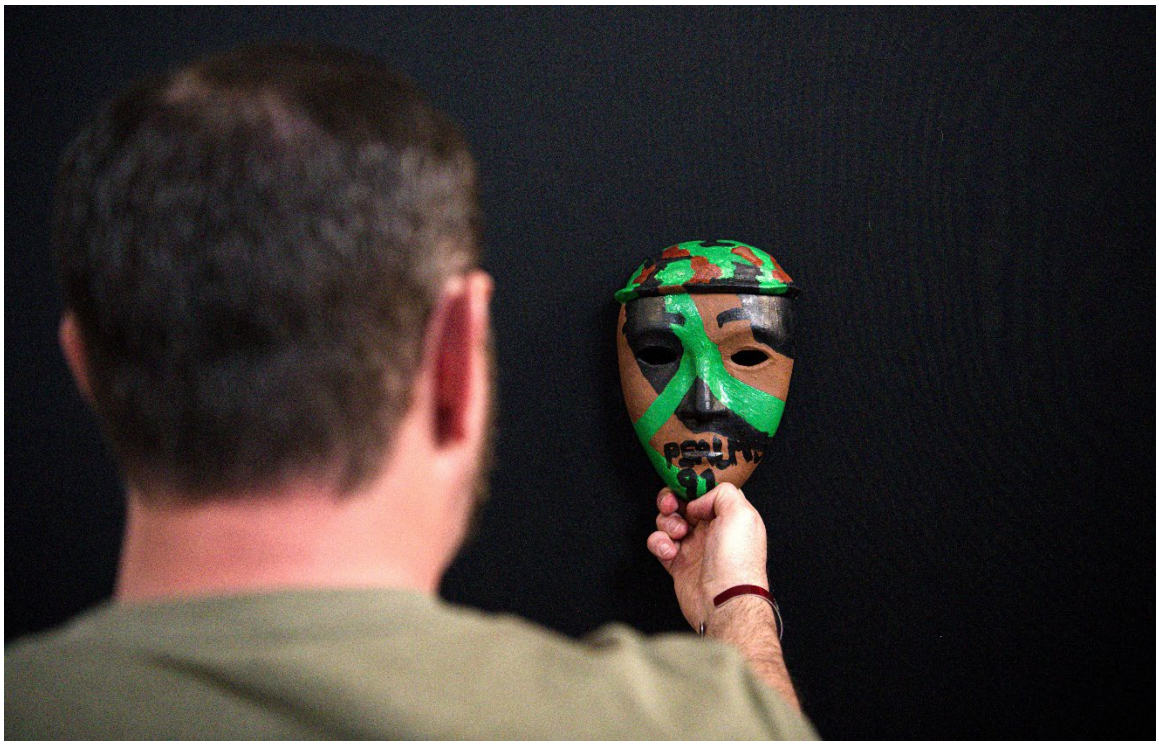

Reverent Process

UTILIZING ART THERAPY TO TREAT TRAUMATIC BRAIN INJURIES AMONG U.S. VETERANS

By: Javan Bair

Among the contemporary architecture, full of enormous glass walls, sharp steel edges, and buildings erected out of abstract shapes that comprise the University of Colorado Anschutz campus lie a couple of quaint white and tan barracks buildings that date back to the 1930s. The buildings look like a relic of a time long forgotten against the towers of modernized medicine that surround them. The barracks look very much like the buildings used to house young Americans who were preparing to fight the Germans or the Japanese during the Second World War. But their aged appearance is a mere deception, a fitting camouflage. The barracks no longer house those on the precipice of war; rather, they are now a refuge for those ravaged by service to their country. These old barracks now hold patients seeking innovative and trailblazing treatments for traumatic brain injuries (TBI) at the Marcus Institute for Brain Health (MIBH).

TBI is a relatively new point of discussion for the U.S. military and the Department of Defense (DOD), despite being the second most common disorder sustained by veterans. Following closely behind post-traumatic stress disorder (PTSD), a term that is, for many, synonymous with military service. “TBI is one of the most common injuries affecting military personnel; however, it is the most difficult to diagnose and the least well understood. It is also recognized that some TBIs have persistent, and sometimes progressive, long-term debilitating effects.” Ann C McKee and Meghan E Robinson, researchers for the VA and Alzheimer's Foundation, discussed the complexities surrounding TBI treatment.

Thanks to the efforts of clinics like MIBH, TBI is becoming a prevalent portion of the discussion surrounding the mental health issues that latch themselves onto service members long after they have hung up their uniforms.

Twenty years of war in the Middle East created droves of young men and women returning to the U.S. as different people. Unfortunately, it took a monumental suicide crisis in the veteran community for the military, the DOD, and us as a culture to acknowledge that something may be wrong.

At some point during a period of service to your country, you will change. It may be a dramatic shift in response to trauma, or it may be a slow burn, but eventually, the culture changes service members, for better or for worse.

