiple shades of paint and other art mediums as inspired (Miller & Robb, 2017).

Data Collection

Data collection during sessions was journals and photographs taken by the participant periodically throughout each session of the art process (Miller & Robb, 2017). The participant also took at least one picture of the artwork each week during and after each session to present a final compilation of the five sessions (Miller & Robb, 2017).

Procedures

The process of El Duende involved painting one canvas over many different sessions. Because of time constraints, I decided to do two sessions each week, requiring that I alternate between two locations for the sessions. The first session took place on a Friday, so Miss May painted at my home on Fridays, and on Mondays, we met at a community art studio in St. Louis. We met for a total of five sessions. To capture Miss May's experience of the process, I developed a form titled The Experiential Expression Chart (EEC) (see Appendix B) for Miss May to fill out with each session. The EEC had three parts. In this form, she was to record her thoughts and feelings. The first column was for the beginning of the session, The second for during the session, and the third for after she finished.

Response to Subject

During the art therapy sessions, I observed the participant and annotated my observations in a process journal (Miller & Robb, 2017). I also documented my reactions to the participant's painting by painting an El Duende process painting in response to her sessions, documenting the process using journaling and photography, and compiling the photos to show the unfolding of the final image.

Data Analysis

Each phase of the paintings was observed, symbols or reoccurring themes were noted, and the final artwork was looked at for any insight within the imagery (Miller & Robb, 2017). The participant's journal entries were analyzed to learn how she experienced the El Duende process. The journals containing the researcher's observations were checked for insight into the participant's experience (Miller & Robb, 2017).

CHAPTER IV

RESULTS OF STUDY

Session One

Session one occurred at my home at the dining room table, and I prompted Miss May to choose two colors and fill the canvas with paint. I asked her if she wanted to listen to music, and after requesting Keith Urban, I played the music. Miss May said she preferred to lay the canvas on the table versus using an easel, so she placed the canvas on the table in portrait orientation and picked out two tubes of acrylic paint, one orange and one green. When she started the first session, Miss May wrote in the first column of the EEC that she felt emotionally drained. She reported that she had a lot going on in her head, thinking about things she needed to accomplish but felt there was not enough time to complete them.

Miss May squirted the orange paint into the canvas and began to spread the paint using back and forth and large circular movements on the top half of the canvas. She had trouble getting the paint to spread, so I got her some water, and she said that helped. After filling the top half of the canvas with orange, Miss May squirted the green onto the canvas and started filling the lower part with lines and triangles. Miss May started using sweeping motions to paint what looked like palm leaves connected to the triangles. Miss May then painted the center of some of the orange circles green and added green radiating lines around the orange circles integrating the orange and green areas. As she painted, her shoulders seemed to become less tense, and her grip on the paintbrush loosened, indicating that she was beginning to relax, which was also reiterated in her session notes.

After painting the orange and most of the green (see Figure 3), Miss May stopped and filled out the second section of the EEC. She commented that she chose orange because it is a warm, feel-good color for her. In the EEC, Miss May wrote that the circles showed her

mental state of feeling like she was going in circles. Miss May stated she chose green for its calming coolness and indicated the straight lines and corners turning into leaves were because she felt like hiding her emotions and fears. She said, "Sometimes I feel like a failure."

When Miss May decided she was finished with this session, she wrote on the EEC, expressing her thoughts and feelings about the session outcome. She wrote

As I look at this, what I put on with paint, my hiding with the leaves, I am coming out into the light exposing myself to the world instead of my close-knit group.

Miss May said she thought about whether to add different colors or wait and look at it at the next session to see if she "sees the same thing or something different" but decided to stop at this point (see Figure 4).

Response art

I took a day to reflect on Miss May's painting and then started my response painting. When I looked at Miss May's image, I felt like I was looking at thick jungle foliage on a scorching summer day. I decided to use the same colors Miss May used for continuity. I placed my canvas in portrait orientation and began with the orange. I painted orange over most of the canvas and tried mixing the colors. I wasn't happy with the effect, so I spread the green over the entire bottom half and did some quick downward strokes similar to Miss May's leaf-like strokes at the top of the green. I framed the orange with green to finish the session (see Figure 5). As I painted, I felt comforted as I spread the orange but became conflicted when mixing the colors. Applying the green produced a calm feeling, and I had a playful feeling as I dabbed in the small downward strokes over the orange on the upper

portion of the canvas. I'm not sure why I decided to frame the orange with green, but I felt compelled to add the frame as a finishing touch.

