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Review Article

The Effects of Group Interactive Art Psychotherapy on Quality of Life of War Veterans

Alexander Kopytin[1]* and Alexey Lebedev[2]

[1]*Professor, Psychology Department, Saint Petersburg Academy of Postgraduate Pedagogical Education, Saint Petersburg, Russia*

[2]*Psychiatrist/Psychotherapist, Department of Psychotherapy, Hospital for War Veterans, Volgograd, Russia*

***Corresponding Author:** Alexander Kopytin, Professor, Psychology Department, Saint Petersburg Academy of Postgraduate Pedagogical Education, Saint Petersburg, Russia.

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Abstract

This article examines the effects of group interactive art psychotherapy on quality of life of ex-service personnel treated at the specialized psychotherapy department at Volgograd Regional Clinical Hospital for War Veterans, Russian Federation. The group art psychotherapy program lasted for one month and included 12 to 14 sessions. A total of 112 patients were enrolled in the study and comprised the experimental (Group 1) and control (Group 2) groups. The sample was selected on the basis of inclusion and exclusion criteria. The inclusion criteria included non-psychotic mental disorders and involvement in military campaigns either in the Russian Federation or abroad. The exclusion criteria consisted of more severe mental disorders (psychoses) than those of a neurotic level and ages older than 55 years. The results of the study confirm that group interactive art psychotherapy used in the form of a brief intervention provides positive effects on quality of life. Though certain positive effects were also observed in control group, these effects were less evident than in experimental group.

Keywords: *Art Therapy; Art Psychotherapy; Ex-Service Personnel; Group Interactive Art Therapy; Quality of Life; War Veterans*

Introduction

Taking into account the global context of the military campaigns that involve many countries including the USA and Russian Federation, the problems that medical, therapeutic, and other helping professionals face in their work, are universal. With increasing awareness of the scope of mental health and psychosocial challenges, as well as the large number of veterans requiring help with their health problems, we can observe a growing interest in programs and services that can effectively address the health and well-being problems of ex-service personnel. Empirical experience and research findings related to art therapy programs, adapted for veterans and other military members, can support the implementation and further improvement of these programs.

There is a range of therapeutic uses of art currently applied to military members that vary depending on the professional background and theoretical orientation of practitioners, as well as particular settings providing services and other contextual factors. Usually, two separate strands of art therapy, which are historically evident and still observable, are mentioned: first, as an aspect of psychotherapy through art (*art psychotherapy*), often called 'clinical art therapy', and second, as a sensitive form of art teaching or facilitating free artistic activities of patients (*art as therapy*).

The range of existing approaches and models of art therapy implied with military and veteran populations is impressive and includes unstructured studio and gallery experiences [5,8,13] group interactive art therapy/art psychotherapy [2,11], along with individual and

family art therapy [10]. Some advantages of group art therapy/art psychotherapy within this spectrum of models and approaches used with war veterans are emphasized.

Among different forms of art therapy groups including the unstructured studio-based approach and group interactive art therapy (art psychotherapy), the later embraced advantages and therapeutic factors of group therapy, on the one hand, and those related to the use of non-verbal, artistic means of self-expression typical for art therapy, on the other hand. Interactive groups help individuals to experience and examine their relations with others.

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They strived to integrate their approach with the practice of art psychotherapy into the system of mainstream medical care applied at hospitals that embrace both biological treatments and some more traditional therapies (occupational therapy, individual counseling, cognitive-behavioral therapy etc.), as well as complimentary therapies such as art therapy and mindfulness development programs.

The category of war veterans comprise a broad spectrum of mental disorders. Although a certain percentage of them have been identified as suffering from PTSD and other stress-related disorders, some veterans reveal behavioral and mood disorders, addictions and even psychotic states. Many of them are characterized as having high levels of emotional tension and instability, low impulse control, difficulties in interpersonal relations, distorted reactions to others, ambivalent and inadequate self-perception, and difficulties in securing existential meanings [1,12]. They may have a retrospective orientation towards life, or may organize their lives around those values and norms that were acceptable in combat situations while feeling lonely and unsafe in civilian life [1,12].

Therefore, it would be impossible and ineffective to use certain unified models of art therapy with ex-service personnel. Specific characteristics of a particular clinical subgroup of veterans and the context of therapy should be taken into account in order to develop interventions specific to their goals and conditions.

Evaluation and evidence-based practice: Challenges for art therapists working with war veterans

Within the current situation of budget cuts and funding reforms, evaluation and evidence-based practice is high on the agenda for art therapists as they seek to demonstrate the strengths of art therapy, what it does well and what it does differently. One of the challenging tasks for art therapists working with war veterans and other military populations is the study of therapeutic effects and processes of art psychotherapy. In their effort to resolve this task they can rely on evaluations and evidence-based practices that concern some other areas art therapists' work, with patients suffering from PTSD and those having other mental disorders.