“After the first deployment, I got back, and I'm like, 'Whoa, things are really, really different now,'” said Spc. Eric Taimangelo, an MIBH patient and Army veteran. Master Sgt. Colin Lightfoot, a soldier with the US Army Special Forces, echoes the sentiment, “After a lot of experience and exposure and blasts and injuries, that's

when you can't really internalize it anymore. That's when your close family and friends are like - 'you're different.'"

But even with all the efforts in place by the DOD and VA to tackle this issue, the number of service members who took their lives continued to grow. Roughly 6,000 veterans take their lives on an annual basis. According to research published in the National Veteran Suicide Prevention Annual Report, in the 24 years following 9/11, a total of 133,867 U.S. veterans committed suicide.

It's a pressing concern. Former Special Forces soldier and MIBH patient, Master Sgt. Justin Young shared his thoughts on the subject: "I really thought about killing myself and put a gun in my mouth at one point," Young recalls. "You're trapped in these feelings, and it's miserable. And killing or pulling a trigger to solve a problem isn't a foreign thought. And so why wouldn't you just turn that same problem-solving skill on yourself?" It is not uncommon for service members who spend years or even decades in the military to sustain multiple head injuries that often go untreated or altogether undocumented, increasing both suicidal ideation and actions.

Research has shown a significant link between TBI and suicide. Studies by the Department of Veterans Affairs have discovered that "history of TBI or PTSD is associated with a substantially increased likelihood of suicide attempts compared to those without the diagnosis. For those with both TBI and PTSD, the likelihood of a suicide attempt is 3.3 times greater than for those with a TBI alone."

An injured brain is no different than any other part of the body that sustains damage; it simply doesn't work the way it is supposed to. Much like a torn ligament or broken bone that is never treated, it causes strain and discomfort. The rest of the body must learn to compensate and adapt to the requirements and hindrances of this unrequited wound.

Thinking of the brain in the same fashion, particularly one that has been injured by consistent blast exposure from firing both small and large arms, blunt force trauma, jumping from airplanes and helicopters, Improvised Explosive Devices (IEDs), vehicle accidents, combatives, training accidents, a fist fight in the barracks, receiving fire from both small and large arms, and countless other opportunities for injury readily available to service members, the compounding effects of an untreated TBI on the mental capacity of an individual tend to make a lot more sense. When the brain has been physically assaulted by the impact of TBI and mentally anguished with the baggage of post-traumatic stress, it is not a

wound that one can simply walk away from or soldier on with. It is a life-changing injury that should not be taken lightly.

The doctors, clinicians, and staff members of MIBH could have easily taken a job in one of the surrounding modern and more ergonomically sound buildings neighboring MIBH. However, they chose to provide care for a specific demographic of patients because the mission of healing the brains damaged by the military means more to them than outward appearances.

A state-of-the-art facility might be nice, but there is a certain nuance provided by the familiar ambiance of a barracks building from the 1930s. Inside this old building is something I can say with almost sheer certainty that has never been found in any other military barracks: an art studio.