Figure 3

Midpoint of Session One



Figure 4

Finish of Session One



Figure 5

Response to Session One



Session Two

The second session occurred at the community art center, where we met with other veteran friends each week. Three other veterans were sitting at various tables in the room, and the person who ran the shop assisted the other veterans with their art. Miss May and I were sitting at a table by ourselves. As the session began, I realized I forgot to bring the EEC form, so I had to find some paper for Miss May to use instead. Before painting, Miss May wrote that she was happy and ready to paint because she had accomplished many things that day.

Miss May chose purple, blue, and white for her colors and sat quietly to paint. The music in the background was some form of rap music selected by the person running the community center that night. Miss May began by mixing the purple with the blue and white. She started to put down strokes that appeared like a mountain range, painting over the orange area with the purple and blue mixture in up-and-down angled strokes. Someone walking by said they liked her bird. She commented that it was supposed to be mountains, but she could see why they thought it was a bird. After this comment, she began to paint

what looked like a bird using short wispy strokes to create wings (see Figure 6). Finishing the bird-like figure, Miss May stopped to write on the paper. She noted that her focus was off, and she couldn't relax because the rap music was distracting. She also said there was too much side conversation and she felt bothered by people coming up to comment about her painting.

When Miss May resumed painting, she moved to the upper left of the canvas and painted another bird-like figure. She painted another bird on the right side of the canvas just above the green area of the previous session. When Miss May finished the session, most of the orange of the prior session was no longer visible as the purple and blue mountains, birds, and a shadow of what she described as a lion's face had replaced it. The green leaves at the bottom of the canvas remained untouched, as well as one orange and green sunflower (see Figure 7). To finish the session, Miss May wrote that she might have had many distractions, but she was happy with the overall painting and the emerging visual elements. She said she was thinking about mountains at the beginning of the session and that comments from other people in the room and watching videos on making bird feathers throughout the week may have led to the change of subject as she painted. She also said she liked how the blue, white, and purple came together and chose these colors because they were cool and made her feel good inside.

Response Art

The next day I sat down to paint my response to Miss May's second session. Again I chose the same colors as Miss May, but I also added red. I started with sweeping oval brush strokes on the left side of the canvas covering it about two-thirds from top to bottom. What emerged looked like a bird's body, so I painted a bird's head with a long beak and a purple eye with white around it. I painted a few strokes of red over the green on the right of the bird

that looked like trumpet flowers. The last stroke was a dark elongated spot for the bird's nostril at the top of the beak (see Figure 8). I found it interesting that a bird emerged because birds also appeared in Miss May's painting.

Figure 6

Midpoint of Session Two



Figure 7

Finish of Session Two



Figure 8

Response to Session Two



Session Three

The third session was held at my home. For this session, Miss May chose brown, white, yellow, and light green for her colors. When Miss May started this session, she reported feeling sleepy and in a not caring mood. She stated she hoped painting would "bring a happiness out" so she could have a positive attitude for the rest of the day.

Miss May started painting house-like structures on the upper part of the green section of the painting. She became frustrated with a large cabin-like structure and painted over it with what looked like a monkey face (see Figure 9). I jokingly commented that the animal had a cute monkey-like face, and Miss May laughed and said she wanted it to be the face of a lion. As we laughed about the figure, Miss May painted it over again to reflect that change. Miss May also added a body to the lion, laughing about how it looked too much like an otter's body, so she reworked it until she was happier with the outcome (see Figure 10). While she painted the lion figure, Miss May used white paint to outline the mane and body

of the lion while she talked about her time in Iraq and her close calls with gunfire and explosions destroying vehicles in the national guard unit's convoys across the desert. She said she may have received a traumatic brain injury (TBI) in one of those bombings.

By the middle of the session, when she wrote on the EEC, Miss May reported a positive mood change. She reported being slightly disappointed at how the lion didn't match what she saw in her head and then commented that some brain damage might contribute to image distortion. She said that no matter what type of art she does, even if she uses a photo for reference, her images tend to be malformed. I commented that maybe she should bring this up with her doctor.

When Miss May resumed painting, she painted trees on the horizon line on both sides of the lion. Miss May then took the light green to cover the white areas of canvas between the green leaves. When Miss May finished the session, the painting looked like a jungle scene with a prominent lion standing in the foreground between sprightly trees on a lush grassy field. Above the treeline hung a vibrant purple and blue sky with shrouded bird figures (see Figure 11).

