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## Therapeutic Support Found in a Printmaking Method with Older Adult Veterans Through a Recovery Model Lens

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**Therapeutic Support Found in a Printmaking Method with Older Adult Veterans  
Through a Recovery Model Lens**

Capstone Thesis

Lesley University

May 5, 2020

McKenzie Paddock

Clinical Mental Health Counseling: Art Therapy

Michelle Napoli

## **Abstract**

Creative arts therapies provide expansive opportunities for personal growth and healing, but little research exists to prove printmaking as effective in increasing an individual's quality of life. The indirect multi-step art form of printmaking offers therapeutic support through its attributes of unpredictability, containment, multiplicity, and adaptability, while accommodating themes of the three Rs of recovery: remediation, restoration, and reconnection. This study aimed to highlight the therapeutic effects of printmaking with older adults as displayed by an arts-based method conducted with veterans. A relief printmaking workshop took place over two-hour sessions once a week for three weeks at a Veteran Affairs Hospital with six participants. The workshop procured a strength-based non-directive approach to invite veterans' personal art projects to be informed by their own motives, expectations, and creativity. Results of the method indicated that throughout the workshop progress was made in decreasing social isolation, encouraging learning and creative freedom, increasing use of emotion regulation skills, and eliciting a sense of empowerment. The workshop successfully disproved ageist ideals through explicit examples of older adults having the capacity to learn and grow. Further research is encouraged to examine the endless possibilities of printmaking as therapeutic through its many forms.

*Keywords:* printmaking, arts-based, creative arts therapies, older adults, veterans

## **Therapeutic Support Found in a Printmaking Method with Older Adult Veterans Through a Recovery Model Lens**

The therapeutic qualities inherent in printmaking ally with elements of recovery in older adults who have a range of mental health conditions. Printmaking is the multi-step artmaking process in which a plate or block is manipulated to imprint an image onto another surface, typically paper. Themes of this multi-step process align with the three Rs of recovery: remediation, restoration, and reconnection, as well as its underlying precondition of hope. The manageable steps and choice involved in printmaking support remediation. Printmaking's ability to promote experimentation, creative problem solving, and empowerment contributes to restoration. A community-based approach encourages reconnection through peer interaction in the art studio. Finally, the seemingly daunting number of steps required to reach an outcome with its indirect/unpredictable qualities requires hope and trust in the process.

The method intends to highlight overlaps in the keynotes of recovery and printmaking, while advocating for older adults' capacity to learn and grow. In addition to aspects of printmaking endorsing the three Rs of recovery, the multi-step process is relatively unknown. Therefore, preconceived high expectations of artists' outcomes do not interfere with the process in the same way it may in painting or drawing interventions. In current art therapy literature, there is little to no explicit mention of less resistance toward printmaking due to it being unknown.

It is significant to the researcher to bring awareness to this topic due to their previous involvement in an undergraduate program where a BA in art and design with a concentration in printmaking was obtained, solidifying their artist identity. Following university, the researcher had the privilege of strengthening their therapist identity in a master's program for clinical

mental health counseling. Resonating eminently with the researcher's therapist identity is the graduate course, Art Therapy for People with Severe Mental Illness (ATPSMI). Instructor of the course, Denise Malis, captured ATPSMI in *Aesthetic Empathy and Art-based Learning: Pedagogical Scaffolding in Art Therapy Education* (2018). This education along with a humanistic personal orientation informed the method conducted to explore the impact of a non-directive relief printmaking workshop for older adult veterans. Relief printmaking consists of carving a printing block to remove the negative space of an image. A relief print is then created by inking the remaining surface of the block to be pressed into another surface and can be compared to a stamp. This paper begins with an exploration of the current literature, continues through a description of the implemented method, and closes with a discussion of what emerged throughout the process.

### **Literature Review**

In addition to this researcher's educational and artistic background, a foundation for the conducted method was established with a review of relevant literature. Research centered around therapeutic qualities of printmaking, current models of recovery, studies of art therapy with older adults, and considerations when working with veterans. This literature review will describe influences on the actualization of the method.

### **Printmaking as Therapy**

An inaugural contribution to the conversation of the therapeutic effects of printmaking is *Printmaking as Therapy; Frameworks for Freedom* (White, 2002). This book outlined printmaking through historical, educational, and remedial contexts, constructing healthful themes through a variety of printmaking processes. White posited that the effectiveness of printmaking as therapy has been overlooked due to its perceived expensive and complicated attributes.

However, the nature of the multi-step process allows space for understandable introductions to the medium and the use of common, economical materials (White, 2002). By recognizing the accessibility of printmaking in therapy, its advantages and disadvantages can be examined.

### ***Unpredictability***

Printmaking is an indirect art form, meaning the creation of imagery is first applied to a plate which is then used to constitute an artistic outcome through a transfer procedure. As a result, “it produces a distance from the artwork that can be beneficial for some clients” (White, 2002, p. 20). For example, a client’s exploration of life events or emotions through a more direct art form such as painting may induce overwhelming feedback. Printmaking provides a client with the opportunity to express themselves through therapeutic distance. This distance may also manifest as a feeling of lacking control, which has constructive potential as it can be both frustrating and freeing (2002). The product of printmaking is a mystery until the final reveal, described by Dean (2015) as the “climactic moment” (p. 173). For some people, the experimental nature of the medium encourages freedom to play. For others, its unpredictability can be a challenge, thus inviting moments in a therapy session for clients to develop frustration tolerance and expectation management. Dean explained that “some therapeutic interventions rely on acknowledging and coming to terms with such chance” (p.173).

