

Creative arts by artist educators: An intensive creative program for injured and ill military personnel in Australia

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Abstract

This paper reports on a residential creative-arts program for wounded, injured and ill Australian Defence Force personnel. The program aims to assist in recovery, build resilience, and help participants forge an identity beyond their ill or injured status, to assist with either reintegration into the military or transition into civilian life. The paper describes the practical and creative elements of the program, which is run by a multidisciplinary team, but where creative mentorship is provided by creative professionals rather than by art therapists. The authors discuss the benefits and challenges of using artist educators, and of allowing participants to choose whether they wish to work with material related to their injury or illness or with more neutral content, as well as the implications for other arts-based research with military groups.

Keywords

Military, creative writing, arts, expressive writing, artist educators, post-traumatic stress disorder

Introduction

Participants in the Australian Defence Force (ADF) Arts for Recovery, Resilience, Teamwork and Skills (ARRTS) program are currently serving male or female Australian Defence Force personnel from across the nation. All have been wounded, injured or become ill while in service and have come to the program from one of Australia's three services – Royal Australian Navy, Australian Army, and Royal Australian Air Force – with the most recent program also including two local emergency services personnel. Attending personnel have been medically downgraded and are at various stages along their personal rehabilitation journey. Being medically downgraded has serious implications, since it can result in being deemed non-deployable and, depending on the level of the downgrade, can also mean no longer employable. All are voluntary participants who nominate themselves, often at the suggestion of the rehabilitation provider, and have been approved to attend by their commanding officer, a medical officer and their attending specialist. A maximum of 30 participants are accepted into each program, following assessment and discussion with an ARRTS medical officer.

The ARRTS program is free from the constructed boundaries of rank and uniforms generally associated with military life. Participants interact on a first-name basis, and support staff are also referred to in this way. This provides opportunities for participants to be free to explore personal expression and perspectives, and creates a climate where participants are encouraged to speak/write/perform openly and honestly. This egalitarian environment is also conducive to creating empathic workshop spaces, where understanding and tolerance are encouraged as a foundation to re-finding one's own purpose.

All participants live on a military base in Canberra for the four weeks of ARRTS, and travel to the program venue at the University of Canberra (UC) campus together each morning, returning to base together at the end of the day. Staff and participants report informally that this travel time, around 30 minutes each way, and the common living areas participants share during the evenings, help stimulate conversations around commonalities, especially feelings of isolation they all experience through their injuries and illnesses. The quiet barracks environment serves to provide a safe and familiar place for participants to rebuild

trust in themselves and to engage in conversation with peers, and this assists in engendering some confidence towards the unknown ARRTS creative landscape they have volunteered to explore; this is important in helping them process new experiences.

They take part in creative activities between 9am and 4pm, five days per week. This is supplemented by visits to galleries, museums, theatres and performances. The intent of the visits is for participants to see creativity in action in the community and to imagine ways in which they can continue participating in creative arts beyond the four weeks of ARRTS. A further significant benefit of this professional creative engagement is the ongoing introduction of new and perhaps confronting works, challenging participants to consider artistic options, value creative differences and understand cultural diversity. This underpins the program philosophy that creative engagement can provide an environment for improved well-being and increased resilience. While these creative events can be controversial at times, due to the presence of any number of emotional triggers, it is preferred to expose all participants to creative excursions while they have professional health carers present, rather than not take arts-based risks at all.

Artist educator/mentors provide contextualised content and workshop experiences while military specialists, medical staff, psychologists, chaplains and physiotherapists support participants (and staff) in an unobtrusive way. These health and administration specialists are present on the periphery of the daily program operations.

The program design utilises a natural sequence of growth through each of the four weeks. Week One introduces concepts and methods, Week Two develops ideas and techniques, Week Three consolidates development while adding refinement, and Week Four finalises participants' project/s and displays outcomes. On the first day of the program all participants sample activities in all streams/modes – currently acting and performance, creative writing, music and rhythm, and visual arts. Early on Day Two they ballot for their preferred stream and, while professional clinical advice may be factored into allocation of some participants to streams, they have, to date, all been allocated to their first or second preference. From Day Two onwards they work predominantly in that stream,

with whole-of-group activities presented as the first period each morning, allowing all participants to continue to sample other streams and to share experiences more broadly. A brief period of reflective journaling concludes each day.