Miss May's last EEC entry for this session was positive. She reported feeling better and noted that talking about the war, laughing about her animals, and justifying their appearance helped raise her spirits. Miss May stated that painting the trees was a comfortable action because she likes trees, and the activity used while dabbing in the leaves was relaxing. She pointed out the green and blue colors remaining from previous sessions and commented on how they made her feel calm.

Response art

When I returned to my response art the next day, I decided to enhance the bird by adding more color to the body and reworking the eye. I took black to make the bird's eye

more pronounced and realistic (see Figure 12). I was thinking about Miss May's Jungle foliage when I noticed an empty area next to the bird, so I took the blue mix and added starburst flowers to the lower corner. I liked the effect, so I added more flowers in the upper right corner and the area in front of the bird's wing (see Figure 13).

Figure 9

The Monkey Face



Figure 10

The Lion



Figure 11

Final Image for Session Three



Figure 12

Close-up of Bird's Eye



Figure 13

Response for Session Three



Session Four

For the fourth session, we met at the community center. There were two other veterans there and the center's attendant. Miss May and I sat at our usual table by ourselves. At the start of the fourth session, miss May annotated on the EEC that she had had a bad day

and felt tired, but she was also anticipating the session as she had things in mind that she wanted to add to her painting.

Miss May chose yellow, white, and a variety of browns for this session. She decided to paint small animal faces peeking through the grass in the foreground (see Figure 14). After painting the faces, Miss May began to repaint the sky. She mixed blue, purple, and white and covered most of the sky except for one bird figure. Midway through the session, Miss May stopped and wrote that she felt distracted and frustrated because she found it hard to blend the acrylic paint.

When Miss May ended the session, three faces peeked through the grass, and the sky appeared stormy with a mix of blue and pinkish-purple stratus clouds (see Figure 15). Miss May's final annotation stated she was in a more positive mood after painting the small animal faces and reworking the sky.

Response Art

The next day I painted my response art. I chose yellow, green, white, and two different hues of brown. Thinking about Miss May's small animal faces, I started at the bottom of my canvas and painted a small animal that resembled a badger. I felt the painting needed more plant life, so I mixed the green and yellow and mixed them with white and painted some grass and flowers. I also added two birds flying in the distance in the open orange area of the upper right side (see Figure 16). These birds were my way of adding a free spirit to the painting, as I wanted to soar with the birds.

Figure 14*Small Animal Face***Figure 15***Final Painting for Session 4***Figure 16***Response for Session 4***Session Five**

Miss May was out of town the following Friday, so we rescheduled for Monday, but when Monday came around, Miss May had just lost a close friend (a fellow veteran) and decided she was not in the mood to paint that day. We met at my house on Friday, and the session went on as scheduled. As Miss May started, she excitedly told me she had been thinking about the painting all week. For the beginning portion of the EEC, Miss May wrote about canceling the Monday session because of grief. Then she said she was feeling excited about painting because she had many ideas in her mind for finishing off the picture.

Miss May began mixing blue, purple, and white to repaint the sky. This time she used a new technique of using short x motions with the brush to get a smooth cloudlike texture covering the right half of the sky, including the remaining bird (see Figure 17). Miss May's midpoint annotation stated she was pleased with the changes she had made with the sky, but she felt like an intruder in my home because there was some tension over my husband, who was in the next room watching TV. She also started feeling frustrated and wanted to cover the whole thing and start over while feeling at peace, as she put it, "conflicted feelings."

When Miss May resumed painting, she covered some green areas between the trees to extend the sky. Miss May redefined the tree trunks and eliminated the last remaining building (Figure 18). At the end of the session, Miss May wrote that she was happy with the painting and felt good about the images that emerged. She was especially pleased with the small faces she had added, calling them baby animals and mystical creatures. She also noted that most of the green leaves painted in the first session remained untouched.

Response art

Two days later, I painted my response art. After watching Miss May complete the final touch ups I decided I needed to do some final touchups too so I mixed red with white and painted highlights over the trumpet flowers on the right side of the canvas. Then I took some iridescent paint and touched up the bird and all the flowers. The last thing I painted was a tiny ladybug in the grass in front of the small animal at the bottom of the painting. The lady bug was in reflection of the small details Miss May put into the animal faces in the thick grass. The iridescent paint gave the picture a shimmer that glowed when the light hit the image at certain angles (see Figure 19).

