ATOL: Art Therapy OnLine

Working with Veterans in Prison: "Don't Mention Art or Therapy"

Steve Pratt

Abstract

This paper examines the health risks and issues associated with Military Training and Military Service in order to establish a veteran informed approach to working therapeutically with veterans in prison. It is written by a military veteran, and describes the author's work with veterans in prison using undirected, change focussed art therapy. It describes a conference workshop offered for delegates, which used the same format as that used in prisons. The different experiences are discussed. We asked: "What is a veteran?"

Keywords

Military Training, Military Service, The Veterans Service (NHS), Kings Centre for Military Health Research (KCMHR), PTSD, Adjustment Issues, Mental Health, Risks, Veteran Informed Approach, Psychological Injury, Criminal Justice System, Military Covenant,

Introduction

It is often assumed across society and even within the Kings Centre for Military Health Research (KCMHR), University of London - the body that advises the government on military health issues (See MacManus et al,

2014), that the benefits of enlistment into HM Forces for young people far outweigh the risks. In her study outlining the risks and associations between PTSD, heavy drinking and violence in military populations, Dr Deidre MacManus concludes, 'It is well recognised by the military and the public alike that a proportion of military recruits come from difficult backgrounds and that enlisting in the military *may* be the changing point in the lives of many who go on to acquire education, training, skills, discipline, and self-esteem that they *might* never otherwise have had the opportunity to achieve' (MacManus et al, 2014, italics mine). This is the general assumption, but In fact the risks are deeply politicised and, as a consequence, obscured from view within a culture of (unconscious) militarism.

What is a Military Veteran?

A veteran is a person who has been recruited as a civilian; has sworn allegiance "to serve and defend" Her Majesty the Queen, undergone military training so they can serve and obey the orders of her officers without question and if necessary pay the ultimate sacrifice and lay down their life, "for God, Queen and Country". No other job requires so much.

Recruitment

The army needs young people to fill the ranks of its main fighting force - the infantry, and one of the main recruitment areas is in schools. 22% of recruits are under the age of 20 years (Louise, Hunter, Zlotowitz, 2016). The lure of adventure and skills in glossy advertisements attracts young people but does not tell the full story of what it entails. A large body of evidence shows a strong positive relationship between education and health (ibid). In a critical report about military mental health, David Gee of Forces Watch shows how recruitment in schools taking the youngest recruits out of education early creates an educational disadvantage and places soldiers at risk of unhealthy outcomes compared with the civilian education system (Gee, 2013).

Military Training

Military Training is a harsh, repetitive and sometimes brutal process, whereby the recruit is conditioned physically and psychologically to act and respond as a member of a fighting unit. Military training is where the enemy is constructed, identified and dehumanised to enable soldiers to kill without conscience, for example soldiers are taught to aim at the 'largest mass' of a target, which is a form of conditioning that dehumanises the enemy in combat. Training is carried out in a closed, highly gendered, hyper-masculine environment where bullying and sexual harassment have been chronic issues in the past (Gee, 2013). Talking about difficulties during training is deemed to be a weakness and is difficult to unlearn because of the strength and depth of the conditioning at a developmental age. Training lasts for a minimum of 6 weeks, and in that time recruits are not permitted to leave.

Risks Associated with Military Training and Combat

There are no research studies into the risks associated with military training but it's a fact that Military training prepares young people to enact extreme mass violence of war on behalf of the state (Gee, 2013). There is growing anecdotal evidence from veterans (Sharrocks, 2016; Griffin, 2016) who identify the depth and scale of the indoctrination during military training as one of the main factors in their overall negative mental health presentation. Recruitment into the armed forces at an important time of cognitive and emotional development for those who lack a nurturing home or school environment is clearly a risky option for the development of negative mental health outcomes.

Neuroscience shows how the socio-emotional system in the limbic region of the brain and the cognitive control system in the pre-frontal cortex are at a crucial stage of their development during adolescence (10-20 years). A mismatch in the healthy development of these two systems is associated with risks and vulnerabilities around reward seeking and risk taking behaviour (Louise, Hunter & Zlotowitz, 2016).