### ***Containment***

The lack of control involved in printmaking exists as a dichotomy between structure and containment. With proper ways of manipulating materials and the literal containment of expression on a plate, the medium offers structure and a held space (White, 2002). White’s book included a case study of Edvard Munch through a journey of madness and creativity to sobriety, at which point he was no longer controlled by fear and demons. White delineated the difference

between Munch's painting and printmaking processes through the concept of symbolic containment; "painting totally immersed him and intensified his obsessions... the size of the printing plates alone would tend to provide more control and structure or containment of his often overwhelming expression" (pp. 24-25). As the field of art therapy promotes the idea of holding the space or providing containment, printmaking offers a means to do so in several physical ways. Containment can be achieved through limiting the color palette of inks available, choosing the size and material of the plate, providing specific surfaces to be imprinted, and arranging the studio with separate stations suited for multiple steps. For instance, one area within the studio can be set up for manipulating plates, another for rolling and applying ink, and the third may house clean paper to be imprinted, all of which adds structure to the artmaking experience.

### ***Multiplicity***

Dean (2015) considered "one of the greatest advantages in printmaking is the ability to create multiple images from the same plate" (p. 173). Dean proposed that the creation of multiple prints may be helpful when working on themes of self-image, group dynamics, and connectivity over time, while reducing the preciousness of a single product. One plate may produce infinite outcomes, of course determined by what weathering permits. These outcomes stretch the imagination of what surface is imprinted, what inks or pigments are used, what plates are imprinted beside or overlapping one another, what the completed artwork is intended for, and countless other considerations.

Dean (2015) described fostering group cohesiveness through the sharing of one's image to create a collective piece. Printmaking promotes such interventions in which group members create individual plates that are then printed onto the same surface, accommodating for any

therapeutic goal involving community building, decreasing isolation, or a common challenge amongst participants. In addition, multiples of the same print may be embellished in different ways, kindling means to compare and contrast (White, 2002). These options for therapy interventions lend themselves to Dean's proposed theme of multiplicity lowering the pressure of completing one treasured product. In comparison to a medium such as painting, producing one final piece may induce a resistance or barrier for some clients. In these cases, engaging in a process with multiple outcomes may be a fitting solution.

### ***Adaptability***

Because there are diverse methods of printmaking, many decisions are to be made before introducing the process to a client or group of clients. If the facilitator is unfamiliar with the different options of printmaking, it is crucial that they educate themselves respecting needed materials, adequate space requirements, mess management, safety measures, and procedures (White, 2002). The facilitator must have the ability to provide sufficient instruction and technical assistance before focusing on therapeutic elements. Luckily, with the ample strategies and techniques used to create prints, comes expansive adaptability. White broke up the specific printing techniques within the four processes: relief, intaglio, planographic/monotypes, and stencil and screen; discussed the cognitive and physical demands; safety rating; time requirements; style; and materials for each technique (2002). Consequently, *Printmaking as Therapy; Frameworks for Freedom* (White, 2002) is a valuable resource for its overview of the variety of printmaking processes.

Dean (2015) also provided examples of techniques and articulated that “while all printmaking methods may be possible for particular individuals or groups, commonsense and sound clinical judgement are imperative when considering the setting and population” (p. 174).



To this researcher, one of the most stimulating qualities of printmaking is its insistence on creative problem solving. The occasional formulaic piece of its multiple steps calls for adapting in the moment, with more than one way to reach a goal. This is where clinical judgment and understanding of the setting and population is of high importance. A facilitator may prioritize holding the space for participants to adapt on their own, only after initial adaptations were made prior to introducing printmaking in the therapy setting. These initial adaptations should be determined by the range of cognitive and physical abilities of participants, access to materials, and therapeutic goals of the session.

### **Humanistic Models of Recovery**

The aforementioned frameworks of printmaking as therapy endorse themes of recovery for individuals experiencing mental health challenges, particularly through an integrated recovery-oriented model (IRM). Although the word recovery is often attributed to treatment for addiction, Frost et al. (2017) reviewed the IRM's focus on the three Rs of recovery: remediation, restoration, and reconnection for individuals with a range of severe mental illness. Frost et al. (2017) enforced the IRM as a non-linear process and outcome intended to enhance personally valued health, well-being, and social inclusion, while arguing for refinement of recovery-oriented mental health services. Current mental health services provide individuals with little access to evidence-based interventions (EBIs) and rely heavily on prescriptions upon discharge from long-stay care (2017). While it is an underlying goal to emphasize independence for those in recovery, a foundation of coping skills, self-agency, and self-advocacy should be established first. Frost et al. speculated that "whilst psychopharmacological treatments have improved and are considered fundamental to illness management, their role in the restoration of skills considered essential for a satisfying and fulfilling life is at best limited" (2017, p. 2). There is a

gap in the literature regarding specific EBIs promoting the IRM's core focus on the three Rs of recovery.