Figure 17

Reworking of the Sky



Figure 18

Final Painting



Figure 19

Final Response Painting



Researcher's Reflections on Results

After working with Miss May and reading her EEC annotations, I noted that her mood fluctuated between irritation and anticipation as she started each session. Still, as the session progressed, her spirit shifted to more positive no matter what her attitude was at the beginning. As her friend, I provided the peer support that allowed Miss May to form a connection. According to Van Der Kolk (2014), "The moment you see a group of grim-faced people break out in giggles, you know that the spell of misery has broken" I observed this moment in session three, noting that while Miss May and I laughed about her lion figure, she began to open up about her wartime experiences and a moment of attunement between us had been achieved. I painted my own image as I reflected on her interactions during painting. I thought about the relaxation I observed in Miss May and was able to relax as I painted. As I look at my image, I can see this in the flowing movements I used to create the giant bird in my painting. This experience with Miss May helped me understand more about how peer support can foster therapeutic moments for groups because of their connections.

CHAPTER V

DISCUSSION

This study aimed to ascertain a female combat veteran's experience with the one-canvas EDPP. The finding of this study is that the EDPP helped Miss May relax and express her feelings and improve her mood during the sessions, even on days when Miss May was distressed. The process also helped Miss May increase both her skills and attitude about her abilities by the end of the five sessions. These findings are significant because when working with a woman with combat-related PTSD, it is challenging to get them to open up (Creech et al., 2016.) When Chief Echo entered the art therapy portion of his treatment, he improved because he could relax and process his combat experience in a non-threatening way (Maltz et al., 2020). The relaxation achieved during the painting is paramount to getting a person with PTSD to release stress related to combat experiences. Many combat veterans find it hard to talk about what they experienced in combat situations (Campbell et al., 2016).

This study concurred with the finding of Campbell et al. (2016), Kaimal et al. (2019), and Malhotra et al. (2021) that women who participated in art therapy were able to express their feelings of guilt and grief from loss. As Miss May painted, she could express her feelings about her military experience and guilt over things she had no control over during military conflict. The study by Kopytin & Lebedev (2013) found that humor played a role in helping foster creativity. This was also true in this study, as indicated by the joking during the creation of Miss May's lion figure. The more we joked about the figure, the more creative Miss May became with the painting. That moment of humor is similar to playful exploration, which is a mechanism of change identified by Holmqvist et al. (2017). Change is brought about by increased activity in the parasympathetic nervous system (Fujiwara & Okamura, 2018). The laughter helped Miss May relax, which allowed her to articulate her

thoughts (Perry, 2017), as indicated by her ability to open up about her time in Iraq during this time of laughter.

Findings by Miller (2019) suggested that time away from the artwork created a sense of continuity and contemplation. Miss May also stated in the fifth session EEC that she anticipated painting because she had been thinking about the image all week and had ideas she wanted to implement. Although the finding indicates a mood shift and relaxation during the painting, there is a possibility that these achievements could be connected to the relationship between the researcher and the subject of this study. These changes could also be related to the possibility that Miss May enjoys engaging in many art activities and has often painted with the researcher.

Clinical Relevance

Because the findings indicate a positive outcome, the EDPP may be a good fit for use in treating female veterans with PTSD symptoms related to combat exposure. The EDPP helps female veterans achieve mental integration through sensory stimulation (Courtois & Ford, 2013; Levine, 1997). The act of touching the canvas with the brush, smelling the paint, and seeing the colors and symbols created during the process allows the mind to be grounded so the women can revisit the traumatic event in a non-threatening way. Being able to connect with and help these women relax during treatment may help them with their therapy so they can lessen the severity of symptoms and live a fuller, more productive life after military service.

Limitations

The location of the sessions became a challenge as we were never alone. My husband was always in the next room watching TV at my home. And at the art studio, people not involved in the process were watching and commenting on the painting. There

was also music playing that was not relaxing for the participant during at least one session. I forgot to bring the EEC form for one session, so Miss May had to find some paper for her experiential writing.

The art-making process was biased a few times by people commenting as the artist painted. I also wonder if I should have remained quiet while Miss May painted to avoid influencing the process. Using a friend may have compromised the experience, as familiarity may have influenced the outcome. However, this experience helped me understand more about peer support and its therapeutic benefits.