It is well known that Military combat increases the risk of mental health and behavioural problems (Howard League report, 2011). 25% of people who

have been in war zones develop mental health issues, as a consequence (Srinivasa Murthy & Lakshminarayana, 2006).

Leaving HM Forces

Whilst many of those leaving the Armed Forces find ways of 'moving on', leaving is not simply changing jobs; it is a change in which the Service leaver discards a whole way of life after being indoctrinated and trained repeatedly and aggressively to think, act and respond in a particular way (Sharrocks, 2016). An abrupt loss of identity, place, belonging and operational certainty has the potential to isolate and deskill former service personnel, with the result that the transition to civilian life can become the anxiety ridden displaced 'battle ground' with conflict and the potential for catastrophe and annihilation lurking around every corner as nothing ever matches up to service life. This might sound like an overstatement but it is not, as the once vigilant, fit and able fighting body is reduced to urban survival with reduced resources, in an alien world. Having been bound to serve for several years (illegal in any other profession), years of outside opportunities are lost. Military service removes the fundamental right to union representation and to be free from discrimination thus limiting access and knowledge to more free and equal working practices (Gee, 2013).

Veterans in Prison

Veterans are estimated to represent 3.5% of the prison population in England (Ministry of Justice 2015), and they have a high level of need due to separation from their home communities and society in general. Feedback suggests the courts come down hard on veterans, expecting them to ‘know better’, with the assumption that they have ‘let the country and their comrades down’. Consequently many veterans in prison 'keep their heads down' and do not reveal their military past, thus missing out on specialist rehabilitation. Many of those veterans have not had the opportunity to work through the difficulties they might have experienced during military service and symptoms

such as emotional numb-ness, poor anger management and the erosion of family relationships are common with a wide range of adjustment issues.

Popular media portrayal of service personnel as 'Heroes' and social stigma make it more difficult in the prison context for veterans to come forward and seek or find help with wellbeing related issues. Prison is mostly an un-therapeutic environment making it difficult to identify, address and recover from those issues. As a result some veterans can become targets for abuse in prison, thus making transition to civilian life even more difficult. There is currently no group provision for veterans in prison leaving them isolated in cells, cut off from their peers and sometimes impossible to reach. Groups are important to veterans because training and deployment are carried out in groups.

In January 2015 the coalition government recognised a duty of care to Veterans and established the Armed Forces Covenant - which introduced a series of measures to identify and support veterans during their prison sentence (Ministry of Justice, 2015). As a result the Veterans Service (NHS) assumed a statutory commitment to screen and assess for veterans in prison.

Post Traumatic Stress (PTSD) and Therapeutic Help

Studies to establish PTSD have been, and continue to be, problematic and inconsistent with the result that many sufferers are still *not diagnosed* (Bashford et al, 2016). Some of the mainstream discussion of ex-service personnel in prison has taken the gap between leaving the Armed Forces and offending as indicative of the delayed onset of mental health problems such as PTSD (Howard League report, 2011). Combat Stress have found that diagnosis of PTSD amongst former service personnel can take upwards of 12-15 years (Lobban, 2016a) and in that time sufferers will wreck their own lives and those around them - usually following on from a harmful descent into alcohol misuse and violent behaviour including domestic abuse (McManus et al, 2013). Rates of PTSD among troops involved in direct combat are at around 7%, and Reservists are also more than twice likely to report common mental health disorders and PTSD if they had deployed to Iraq or Afghanistan than if they had not (McManus et al, 2013).

The closure of specialist military hospitals in the UK means that treatment of veterans who have been psychologically injured through military service is the responsibility of the NHS. Kings College Centre for Military Health Research (KCMHR) provides psychological expertise to the NHS and through their research projects help to shape government policy towards military personnel and veterans. Feedback from focus groups conducted by the London Veterans Service (LVS) suggest that trauma focussed talking therapies favoured by the NHS are 'not a good fit' for veterans. Veterans can find talking about their situation as life threatening, dangerous and highly traumatic, particularly when trying to explain military matters to 'uninformed' civilian clinicians.

