

**The difficult return:
Contexts and developments in drama-based work with returned military personnel.**

Abstract

The paper offers an overview of how drama-based work has responded to the needs of military veterans returning from war. The article, briefly traces how conditions such as ‘combat stress’ and ‘shell shock’ in the First World War have evolved into clinically accepted terms, such as Post traumatic stress disorder (PTSD) as a result of the Vietnam war. The implication of these contexts will then be considered in relation to the current generation of military personnel, specifically those from Australia and New Zealand. The article assesses the first stages of “Young Diggers” a support website for veterans and their families. Currently, it is one of the few forums where serving and ex-military personnel can seek independent advice and guidance. The article will outline how digital storytelling will be used as a component of the website to help develop a creative online space that enhances engagement and communication with veteran communities.

Contexts

There is a considerable history of drama-based practice with military personnel dating back to the First World War (Balfour, in press). It was during the First World War, when conditions such as ‘shell shock’ and ‘combat stress’ were identified (if not formally accepted) that progressive military hospitals developed a range of therapeutic approaches with a focus on positive and purposeful treatment activities. For example, in Seale Hayne in Devon (1918), under the directorship of Dr. Arthur Hurst, a range of creative projects were instigated, and included listening to music, painting, writing and producing a ward magazine. He also experimented with reexposure to guns, by taking patients shooting, and initiated role-play reconstructions to help soldiers relive their experiences under controlled conditions. The rationale for Hurst’s work foreshadows the development of occupational therapy, in

focussing the patient on purposeful rehabilitation. It also pre-empts psychotherapeutic approaches to PTSD treatment, which include hypnosis (Crasilneck & Hall, 1985), and implosive therapy and flooding techniques which try to desensitize the client to the trauma while in a relaxed state (Lyons & Keane, 1989).

The nature of combat-related PTSD clients differs from that of patients suffering from non combat-related PTSD (James & Johnson, 1996). While PTSD sufferers in general are often victims of an event, military personnel may be perpetrators *and* victims. Many combat veterans develop PTSD as a result of traumas they have caused, such as killing people. Veterans are also likely to have experienced sustained exposure to traumatic experience over weeks and months. Further, the ontological impact of engaging in legitimized acts of violence, authorised and sanctioned by the nation, places an individual in a complex and confusing moral and immoral, legitimate and illegitimate weave. This can present profound challenges for medical interventions, because the symptoms are not just emotional or cognitive, but deeply moral and philosophical in that a patient may be suffering from the commission of unspeakable atrocities (Haley, 1974). In the case of Vietnam veterans the conditions were complicated by the length of the time it took to get support and treatment. These veterans often suffer from what is referred to as the “secondary trauma of return” (James & Johnson 1996, p. 385). This form of PTSD is only indirectly related to the original trauma, and is connected to the hostile reception of Vietnam troops after the war leading to maladaptive patterns which internalised blame.

Drama therapy and other approaches

Much of the more developed drama practice grew out of the Vietnam war, where formal recognition and definition of terms such as Post Traumatic Stress Disorder led to more sustained interventions and programs. James and Johnson (1996) developed drama-based programs with Vietnam veterans in a Veteran Affairs Medical Centre in the US. The drama element was integrated with other creative therapies, including visual arts, music, and poetry (Blake & Bishop, 1994; Dintino & Johnson, 1996; Feldman, Johnson, & Ollayos, 1994; James & Johnson, 1996). The program consisted of three phases: (1) process (e.g., safety through dramatic play); (2) practice (e.g., rehearsal of coping behaviours using role-play); and (3) autobiographical performance for an invited audience (reconnection with the world).

Johnson's (1987) approach is underpinned by developmental transformations through which patients are encouraged to develop trust in an improvisational playspace (Dintino & Johnson, 1996; James & Johnson, 1996):

The major focus of Developmental Transformations is not the specific re-living or problem-solving of life experiences, nor achieving catharsis, but rather embracing an attitude of acceptance and tolerance of the multifaceted aspects of the self, good and bad, profound and superficial. The goal becomes to expand the freedom that the individual has in moving from one level of experience to another, rather than the ability to work out one particular conflict. (James & Johnson, 1996, p. 385)

Johnson (1987) observes that play is often conspicuously absent in PTSD patients. The job of the therapist is to maintain the playful environment (defined as a space in which emotions can be played out). Therefore the therapist moves from "leader-directed to group determined structures, from simple to complex activities, from actions of low to high interpersonal demand and from relatively impersonal to more affectively-laden content" (James & Johnson, 1996, p.385). Similar drama therapy programs with combat-related PTSD patients have been documented, in particular Mulkey's (2004) work with veteran male survivors of sexual assault.

While drama therapy as a group process has been explored by a number of practitioners, there are other forms of performance that have also been utilised in the combat-related PTSD field. Wilson, Walker, and Webster (1989) have explored the use of ceremony, drawing heavily on Native American rituals of purification for returning warriors. There are obviously difficulties in transferring these types of ceremonies to other cultures, particularly as part of their efficacy is drawn from the cultural ownership and traditions of the veteran's background. However, these uses of ceremony indicate the significance of ritualised behaviour in signalling and representing a transition in expectations for veterans and the community. In Western cultures, rituals of procession and 'welcome home' parades have been used consistently to acknowledge returning and remembered veterans.