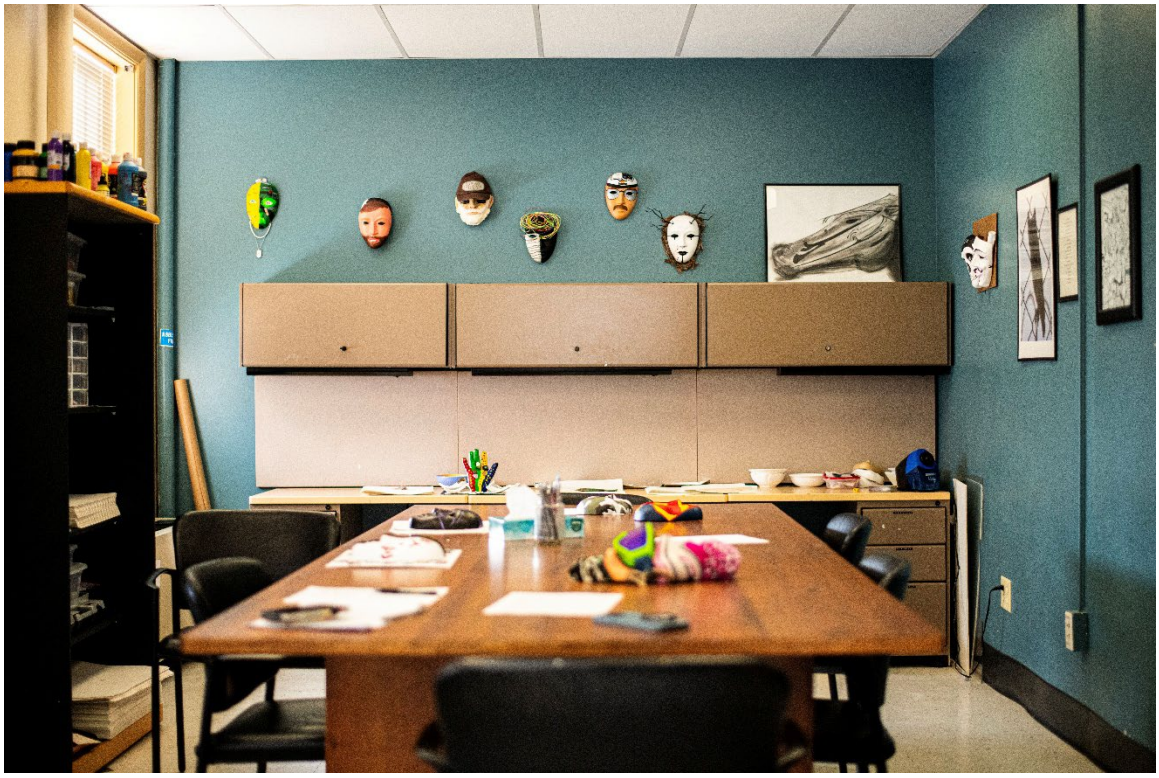

Figure 1The MIBH art studio photographed on Jan. 23, 2025. (Javan Bair/CU Boulder CMCI)

Lining the walls of this studio is a variety of unique masks. Each one hangs as a reminder of the trauma inflicted on the warrior who created it. Mementos of battle scars and lingering grief. A way to make visible the invisible wounds of war. This is the place where the most unsuspecting portion of MIBH treatment occurs. It is a place where the bravado associated with military culture is slowly dissolved through creating art under the close and caring eyes of a trained therapist.

Many incoming patients initially discredit art therapy as nonsense, but that is because of a preconceived notion of themselves that they have yet to dismantle.

MIBH art therapist, Gayla Elliott, the resident subject matter expert on facilitating the expression of trauma said about working with military patients, “Things happen to you, which change your perception of self, and that's a long process. All the while, human beings are living and just trying to figure out who we are and what our lives mean."

While veterans comprise no more than 3% of the U.S. population, they can be the most visible in any crowd. The aesthetic of the American veteran is subdued in color yet very loud in presence. Faces hidden behind beards, sleeves of tattoos that cover arms and legs, tight t-shirts that hide varying degrees of a muscular build, baseball caps with tightly crimped bills, dark tinted sunglasses, boots, pants with too many pockets, watches capable of tracking one’s every physical metric, and faded metal bracelets with the names of their dead buddies hang from their wrists.

The MIBH art therapist, Gayla Elliott, poses for a picture in her art studio on Jan. 23, 2025. (Javan Bair, CU Boulder CMCI)

There aren't many smiles on day one at MIBH. Each cohort begins with a group of six service members from all walks of the broad and varying military experience nervously pacing around a Keurig, waiting to be called upon for their first appointment. Gazes dart to the ground as they wonder what the next three weeks might hold for them.

A physical schedule is printed off for each patient throughout the week that lays out the hours of appointments with neurologists, speech pathologists, physical therapists, nutritionists, behavioral health therapists, and many others working together to holistically treat TBIs.

Each piece of the MIBH puzzle serves a specific and equally important purpose, but art therapy seems to be the collective point of gravitation for many patients. Art therapy is the outlier in a field dominated by science and medicine. It is also an outlier for this demographic.

"Woo-woo hippie-dippy bullshit." That's the general consensus of most MIBH patients upon their first visit to the art studio. Many of them have not touched a paintbrush since an art teacher forced them to do so in high school. The majority of them have become far more accustomed to destroying things and, in many cases, themselves than they have been with anything related to creation, expression, or, at the very least, art.

They have come to MIBH because they are in dire need of change, healing, and a way to keep living. So, while the subcultural stigmas of the veteran community may be fighting their way into the art studio, the surrender to the suppressed creativity eventually takes over.

This problem with reluctance to art therapy is not exclusive to MIBH. Danielle Braxton, an art therapist for active duty Marines stationed at Camp Lejune, suffering from TBI and PTSD related issues, stated, "A lot of them still deny that they have any issues or anything mental health going on. I tell them, you don't have to acknowledge that yet. But you do have a TBI. We've established that. You've come to this clinic for a reason."

A long wooden table stained with the remnants of thousands of art projects fills Elliott's studio. Seated at the table are usually a confused group of warfighters wondering what this room full of art has to do with their brain treatment. "I've heard it several times from patients who say, 'I've got serious issues. How is trying to stick figure going to help me?'" Braxton recalls.

The apprehension to creativity in the art studio is so palpable that it feels antagonistic. Heavily tattooed arms rest on the edge of the table where these warriors will soon create art that might very well change the rest of their lives. But most can't see that quite yet. They can only see the clock. Staring at it like it holds an amount of time that must be endured to make it to the next appointment.