Art Therapy for Veterans

Combat Stress is the primary mental healthcare provider for veterans. There are more than 6,000 veterans registered for support (Lobban, 2016b). Although art therapy is a core treatment provided by Combat Stress, it is not available as part of the National Health Service (NHS), Specialist Veteran Services, or Defence Medical Services and *this is a failing on behalf of those structures of management*. Research has shown that art therapy for veterans can provide the following outcomes: relaxation and reduced hyper arousal; expression of memories and emotions that are difficult to put into words; increased sense of control over terrifying and intrusive memories; reduced avoidance, helping veterans to adjust to the post military transition, re-building self-esteem and adaptive social functioning (Collie et al, 2006; Greenberg & Van der Kolk, 1987; Johnson et al, 1997; Lobban, 2014).

Combat Stress is the only organisation offering art therapy programmes specifically for veterans in the UK, including all inpatient treatment programmes for veterans with depression, anxiety-related disorders or PTSD.

"To ensure a consistent art therapy approach and to assist gaining empirical research evidence, practice guidelines have been devised which are used at all three treatment centres. Combat Stress adheres to a phasic approach to treating trauma, whereby therapy progresses through stages of stabilisation and trauma-focused work, before targeting re-integration. This model is

applied in art therapy in order to meet veterans at their particular point of recovery. For instance, during the initial stabilisation phase, the art therapists will encourage engagement and embedded success by providing a range of objects that can be used for symbolic expression, and clarifying that the written word can be used if art-making seems impossible at that point. Flexibility within a theme-based structure can help veterans manage a range of strong feelings that might be stirred in this unfamiliar environment. (Lobban, 2016b)

This format clearly works for many veterans in distress, and although I have not attended Combat Stress as a client I find the need 'to provide a structure to the session through the introduction of themes' (Lobban, 2016b p 16) as being more about the practitioner's needs to make sense of - and remain in control - rather than allowing individuals the opportunity and freedom to explore for themselves some of the risks and issues outlined earlier. For soldiers and veterans who have lived with the certainty of knowing what happens next, every moment of their military service, through Standing Operating Procedures - for every eventuality, the lack of certainty of action is a lived experience with feelings of a pending catastrophe and annihilation. Uncertainty is what follows military service and it is this uncertainty we work with in the prison context.

Change focussed Art Therapy enables veterans to come together in a safe, stimulating yet uncertain environment with only an invitation to use the art materials and then to think about their situation in relation to the experience of making an art object in a group context. Our approach is to direct language to the art making; the form and content of what is being produced rather than a search for meaning. Verbal interactions take place and it's the role of the facilitator to allow these interactions to be heard and thought about through careful questioning and comment. In prison the mind is focussed on survival and repair - the past is revisited and depicted, thought about and replaced with narratives for the future. A captured audience to think about things differently and learn from the others in the group, but we begin with uncertainty.

The Conference Workshop

The conference workshop followed the same format as that of the first session with a new group in prison. Performance - 15 minutes, Question and Answer - 15 minutes, Art making - 45 minutes, Discussion - 45 minutes.

The format for the workshop was introduced by the assistant facilitator with the question: “What is a veteran?” This was followed by a 15 minute dramatic performance by the lead facilitator. The lead facilitator had not been previously introduced to the delegates and they were unaware of what was going to happen. The performance was initiated through an adjoining studio door. It enacted elements from recruitment, military training, combat operations, murder suicide, military discharge and aftermath of military service.

This was followed by a 15 minute Question and Answer session to enable delegates to talk about ‘What came up for them’. This enabled delegates to communicate difficulties or issues directly rather than contain them throughout the 2hr workshop. Delegates were then invited to find a private work-space in the 2 studios available and make a 30 minute art response before returning in a circle for 60 minutes talking about the art making in the context of "What is a veteran?"; in relation to an exploration of the associated risks deployment to combat might bring, and how the psychological effect of those events and experiences might shape or impact on later life.

Discussion

Five delegates from a wide background of experience attended the workshop. There are no scientific studies about the effect on wellbeing as a result of military training, this workshop illustrated clearly how we are all to some degree 'isolated/insulated' from the experiences of the other, particularly when it comes to understandings around 'what it takes to serve' in the military.