The final week sees participants preparing for *Showcase*, a performance/exhibition to which families and friends are invited to the first evening's dress rehearsal, with families, official guests and dignitaries attending the second evening's main event. *Showcase* is a vital part of ARRTS, and most participants choose to participate in some way. The stage performances of *Showcase* are professionally filmed and edited and, along with images of the Visual Arts Gallery and Creative Writer's Studio from those gala evenings, and hundreds of action images from throughout the ARRTS month, they are provided to each participant and staff member as a reminder of the commencement or rebirth of their creative-engagement journeys.

Mental-health context for veterans

Australian Department of Veterans Affairs (DVA) data shows that in 2015 some 3500 Afghanistan veterans had been accepted with a disability. The number of those suffering post-traumatic stress disorder (PTSD) had more than tripled since 2012 to over 1000, with 300 more cases reported each year (Cleary, 2015). The 2010 Australian Defence Force (ADF) Mental Health Prevalence and Wellbeing study report is the most comprehensive analysis of the mental health of the contemporary ADF population. The report draws upon information provided by 24,481 (48.9 percent) of the ADF population. At the time of publication, 43 percent of ADF members reported more than one deployment, 19 percent reported a single deployment and 39 percent had never been deployed on operations.

In the twelve months before this national survey, 17.9 percent of ADF members had sought help for stress, emotional, mental-health or family problems. More than half of the ADF (54.1 percent) had experienced an anxiety, affective or alcohol disorder at some point in their lifetime, significantly higher than the general Australian population (49.3 percent). The rate of suicidality in the ADF was more than double that in the general Australian community. In general, ranks defined as private and corporal accounted

for 29.5 percent of those reporting mental illness, non-commissioned officers 19.7 percent and officers 16.6 percent.

It's a long way home: Rehabilitation through the arts.

A collaboration between the Sydney Theatre Company and the Australian Defence Force led to the launch in February 2014 of *The Long Way Home*, a theatre production featuring a group of service personnel who had “the courage to share their stories” with a national audience (former Chief of Australian Defence Force General David Hurley in Department of Defence, 2014, p.18). The production was presented in eight major cities in Australia as part of the official Centenary of ANZAC program. The play was performed in front of 30,000 people over 40 performances. *The Long Way Home* portrayed the reality of conflict and the fear and disillusionment that some ADF members face on their return home from operations, including the impact of PTSD. One of the project aims was to assist in the rehabilitation and recovery of members who had been wounded or become ill as a result of their service to Australia. While the performance piece was an unqualified success, both in terms of participants reporting benefits and in response from the Australian public, it was not financially viable to extend participation to the large number of injured and ill personnel, or to veterans.

A new beginning: Incorporating creative arts into the Australian military

After experiencing *The Long Way Home* at the Canberra Theatre in mid-2014, one of the authors, himself an ex-Australian Army soldier, felt compelled to investigate how creative arts could be utilised to alleviate PTSD and other mental and physical injuries and illnesses across a broader cross-section of wounded and ill personnel. Following initial research investigating how creative arts and arts therapy were being incorporated into the health-care continuum internationally, an initial proposal was developed and presented to the Australian Defence Force by the Faculty of Arts and Design (FAD) at UC.

Fortuitously, the ADF was at the same time looking for a way to extend creative arts approaches to recovery. Another author was an ADF member on staff of *The Long Way Home*

and had already been engaged in the design of a four-week multidisciplinary arts-based model to expand on the positive results achieved by the play, developing a program that would be likely to attract to a broad base of ADF personnel seeking creative engagement as a resilience-building option.