Recommendations

I recommend that if someone wants to repeat this study, the location of the study should be more private and conducive to a therapeutic atmosphere. If music is included as part of the process, either provide meditative music or let the person doing the painting choose music. Weekly sessions are preferable to bi-weekly sessions to allow time for between-session reflection. Selecting a person from a client base of people who have never been exposed to the EDPP is preferred over using a friend familiar with the EDPP as the participant to achieve a less biased reaction to the process. I also recommend more studies that focus on the benefits of peer support.

Conclusion

The EDPP allows multiple sessions with a client providing the opportunity for reflection and change as the client follows the process. The act of painting helps the client focus on something other than things that cause them stress. The emerging images may provide a means of reflecting on thoughts that come to the surface so the client can therapeutically address these inner thoughts in a safe space where they have the support of a trained clinician. This process would also be a good fit for a peer support group as the

connection between the peers helps with the attunement needed when processing trauma.

This process also helps improve the client's mood to have a better outlook as they face their daily stressors. Because the EDPP allows the client to process their inner thoughts and alleviate stress, this would be an excellent fit for a veteran dealing with symptoms of PTSD.

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Appendix A
Unsigned Informed Consent

Acknowledgment of Informed Consent

For a participant who is 18 or older

Section I: Participant Rights and Information:

1) Identification of Project and Responsible Investigator

I hereby agree to participate in a research project entitled Art as Experienced by Female Combat Veterans: Using the El Duende Process Painting. to be conducted by Bonita Owen in the SIUE Department of Art and Design as principal investigator.

It is important that you understand this research so that you can decide whether or not you want to take part. This process is called informed consent. To make your decision, you should consider all the information included in this document.

2) Voluntary Participation

You do not have to participate in this research. It is your choice whether or not you want to participate. If you choose not to participate or choose to stop participation at any time, there will be no penalty to you or loss of benefits to which you are otherwise entitled. If you choose to join our research project, your participation will be voluntary. You can ask to withdraw from the research project at any time.

3) Purpose of the Research:

This case study will explore the one-canvas El Duende process painting (EDPP) art-based therapy for a female who has experienced active combat, resulting in post-traumatic stress disorder (PTSD). The case study will consist of five sessions. During sessions, the participant will annotate their experience on an Experiential Expressions Chart (EEC) and take Photographs periodically throughout each session of the art process. I will observe the participant during the art sessions and annotate my observations in a journal. Each phase of the painting will be observed for the use of symbols or reoccurring themes. The final artwork will be looked at for insight within the imagery. If the participant allows, her EEC entries will be analyzed to learn how she experienced the El Duende process. Interview statements will also be analyzed for how the participant explains her experiences.

4) Description of Risks:

You experience some emotional fatigue during the painting process and may need to take a break to process those emotions periodically

5) Description of Benefits:

Neither the research conductor nor you as the participant will benefit from this study monetarily. The research may provide insight into a form of treatment for combat-related PTSD in female veterans.

6) Disclosure of Alternative Procedures:

If you choose not to participate, there are no other alternative processes.

7) Confidentiality of Records:

This article will not include your name or any identifiable information about you. There will be photographs of the art produced included in this study, but you will retain all rights to that artwork.

8) Available Assistance:

Since only minimal risk is involved in this study, there will be no assistance available.

9) Contact Information:

If you have any questions about our research project or your rights and activities as a participant, please contact the project's principal investigator, Bonita Owen. You can call Bonita Owen at (314)223-1583 or e-mail her at boowen@siue.edu. If you become worried about your emotional and physical responses to the project's activities, then we encourage you to immediately notify The VA at (314)289-7600. If you have any questions about your rights or any other concerns, you may also contact the SIUE Institutional Review Board at (618) 650-3010 or irbtraining@siue.edu.

Section II: Signatures

1. Participant: _____ Date: _____
2. Principal Investigator: Bonita Owen Date: May 15, 2022
3. Principal Investigator's address: 2042 Hilltop Dr. Arnold, Mo 63010
4. Principal Investigator's phone number: (314)223-1583
5. E-Mail: boowen@siue.edu

Appendix B
Experiential Expression Chart

EXPERIENTIAL EXPRESSIONS CHART

Thoughts and Feelings Before Painting	Thoughts and Feelings During Painting	Thoughts and Feelings After Painting