The dynamic was somewhat reserved after the *impact or shock* of the performance, and the request to think about the 'veterans' question might have inhibited responses. For the delegates no enemy was visible and there was no need to kill. So their response contrasted sharply with the veterans in prison who tend to find the performance reminds them of events or feelings or

both. For the veterans the enemy was constructed (unconsciously) long ago - back in their training through forms of physical and psychological conditioning. Troubling events can be recalled, named, depicted and described safely in drawings, paintings and in discussion.

The delegates had access to 2 studios. Conversations were minimal and they worked privately, which was markedly different to the prison where banter around tea making and biscuits can be more attractive than making art or being 'banged up' in the cell for long periods. In the prison situation we place the materials in the middle on the floor and individual workstations are arranged along the outer walls of the space. This enables people to work independently. No themes or requests are made other than the invitation to use the materials.

For the delegates, the experience seemed to be rooted in the present; a private engagement with no evidence of an enemy in sight (to kill), more a silent dread of something unknown and elsewhere. In the artworks a bomber that covered the whole of a painted picture, with huge outsize bombs being released on an unseen ground, gave the impression of taking the responsibility of piloting an impending disaster in the zone of considering 'what it is to serve', whilst a delicate white-threaded structure gave the impression of a precarious vulnerability. Abstract painting gave the impression of trying to make sense from chaos. All the issues seemed pending or somewhere else.

Veterans are bonded through the indoctrination and ardour of their training and through their deployments. The talk about the camaraderie of these experiences and relationships, and the resulting loss after discharge, forms the basis for discussion. These inter-dependent buddy-buddy relationships are acted out with vigour through a common language. The homogeneity of a veterans group can easily hold each other in a negative and un-productive place when they use the space to tell and retell their stories that brought them into prison. Listening and holding the stories in mind enables containment to take place, but to allow those stories and perceptions to be retold repeatedly is to some degree to collude with their validity. This is where a veteran informed approach is useful in identifying distorted or unreal perceptions and

beliefs, which can be carefully fed back enabling reflection with the opportunity for insight into a more purposeful reality.

In the workshop the disparity amongst the delegates was probably in what they understood about veterans, and in the common transference of a pending catastrophe. In the prison situation a communicational disparity occurs within the group around the topic of 'mental health'. In particular, the members of the group referred for mental health reasons will pictorially represent their issues without direction or request, whilst those sent to the group 'to help with their onward assessment for release' or that 'it might do them good' avoid deeper underlying issues, that is until they can see it is safe to do so. For this second group working without direction or a theme, making art can be challenging and result in avoidance art that requires minimum engagement. It might be possible to introduce themes but I have had no reason to do so since we work with the uncertainty this way of working generates. Soldiers can find uncertainty catastrophic and dangerous but we endeavour to work with it, by establishing safety through the concrete boundaries of the session, the room and in the act of doing.

This disparity amongst participants can give a clear view of the phases of recovery or rehabilitation/transformation. For example, a young male veteran waiting for sentence for more than a year would not allow himself to think about the group as therapy or that he was making art - it was the social connection he felt through being with other veterans that was important for him.

In the Prison group, veterans seemed to be led by those that could allow themselves to engage fully, they all seemed to be surprised by the results of their artworks and the far reaching extent of the discussions as part of their transformative journey away from conflict towards integration into civilian communities. For the delegates, art making was familiar and safe, it was an opportunity to think about the veteran as having particular issues that might need to be thought about or addressed when engaged in art therapy treatment.

Biography

Steve Pratt is a former SAS soldier (1969-1981) he graduated with First Class honours in Fine Art at the University of Leeds in 1992, and completed his MA Art Psychotherapy (Goldsmiths) in 2013. He works as an artist from his art studio in south London. His performance 'About the Making of a Dangerous Individual' provides the introduction for lectures and interventions on the subject of art and trauma at various institutions. He provides art therapy for the London Veterans service (LVS) In-reach team to veterans in prison.

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