### ***Remediation, Restoration, and Reconnection***

Recovery is a journey of improving personal well-being with fluidity and setbacks. Deegan (1996) stated, "Recovery does not mean cure. Rather recovery is an attitude, a stance, and a way of approaching the day's challenges" with "times of rapid gains and disappointing relapses" (p. 96). Remediation, restoration, and reconnection are not expected to occur consecutively or all at once but are three areas in which growth is a piece of the recovery puzzle. It is prudent that mental health counselors stimulate an environment in which a sense of possibility can be reinstated, competencies regained, and connections reformed (Frost et al., 2017). The themes of remediation, restoration, and reconnection are elicited through printmaking in a community art studio setting; the three Rs of recovery act as the fascia of this paper, interlacing each subject behind the significance of therapeutic printmaking with older adults.

### ***Hope***

The common thread throughout pieces of literature supporting a humanistic model of recovery is the acknowledgment of hope as imperative. *Recovery as a Journey of the Heart* (Deegan, 1996) presented arguments against the dehumanizing nature of knowledge over wisdom, through a more spiritual perspective. This moving contribution to the discourse featured parts of Deegan's personal recovery journey while standing up for humanistic treatment for those suffering from mental illness. From personal experience, Deegan contended the tendency of our healthcare system to pathologize individuals, leading to the individual's loss of hope and motivation, while explaining that "Hope is not just a nice sounding euphemism. Hope and biological life are inextricably intertwined" (1996, p. 93). Deegan described a first-hand account

of finding hope as the beginning of the recovery process after years of experiencing mental health professionals who lacked compassion. To encourage an individual's transition to hopefulness, Deegan endorsed a human interactive environment that offers choice, options, being heard, role models, advocacy, and opportunities to better one's life. These are simple concepts that are sometimes forgotten when working with persistent mental illness.

Inspired by *Recovery as a Journey of the Heart* (Deegan, 1996) and other articles that took a similar stance, Susan Spaniol (2003) continued the conversation of focusing on human potential instead of disease. Spaniol introduced three conditions for working with adults with severe mental illness: authenticity, creativity, and recovery. Authenticity and sincerity in one's attitude are more essential parts of the basic curative elements in art therapy with older adults than the prerequisites of therapeutic skills, theoretical knowledge, and proper techniques. (Spaniol, 2003). Creativity has an indispensable influence on the healing process. Edith Kramer (2000), pioneer of art as therapy eloquently said, "Since human society has existed the arts have helped man to reconcile the eternal conflict between the individual's instinctual urges and the demands of society. Thus, all art is therapeutic in the broadest sense of the word" (p. 17). Lastly, when addressing recovery as the third condition, Spaniol stated, "despite the grave and damaging effects of severe and persistent mental illness, the concept of chronicity is not considered accurate" (2003, p. 290). Therefore, hope is central to success in recovery.

### **Working with Older Adults**

With intent to advocate for older adults' capacity to grow and learn, the researcher delved into the literature around art therapy with this population. Partridge (2019) reacted to a review of literature by stating, "Addressing medical and clinical needs is worthy of research and scholarly attention, but there is little to no attention paid to the positive aspects of aging or the lived

experiences of older adults” (p. 17). Everyone, regardless of age, can work toward a higher quality of life while believing there is something to live for. Wald (2003) explained that therapists may help older adults to maintain hope despite physical, psychological, or cognitive losses by first understanding and acknowledging age-related changes. Empowering older adults through experienced losses, including the loss of independence, is central to enhancing their quality of life.

### ***Empowerment***

Using a strength-based approach when working with older adults is a significant factor in increasing well-being, identity development, and perception of empowerment. (Wald, 2003; Stephenson, 2013; Partridge, 2019). A strength-based approach shifts practices toward maintaining or increasing life skills and consists of more than keeping older adults busy (Partridge, 2019). Art therapy with this population is not about arbitrarily occupying time; rather, it provides several opportunities for improving quality of life. According to Partridge, “Art therapy can assist older adults in expressing and communicating their strengths” (p. 19). Engaging in the arts may be a pathway for older adults’ growth and development as well as a means for advocacy to reduce stigma and ageist discrimination (2019). Duffy (2017) reported, “numerous studies show that ageism is pervasive in most Western societies and can be both overt and subtle in form” (p. 2070). Kane and Kane (2005) divulged a discernible example of ageism in healthcare; “Most trials, even those that specifically target therapies frequently used for older people, try actively to exclude from eligibility people with multiple diseases and conditions...a lot of older potential enrollees fall by the wayside” (p. 51). A discriminating and stigmatized perception of older adults is not limited to healthcare. The systems are indicative of the way older adults are viewed and treated on an individual level as well.

Strength-based approaches to art therapy confront ageism with goals to empower participants and encourage perpetual growth. Moreover, focusing on strengths rather than new hindrances is at the core of remediation. While Frost et al. (2017) wrote specifically about individuals suffering from severe mental illness, concepts of the three Rs of recovery can be carried over to help increase older adults' quality of life regardless of mental health diagnosis.