Although the value of art therapy with war veterans who have suffered psychological trauma has been documented [2,6-9,13], little research that is grounded in specific rules of evidence has been conducted to support the multifaceted effects of art therapy as their treatment. Further clarification of art therapists' specific contribution to ex-service personnel's mental condition, well-being and social adaptation is needed.

Taking into account the mixed character of this client group in terms of clinical disorders and different institutional/organizational contexts of their treatments, additional difficulties in arranging a research that satisfies current rules of evidence can be presumed. This also requires reliable research measures aimed at specific psychological and clinical targets to be carefully selected.

Most existing publications on art therapy with active military service personnel and veteran populations, however, don't concentrate on the measured treatment improvement on a measurable outcome at a sufficient degree, and don't use a pre- and post-intervention design involving two groups (experimental and control group). The current study on art therapy with military and veteran populations seems to be mostly descriptive and relying on subjective observations or self-reports.

The measurement of health and the effects of health care must include not only an indication of changes in the frequency and severity of diseases but also an estimation of well-being, and this can be assessed by measuring the improvement in the quality of life related to health care. By using some special measures, such as The World Health Organization Quality of Life Assessment Instrument (WHOQOL), in particular, to look at changes in the person's well-being over the course of treatment, a complete picture can be gained.

Quality of life can be one of the indicators of one's psychosocial adaptation in general. Improvement of patients' quality of life as a result of their treatment is considered to be one of the significant measures of therapeutic efficacy and goals of treatment. That is why research of how art therapy impacts the quality of life of war veterans and their well-being with the use of valid measures is a demand.

Treatment setting, brief group art psychotherapy program and procedure

Group interactive art psychotherapy has been used at the specialized psychotherapy department at Volgograd Regional Clinical Hospital for War Veterans, Russian Federation, since 2003. The Hospital belongs to the Ministry of Public Health and provides complex treatment for war veterans. The psychotherapy department was established there in 1997, in accordance with "The Law on Veterans" and Order #373 (07.01.1997) to provide high quality medical and psychosocial support to war veterans residing in Volgograd city and the Volgograd Region, who were involved in the military campaigns in various "flash point areas," and whose emotional disorders cannot be treated outside the hospital setting due to the severity.

The staff of the psychotherapy department includes psychiatrists, psychotherapists, clinical psychologists, and nurses. Art psychotherapy is provided by one of the authors of the book, who was trained as psychiatrist and psychotherapist and later took his art therapy training for the period of two years. He is a member of the multi-professional team. The later provides patients with a complex of medical and psychosocial interventions including occupational therapy, counseling, individual and group therapy and group interactive art psychotherapy in order to enable not only a reduction of symptoms, but multifaceted psychological and social support and working through personal issues of the veterans as well. Since 2006 art psychotherapy remains the only expressive therapeutic modality applied at the department.

Group interactive art psychotherapy sessions took place three times a week (every two days) in the afternoon and lasted for two and a half hours. They consisted of warming up activities, main art-based activity with a discussion, and ending. The beginning of each session included some warming-up and introduction to the theme of the session, after which participants were involved in art making, usually for 45 - 50 minutes, and the remaining time of 30 - 40 minutes was reserved for discussion. Participants were encouraged to interact with each other through the use of materials and the process of discussing their artwork.

The art psychotherapy program consisted of the four typical stages that were materialized in the group interactive context and synchronized with the typical group dynamic phases ("forming," "storming," "performing" and ending). Groups were usually formed of 5 - 8 patients. The group art psychotherapy program lasted for one month and included 12 to 14 sessions. Various art-based activities were used throughout the course of art therapy in certain connection to stages of treatment and group dynamics, and were aimed at different therapeutic targets. The therapist suggested a topic or theme as a directive for patient participation in the group. However, after the par-

ticular theme of directive was suggested, the group could discuss and suggest alternative themes or expand on a given directive.

The study of therapeutic effects of group art psychotherapy with war veterans. Quality of live as one of the measures of therapeutic efficacy

The goal of the present study was to assess the therapeutic effects of group interactive art psychotherapy, it's impact of the quality of life of ex-service personnel being treated in a specialized psychotherapy unit for war veterans.

Hypotheses of the study were as follows:

- H1: Group art psychotherapy can improve the quality of life of war veterans.
- H2: This effect will be more apparent in the experimental group rather than in the control group treated at the same hospital.