When Elliot enters the room, the disarmament begins. She has been performing art therapy in a clinical setting with veterans for over 15 years. Her gentle, kind, and calm demeanor, along with her petite stature, effectively deflects the anxiety exuding from her Newest group of creators. Before working with military personnel, she began working with abused women and children. After being offered a job treating Marines at the U.S. Naval Hospital, she wondered how that experience might transfer to helping veterans. The two demographics seemed to be worlds apart. But after working with veterans for a bit, she realized, "trauma is trauma. It doesn't matter if you're a child who's been abused at home, or a woman who's been sexually assaulted, or a young man who's been to combat. They're all human beings, and all human beings respond to trauma in similar ways."

Elliott initially guides each cohort through a series of expressive art exercises, but the main task she gives each patient is to create a mask. One capable of representing not only all the things these veterans have hidden behind for years, but also a tangible item to leave behind. A physical departure from trauma. However, breaking through the fortified emotional barriers that many of Elliott's patients have built up over the years is no simple task.

Regarding his first appointment with Elliott, Spc. Taimangelo said, "I guess I didn't feel drawn to it, simply because I felt like my creativity was gone. When I was a kid, I was the one who got in trouble all the time for drawing when I should have been paying attention." Taimangelo continued, "I loved art back then. It was definitely my outlet growing up. And I do remember distinctly having a sketchbook that I would draw in while I was in the Army. And then when I came back from deployment, I just had no inclination whatsoever to create."

Therapy itself is thankfully becoming more commonplace among veterans. However, attending a session and honestly expressing oneself are two entirely different things. Many veterans still report feeling inhibited when it comes to sharing their emotions and experiences in traditional talk therapy. This may be why Elliott has such success with her approach. She disguises in-depth personal discovery under the guise of arts and crafts. "Art really reveals something deeper about them. It's quite sobering and surprising. I teach people that art is the

language of the emotional, intuitive, subconscious awareness, and so it's going to bring to the surface and to your awareness things that have been buried." Elliott said about her process with the MIBH patients.

Each mask begins the same. Plain, white, blank. Each one is exactly like the other. Uniformity. Something very familiar to these men and women. However, that is the last portion of this therapy that will keep them tethered to what they have become accustomed to. A profound and positive change for these veterans begins with a simple willingness to engage in an activity they could easily disregard as beneath them.

To create a mask is to bring what has been hidden to the surface. This unearthing of trauma, guided by the careful direction of Elliott, brings forth suppressed memories to help these veterans see themselves holistically. They learn to expand from the traumatic persona attached to them by the uniform they once wore.

"It kind of made me more introspective. I think what was really happening is different from some of the outright bluntness of talk therapy that I've been doing for so many years," said service member Jen Young. "Art therapy felt like a different avenue for me to maybe change it up, or to get through something differently."

MIBH patient Jen Hrivnak examines another patient's mask on Jan. 23, 2025.

Note From Author

When I applied to work at the Marcus Institute for Brain Health (MIBH), I was only familiar with the surface-level aspects of what they did there. I did the kind of online research one does before a job interview. I knew they treated TBIs for veterans. I knew they were named after Bernie Marcus, the founder of Home Depot, who gave them $38 million in 2017 to get the whole operation started. I knew they were approaching TBI treatment for military members in a way that was new and exciting. I recognized the need for this kind of treatment from my own time and experiences as a paratrooper in the Army's 82nd Airborne Division. However, I had no idea how truly innovative MIBH was until I was a part of the staff, living and breathing it every day.

There are a lot of veteran service organizations out there, and while many are well-intentioned, they can feel a bit disingenuous. Often, when veterans reach out for help for something service-related, the treatment received feels almost obligatory. Like, even outside of the actual confines of the military, you are still just a serialized piece of equipment in need of just enough repair to get back in the fight.

Sgt. Rob Retondo poses for a portrait in which his face is hidden behind a mask he created as an MIBH patient on Feb 14, 2025. (Javan Bair, CU Boulder CMCI)

While it might seem incumbent to boast about the institution that pays my bills and puts food on the table for my family, if MIBH didn't work, you can rest assured that I would never write this. I wouldn't waste time with a fluff piece about a place that fumbled around with something as important as the mental health of the people who sacrificed a portion of their existence to this nation.

Almost immediately after I started working as the Community Engagement Specialist for MIBH, I became enamored with the tremendous artwork coming out of Elliott's art studio. I saw men and women from all of the many paths Uncle Sam can lead a person: SWCC operators, Marine Infantry, Army Rangers, Green Berets, wheeled vehicle mechanics, medics, supply personnel, members of the Space Force, etc. Each one came out of this art studio with an emotionally deep body of work. They created masks that I felt deserved a lot more attention than they were receiving.

What Elliott asks her patients to do is not for the faint of heart. She asks people to dig deep inside a very tender and untreated wound. After digging out the infection, she teaches them how to properly dress their wound. "This creative process provides a metaphor for metamorphosis. It's an opportunity to really dig deep and connect with and heal the inner self." Elliott told me.

These patients may not be professional artists, but in terms of evocation and emotional depth, these works stand proudly in a class all their own.

I've seen a lot of veteran-inspired art. Some of it is corny, some of it is insincere, and most of it is macabre. But I can say truthfully, I like the art coming out of the MIBH studio a lot more. I find inspiration from the vulnerability it took to create it and what these masks stand for.