Stephenson (2013) illustrated a strength-based non-directive community art therapy program for older adults called Creative Aging Therapeutic Services (CATS). Goals of the program included fostering artistic identity, activating a sense of purpose and motivation, and using art as a bridge to connect with others (Stephenson, 2013). The first goal of fostering artistic identity contributes to instilling a sense of empowerment. To sum up the importance of creativity when working with adults with severe mental illness, Spaniol (2003) stated, "The positive social identity of 'artist' often furnishes an empowering alternative to the negative stereo-type of the 'mental patient'" (p. 270). In addition to Spaniol's input on the importance of the artist identity, Stephenson (2013) stated, "The artist identity can be an important means to gain access to a broader life experience, which is especially important in later years to counter social isolation" (p. 156).

### ***Community Building***

Wald (2003) suggested that "As loss of friends, family, and social network result in isolation and despair... group art therapy can serve as a primary catalyst to social rekindling" (p. 305). Stephenson's (2013) experience with participants of CATS solidified the benefits of a community art space in deepening social connections and camaraderie, regardless of advancing age. Participants of the CATS program were reported socializing with one another outside of the studio as well, building friendships and a support network (2013). Frost et al. (2017) encouraged

reconnection with a place in society in order to reinstate a sense of opportunity. Through community engagement, new opportunities arise as individuals are exposed to and learn from the lived experiences of peers. The expansion of individuals' lives through community endeavors, and the CATS program specifically, supported a movement toward *gerotranscendence* (Stephenson, 2013).

### ***Gerotranscendence***

The last goal of the CATS program included an exploration of Tornstam's (1994) theory of gerotranscendence and its alignment with creative expression in a community setting. Gerotranscendence is the shift from a materialistic and rationalistic perspective to a more transcendent view of life accompanying the process of aging (Tornstam, 1994). The CATS program observed the development of its participants' social transcendence and body transcendence. Both of which were pieces of Tornstam's (2005) theoretical frameworks; Stephenson (2013) recorded that individuals more authentically chose the peers they socialized with while age-related physical changes played less of a role in their engagement in activities. While Tornstam (2005) suggested that gerotranscendence occurs naturally with aging, "the CATS program demonstrated that being an artist helps to foster this state as it gives people skills, strengths, and benefits in multiple domains that help them contend with the challenges of aging" (Stephenson, 2013, p. 156). The third R of recovery, restoration, focuses on a renewed sense of self (Frost et al., 2017) and is therefore promoted by the theory of gerotranscendence through its positive encouragement of regaining competencies.

### **Considerations for Veterans**

When considering mental health counseling supports for veterans, the literature often targeted post-traumatic stress disorder (PTSD) and combat related mental health issues.

Malchiodi (2012) described some individuals' return to civilian life as "immense, inescapable physical or emotional pain" (p. 320) through a variety of mental health conditions such as PTSD, substance abuse, depression, and traumatic brain injury (TBI). *Art Therapy with Combat Veterans and Military Personnel* (Malchiodi, 2012) provided sufficient understanding of art therapy interventions and considerations when working with veterans suffering from the defined mental health issues. Malchiodi shared the National Veterans Creative Arts Festival's significant positive impact on participants' quality of life, as well as other programs that provide the opportunity for veterans to engage in artistic self-expression. Decker et al. (2018) conducted a quantitative study that found "participants who received both art therapy and CPT [cognitive processing therapy] compared to those who received CPT alone had greater reductions in PTSD and depression symptoms to a statistically significant degree" (p. 191). The literature reinforced a positive effect of creative arts therapies and artistic expression on veterans and military personnel.

However, the previously discussed sources failed to recognize veterans separate from combat-related mental illness. DeLucia (2016) delineated that "veterans returning from active service do not need to present with a diagnosable mental health condition to benefit from supportive services; there are less obvious challenges related to transition that have broader implications for them" (p. 4). Levy et al. (2018) conducted a practice known as the Rural Veterans TeleRehabilitation Initiative Creative Arts Therapy (RVTRI CAT) on the premise that "the arts and the creative arts therapies are increasingly recognized for their ability to address mental health conditions such as depression, and anxiety while improving quality of life and motivation" (p. 20). While these sources acknowledged veterans apart from combat-related mental illness, there is nevertheless a gap in the literature around veterans with pre-existing

mental illness prior to joining the military and veterans' quality of life unrelated to military experience. These are important considerations for this researcher's method because Veteran Affairs Hospitals serve a diverse body of veterans with a range of mental health conditions.

### **Influences on Conducted Method**

In addition to the foregoing sources, literature supporting this researcher's crystallizing art therapist identity was reviewed to promote authenticity during the conducted method. Having a considerable influence on the method, Kramer (2000) cultivated the ideal:

The artist who applies modern psychology in the field of art has to adapt his methods to the medium so that the therapeutic value of art is heightened by the introduction of therapeutic thinking, not destroyed or weakened by the introduction of concepts and methods that might be incompatible with the inner laws of artistic creation. (p.18)

Thus, the method allowed the artistic process to take control through a non-directive printmaking experience with clinical goals in mind but not explicitly introduced to participants. Another way in which the art itself assumed responsibility of the method was through its arts-based approach to research. In advocating for arts-based research in addition to scientifically-oriented inquiries, McNiff (1998) stated, "By identifying the word research with only one of its aspects we are limiting possibilities for advancement through new and imaginative inquiries" (p. 21).