The resultant ARRTS program was piloted in May and again in November 2015 for current serving ADF personnel medically downgraded due to wounds, injury or illness as a result of their service. While an empirical evaluation was completed for the pilots of the program by the Defence Science and Technology Group, this paper focuses on a qualitative engagement with questions around participants' ability to choose whether to engage directly with processing of trauma in the content of their creative work or to focus on more neutral content, and the benefits and challenges of using artist educators to work with participants rather than employing art therapists. It canvasses some implications for arts-based research with military populations.

Creative mentorship in ARRTS: A supported artist educator model

In this program, creative skills training and experiences are not delivered as ‘therapy’ in the clinical sense. So, where the arts therapy literature describes numerous evidence-based practice protocols (Van Lith, 2016), creative arts in ARRTS takes its approaches from the usual adult-educational contexts associated with the four creative modalities employed. As two authors of this paper mentor in the creative-writing stream, the paper outlines practices in that modality to illustrate the ARRTS approaches, which are similar across all four streams. Each modality goes about its workshop practices somewhat differently, but what they all have in common is that they operate largely as they would in any adult-educational setting, albeit with different practice foci to account for the mental and physical health of participants. And, importantly, they are supported by a clinical team.

A significant way in which creative-writing mentorship differs from an arts therapy approach is that artist educators, as mentors, are not aware of the diagnoses of participants unless the participants themselves choose to disclose. If problems arise with a participant, artist educators

will seek advice from clinical staff, who may disclose details sufficient to contextualise the situation. Artist educators, by definition, are creative practitioners and experienced educators, not clinical specialists or art therapists. At the same time, we acknowledge the potential overlap between our practices.

The main aim in ARRTS is to provide participants with the necessary skills, materials and time to create artistic outputs in the service of building a view of themselves as people who are capable of learning, of expressively creating and of being resourceful. One implication for other programs for serving personnel or veterans is that the use of artist educators is easily achieved because of their availability and cost. Artist educators have been shown to be very effective in working with a range of populations (see, for example, Saw et al., 2018). Evidence in the literature also suggests that writing workshops, even with a clear therapeutic goal, fare better with an emphasis on technique and process (Rogers, 2004; King, Neilsen, & White, 2013), where the “creative writer represents literary, rather than clinical authority” (King, Neilsen, & White, 2013, p.448). This approach functions as a strength in achieving one of the desired outcomes of ARRTS: that participants experience themselves as something other than their illness or injury and, instead, acquire an additional identity as a creative practitioner. This is in no way to claim that such outcomes could not be achieved in clinical settings. However, artist educators identify as creatives; their ignorance of diagnoses adds to participants’ identity-formation processes because they interact with the artists as people developing new skills, not as people recovering.

What this program requires of artist educators is that they are able to listen, to reflect, and to bring a broad creative skillset along with flexibility in conveying information about skills. While they are not necessarily trained in working with people with illness or injury, teaching arts in most adult-educational settings requires that one develops skills in patiently ‘sitting with’ people who share traumatic memories. Artist educators are chosen for their ability to bring these skills to ARRTS.

However, caution needs to be exercised. Because artist educators do not have training in psychotherapeutic theory and practice, it is important when working with vulnerable

participants that they are supported by people who do have that training. In the ARRTS context, as mentioned above, this support is on site, and all participants are already engaged in treatment regimes. If this work were being done in the community at large, the support of trained health professionals would be essential – either the participants’ treating clinicians or program-specific professionals.

Basis for the design of the creative-writing intervention

The creative-writing modality is informed by published research into creative writing and mental health. For example, the evidence that there is “a failure of activity in Broca’s area” of the brain (Peres, McFarlane, Nasello, & Moores, 2008, p.482), which is associated with “supplying semantic representation to personal experience” (Walker, Kaimal, Koffman, & DeGraba, 2016, p.10), has influenced activities in Week One of the program, where the focus is on use of metaphors, and other highly conceptual symbolic language use, as well as poetic forms that capture the moment, and sharing of one’s writing and giving supportive feedback.