This art lives alongside its creators.

Spc. Erik Bronowski looks back at the mask he created as a patient of Gayla Elliott at MIBH on Jan. 23, 2025. (Javan Bair/CU Boulder CMCI)

There have been thousands of stories written about veterans and their experiences post-military service. However, the first-hand accounts of these brave men and women often remain stowed away inside their minds. Those are the stories that need to be immortalized on paper. The first-hand account of the veteran, not able to be mangled or manipulated by the mind of a writer weaving together a story from the outside looking in.

A group of former MIBH patients has been honest and transparent enough to share their experiences regarding art therapy. All with the intention to show their counterparts, their comrades, their battle buddies that something positive can be done with that burden they carry on their shoulders and inside their heads.

What follows is an oral history of veterans from various branches and MOSs who have received treatment at MIBH, along with some accounts from Elliott, whose selfless dedication to the veteran population has made this story possible as well. Each quotation below is an answer I received from the patients and their therapist

as I conducted a series of interviews to figure out why art therapy is having such a fervent effect on the brains of veterans.

Chapter 1

At some point during a period of service to your country, you will change. It may be a dramatic shift that is in response to trauma, or it may be a slow burn, but eventually the culture changes you, for better or for worse.

Spc. Eric Brownoski poses with the mask he created while attending the intensive outpatient at MIBH on Mar. 7, 2025. (Javan Bair, CU Boulder CMCI)

“We're still very malleable and young and trying to figure out who we are. When you join an institution like the military at a young age, the things that you're doing every day are helping to build and mold your personality, and it requires you to leave some of your former personality at the door when you join, because it's very important to have consistency and uniformity in the Military.”

-Gayla Elliott, MA, ATR

“I went into a small room; there was a guy barricaded in there. I went in there and killed him after he shot me, and that was like the third least violent thing that happened to me on that trip. That deployment [to Iraq] changed me.”

-Master Sgt. Justin Young, Army

“I was working in the ER after returning from a deployment, and we lost a kid that day, a nine-month-old, and I was just completely numb to it. I didn't react. I didn't have a lot of feelings about it. I just kind of just did the standard things that we do.”

-Lt. Col. Jen Young, Air National Guard

“I would say, my third, third Naval Special Warfare deployment, that's where I saw the distinct paradigm shift. You know you're getting no sleep, yet you're banging and doing the job, and you're constantly in the box. In our communities, that's just how it is. Just go, go, go. And then I started noticing that the lifestyle started consuming me more and more. And in order to excel, you've got to allow it to. So I was starting to lose some balance of my personal and professional life.”

-Senior Chief Petty Officer Lars Hausken, Navy

“I would say, coming home from my first deployment, that's when I noticed something was different about me, not just about me from my family's perspective but me from myself. I noticed I had no tolerance for people who would complain about things. I had no patience for my own inabilities to complete certain things. It was just sort of a lack of patience and a lack of willingness to want to understand or really wanting to care about what somebody else is having a hard time with. I was like, get over it, handle your shit and fucking keep moving.”

-Sgt. Rob Retondo, Marine Corps

Chapter 2

Therapy itself is becoming more commonplace among veterans. However, attending a session and honestly expressing oneself are two entirely different things. Many veterans still report feeling inhibited when it comes to sharing their emotions and experiences in traditional talk therapy. Creating art under the direction of Elliott allows the MIBH patients an opportunity to express their thoughts in a way that words simply cannot.

Cpt. Scott Bennett looks at the mask he created in his art therapy sessions at MIBH on March 7, 2025. (Javan Bair, CU Boulder CMCI)

“I think for myself and a lot of others, we just don't consider ourselves artists. There's the false impression that we have to perform or produce something specific. But then you just start making the art, and by the end, you see that you were communicating something that maybe you didn't know was there. Like a new perspective you maybe didn't have the words for.”

-Lance Cpl. Joe Shearer, Marine Corps

“Going into the first class, I was dead set about politely not participating. Art was not my thing, and I was not going to give in no matter what. I was 100 percent against this before I started, and it ended up being the most instrumental part of my therapy and growth. I held and hid most of my dark issues and this allowed me to open up on my own pace.”

-Cmdr. John Coster, Navy

“I had not really embraced any form of treatment for TBI or any kind of mental health. Leading up to my time at Marcus, I had gone 13 years without seeing one doctor. I had these initial ideas of what art therapy was, but I really didn't understand the magic sauce until I got into it and started stiring it up.”

-Senior Chief Petty Officer, Lars Hausken, Navy

“What was so different with art therapy is how much it tapped into my subconscious thoughts. Especially the thoughts I didn't think I was actively trying to repress. So it was similar to almost like a hypnosis type deal. I didn't even realize that this was something that I needed to go to therapy for or I needed to talk about, or was even weighing on me, until the art kind of brought it out of me.”

