

**Art For Your Heart: Assessing the Impact of a Community-Based
Visual Art Program on the Well-being of Military Spouses Living Overseas**

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Abstract

Military spouses living overseas cope with an extensive number of stressors due to the nomadic lifestyle of the military community. These stressors often have a negative impact on the well-being of the spouse, affecting the military member. Research has shown that community art programs can have a positive impact on well-being. This pilot study addressed the gap in Arts in Health programming for military spouses stationed overseas. Art for Your Heart is a study that aimed to evaluate the impact a community-based visual art program can have on military spouses living overseas. This mixed-methods study involved a six-session, community watercolor workshop and a gallery night as the intervention. Quantitative data collected pre- and post-intervention using the Warwick-Edinburgh Mental Well-being Scale showed a mean improvement of 10.4 points. Qualitative data collected throughout the six-week intervention revealed four common themes: enjoyed the class community, enjoyed the class and sad to see it ending, enjoyed learning to paint, and improved well-being. The intervention successfully improved participants' well-being.

Keywords: arts in health, military spouse, visual art, well-being

Introduction

The life of a military spouse is filled with stressors due to frequent relocations, deployments, work and family life demands, and challenges that arise due to the experiences service members must face. This study investigates whether community visual arts programs can improve the well-being of U.S. military spouses living overseas. Improvement in spouse well-being could support military readiness and retention initiatives (U.S. Army Retention, 2025). Due to a lack of funding and community support, military spouses living overseas do not have sufficient access to the arts, which have been shown to provide well-being benefits. Using the

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) questionnaire and end-of-session comment cards, qualitative and quantitative data provided insights into the level of change that can be anticipated for community visual arts programs for this demographic. Study results provide evidence to support further similar programs when collaborating with military agencies and those interested in funding Arts in Health programs for the military community.

Background

Life as a spouse to an active-duty U.S. military member involves many challenges, which are made even worse when required to live overseas (Elliott, 2020). This demographic is the one who does most of the heavy lifting in supporting the active-duty military member on a day-to-day basis. The importance of supporting military spouses overseas is often overlooked, which can then have a negative impact on the military member and have the knock-on effect of a reduction in the military's initiative of "readiness and retention". One way of supporting military spouses is by using arts programs. The arts have been shown to provide many benefits to one's health and well-being (National Organization for Arts in Health, 2023). Arts in Health is a growing field being adopted for non-clinical applications to improve the health and well-being of communities and their residents. arts

Problems Facing Military Spouses

Military spouses face many challenges throughout their active-duty military member's career (Wikoff, 2016). Often, these challenges can hurt the well-being of the spouse. Well-being is the ability to manage one's emotions, feel purpose and meaning in your life, and maintain healthy relationships (Centers for Disease Control, 2024). Stressors faced by this demographic include frequent moves, deployments, single parenting, feelings of isolation, work and family

life demands, and emotional challenges that might arise concerning the service member's experiences (Dewey & Group, 2025). Active-duty military members are often supported emotionally by their spouses. Spouses that struggle with well-being are unable to support the military members. This dissatisfaction with one's life can lead to the active-duty member deciding to separate from the military (Corry et al., 2019).

Research has documented the impact of military stressors on wives' (e.g., Aducci et al., 2011; Clever & Segal, 2013; Dimiceli et al., 2010; Green et al., 2013; Padden et al., 2011), but the importance of maintaining a healthy sense of self is not being addressed (Green et al., 2013). One of the most fundamental, but rarely recognized, difficulties these spouses confront is maintaining a healthy sense of self. Research shows that the Active-Duty military lifestyle constantly threatens to undermine one's sense of identity by expecting the individual to place the military's needs ahead of their own (Drummet et al., 2003; Robbins, 2002; Ziff & Garland-Jackson, 2020) and adapt to career interruptions and new roles with each relocation (Dimiceli et al., 2010; Ziff & Garland-Jackson, 2020, as cited in Page et al., 2023). Military spouses may perceive a lack of control over their lives (Aducci et al., 2011; Davis et al., 2011; Dimiceli et al., 2010; Robbins, 2002, as cited in Page et al., 2023). Self-concept clarity is "the extent to which the contents of an individual's self-concept (e.g., perceived personal attributes) are clearly and confidently defined, internally consistent, and temporally stable" (Campbell et al., 1996, p. 141). A high degree of self-concept clarity helps to promote well-being (Slotter & Walsh, 2017).

