

Wounded Warriors and the Healing Power of Stories: How Veterans' Narratives Can Help Us Understand and Address the Public Health Impacts of War

Gala True, Robert Patrick and Samuel J. Console 21 May 2012

The aftermath of war affects the health of individuals who served, their families and the communities in which they live and work. Since September 2001, roughly two million troops have deployed in support of the wars in Iraq and Afghanistan. Of these, about 1.2 million have separated from active-duty military service (Bilmes 2007). For many of these men and women, the transition from active-duty military to post-deployment civilian life is complicated by long separations from family and friends, interruptions to employment and education, physical injuries, and the 'invisible wounds of war' such as traumatic brain injury and post-traumatic stress. For some, serving in combat can exact the highest price of all; current figures in the U.S. estimate that war veterans are at least 2 times more likely to commit suicide compared with non-veterans (Mills et al. 2011). Meeting the needs of returning combat

veterans and promoting their physical, psychological and emotional health will be one of the greatest public health challenges of the next 50 years.

Despite widespread support for deployed troops, there remain formidable challenges to successful reintegration of returning veterans into family and community. With less than one percent of the U.S. population currently serving in the military, many civilians lack a basic understanding of military culture and values. This contributes to a disconnect between veterans and the very people who most want to help them—family and friends, healthcare providers, employers, educators and community organizations—leaving many veterans feeling isolated and alienated at a time when they are most in need of connection to others.

Because you have listened to my story, I can let go of my demons.

-from the Japanese folktale, 'The Tale of Genji' (Shikibu)

The impulse after a major life transition or traumatic event is to create a cohesive narrative that will impose order onto chaos, and to share our stories with others in order to lessen our burden and not feel so alone. When we get stuck, as many combat veterans do, when we don't know what parts of our story are safe to share or what audiences are safe to share with, it creates a barrier between us and the rest of the world. The result is that

our story can get stuck in a particular moment, a negative moment, resulting in deep feelings of isolation, alienation and hopelessness. When we break through this barrier and share our story with an audience who makes us feel safe and respected by withholding judgment, accepting our story at face value, and showing compassion for our experiences, this leads to a kind of communalizing of the experience that can result in healing not just for the storyteller, but for the listener as well.

The arts and humanities have a pivotal role to play in harnessing the power of narrative—from the classic storytelling of ancient Greek plays to Civil War-era military logs to the individual life stories, blogs and first-person accounts of today's veterans—to bridge the divides of time, culture, and personal experience. Creating a framework for shared understanding is critical to promoting health and healing for veterans and their families and allowing veterans to see how their stories fit within the universal themes of war. For civilians, knowing veterans' stories can expand knowledge of the core values common to those who have served and counter the many stereotypes that abound; the "heroic soldier," the "damaged and unstable veteran," the "trained sniper with no marketable skills" (Dewan 2011).

To this end, a number of innovative programs in our region and around the country are focused on providing veterans with the tools to tell and share their stories of military service and homecoming. One of the authors (GT) is a

folklorist and researcher at the Philadelphia VA Medical Center who recently completed a study investigating the use of Life Story review to reduce social isolation and anxiety among combat veterans. Dr. True also uses Photovoice methods to enable returning veterans to communicate their healthcare needs and preferences to healthcare providers and policymakers through visual and narrative images (www.cherp.research.va.gov/).

At the National Intrepid Center of Excellence in Bethesda, MD, the National Endowment for the Arts and Walter Reed National Military Medical Center have teamed up to create a pilot program where patients with traumatic brain injury or post-traumatic stress will be partnered with authors and therapists to use writing as part of the clinical rehabilitation process. The aim is to allow veterans to manifest their trauma in the form of poetry, journals, diaries or stories in order to confront a traumatic experience and manage it (www.nea.gov/national/homecoming/index.html).

Warrior Writers is a Philadelphia-based, national nonprofit whose mission is to provide a creative community for artistic expression for veterans and their 'allies,' and to "bear witness to the lived experiences of warriors" (www.warriorwriters.org). Warrior Writers organizes and facilitates retreats that bring together veterans, military families, artists and community members to write and make art, and to perform and exhibit veteran-centered works. Warrior Writers and the Mural Arts Program of

Philadelphia are partnering to host a series of art and writing workshops that will result in the creation of a mural, "Our City, Our Vets." The overall goals of the project are to create a safe space for veterans to share their stories, and to encourage dialogue between veterans and civilians to facilitate reintegration of veterans into their communities (www.muralarts.org/ourcityourvets). Warrior Writers has also collected and published three anthologies of veterans' poetry, prose and artwork; these works provide an invaluable window into the range of backgrounds, experiences and perspectives of veterans.