-Sgt. Rob Retondo, Marine Corps

Chapter 3

The culture that drives the military is one of strict adherence to rules and regulations. There is little room for individualism and self-expression. When a person has spent years or even decades of their life embedded in that culture, the thought of playing with paint brushes is entirely foreign and a common source of apprehension for MIBH patients.

Spc. Michael Griffith poses for a photo with the intricate mask he created while being treated for TBI at MIBH on March 28, 2025. (Javan Bair, CU Boulder, CMCI)

“I would say I had reservations, vice apprehension, knowing that my total sum of art is drawing lines on a nautical chart or land-based map, sector sketches, or stick figures, that kind of thing. The type of stuff we all had to do in the military.”

-Senior Chief Petty Officer Lars Hausken, Navy

“I had enjoyed doing art in high school and stuff like that. So I was like, You know what? Even if it is this hippy dippy shit, you'll at least know that this is stuff that you kind of enjoy anyways. So, it's not going to be the end of the world.”

-Sgt. Rob Retondo, Marine Corps

“I think over time, especially in the military, you get really good at compartmentalizing your thoughts, or rationalizing and explaining away some of your thoughts and feelings. But when it comes out in art therapy, there is no way to explain it away. It's looking at you. The mask project stands out separately from the other things that I worked on. I think it was the connection to identity. A mask that represents the proverbial one we wear all the time or wear in different situations. I mean, it's you. You know, it's there. You know that you're changing how you act and how you say things in front of certain people or do to protect yourself. But, there's not like a visual representation of that in your day-to-day life. And I think creating the mask gave me the opportunity to look and say, 'okay, this is actually what I do, and this is who I am. It's represented here on this mask.'”

-Lance Cpl. Joe Shearer, Marine Corps

“One of the first things you do when you redeploy is hand over your weapon to the arms room. I had done that physically before. You have to. But I think Gayla helped me hand over my weapon internally. To use the word disarm. That's exactly what happened. I've done this physically in the past before, but I feel like, after the art therapy program I have definitely handed over that part of me.”

-Spc. Eric Taimangelo, Army

“When you join the military, there's this fantasy of I'm gonna belong somewhere. They're gonna want me, they're gonna love me. This brotherhood is gonna save me." Gayla notes about the military mindset but makes a point that many who develop trauma from their time in the military have experienced it in many other parts of their lives. "They may have had trauma in their background. They could

have had alcoholism at home, physical abuse, sexual abuse, and abandonment issues. They're experiencing problems in the military, but it didn't start there."

-Gayla Elliott, MA, ATR

"I shift into Lieutenant Colonel mode on the weekends, and then I come home at 3:30 and it's life mode, you know? So I feel that I am type of a type of chameleon in that aspect. I'll tend to blend in and fit in wherever I am. So if everybody's rough and tough and mean, then I'll just be rough and tough and mean, along with them."

-Lt. Col. Jen Young, Air National Guard

"I referred to my mask when discussing other issues holding me back. It helped me explain what was really bothering me. I never realized that my brain was protecting me by helping me hide my dark side. Art therapy really helped me unlock the protective door and let my brain know it was OK to let out and ask for help. I was embarrassed to explain or ask for help because I thought it would show weakness. This ended up being completely opposite. I was also able to help my fellow classmates because I could see what was bothering them as well. We nicknamed her 'The Veteran Whisperer' because of her unique ability to pry open stubborn Veterans like me who locked in all their issues. She is special and the main reason I was able to move forward."

-Cmdr. John Coster, Navy

"I almost felt like it was a reverent process. Once I started trying to go from the concepts I had from these internal feelings, and then turn those emotions and feelings into something tangible."

-Senior Chief Petty Officer Lars Hausken, Navy

Chapter 4

Elliott's art studio contains a certain energy that is a little difficult to articulate. On one hand, it feels uplifting, like a place of rebirth, but the masks hanging on the studio walls carry a heavy weight. It's a place where thousands of people have abandoned their demons. The masks left behind by MIBH patients are reminders of a job well done.

Lt. Maria Moncayo poses behind the mask she created as an art therapy patient at MIBH on March 7, 2025. (Javan Bair, CU Boulder CMCI)

“Everything's black and white, and that's how I thought life was supposed to be, especially after my childhood abuse led me to the military. And I thought, OK, well, this is how it is. This all makes sense. But that's not what I was looking for. That's not who I was. So, these puzzle pieces on my mask are all questions that I wanted answers to.”

-Spc. Eric Taimangelo, Army

“I've always been in the role of the caregiver. That was the avenue that I always seemed to take the easiest. And then I started thinking about what I look like on the outside looking in. And I think what really resonated with me was the fact that I feel sometimes so broken and so much pain. And I don't think people see that, and they just see this resource and this strength and this person who's going to take care of them, and all the brokenness on the inside isn't seen much.”

-Lt. Col. Jen Young, Air National Guard

“I think further along the process, I got more confidence that I was producing something that had a meaning for me. And even looking at my mask now, I look at it and I see the different pieces and I remember why I included that, or decided to add the thing that I added. It was kind of a progression of uncovering stuff inside of me and deciding what to do with it.”