Difficulties with Moving and Living Overseas for Military Spouses

For military spouses, relocation is particularly problematic. Moving and living overseas can negatively impact the health and well-being of military spouses (Tong et al., 2018). Spouses

often sustain numerous losses when they relocate, especially overseas. Familiar ideas about relationships, home, daily routine, and so on form the foundation for the capacity to cope. Taken together, they provide a model that is used to make sense of life (Engel, 1964; Hoffman, 1989; Parkes, 1988, as cited in Jervis, 2018). A sense of mastery, order, and well-being is sustained when everything is found to be reassuringly familiar. Whenever reality becomes unfamiliar, confidence in one's internal frame of reference is damaged, arousing anxiety. Moreover, as Garfinkel (1967) argues, everyday routines provide a stabilizing but ordinarily unnoticed foundation to social life, through which individuals achieve recognition. When these taken-for-granted routines are disrupted, everything becomes less meaningful, evoking "bewilderment, uncertainty, internal conflict, psycho-social isolation, acute and nameless anxiety along with various symptoms of depersonalization" (1967, p. 55, as cited in Jervis 2018). Although changed or strange situations offer the chance to master new experiences, thereby benefiting personal development, they also threaten existing coping strategies (Parkes, 1972, as cited in Jervis, 2018).

Spouses often sustain numerous losses in friendships, community, and familiarity when they relocate. It is tough for spouses to build a new friend group and find their place in the community during the first year after a relocation. Military spouses have indicated the need for social groups, especially during deployments (Borah & Fina, 2017). Lack of employment opportunities while living overseas opens the door to additional well-being issues. Studies show an increase in feelings of isolation and a loss of purpose, network, and identity due to unemployment (Elliott, 2020).

Losing things that are valued means losing aspects of ourselves. All experiences contribute to the sense of who we are. Emotional attachments are formed with certain people, for example, families, lovers, friends, and colleagues, as well as to homes and particular places. Indeed, it is because all of these valued aspects of life are experienced as part of us that it is so disturbing when we lose them. As Jolly (1992) argues, "it is the number and nature of our attachments that give us our identity" (Jolly, 1992, p. 127, as cited in Jervis, 2018), so losing any of them leaves us feeling diminished and incomplete. The concurrent loss of everything meaningful undermines one's entire identity (Grinberg & Grinberg, 1989, p. 26, as cited in Jervis, 2018). The spouses continuing incorporation into the military institution means that they tend to minimize, rather than mourn, these undermining losses. Unfortunately, this impedes the psychological "working through" that is necessary for spouses to recover and to rebuild their fragmented identities (Jervis, 2018, p.45). Given that repeated relocation can be so disturbing and therefore might adversely affect military readiness and retention, the Armed Forces would benefit from following civilian employers in addressing their personnel's wives' difficulties. However, servicemen's wives' ongoing incorporation means that their problems are not fully recognized. Moreover, the development of appropriate support to ameliorate those problems is inhibited by collusive denial (Jervis, 2018). These losses can lead to dissatisfaction in one's life and mental health problems such as depression, anxiety, and stress.

The Benefits of the Arts in Health

Arts in Health programs can have a behavioural, psychological, physiological, and social impact (Fancourt & Finn, 2019; Deave, 2011). Psychological benefits include improving mood, dignity, recognition, self-expression, resilience, empowerment, and perspective (Holt, 2023;

Saloom, 2017; Wikoff, 2016). Flow state (Csikszentmihalyi, 2002) and mindfulness can also be obtained during creative activities (Starke et al., 2022; Liu et al., 2023). Physiological changes include a reduction in cortisol levels (Kaimal et al., 2016). Social benefits are available when creative experiences are conducted in community-based settings. Collective meaning-making promotes a sense of belonging (BMC Public Health, 2025). Participants' feelings of loneliness are noticeably reduced (National Endowment for the Arts, 2024). Community art programs have even shown an improvement in life satisfaction for participants (Bone et al., 2023).