### **Methods**

The method developed for this capstone thesis was a relief printmaking workshop that took place within two-hour sessions once a week for three weeks at a Veteran Affairs Hospital. The VA Hospital is an inpatient and outpatient setting in which veterans receive whole health support centered around individualized well-being. The researcher's role as a graduate student intern at the VA is to produce and facilitate creative arts therapies groups and individual sessions



for veterans to engage in voluntarily. The printmaking workshop was promoted by word of mouth to veterans at open art studios, trips to the Museum of Fine Arts, creative writing groups, and through flyers posted around the hospital.

## Participants

Participants were part of a convenience sampling and all had prior involvement in creative arts therapies at the VA Hospital. The method took place after four months of rapport building, potentially influencing a high turnout within the realm of what is standard at the VA. Six veterans ages 56-82 attended the printmaking workshop, one of whom was unable to make the final week. Participants had a variety of mental health conditions, from no diagnosis to an array of mood disorders, psychosis, alcohol dependence in sustained remission, and PTSD.

## Protocol

Setting the scene: the workshop took place in the temporary art therapy studio while its typical location was under construction. The temporary studio, located in the basement of the VA



Figure 1

Hospital's large campus, was a spacious artificially lit room due to windows being insulated for the winter. As this room had been previously used for a paint shop, a sink was easily accessible in the center of the space. Prior to participant arrival, an inking station was set up on one of the four sizable tables in the center of the studio. The inking station consisted of a bucket of several small tubes of primary color inks and extender bases, and six plexiglass slabs,

four of which had a plastic palette knife and speedball soft rubber brayer for mixing and rolling ink onto plates. The other two plexiglass slabs were designated for a clean space for group members to press paper onto their plates and hand print their images using a plastic spoon (Figure 1). The two tables on either side of the inking station were each clear for four group members to sit at. The last of the tables housed the rest of the supplies: drafting paper, printing paper, tracing paper, pencils, different plates each week, and carving tools.

During the first hour of each session, veterans arrived at the art therapy studio to learn beginning to advanced printmaking techniques based on individual levels of experience and ability, with the understanding of the studio as an inclusive space. Participants were invited to share motivations for joining. The researcher then presented a didactic explanation of the multi-step printmaking process, briefly demonstrating proper use of materials. As there were no displayed outcome examples or projected directives for conceptual inspiration, veterans planned personal art projects informed solely by their own motives, expectations, and creativity.

Soft background music was played in the studio space once the veterans settled into their own processes. Veterans self-directed their pace as they participated in the printmaking steps, independently exploring and experimenting with artistic ideas alongside their peers. Veterans were encouraged to focus on process over product as a way to overcome any uncertainties involved in the medium. While artmaking, the group discussed themes that arose in personal experiences with the art as well as happenings of their daily lives. As a closing debrief at each workshop, participants were invited to verbally process surprising or affirming aspects in the printmaking session.

***Week One: Introduction to Printmaking***

In the first session, an introduction to the new medium was provided through beginner-level relief printmaking techniques, using 4-inch by 6-inch scratch foam plates. The researcher demonstrated how to roll ink on plexiglass to be transferred to cover the plate, with a sensory directed focus on the sound of the appropriate amount of ink. Group members were invited to use pencil to engrave their designs into their plates. The simplicity of technique with the scratch foam material allowed time and space for participants to explore and experiment with inks as well as different inking approaches. A spontaneous and fluid group dialogue formed for the last 20 minutes of the session, in which the group discussed their response to the medium and curiosity about the following week's session.

***Week Two: Advancing Skills***

In this session, each veteran was supplied with one palm grip carving tool set [small and large U and V gouges, a square gouge, and a straight knife] and the choice between two different easy-to-cut blocks. One block option was softer to accommodate for ease in carving while the other option was more dense, thus more difficult to carve, to maintain more detailed designs without crumbling. The researcher demonstrated a transfer technique to encourage participants to plan their image on paper before transferring it to their blocks. A detailed explanation of how to use the carving tools was given to participants for artistic and safety purposes. It was recommended to the veterans not to rush through the steps, as the final week of the workshop was set up for printing blocks started in this session. Again, group verbal processing occurred naturally at the end of the session.

### ***Week Three: Breaking the Rules***

Inspired by some of the veterans' persistent mention of wanting to “break the rules” of art, this final week offered an unconventional printmaking plate—soap. Bars of soaps were available for those who wanted to experiment with them. Figure 2 was the researcher's example of an inking technique on one of the carved bars of soap that were provided in addition to the easy-to-cut blocks from week two.

Participants were familiarized with how to sign an edition of prints and inspired to pull multiple prints from their blocks. To conclude the three sessions, veterans were asked to share their overall impression of the workshop, focusing on a lesson they will carry with them into the future.



*Figure 2*

### **Data Collection**

Throughout the workshop, data was collected via note-taking during each session to keep record of the overall energy in the room over time, in addition to significant themes or statements made. In line with the VA Hospital's procedure, the researcher entered a data assessment plan or DAP note into a computerized record keeping system for each attendee following sessions. As a final step in data collection, this researcher reflected upon the workshop as a whole through a personal exploration of the printmaking process.