-Lance Cpl. Joe Shearer, Marine Corps

“As soon as I decided it was OK to do this my approach became very clear. I knew what I wanted to show and had a clear vision of my plan which is very unusual for me. When I finished, I was very excited to show my class and Gayla. It was emotional to explain, but also very relieving and confirming to be comfortable about showing what I was hiding for years. I took photos of my mask and shared them with my therapist when I returned home. We used this for over a year. It was the catalyst for my growth.”

-Cmdr. John Coster, Navy

“I was more worried about the product than the process. Then I just started to just enjoy creating each thing and making it sincere and making it meaningful. The art I was making really started to resonate in the way that I communicate to other people, but also how I talk to and about myself. I started to realize as I was doing

the mask, the important thing was just being sincere and genuine in how you're going about this project, and you'll get what you need out of it."

-Sgt. Rob Retondo, Marine Corps

"It was like unclogging a drain that was stopped up for years. Once this opened my up, I was all in and was able to take advantage of all the other therapy options, physical and mental."

-Cmdr. John Coster, Navy

Chapter 5

The military will exhaust a person past their capabilities and leave them to sort out the rest of their lives led outside the uniform before the next hit time. Elliott takes a genuine interest in the lives and traumas experienced in and out of a military uniform; a comforting reminder that you are still a person with specific needs.

Figure 2Lt. Col. Jen Young poses for a portrait photo with the mask she created as a patient at MIBH covering her face on Feb. 14, 2025. (Javan Bair, CU Boulder CMCI)

“In a nutshell, I would probably say that my experience with art therapy basically taught me that it's okay to come out of the foxhole, now. It's okay to come out of that fighting position.”

Spc. Eric Taimangelo, Army

“That word vulnerable has a really negative connotation to everyone in the military. So the idea of being vulnerable is not like, 'Oh, this is something to be proud of that takes strength.' Vulnerability is looked at as an issue or a weakness. And I think getting over that and realizing I'm only a weakness if I allow these things that are bothering me to bother me so much that I can't effectively do my job. If I don't grapple with these emotions that I am, no doubt feeling, then I still can't effectively do my job, because I'm ignoring half of the information that I'm dealing with, half of my emotions.”

-Sgt. Rob Retondo, Marine Corps

“I think I learned that I need to allow myself the space for creativity. I tend to be very task-oriented, and if I look at art therapy or doing art as a task, I'll never do it. So, now I'm allowing myself the freedom to go, I just feel like painting.”

-Lt. Col. Jen Young, Air National Guard

“I think one of the big things is just learning that there are different ways to communicate and express myself. Despite not being an artist per se, there is creativity in everyone. I feel like tapping into that provides you more communication opportunities, as well as introspection. Not just sharing your story or being able to communicate with someone else, but being able to see it yourself and internalize it.”

- Lance Cpl. Joe Shearer, Marine Corps

“I am not weak; it is OK to show what was bothering me. I really had no Idea what I was hiding and once I opened up, the flood gates started flowing and uncovering things I did not realize I was hiding. Things that are not easy to deal with, but once I was OK with sharing, it was a game changer for me. I am now an artist.”

-Cmdr. John Coster, Navy

“Whether it's deployment or remote training, that's 167 days a year, gone. And so when you have one side of yourself doing that job, then you come home and you have to flip that switch and be the dad and you have to be the husband. You have

to have this different sense of caring that you didn't necessarily have at work. For me, I felt like I was wearing two faces. So my mask project conveys that conflict."

-Senior Cheif Petty Officer Lars Hausken, Navy

"After a person joins the military, there's a process of dismantling that person's identity and building a new one. I think there's no other population that happens more dramatically to than military personnel."

-Gayla Elliott, MA, ATR

"Often the things that are the most meaningful to me are the ones that are sitting right on the surface, and I'm just not giving them their due attention.