Difficulties in Providing Arts in Health Programs for this Population

In the United States, there is a plethora of non-clinical art programs designed to support the health and well-being of the local military population (Ashley Atkins & Hannah J. Blumenfeld, 2020). The Creative Forces grant program supports many initiatives domestically but also highlights the lack of international art programs for military communities stationed overseas (National Endowment for the Arts, 2024). Without the financial and personnel support that is found in domestic communities, a gap has developed in Arts and Health programs for military communities overseas (*Impact - Creative Forces National Resource Center*, n.d.).

Another issue that makes it difficult to develop and sustain art programs at international bases is the lack of qualified personnel to run the programs. Program coordinators and instructors need to understand American culture, military culture, and, in this case, military spouse culture (Meyer, 2015). Program providers also need to tap into the benefits of the Arts for Health, so, understandably, qualified individuals are difficult to find in the local foreign community.

A gap in community art program offerings for this demographic is clearly seen in the lack of research and literature. This study aimed to provide the much-needed community Arts in

Health programming, research, and literature that is needed to initiate future conversations.

Policy development for the military and the Arts in Health community must work together to effectively create an impact on military spouses' well-being using the arts.

Methods

The Art for Your Heart program was a pre-experimental, mixed-methods study (Carswell et al., 2020). It engages the Evaluation of Arts for Health and Well-being framework (Daykin with Joss, 2016) to examine the outcomes of its deliverables and whether its objectives have been met (England et al., 2016). IRB approval was obtained to ensure recruitment, enrollment, consent, intervention activities, and evaluation methods are of the highest standard (IRB202500447).

Recruitment

Recruitment of 18-65-year-old, U.S. military spouses of active-duty personnel living near RAF Lakenheath, RAF Mildenhall, and RAF Feltwell, was accomplished through a social-media post on a local community Facebook group. These US Air Force military bases are in eastern England. Spouses who originate from England were not included due to existing local support systems.

Initially, there were 35 individuals who registered for the class. U.S. Department of Defence and U.S. contractors' spouses were allowed to register but were not enrolled in the study. Registration was accomplished using Google Forms with secure data storage. Enrollment was completed online through RedCap, a secure web-based data storage solution, where participant data is stored for six years. Participants used the last four digits of their phone numbers as identifiers.

Intervention

The community program was held off base, but nearby to reduce anxiety concerning location navigation and to provide convenience. The Reading Room in Eriswell Village was rented for six sessions. The facility was wheelchair accessible and sufficient in size to accommodate the 35 registrants.

Professional artist and Arts in Health research student, Jennifer Richardson, designed the curriculum and facilitated the workshops. Jennifer is also the spouse of a retired military member living overseas, which provides her with the context needed to be culturally aware of the demographic. The sessions consisted of six 90-minute workshops. One workshop per week for six weeks. At the conclusion of the six-week intervention, a gallery night was held, providing an opportunity for participants to display the art that they created during the workshop series and promote the Art in Health benefits among the military community.

During a participant's first session, they were encouraged to create a name place card for others to get to know them better and strengthen the community bond. Smiley face evaluations were used at the start and end of each session for personal awareness. This helped the participant take notice of their emotional state and reinforces the benefits of the interventions.

Intervention activities included learning new painting techniques, visual art principles, and material selection. Discussions were facilitated among the participants to encourage engagement with others and bring awareness to the health benefits of the arts. Table 1 lays out the weekly lesson plan.

Table 1*Intervention Lesson Plan*

Session	Painting Techinque	Visual Art Principle	Art in Health Topic
1	Wet paint on wet paper. Learning to let the paint flow.	Color wheel and color mixing.	Learning to enjoy the process over the finished art piece.
2	Wet paint on dry paper. Learning stroke work.	Rule of thirds.	What is considered the arts and what art activieties are available locally?
3	Layereing alternative paints: coffee, cool-aid, tumeric, and wine.	Light and shadow/Grid drawing	Ways to engage the rest of the family in artistic activities.
4	Using resists and creating texture	Patterns and repetition.	Art activities participants are engaged in and what benefits they are experiencing.
5	Urban sketching and painting.	Perspective and observation.	Creating a daily habit of art engagement.
6	Learning to paint loose.	Embracing negative space.	The benefits of a community Arts in Health program.