### **Goals**

- (a) Decrease social isolation by forming healthy relationships in the art therapy studio

- (b) Introduce new methods of creative expression through a variety of indirect art processes
- (c) Encourage creative freedom and necessary planning inherent in printmaking techniques
- (d) Increase use of emotion regulation skills: creative problem solving, frustration tolerance, acceptance, trust, and hope
- (e) Recognize and discuss the printmaking process as a metaphor for life and recovery
- (f) Experience empowerment and delayed gratification, practicing patience as part of multi-step indirect artmaking

### **Results**

As veterans trickled into the studio on day one, they all closely observed the inking station, requiring an invitation to get comfortable in a seat. Without explicit prompting, veterans evenly spaced themselves out amongst the two tables, three group members at each. All of the participants had some form of prior interaction with each other, influencing whom they sat near. They appeared eager to learn about the printmaking process and began their personal artmaking quickly after engaging with the didactic explanation of the medium. Occasionally, it was necessary for the researcher to continue demonstrations throughout sessions if participants asked for clarity or if their creative processes provided an opportunity for teaching new techniques. Artmaking through the duration of the workshop was active; planned and spontaneous, energized and relaxed, silent and loud, frustrating and playful, free and contained. Throughout these dichotomous sessions, printmaking elicited unexpected themes, in addition to participants' progress on the intended therapeutic goals. As influenced by arts-based research, the following

results are portrayed in a narrative form in attempt to illustrate the power of the artistic experience itself.

### **Decrease Social Isolation**

Progress was made toward decreasing social isolation by forming healthy relationships in the art therapy studio, as indicated by attendance. When participants shared their motivations for joining the first workshop, one veteran said, “Well, otherwise I’d just be alone in my room.” Another participant who had heard of the workshop on a trip to the Museum of Fine Arts had no prior involvement in the art therapy studio until the printmaking sessions. Since then, this veteran has become a regular at open art studios and phototherapy group. Throughout the sessions, veterans shared appreciation for being surrounded by peers.

Apart from being in the studio environment, decreased social isolation initiated steps toward the theme of building a sense of community through the printmaking process itself. In order to make successful prints, veterans advocated for assistance from peers in many steps of the process. For example, after getting their hands messy while inking, participants asked for someone with clean hands to place the paper onto their inked blocks or plates; veterans were observed sharing inking slabs if none were clean or if someone liked a particular color palette that was already rolled out. The printmaking process itself induced a cooperative and supportive community amongst participants during the three sessions.

### **Learning and Creative Freedom**

While it was a goal for participants to learn about the multi-step process, the researcher did not anticipate the influence learning would have on the results. Five of the six veterans had had no known previous contact with or understanding of printmaking before the workshop. Many motivations on the first session centered around the theme of learning something new. It

became obvious to the researcher that having no preconceived expectations of artistic outcome may have been freeing for the veterans as they discussed not feeling pressure to do it the right way. Participants with no previous exposure to printmaking discussed themes of “experimentation,” “play,” and “fun” throughout the three sessions. During verbal processing in the final session, one veteran’s learned lesson was “it’s okay to act like a kid sometimes.” This veteran appeared to embrace the learning experience as an opportunity to create freely.

For the one veteran who had a history with the medium, play was not observed to come as candidly; the nature of the available materials was more of an encumbrance to this veteran’s artmaking process as opposed to a freeing opportunity to create. The veteran shared their frustration with the materials, specifically their lack of ability to hold great detail, often contrasting them from higher quality wood blocks. During verbal processing the veteran shared learning about the hindrances of the supplied materials each week. However, in the final session, the veteran received the most positive feedback from peers for creating a print using a bar of soap. Perhaps the unconventional quality of using soap for art evoked this veteran’s creative freedom.

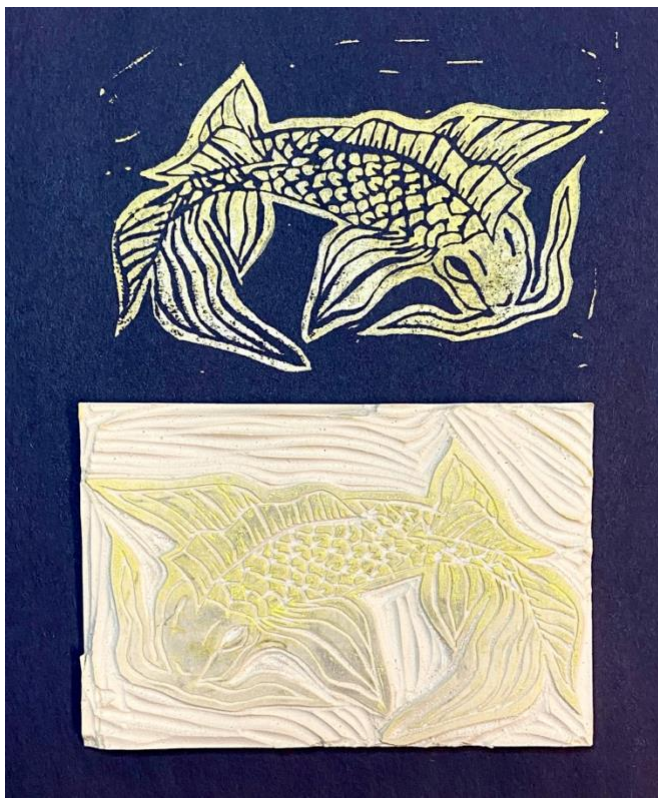
## **Emotion Regulation**

### ***Frustration Tolerance***

All participants throughout the workshop were observed to have experienced at least one moment of frustration. Veterans practiced frustration tolerance while continuing artmaking whether it was due to an outcome not meeting expectations, materials not agreeing with a wanted method of creating, not having enough time to complete a process, or any challenge inherent in the multi-step procedure. In addition to internal emotion regulation, participants supported one another through felt frustration by offering validation and unconditional positive regard.