Patients of different sexes and ages comprised the experimental (Group 1) and control (Group 2) groups (Table 1). The sample was selected on the basis of inclusion and exclusion criteria. The inclusion criteria included non-psychotic mental disorders and involvement in military campaigns either in the Russian Federation or abroad. The exclusion criteria consisted of more severe mental disorders (psychoses) than those of a neurotic level and ages older than 55 years.

A total of 112 patients were enrolled in the study: Participants were randomly assigned to experimental or control groups. Every second patient from the complete list of patients treated at the department was referred to group art psychotherapy, while every first one was referred to occupational therapy. 62 patients received the art psychotherapy intervention and comprised Group 1, while 50 did not participate in art psychotherapy and belonged to Group 2. Patients from both groups received biological therapy (antidepressants, tranquilizers etc.) and physiotherapy. Patients from Group 2 participated in occupational therapy instead of group art psychotherapy. Patients' ages varied from 25 to 52 years and the average age in Group 1 and Group 2 was 38 and 35 years respectively. Most patients in both groups suffered from neurotic, stress-related and somatoform disorders, affective disorders and organic disorders according to ICD-10 (Table 1). The main complaints of the patients included decreased or unstable moods often associated with anxiety, irritation, difficulties in relationships, low impulse control, absence of interest in life, tiredness, apathy, bad sleep, feeling of pain and discomfort in the body.

Demographic	Group 1 (n = 62)	Group 2 (n = 50)
Male	57 (92%)	45 (90%)
Female	5 (8%)	5 (10%)
Age 20 - 29 years	15 (29%)	13 (26%)
Age 30 - 39 years	29 (47%)	23 (47%)
Age 40 - 49 years	10 (16%)	9 (18%)
Age 50+ years	8 (13%)	5 (10%)
Diagnoses (ICD-10)†		
Neurotic, stress-related, and somatoform disorder[s]1	17 (24%)	14 (28%)
Affective disorders (depression)2	10 (16%)	7 (14%)
Organic mental disorders3	35 (60%)	29 (58%)

Table 1: *Participant demographics and diagnoses.*

Note: †International statistical classification of diseases and related health problems (ICD-10) [14].

[1]ICD-10 codes F43.22, F45.3, F48.0, and F43.23.

[2]ICD-10 codes F32.0, F32.10, F32.11, and F33.01.

[3]ICD-10 codes F06.6 F06.4, F06.3, F06.2, and F07.0.

Most patients enrolled in the study were previously involved in local military campaigns. The average length of stay in the hospital was one month.

The instruments used, provided assessment of symptomatic improvement in patients' condition, changes in their self-perception (self-image), cognitive functioning and their quality of life. Changes in group interaction and dynamics as well as clients' artistic self-expression were also taken into account. In order to assess therapeutic effects of group interactive art psychotherapy, various pre-test and post-test tools were used, such as:

- Symptomatic checklists, SCL-90;
- Questionnaire of depressive conditions;
- Integrative anxiety test;
- General condition-activity-mood test;
- Silver drawing test (SDT) and draw-a-story (DAS);
- The world health organization quality of life assessment instrument (WHOQOL-100) [3,4].

This article concentrates on the impact of group interactive art psychotherapy on participants' quality of life only.

Results

The pre-treatment measures found no significant overall difference ($p > .05$) in patients' scores between those who received art psychotherapy and those who did not receive art psychotherapy at the start of treatment. The use of symptomatic measures indicated high levels at somatization, obsessivity-compulsivity, interpersonal sensitivity, depression, anxiety, and hostility scales in both groups. Pre-treatment measures in both groups also revealed decreased levels of general condition, activity and mood as well as average mean scores in self-image and cognitive functioning. These findings support clinical observations and complaints presented by clients.

Pre-test scores in The World Health Organization Quality of Life Assessment Instrument (WHOQOL-100) in both groups indicated adverse well-being. Only one domain, Social relationships was rated by respondents as relatively high. All other five domains (Physical health, Psychological Health, Level of Independence, Environment, Religion/Spirituality/Personal beliefs) were characterized as not high, but satisfactory. The lowest ranges characterized such facets of WHOQOL-100 as Pain and Discomfort, Sleep and Rest, Energy and Fatigue, Negative feelings and Positive feelings.

The improvement in quality of life was significantly more evident in the experimental group than in the control group (Table 2). While a significant increase in the control group was only in the Sleep and Rest Facet (F3), the experimental group demonstrated a significant increase of results in the majority of Facets (F1, F2, F3, F4, F5, F8, F9, F10, F19 and F21) and Domains: in the Physical Health Domain (I), in the Level of Independence Domain (III), in the Environment Domain (IV) and in the Spirituality/Religion/Personal Beliefs Domain (VI) as well as with regard to Overall Quality of Life and General Health (G).