Data Collection

Quantitative data of the participants' well-being was collected by using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) (Tennant et al., 2007). The emotional, cognitive, and psychological aspects of the participants were examined to provide an overall well-being score. The WEMWBS is comprised of 14 positively worded questions and therefore does not point to mental health problems for the participants. The answers were recorded using the five-item Likert scale, making it easy to complete (Likert, 1932). Google Forms was used to administer the questionnaire. Participants were asked to complete the WEMWBS questionnaire

online before the start of their initial intervention and again after the final intervention offering. Questionnaire results were recorded in a Google spreadsheet on a password-protected Google Drive and will be stored for six years. Attendance was also tracked to provide insights into the correlation between the number of sessions attended and the WEMWBS result variations.

Qualitative data were collected concurrently through the voluntary use of comment cards at the end of each session (Robinson, 2014). This opportunity for free commentary offered additional insights into participants' self-assessed well-being characteristics and additional class benefits. It also provided insights into the mechanism of change in support of the quantitative data.

Data Analysis

The study's primary focus was to collect quantitative data to support the Theory of Change (Australian Institute of Family Studies, n.d.) in examining the impact a community visual art program could have on the well-being of military spouses living overseas. Secondary aim was to examine if there was sustained improvement and any correlation between attendance and outcomes. And finally, qualitative data were collected to explore whether there were additional benefits of the program that had been unanticipated.

Quantitative data collected from the WEMWBS questionnaire at the pre-intervention and post-intervention were compared for each participant to determine the effects the visual art program had on their well-being. This data is used to support the Theory of Change. The mean for the pre- and post-program assessment was calculated. The data was also analyzed for the mean of the subsets based on the frequency of workshops attended by participants. Data was

analysed using the WEMWBS data analysis spreadsheet provided by the National Health Service, Health Scotland, University of Warwick & University of Edinburgh (n.d.).

Qualitative data were harvested from the comment cards. Frequently used words and themes were compiled to discover what self-assessed impact each intervention session had (*Cases in Outcome Harvesting: Ten Pilot Experiences Identify New Learning from Multi-Stakeholder Projects to Improve Results*, 2014). This information is beneficial in sharing the results of the program with the participants and other interested stakeholders.

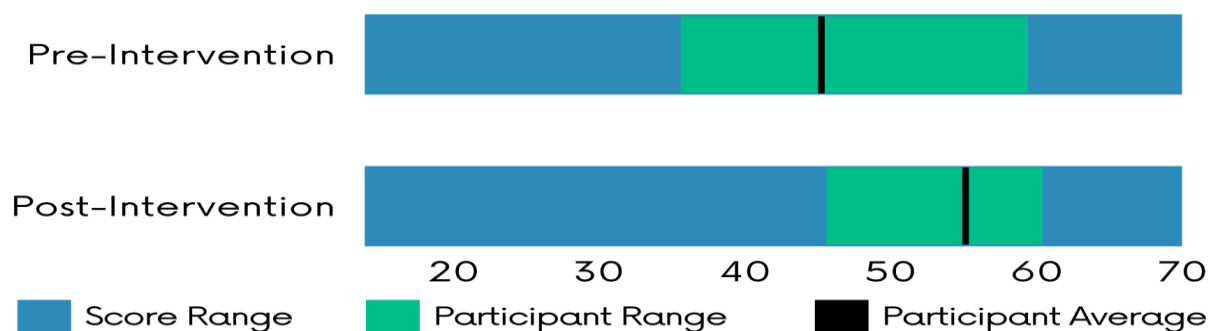
Results

Of the 35 women registered, 22 completed the pre-intervention WEMWBS survey. At the conclusion of the intervention, 12 completed the post-intervention WEMWBS survey. Two were eliminated for inconsistent identifier use. This allowed the analysis of 10 participants. One participant attended one session, one participant attended three sessions, one participant attended four sessions, three participants attended five sessions, and four participants attended six sessions.

The mean WEMWBS score pre-intervention was 45.5. The mean post-intervention score was 55.9. This shows a positive change of 10.4 points (Tennant et al., 2007). Participant pre-intervention scores ranged from 35-60. Post-intervention, the scores rose to range from 47-63. Table 2 shows the pre- and post-intervention range and mean WEMWBS score for this study.