### *Creative Problem Solving*

A skill that occurred naturally and constantly as an effect of frustration tolerance was creative problem solving. When faced with the challenge of relief printmaking resulting in an inverse image, one veteran chose to print their block with bright ink on black paper, as they had already carved out the lines of their image instead of everything around the lines, or the negative space. Figure 3 was created by the researcher to provide a visual example.



*Figure 3*

Participants were witnessed solving the challenge of writing words backwards in their own unique ways such as looking through the back of a sheet of tracing paper with their words on it as a reference. Throughout all three sessions, the researcher found themselves saying “I think that’s a great solution” to veterans’ creative and unexpected ideas.

### *Acceptance, Trust, and Hope*

During all levels of the workshop, participants were observed enduring personal deficits, discussing limitations of carving techniques to construct images, and voicing frustration toward quality of materials and realities of the studio space. Despite these potential blocks to the artmaking process, the veterans’ participation may demonstrate acceptance of internal and external aspects of the workshop to achieve creative expression.



Nonetheless, acceptance was not always necessary throughout the artmaking process. Veterans often expressed dissatisfaction with their first or multiple prints. Due to the nature of printmaking, participants had the choice to tweak blocks or inking techniques to make new prints. Each participant was observed doing so at least once each session. The continual modification of blocks to more closely achieve artistic visions, in addition to lack of hesitation starting independent projects may suggest the presence of hope. As the veterans naturally engaged in verbal processing at the end of each session, their vulnerability with one another may be indicative of feeling trust as well.

### **Shared Themes of Printmaking as a Metaphor**

Conceptualization of artwork transpired despite participants not having been given a specific directive to do so. Images ranged from things group members liked, such as birds and a favorite football team, to symbols that held personal meaning, such as a bald eagle to represent pride for the US, a koi fish to symbolize resilience, and the words “stay calm.” Symbols were acknowledged but not explored in depth during verbal processing.

When the researcher inserted explicit language around printmaking as a metaphor for recovery, it did not resonate with participants enough to be present in the workshop’s continual dialogue; veterans were not observed sharing insights about their own personal experiences in recovery. However, themes of the three Rs of recovery in the printmaking process were noticed by the researcher and will be acknowledged in the discussion section.

### **Shared Themes of Empowerment**

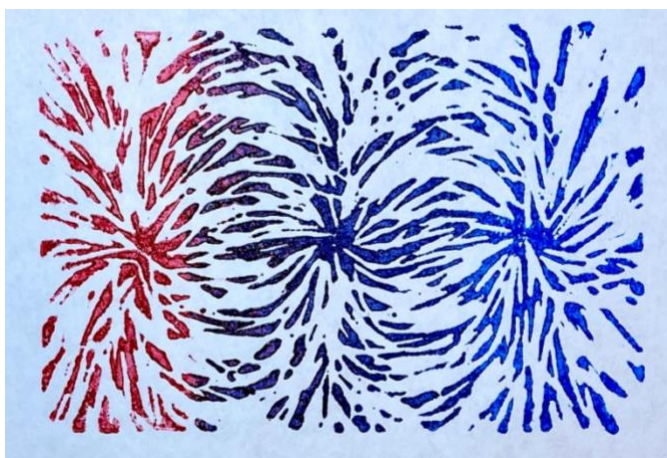
#### ***From Participants***

After multiple steps were complete; demonstrations comprehended, drafted images transferred to blocks, blocks carved and inked, and paper pressed into blocks, it was finally time

for the unpredictable reveal. The reveal was observed to generate both excited and disappointed responses from the printmaker of the block. However, peers were witnessed giving positive feedback regardless of how the printmaker responded. This positive feedback may have induced a sense of empowerment in the printmaker. In addition, disappointed responses did not have to settle with that one outcome; participants exercised their ability to keep working on a block until they voiced being satisfied with the reveal. The researcher attempted to model proofing blocks more than once to reach a final edition as part of the multi-step process. One of the six participants was noted having the time to print a final edition during the workshop. This veteran's seemingly empowering experience throughout the workshop will be discussed further in the discussion section.

### *From the Researcher*

In addition to participants' personal growth, this capstone thesis doubled as an opportunity for the researcher to further understand a personally significant topic. Therefore, the workshop also resulted in this researcher's own sense of



*Figure 4*

empowerment. Veterans encouraged the researcher through reciprocal learning and validation. Despite initial anxieties of treading in an unknown territory, the researcher gained comfort as sessions progressed while the workshop evolved naturally. After a final arts-based reflection by this researcher (Figure 4), it turned out the “unknown territory” was in reality the combination of two familiar terrains: printmaking and the art studio's healing power. Results of the workshop affirmed this researcher's belief in

printmaking as therapy while further engraining their art therapist identity as arts-based with a humanistic orientation.