Facets and Domains	Experimental group M ± m (n = 62)		Control group M ± m (n = 50)	
	Pre	Post	Pre	Post
Pain and discomfort	11,49 ± 0,28	13,43 ± 0,36	11,62 ± 0,26	12,89 ± 0,31
Energy and fatigue	11,95 ± 0,31	13,86 ± 0,26*	11,82 ± 0,33	12,80 ± 0,32*
Sleep and rest	11,54 ± 0,55	14,37 ± 0,51*	10,77 ± 0,49	13,31 ± 0,41*
Positive feelings	12,15 ± 0,32	13,68 ± 0,48*	11,46 ± 0,30	12,26 ± 0,32*
Thinking, learning, memory and concentration	12,85 ± 0,29	14,23 ± 0,25	13,48 ± 0,29	13,72 ± 0,30
Self-esteem	13,25 ± 0,27	14,17 ± 0,25	13,57 ± 0,27	13,82 ± 0,28
Bodily image and appearance	14,49 ± 0,37	15,46 ± 0,30	15,00 ± 0,30	15,06 ± 0,33
Negative feelings	12,00 ± 0,45	14,17 ± 0,37	12,00 ± 0,40	13,54 ± 0,43
Mobility	14,95 ± 0,41	16,35 ± 0,39	15,23 ± 0,53	15,72 ± 0,40

Activities of daily living	13,54 ± 0,30	15,00 ± 0,26	13,63 ± 0,27	14,48 ± 0,31
Dependence on medicinal substances and medical aids	12,77 ± 0,39	13,66 ± 0,37	12,49 ± 0,41	13,00 ± 0,39
Work Capacity	14,11 ± 0,39	15,58 ± 0,30	14,40 ± 0,46	15,00 ± 0,57
Personal relationships	14,94 ± 0,31	15,38 ± 0,29	15,00 ± 0,28	15,75 ± 0,51
Social support	14,82 ± 0,31	15,03 ± 0,29	14,37 ± 0,34	14,52 ± 0,36
Sexual activity	13,46 ± 0,40	13,63 ± 0,38	14,46 ± 0,35	13,75 ± 0,35
Freedom, physical safety and security	13,18 ± 0,57	14,58 ± 0,34	13,62 ± 0,28	13,95 ± 0,31
Home environment	14,34 ± 0,40	14,12 ± 0,43	14,08 ± 0,42	13,98 ± 0,36
Financial resources	10,78 ± 0,32	11,25 ± 0,37	10,58 ± 0,37	10,58 ± 0,37
Facets and Domains	**Experimental group M ± m (n = 62)**		**Control group M ± m (n = 50)**	
	Pre	**Post**	**Pre**	**Post**
Health and social care: accessibility and quality	12,85 ± 0,33	13,06 ± 0,36	12,37 ± 0,50	12,48 ± 0,33
Opportunities for acquiring new information and skills	13,89 ± 0,28	14,49 ± 0,34	13,97 ± 0,32	14,03 ± 0,34
Participation in and opportunities for recreation/leisure	12,74 ± 0,32	13,94 ± 0,28	12,75 ± 0,32	13,09 ± 0,31
Physical environment (pollution/noise/traffic/climate)	13,20 ± 0,34	13,89 ± 0,31	13,28 ± 0,29	13,48 ± 0,29
Transport	13,92 ± 0,42	14,40 ± 0,40	14,34 ± 0,45	14,38 ± 0,45
Religion /Spirituality/Personal Beliefs	13,89 ± 0,31	15,12 ± 0,30*	13,17 ± 0,32	13,42 ± 0,29*
Physical health	11,66 ± 0,30	13,89 ± 0,29*	11,40 ± 0,27	13,00 ± 0,29*
Psychological Health	12,95 ± 0,25	14,03 ± 0,24	13,10 ± 0,22	13,68 ± 0,26
Level of Independence	13,84 ± 0,28	15,15 ± 0,25	13,94 ± 0,33	14,55 ± 0,31
Social relationships	14,41 ± 0,26	14,68 ± 0,23	14,61 ± 0,26	14,68 ± 0,30
Environment	13,11 ± 0,21	13,72 ± 0,22	13,12 ± 0,22	13,25 ± 0,23
Religion /Spirituality/Personal beliefs	13,89 ± 0,31	15,12 ± 0,30*	13,17 ± 0,32	13,42 ± 0,29*
Overall Quality of Life and General Health Index	79,86 ± 1,10	86,59 ± 1,03*	79,34 ± 1,11	82,57 ± 1,33*

Table 2. *Pre- and post-test results in the questionnaire of quality of life (WHOQOL-100) main domains and facets in experimental and control groups.*

*Note: Significant differences between the two groups appeared in a month period: *p< .05,*

Significant differences between pre- and post-tests underlined.