Table 2

Pre- and Post-intervention Scores Range and Mean

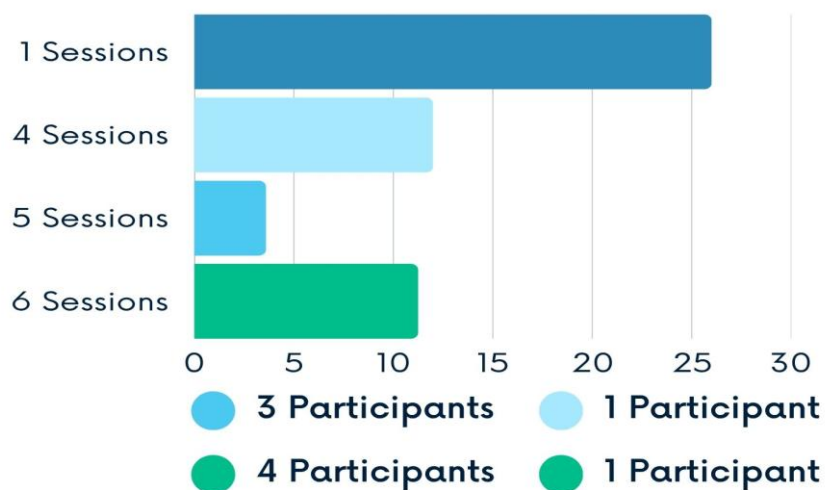


To establish lasting changes in well-being, a two-week, post-intervention WEMWBS evaluation was planned. This evaluation link was emailed to the study participants. However, due to an error in the questionnaire link, participants could not access the evaluation, so no data was collected.

Additional data was collected to evaluate the correlation between the number of sessions attended and the level of well-being change. The data showed that for one participant who attended one of the six sessions, there was a well-being score improvement of 26 points. One participant attended four sessions and had an improvement in well-being of 12 points. Three participants attended three sessions, with the mean improvement being 3.66 points. And four participants attended four sessions with a mean improvement of 11.25 points. Table 3 shows the relationship between the number of sessions attended and the mean change in well-being scores.

Table 3

Mean Point Adjustment by Number of Sessions.



Qualitative Findings

Qualitative data were collected from the comment cards completed by the participants throughout the 6 sessions. Through thematic analysis, four themes emerged. There were 31 instances related to enjoying learning to paint, 40 instances about improved well-being, five instances about enjoying the community aspect of the class, and nine instances about enjoying the class, and sad to see it ended. Table 4 displays a sampling of the qualitative data collected and Table 5 shows the four main themes.

Table 4

Qualitative Data Word Cloud



Table 5

Qualitative Data Themes



Data Integration

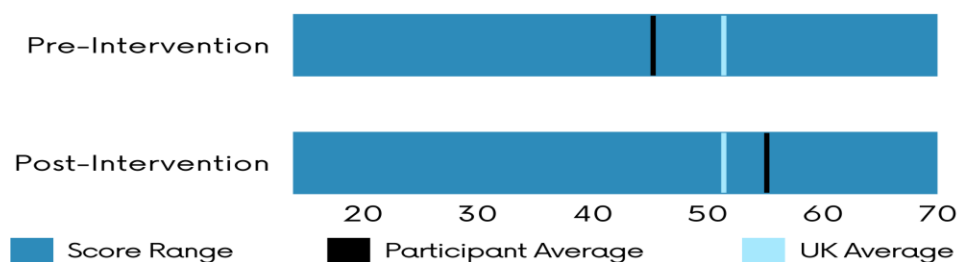
Quantitative data showed the mean improvement WEMWBS to be 10.4 points. The change from a mean of 45.5 pre-intervention to a mean of 55.9 post-intervention in comparison to the U.K.'s national average of 51 points provides additional perspective as to the study results. The qualitative data thematic analysis provided additional understanding into what the participants reported as the most significant mechanism of change. Community engagement, class anticipation, and learning new painting skills emerged as valuable experiences, only to be eclipsed by the well-being benefits of relaxing, confidence building, joyful, and fun.

Discussion

The study results showed a 10.4-point improvement in the mean WEMWBS score, with a pre-intervention score of 45.5 and a post-intervention score of 55.9. The U.K.'s national average of 51 points provides a reference that shows the extent to which this demographic struggles. Table 6 displays these findings.