## **Discussion**

### **Printmaking as a Metaphor for Recovery**

Metaphors for the three Rs of recovery emerged throughout the three sessions of the relief printmaking workshop. A possible metaphor for reconnection occurred as participants covered their inked designs with paper. As they pressed ink into the paper with a spoon, their image began to gradually reveal itself. Upon peeling the paper from the blocks, they were reunited with their image in a new form, a print. Just as in aspects of life, reconnecting with designs required patience and work, and even after being reconnected, the relationship may have changed, as a print rarely turns out exactly as expected on the first try. Remediation may have been represented by the act of demonstrating the steps and participants engaging with them; a sense of possibility was reinstated through the demonstrator's belief in participants' ability. Restoration was likely performed at the completion of each step and as veterans were satisfied with their final products. All three Rs culminated in participants' potential sense of empowerment.

### **Empowerment**

With a diagnosis of PTSD, one of the participants suffers from debilitating nightmares and anxiety throughout day-to-day tasks. During previous interactions with the veteran in an art setting, this writer observed behaviors of negative self-talk. Although well-trained in drawing, this veteran had presented with resistance from engaging with creative arts altogether. However, during participation in the printmaking workshop, this veteran appeared more open to "exploration" and even worked on blocks outside of the allotted workshop time and space.

Following the workshop, the veteran carved two additional blocks, making many editions of each while using a variety of inking techniques. This veteran referred to printmaking as “the only thing keeping me sane.” Printmaking may have begun restoring their artist identity and provided empowerment, particularly after their work was exhibited in the Veterans Creative Arts Festival.

### **Who can Benefit and How?**

Psychotherapy helps those who “(a) suffer from emotional pain; (b) find challenges to daily living in work, love or play; or (c) are experiencing blocks to self-actualizing” (Rockwell, 2012, p. 208). Must we have a mental health diagnosis to profit from bettering these aspects of the human condition? This printmaking workshop method emphasized the insignificance of diagnosis in increasing quality of life through a recovery model perspective. While some participants had been diagnosed with mental illness, others had not. The results propose that the arts-based approach was successful in increasing participants’ sense of possibility, competencies, and connections as seen in progress made toward practicing creative freedom, learning a new medium, and decreasing social isolation. The printmaking process grants the opportunity to work toward bettering quality of life in an open studio non-directive model, in which the facilitator does not overreach.

In this method, the researcher held the space for participants to guide their own processes, allowing printmaking to serve as containment. The results suggest that the non-directive approach while using the multi-step process as the only structure, was beneficial for participants, allowing them to work according to their own needs. Spaniol (2003) described the reality of mental health treatment in the US as “often limited to one or two sessions within hospital settings, and a few months in day treatment...people are often seen in large groups with various diagnoses, emotional states, cognitive abilities, and at widely different stages of their recovery”

(p. 288). Printmaking may offer an avenue for individuals of all mental health conditions and abilities, not limited to clinical mental health settings, to engage with the arts together in a community while benefiting from the multi-step process's therapeutic support.

### **Limitations**

This method was produced within the context of the VA Hospital with veterans who built a mutually supportive rapport with the researcher. Participants were not in crisis and had a stable understanding of creative arts therapies within the VA Hospital, many of whom developed a comfort with therapeutic artmaking and interacting with interns over several years. In addition to finite materials, the workshop was limited in time, leaving little room for comprehensive artistic and verbal processing. Relief printmaking was chosen due to the researcher's capacity to demonstrate techniques and was based on the specific materials provided by the VA Hospital.

### **Conclusion**

Relief printmaking serves as an opportunity to improve quality of life through the theoretical frameworks of the three Rs of recovery. Older adults not only have the capacity to learn new skills, they may benefit from partaking in didactic explorations of the arts. The conducted method emphasized therapeutic support found in printmaking through: increasing use of emotion regulation skills evoked by the unpredictability, containment, and adaptability of the multi-step process; introducing new methods of creative expression to promote remediation and empowerment; practicing creative problem solving to indicate restoration; decreasing social isolation to endorse reconnection and building a sense of community; and encouraging acceptance and trust in the artmaking process to symbolize hope in recovery.

It is also noteworthy that the VA Hospital exemplifies the recovery model as the creative arts therapies programs support each veteran in their own phase of recovery. Much of this relies

on the VA Hospital's unique healthcare system in which there are less limitations on supports, such as the possibility of two-hour long sessions. Through this unique opportunity, this researcher's authentic art therapist identity began emerging as one with humility and passion for the art process itself as healing. While the non-directive arts-based approach was successful for this researcher and these particular veterans, this method of printmaking as therapy may not be conducive for a facilitator with a different style; authenticity and sound clinical judgement are vital in developing a therapeutic method for supporting any client or group of clients. The endless possibilities in the many forms of printmaking have the ability to be utilized by all therapeutic styles and should be examined through more contexts.

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**THESIS APPROVAL FORM**

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Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

**Student's Name:** McKenzie Paddock

**Type of Project:** Thesis

**Title:** Therapeutic Support Found in a Printmaking Method with Older Adult Veterans  
Through a Recovery Model Lens

**Date of Graduation:** May 5, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** \_\_\_\_\_Michelle Napoli\_\_\_\_\_