While one might expect that ARRTS would adopt practices directly from the expressive writing model, no stream insists that participants make or perform art that deals directly with traumatic experience or their illness or injury. There is, of course, a significant body of research that has built upon the work of Pennebaker to show that “painful events that are not structured into a narrative format may contribute to the continued experience of negative thoughts and feelings” (Pennebaker, 1999, p.1243). However, consistent with several meta-analyses of studies of expressive writing, Pennebaker himself says that expressive writing sometimes works and sometimes doesn’t (in Smyth & Pennebaker, 2008). A study of the effectiveness of expressive writing by Niles, Byrne Haltom, Mulvenna, Lieberman and Stanton (2014) found that effects were mediated by expressiveness in participants. As ARRTS participants are not screened for this and, as reported above, artist educators are not aware of such characteristics in participants, adhering to an expressive writing model would not be appropriate in all cases, and any failure of that process could not be assessed by facilitators untrained in psychosocial theory and

practice. Having said this, only a small minority of participants fail to take up the challenge of writing about their illness or injury or traumatic events from their past.

Writing about trauma has often been preceded by oral storytelling and sharing, itself an indicator that a safe space has been facilitated. Such disclosures of trauma have been shown to produce a great variety of health benefits (Frattaroli, 2006), and the increased vulnerability that sharing stories encourages is also seen as a precursor to post-traumatic growth (Tedeschi & Calhoun, 2004). The process of writing about trauma has sometimes led to a degree of emotional distress and fatigue in the short term, often a matter of hours, invariably followed by a sense of release and relief in the following days, in a manner that echoes research findings (Pennebaker & Beall, 1986). Sometimes this response amounts to feelings of euphoria for having in some way triumphed over the memory and reframed it with some distance and detachment. The story helps organise traumatic memory (Collie et al., 2006), bringing a sense of resolution (Pennebaker, 1999), effectively 're-authoring' one's experience (White & Epston, 1990). Being taken seriously as a writer assists the process of writing about trauma where such writing occurs, a phenomenon that has also been observed in the literature (Murphy & Neilsen, 2008). Whereas some participants 'dive in' on Day One, some stay steadfastly away from writing about trauma and instead focus on developing their skills and, hence, also their identity as writers. Our teaching practice includes writing exercises, but these also do not determine whether participants write directly about their trauma. However, some exercises are geared towards re-establishing, for example, the ability to create metaphors for experience, to help restore the use of symbolic language suppressed by trauma, which also has the capacity to reconnect the individual to the outside world (Holmes, 2000).

A purely practical reason for focusing more on writing as a practice and a form of expression rather than on an expressive writing model is that ARRTS is a four-week intensive program. Most evaluated expressive writing instances have consisted of a guided process repeated at intervals over a period of weeks or months, with each 'session' taking between several minutes and a few hours. The four-week intensive mode

allows for focus on skills and practice. Spending four weeks under direction to write about feelings and emotions associated with traumatic events might be harmful rather than healing. In intensive mode, participants have the opportunity to give themselves space – to take a break from dealing with emotional and traumatic content and try a new form, or try a new subject before returning to their main project for the program.

There is a need for further research into whether electing not to work with traumatic events or injury negatively impacts on outcomes at the end of the program and at intervals post program. The evidence for the benefits of reframing traumatic memory through, for example, expressive writing, is strong. However, there may well be an effect arising out of the intensive nature of the program that 'makes up for' the absence of specific reframing activities.

Intensive nature of the program and social support

The ARRTS program has to date been conducted in a single building on the UC campus. This building has several studios with write-on walls, and a large central gathering area where participants meet for whole-of-group activities, morning and afternoon five days per week for four weeks. *Showcase* is staged in the building. There are separate studios for each of the four streams, and no access to the building for people not involved in the program. The space is close to ideal, and certainly facilitates the program's success.

Wandering through the collage of artwork, photography, sculpture, poetry, music and drama that is the result of the four-week residential on show in *Showcase*, many visitors are struck by the authenticity and the intimacy of the work. It is, as Marxen (2009) describes, truly relational arts. This parallels Klein's (1927) work recognising that symbolic expression reduces anxiety and can offer more security and direct communication.