One of the authors (RP) directs the Veterans History Project (VHP) of the American Folklife Center at the Library of Congress. The goal of the VHP is to collect, preserve and make accessible the personal accounts of American war veterans "so that future generations may hear directly from veterans and better understand the realities of war" (www.loc.gov/vets/). The VHP provides materials and training to volunteers who wish to collect stories from veterans in their family or their community. VHP has archived an important collection of oral histories and personal documents of veterans from WWI to the current conflicts in a searchable database that is open to the public. According to feedback from participants, positive outcomes of involvement include the enlightenment that comes with the intergenerational interaction of recording a veteran's wartime experiences. Some of the older veterans have held back these stories

for decades. Many family members have expressed their gratitude at finally knowing 'the full story' of their veterans' wartime service. The veterans themselves relate a degree of pride, along with some relief, that their personal account will be permanently preserved for the nation at the Library of Congress.

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A number of programs tap into the wealth of ancient and historical writings about war and its aftermath; two notable examples include a national initiative called Theater of War and a Philadelphia-based project at the Rosenbach Museum and Library. Theater of War (ToW) presents readings from two plays by Sophocles to military and civilian audiences throughout the U.S. (and internationally); each performance is followed by a town-hall style discussion led by a panel of local experts including a veteran, a family member of a veteran, and a mental health provider who works with veterans. The aims of ToW are to de-stigmatize the psychological injuries of war and increase awareness of post-deployment psychological health issues

(www.outsidethewirellc.com/projects/theater-of-war/).

Locally, the Rosenbach Museum and Library has begun a new initiative called "Families Affected by Wartime," which will use their extensive collection of correspondence, military logs and other materials from the Revolutionary and Civil Wars to connect with today's veterans and their

family members (www.rosenbach.org). The program will focus on building programming and curricula around historical documents; target audiences include children at a local elementary school, teenagers with a parent who has deployed, and student veterans at area colleges and universities. The intention is to connect veterans and their family members to the museum and its collections, and to offer the museum as a place for public dialogue about what service means and how wartime deployment affects families and communities.

Finally, there are numerous personal accounts from veterans about military service, homecoming and post-deployment struggles. One of the authors (SC) has blogged about and published an account of his year-long deployment to Iraq, injuries sustained after an IED (Improvised Explosive Device) blast, and subsequent challenges after coming home (www.serviceandsacrifice.net). According to 1st Lt. Console, who first started writing about his experiences as part of his involvement in the Hospitalized Veterans Writing Project (www.veteransvoices.org/), the act of organizing and writing down his memories helped him to make sense of his personal experiences in combat, and also represented an effort to capture one version of the history of his unit during that deployment. Detailing his experiences with mental health services and treatment for post-traumatic stress and traumatic brain injury, he also provides a list of resources for other veterans and their

family members with the hope that they will learn from his experiences and feel less isolated and alone.

The nonprofit Wounded Warrior Project convened a conference of veterans and family members to assess continuing needs; participants of this Warrior Empowerment Summit expressed frustration with barriers to accessing veterans' benefits including education, employment and treatment for post-traumatic stress. Lack of understanding of "warrior culture" and combat experiences among healthcare providers, employers, educators and non-veteran students—in essence, an absence of cultural competency—emerged as a major obstacle to veterans feeling 'at home' in civilian contexts (Ibson 2010). Veterans' narratives, photos and art can be employed as powerful way to engage and educate civilian audiences in a way that is visceral and lasting. For example, 1LT Console's photograph of men in his unit 'at rest' (figure 1) conveys important information about the conditions in which combat veterans lived and how those conditions might impact on their sleep patterns, physical health and mental wellbeing after their deployment.