-Sgt. Rob Retondo, Marine Corps

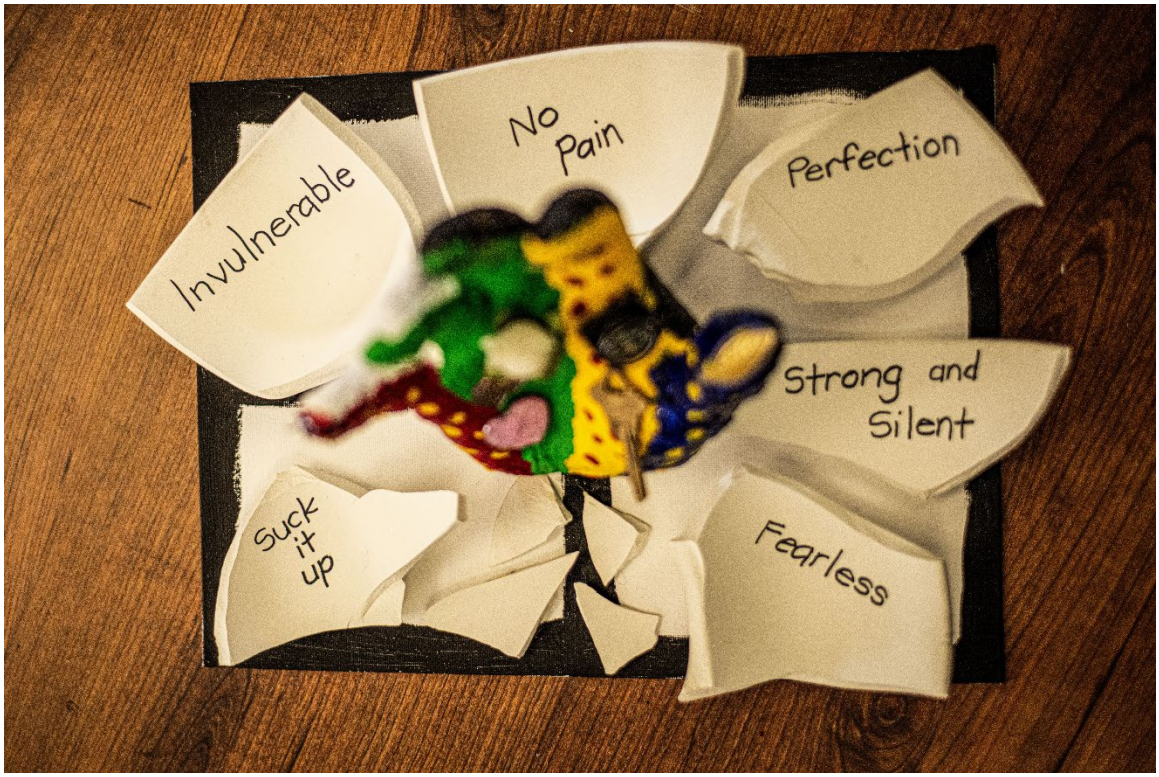

Figure 3 A piece of art created by an MIBH patient showing a hand reaching outward from a broken bowl to symbolize post-traumatic growth. Photographed on Jan. 23, 2025. (Javan Bair/CU Boulder/CMCI)

Catharsis. That's the first word that comes to mind when I think back on a few months ago, when I was invited to sit in on the final art therapy session held with the cohort the day before they completed their treatment at MIBH.

I knew Elliott had an impact on the patients. I knew she was known around the clinic as "the veteran whisperer" or "silent assassin" for the way she was able to extract inner trauma from a subset of people notorious for suppressing their emotions. Once I witnessed her in action with patients, I finally understood. For three weeks, she guides these people through the painstaking exploration of self-expression. She does so with the grace and respect of a person truly invested in the post-traumatic growth of others.

The cohort meets in the studio with Gayla for a final time before finishing their three weeks of treatment at MIBH to do an exercise called "If This Were My Mask."

I planned on serving more of an observational role when Elliott allowed me to sit in on the session. Apparently, there's no such thing as observing in her studio. This cohort's final art therapy became my first.

About 20 minutes into the session, I was holding a mask, the manifestation of another person's trauma, in my hands, wondering what it would mean if it were mine.

Spc. Conchi Yang looks at the reflection displayed on the back of the mask she created during her time as an intensive outpatient at MIBH on March 28, 2025. (Javan Bair, CU Boulder CMCI)

“If this were my mask, I think I would be displaying things buried underneath for so long that are rising to the surface in a good way. I feel like I'm learning not to internalize so much. Beginning to be a little more transparent, whereas I've kind of shaded everything else in black. But now some of the color underneath is starting to come through, and maybe the real me is breaking through the surface here.” I said and passed the mask to Gayla. I looked at the patient whose mask I just evaluated, and she was staring at me intensely.

Her eyes darted from mine and over to Elliott's. She looked at her like she had been betrayed. Like Elliott had shown me the hand of cards she was playing with before we started.

"Did you tell him about my mask?" The patient asked.

Calmly and with a little laugh, Elliott replied, “I didn’t tell him anything.” She looked over at me, smiling.

“Did I tell you anything about that mask?" Elliott asked me directly. I smiled back at her and shook my head, no. "He hasn't been in this room since you guys made these. He's just really good at this.” Gayla explained.

MIBH patient, Spc. Michael Griffith examines the mask he created as part of his time spent in the clinic's intensive outpatient program on Mar. 28, 2025. (Javan Bair, CU Boulder CMCI)

Looking back on that afternoon, I appreciate the compliment, but I don't think I'm particularly talented or good at examining the meaning behind works of art. I'm just intuitive enough. I've been damaged too and have felt how deeply those invisible injuries can permeate throughout your life. I think that pain, in any of its many forms, recognizes itself in the face of others.

If it were my mask, I would have been relieved to have finally transformed my trauma into something I have control over. I could look back into the empty eyes of that plaster mask and realize that I had, at long last, overcome my burden.

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