Table 6

Pre- and Post-intervention mean comparison.

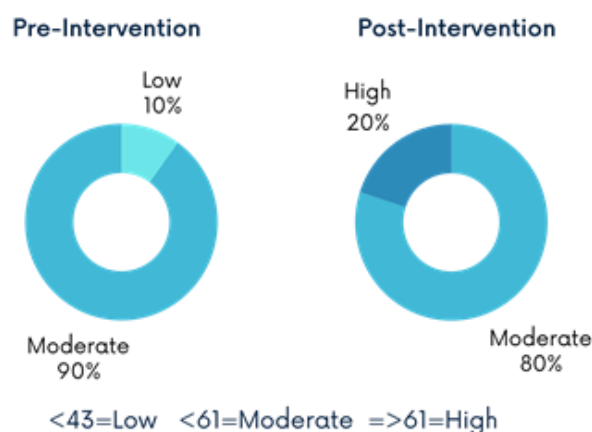


Pre-intervention, 70% of participants scored below the U.K.'s average (51.0); post-intervention, only 10% scored below the 51.0 marker. Through thematic analysis, the mechanisms of change were identified as community engagement, class anticipation, learning painting skills, and having the chance to relax, have fun, and gain confidence.

Additional perspective can be gained by examining the data in a statistical category ranking framework. Stranges et al. (2014) provide a statistical category ranking of <43 equates to a low well-being score, $43 \leq 60$ equates to a moderate well-being score, and ≥ 61 equates to a high well-being score (Stranges et al., 2014). Using Stranges et al (2014) rankings, we see that pre-intervention 10% had a low well-being score, and 90% had a moderate well-being score. The post-intervention scores show, 80% rank in the moderate range and 20% in the high range. This statistical lens to data interpretation provides the indication that the study's intervention was successful in improving participants well-being. Table 7 shows the changes in statistical category ranking for the pre-intervention to post-intervention scores.

Table 7

Statistical Category Ranking Pre- and Post-intervention.



This study provided many insights into future examination of the impact a community visual arts program has on this demographic. Using the arts to support the military community is becoming a well-accepted option among military organizations. Americans for the Arts is an organization that leads the National Initiative for Arts & Health in the Military (Pietsch, 2016). It is helping to promote the arts in the military to enhance well-being in all branches and at all stages of military life. Although the number of participants who completed the pre- and post-intervention WEMWBS survey is insufficient to provide reliable evaluation data, the results are promising.

The WEMWBS was created to measure well-being at a group level and not at an individual level (Maheswaran et al., 2013). Ideally, this study would include results of 30 or more participants to evaluate the WEMWBS changes and evaluate statistical changes accurately. The high attrition (55%) of the study is due to email delivery being easy to ignore. Inconsistencies in attendance data to changes in well-being scores suggest errors in tracking. With this study resulting in a 10.4 improvement in the mean WEMWS score, there appears to have been marked value in the community visual arts program for this demographic. By benchmarking this data using the U.K.'s average of 51.0, the cohort's well-being was well below the U.K.'s average pre-intervention. As hoped, the intervention significantly improved the well-being of the participants, as seen in the mean post-intervention score.

The qualitative data collected from the comment cards offered some important insights into the self-assessed impact of the sessions. The resulting themes of community engagement, class anticipation, learning new painting skills, and an increase in relaxation, confidence, and joy indicate that the participants were able to recognise the benefits they were receiving from the

visual arts programme. There was a marked impact on well-being traits such as feelings of accomplishment, joy, and relaxation. The value of the painting lessons was also noted as being challenging and fun. The responses also indicated that the respondents valued the class as an activity to participate in and looked forward to throughout the week. Community engagement was also noted as an important aspect of the class.

Strengths and Limitations

One of the strengths of this study was the high demand for the intervention. Not only did the class quickly fill up, but there was a noticeable level of excitement throughout the sessions. The mixed-methods design of the study allowed for quantitative data to be collected and then validated through the qualitative data in discovering the mechanisms of change. Using the WEMWS, which is a validated instrument, to measure the quantitative data provided strong statistical evidence. Having obtained the IRB approval additionally strengthened the design of the study through the rigorous planning required and the assurance of high ethical standards that is inherent. The study was further strengthened due to the facilitators cultural understanding, artistic ability, and Arts in Health training.