One of the unique facets of the ARRTS program is the intensity of the content-delivery schedule. Intensity in this instance does not refer to the complexity or pressure of the program, but specifically to the four-week time frame, where participants are wholly immersed in their chosen creative activity in a non-clinical environment together with military peers who are having similar experiences. Also unique to the program is that

creative output culminates in a showcase event attended by invited guests and participant family members, where participants experience at first hand a level of support that generally surprises them. Brinn and Auerbach found that “[a]fter returning from combat... social context plays an integral role in [veterans’] capacity for meaning-making” and “meaning-making is important in reactions to and processing of traumatic events.” They go so far as to say that “[p]atients arrive to [psychotherapists’] offices for ‘help’ and we try to provide it, failing to realize that trauma and meaning-making are not individual phenomena but rather constructs embedded in a social frame” (2015, p.88). According to their study, all veterans reported meaning-making as taking place in social contexts. Perhaps it is the social structures and experiences built into the ARRTS program that are some of the factors in its success in reducing the effects and symptoms of trauma, illness and injury. Further research into this aspect of the program is underway.

Comparison with similar intensive programs

An initial review of available intensive programs in a military context from around the world shows several linked, but distinctly different, program designs. At the National Intrepid Centre of Excellence (NICoE) at the Walter Reed National Military Medical Center, Bethesda, Maryland, USA, an intensive four-week outpatient program is available to service members suffering PTSD and traumatic brain injury. Walker et al. (2016) note that the centre offers “a patient centric interdisciplinary model of care coordinating 17 disciplines resulting in approximately 104 sequenced patient/provider encounters. The program includes(ed) a structured range of medical and complementary care offerings” (p.12).

Although the time frame compares favourably to the Australian ARRTS model, the clear distinction is that the NICoE program is clinically based, with structured clinical care throughout the program. It is a therapy-based program rather than therapeutic, although one assumes the latter is also achieved.

Similarly, the Help for Heroes and Combat Stress residential care programs conducted in the United Kingdom provide art therapy as a component of a veteran’s health care and

rehabilitation. One of the differences in this model is that service is provided to veterans, rather than current serving personnel.

A common barrier to military personnel (serving and ex-serving) undertaking a creative-art activity is a perception of lack of skills resulting in failure. An approach utilised by art therapist Morrissey at VA Jesse Brown Medical Center, Chicago, to overcome this barrier is his embedded success experience approach. This utilises a ‘taster’ experience to explore the theme of boundaries and symmetry. He provides reasoning behind the exercises, which are designed to increase insight, promote self-awareness and assist meaning-making.

Further research

Further research is suggested to better identify the aspects of the program design that account for the improvements in well-being. Additionally, work is needed to identify the extent to which self-reported improvements in well-being and adjustment to post-deployment life extend beyond the program at various intervals. This research is currently underway.

Conclusion

ARRTS is an intensive, immersive creative-arts experience for serving Australian military personnel who are injured or ill. Currently convened by a brigadier who was a scripting storyteller and acting participant in *The Long Road Home*, it is facilitated by a multidisciplinary team comprising military staff (including clinical staff) and non-military artist educators (although the music and rhythm stream is mentored by staff drawn from the various branches of ADF music). It differs from most other similar programs by virtue of: its intensive immersive nature; being run by arts professionals who are not trained in arts therapy; the focus on providing new creative skills as a means of identity formation rather than a focus on the arts for expressing traumatic memory. Quantitative evaluations of the program have demonstrated improvements in well-being for participants. Creative writing mentors on the program draw on both their professional skills and knowledge and their experience in working in adult-education contexts. They work flexibly with participants in the writing studio but also take students out into the world to witness creativity

in action and to allow participants to practise in the real world their developing identity as writers. Both formal evaluations and anecdotal reports from participants indicate that the program is successful in its main goals.

This program has demonstrated the efficacy of non-clinical creative-arts interventions for serving military personnel with health conditions relating to trauma, illness and injury. It has shown that artist educators can play an important and productive role in adjustment to life after military deployment, with the important caveat that participants must be supported by clinical services, either within the program or through individual clinical support relationships.

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