As a result of the comparison of post-test scores in the experimental and control groups, the most significant differences were revealed in such Domains as Spirituality/Religion/Personal Beliefs, Physical Health, and Level of Independence, while the least significant difference was found in the Domain of Social Relationships among all main six Domains. As for the most considerable difference with regard to post-test scores in the Spirituality/Religion/Personal Beliefs Domain, it may be indicative of the considerable improvement in patients' satisfaction with spiritual aspects of their existence that include their system of beliefs and values giving meaning and perspective in their life.

Figure 1 demonstrates the difference (δ) between pre- and post-test scores in the WHOQOL-100 main Domains in experimental and control groups in a month (%). It shows that improvement in quality of life in a month long period in the experimental group is higher than in the control group and that the growth in different Domains is uneven. The most considerable growth is observed in Spirituality/Religion/Personal Beliefs Domain (7%), which may be indicative of a greater satisfaction with spiritual and existential aspects of personal experience among participants of the art psychotherapy group. These aspects embrace personal beliefs and values that provide a person with a sense of meaning and perspective in one's life.

This domain is also related to a creative function of the psyche. It is emphasized that for most people's personal beliefs, spirituality and religion serve as a source of psychological comfort, security and coherence, and provide a person with a feeling of inner strength, belonging to a wider network of people, and a goal in life [3,4]. This finding supports the idea that the creative function of the psyche is related to the spiritual core of a personality and involved in the processes of adaptation and coping abilities that can be evoked in challenging and stressful situations.

Considerable growth is also observable in Physical Health and Level of Independence Domains (the difference between pre- and post-test scores is 5.1%). This is indicative of the growth in clients' satisfaction with physical aspects of their life including their ability to restore their well-being through sleep and rest, feeling energized, mobile and active in daily living and having no discomfort in the body.

Less considerable growth in quality of life was apparent in the Psychological Health Domain (4%) especially in the area of positive emotions that were obviously supported due to clients participating in group art psychotherapy. Post-test scores in this Domain also characterize clients in the experimental group as those who are able to more positively perceive the world around them and their future.

A significant contribution to the growth of quality of life with regard to this Domain was the clients' feeling of their improved thinking, learning, memory and concentration. The growth in this facet is most significant as compared to all other WHOQOL-100 facets. This may be indicative of a significant impact of the group art psychotherapy modality used in the present study on clients' cognitive functioning. The improved perception of one's bodily image, appearance and self-image, as well as decreased levels of negative emotions also contributed to this result.

About the same growth in quality of life in the experimental group also concerned the Environment Domain (3.7%) mostly due to higher levels in such facets as Freedom, physical safety and security and Participation in and Opportunities for Recreation/Leisure. The least considerable growth in quality of life in the experimental group concerned the Relationships Domain (1.5%).

Conclusion

The results of the study confirm that group interactive art psychotherapy used in the form of a brief intervention provides positive effects on quality of life of patients treated at the psychotherapy department of the hospital for war veterans. Though certain positive effects were also observed in control group, these effects were less evident than in experimental group. The study supports the hypothesis that brief group art psychotherapy can provide complex improvement in clients' quality of life especially with regard to its main domains such as Spirituality/Religion/Personal Beliefs, Physical Health and Level of Independence. The improvement in the Spirituality/Religion/Personal Beliefs Domain is especially significant, since it is related to a creative function of the psyche and serves as a source of psychological comfort, security and coherence, and provides a person with a feeling of inner strength, belonging to a wider network of people, and a goal in life [3,4].

Several limitations of the present study must be considered. The study adds support to the efficacy of group art psychotherapy to address a wide spectrum of stress-related, affective /mood and organic mental disorders in war veterans. Clients with more severe mental disorders, those in particular that belong to schizophrenia spectrum and other psychotic disorders have not been involved in the study.

A limited number of patients with more severe stress-related conditions, such as posttraumatic stress disorder, participated in the study because only a few of them were hospitalized in the department over the course of study. This category of patients in particular should be studied further regarding art psychotherapy efficacy.

It is possible that client improvement could have resulted from other changes in clients' lives, from medication-related benefits, or from other reasons. However, while client improvement has been observed in both groups, it was higher in the experimental group than in the control group.

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