This study had several limitations. There was a noticeable decrease in participants who completed the pre-evaluation WEMWS questionnaire compared to those who completed it post-evaluation. Since the questionnaire was delivered via email, participants could easily ignore the request to complete the post evaluation. Multiple attempts were made to encourage participant engagement without much success. This could lead to potential selection bias. Responses may have also been influenced due to the experimenter demand effect (De Quidt et al., 2019). A final

limitation was the error made in the questionnaire link, resulting in no data being collected to evaluate the lasting well-being effects of the intervention.

Recommendation for Future Research

Data collection and analysis could be improved in multiple ways. The data would be more robust if participants were asked to complete the pre- and post-evaluation questionnaire while in class. The correlation between session attendance and changes in well-being could be better evaluated if attendance is tracked by the study team. Additional analysis that would provide valuable insights would be to examine whether the participants who begin the intervention series in the moderate to high well-being category are more likely to attend more sessions than participants who rank in the low category. If that is the case, it should be expected that they would also have a greater increase in well-being. The insight into this theory would help the facilitator to educate the participants on the importance of attending as many sessions as possible.

To accommodate more participants in this study, mothers without childcare were allowed to bring their children. This is an aspect of the study that, if examined, would provide valuable insights as to what effect the presence of children has on the mother and her change in WEMWS score. It was noticeable that having a child at the session limited the mother's ability to interact with the rest of the participants. The child's presence also made it more difficult for the mother to focus and engage in the activities in the class.

One final recommendation for future consideration would be to extend the amount of time for the intervention sessions to two hours. Participants were often still working on their

paintings when it was time to wrap up. Insufficient time can cause participant's stress. To fully realize the benefits of the arts, one needs to be able to relax.

Much has been written about the detrimental aspects of military spouses' well-being, which is amplified when they are required to live overseas. Program offerings and research on visual art interventions for this demographic is lacking. There is a substantial need for more fun and engaging programs that foster self-expression, belonging, positive psychology, and self-care among this sacrificial community.

Conclusion

The Art for Your Heart: Community Visual Art study shows a lot of promise for improving the well-being of military spouses living overseas. The pre- and post-intervention data showed that the program was able to improve participant well-being. Participants reported improvements in mood, confidence, feelings of belonging, and agency and saw a reduction in stress and loneliness. With this improvement in their well-being, it is to be assumed that these spouses are better able to support the rest of their family. With a healthier, happier family, there is the possibility of a knock-on effect in supporting a more resilient military member and therefore promoting the military's initiative of "readiness and retention" (Pietsch, 2016).

Additional research will strengthen evidence for program efficacy and provide more data that military leaders require when deciding what programs best serve the military community. The use of community visual art programs in these studies is easily sustainable due to the low cost of the activity, the limited physical exertion required by participants, the ease of conducting an intervention, the low demand on a participant's time, the desire of participants to be involved, and the low level of artistic skill required. Additional factors that should be included in future

studies include understanding the military culture, integrating an elevated level of community interactions, and providing quality art programming. To promote these studies to an even higher level of impact, support, and engagement from military command and military organizations should be sought when possible.

The research for this pilot study justifies the use of art to impact the well-being of military spouses living overseas. Additionally, the inequality in program offerings for this demographic and the need for interventions that focus on improving their well-being have been presented. Initial study results are promising, although additional research that provides a clearer picture and strengthens findings would be valuable. The impact this study had on participant well-being, Arts in Health community awareness, and the artistic skills gained cannot be denied. This study was a successful first step in exploring the impact a community visual art program has on the well-being of military spouses living overseas.

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Appendix

Warwick-Edinburgh Mental Wellbeing Scale

I've been feeling optimistic about the future

I've been feeling useful

I've been feeling relaxed

I've been feeling interested in other people

I've had energy to spare

I've been dealing with problems well

I've been thinking clearly

I've been feeling good about myself

I've been feeling close to other people

I've been feeling confident

I've been able to make up my own mind about things

I've been feeling loved

I've been interested in new things

I've been feeling cheerful

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