The programs and approaches described above have in common the use of writing and narrative as a way into accessing, retelling and addressing potentially sensitive or traumatic memories in a non-confrontational manner that allows the teller to control the pace and extent of revelations. This is important especially for combat veterans with post-traumatic stress who are often

reluctant to engage in traditional, evidence-based therapies. A 2010 study of recently returned combat veterans who received a diagnosis of post-traumatic stress found that less than 10 percent completed the recommended course of clinical treatment; barriers to treatment included concerns about stigma of a mental health diagnosis and reluctance to discuss traumatic events (Seal et al. 2007). Engaging veterans in telling their stories, teaching civilians how to listen and how to talk with veterans, creating safe spaces for sharing narratives, and using these narratives to educate those who wish to help veterans—activities taking place in the programs described above—all have the potential to help veterans bridge the transition from military to civilian life, to reduce the stigma of mental health diagnoses and treatments, and to highlight how the skills and knowledge attained through military service can be of value to society in a wider context. Perhaps most importantly, creating and sharing narratives builds connections and reminds us that no one is truly alone in their story.

Sharing our stories can help us realize we are not alone;

there are others who are going through this.

-Pennsylvania Army National Guard member and veteran of Operation Iraqi Freedom

Gala True, PhD, is a Core Investigator with the Center for Health Equity Research and Promotion at the Philadelphia VA Medical Center and Research

Assistant Professor at the University of Pennsylvania Perelman School of Medicine. As a folklorist and health services researcher, her work focuses on the role of narrative and ethnography to reduce barriers to care and improve post-deployment health outcomes for combat veterans. She recently completed an intervention study investigating the use of Life Story interviews to decrease social anxiety and PTSD symptoms for veterans of the wars in Iraq and Afghanistan. Her current work involves using visual images and first-person narratives to sensitize VA clinicians to deployment and post-deployment experiences and perspectives of returning combat veterans, and to promote patient-centered care at the VA.

Robert W. "Bob" Patrick is director of the Veterans History Project, a congressional project of the American Folklife Center in the Library of Congress to collect, preserve, and make accessible oral histories and documentary materials from veterans of World War I through the current conflicts. Bob has experience leading organizations in the areas of veterans affairs and policy development. For more than five years, he served a critical role in the National World War II Memorial project and directed the historic memorial dedication. Patrick, a retired U.S. Army colonel, had served in a number of leadership positions, particularly in the areas of administration

and human resources, both overseas and in the states. He is a graduate of the United States Army War College, and he received a master's degree in public administration/public service at Western Kentucky University and a bachelor of arts in history from the Virginia Military Institute.

Samuel J. Console, former 1st Lieutenant in the Pennsylvania National Guard, served in Iraq as an Engineer Platoon Leader and Battalion Assistant Task Force Engineer in 2004-2005. During his deployment, he sustained a Traumatic Brain Injury as a result of a complex IED attack. He has written and talked about his combat and post-deployment adjustment experiences, and found the process has played an important role in his recovery.

References

References

Bilmes, L. (2007). Soldiers returning from Iraq and Afghanistan: The long-term costs of providing Veterans medical care and disability benefits. Faculty Research Working Paper Series, Kennedy School of Government.

Dewan, S. (2011, December 17). As war ends, young veterans return to scant jobs. *The New York Times*.

Available at

<http://www.nytimes.com/2011/12/18/business/for->

youngest-veterans-the-bleakest-of-job-prospects.html?pagewanted=all.

Ibson, R. (2010). Transforming VA Care of OEF/OIF Warriors' Combat-Related Mental Health Conditions: Recommendations of Wounded Warrior Project's Warrior Empowerment Summit. Report to General Eric Shinseki, United States Secretary of Veterans Affairs.

Mills, P.D., S.J. Huber, B.V. Watts and J.P. Bagian. (2011). Systematic vulnerabilities to suicide among veterans from the Iraq and Afghanistan conflicts: Review of case reports from a national Veterans Affairs database. *Suicide and Life-Threatening Behavior*, 41(1):21-32.

Seal, K.H., S. Maguen, B. Cohen, K.S. Gima, T.J. Metzler, L. Ren, D. Bertenthal and C.R. Marmar. (2010). VA mental health services utilization in Iraq and Afghanistan Veterans in the first year of receiving new mental health diagnoses. *Journal of Traumatic Stress*, 23(1):5-16.

Shikibu M., translated by Arthur Waley. (1960). *The Tale of Genji*. London: Vintage Publications.

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