Johnson et al.'s (1995) work also encompasses ceremonies that focus on the loss of veterans' friends in the war. The researchers created a ceremony with a veteran treatment group which took place at the Vietnam memorial on the Long Island Sound. Each veteran brought a piece of paper and a poem, prose, or items of remembrance. The ceremony operated to honour veterans' friends, and includes the burning of paper to symbolise their ashes. Johnson et al.'s (1995) incorporation of the memorial in the ceremony highlights the ways in which these sites of remembrance are used, especially by Vietnam veterans, to seize a link with the past. While Johnson et al.'s (1995) work is part of an integrated approach within a therapeutic context, it is intriguing to note the ways in which memorials, as aesthetic symbols, exist as sites for informal rituals of mourning and loss.

The Vietnam Veteran's Memorial in Washington, DC, is a minimalist V-shaped panel with roughly 58,000 names inscribed in 140 plates. It is one of many such memorials built in the US and Australia. However, the memorial is the only site in Washington where artifacts are left. People scrutinize the panels looking for names familiar to them, and leave behind objects of remembrance (at the base of the walls or wedged into a seam) flowers, letters, women's underpants, teddy bears, model cars, photographs (even a Harley Davidson motorcycle):

These keepsakes number more than 40,000 and initially were labelled 'Lost and Found', until the park authorities realised that they were being left intentionally. These objects, most of them left anonymously, are now taken to a warehouse, catalogued, and stored. In so doing the Park Service has transformed them "from individual artifacts to aesthetic objects of memory" (Junge, 1999, p. 199).

While memorials are officially sanctioned spaces of mourning and remembrance, the informal response to the Vietnam Wall is paradoxically intimate and communal. Like the containing form of the ceremony, the wall seems to offer a structured (physical and spiritual) space for mourners and the dead. It offers a (sanctioned) space in which to communicate and commune with the dead. The informal response, never an intention in the construction or the design of the wall, signifies an important area in which the arts often exist outside of medical paradigms. Both have their value. Johnson et al.'s (1995) work is an example of a highly imaginative treatment intervention that draws on different aesthetic modalities. The wall offers an insight into subjugated ways of knowing in dealing with the chronic nature of combat-related stresses and the PTSD condition.

An alternate history of arts with returned military personnel is provided by the examples of the hidden, compulsive, and private impulses to make art as a response to combat and PTSD. These are not the sanctioned work of war artists or compelling responses by artists viewing the war from afar, but the poetry, songs, art, and theatre that emerged from the trench, the hootch or the difficult return home from combat zone to civilian life.

Contemporary issues

In the US there are currently 1000 attempted suicides every month by ex military personnel returning from Iraq, Afghanistan, and peacekeeping duties. There were 128 confirmed suicides in 2008, with a further 16 under investigation (British Broadcasting Corporation, 2009). Research indicates that prevalent rates of PTSD in the military population are much higher than those in the main population (Creamer & Forbes, 2004). Eight percent of peacekeepers in Somalia suffer from PTSD (Litz, Orsillo, Friedman, Ehlich, & Batres, 1997), whilst a prevalence rate of 19% among veterans of the 1991 Gulf War has been reported by Sutker (1993). Thirty-one percent of Vietnam veterans were clinically diagnosed originally and 20 years later 50% of these PTSD sufferers still meet clinical guidelines for the condition (Creamer & Forbes, 2004). The research into mental health and well being of returning service personnel indicates a high degree of vulnerability to mental health issues, family breakdown, homelessness, and other factors involved in the re-acculturation to 'normal' civilian life (Kang & Hyams, 2005; Hoge, Auchterlonie, & Milliken 2006).

Recent research into military personnel in Iraq, Afghanistan, and peacekeeping tours indicate similar if not higher rates of reaction to combat stress than cohorts from Vietnam (Australian Centre for Posttraumatic Mental Health, 2008). The rates of suicide, PTSD, other psychiatric disorders, and diverse impairment of social adjustment (Kulka, 1988) combined with the possible implications of transgenerational effects of war-related trauma (Rosenheck and Fontana, 1998), further highlight the critical importance of early intervention work with serving and recently returned military personnel.

In the US, it is estimated that about 37% of veterans returning from Iraq and Afghanistan have mental health problems, a 48% increase from the last time the prevalence was calculated

(Seal, Metzler, Gima, Bertenthal, Maguen & Marmar, 2009). The Australian Ministry of Defence reported that 121 military personnel returning from Iraq had been medically discharged from the military, many because of psychological trauma. In Australia, an inquiry, chaired by Professor Dunt in 2008-9, was commissioned by the Federal Government after concerns that serving and former soldiers with mental health problems were getting inadequate care:

Professor Dunt's inquiry into suicide among veterans found that services run by Defence and Veterans' Affairs to help discharging soldiers "don't have the skills to engage with members with established mental health problems or to detect members with as yet unrecognisable problems". The inquiry called on the Defence and Veterans Affairs departments to jointly oversee a comprehensive transition program for discharging soldiers that continued for up to a year (McKenzie, 2009).

The Department of Veteran Affairs in Australia has become increasingly concerned that discharged personnel are not accessing traditional counselling services and are not using social support networks in familiar patterns, for example Returned and Services League (RSL) clubs. One of the ways military personnel are communicating is via online networking services. The informal networks provide spaces to talk, chatter, exchange information, and while it is hard to judge the nature of these forums, it is clear that significant interactions are taking place in an ad-hoc manner. In recognition of this, an ex-Vietnam veteran, John Jarrett worked with a group based at Goodna RSL, Brisbane (Queensland, Australia) to set up a website to provide information and welfare advice:

We recognised there was a problem with this generation of diggers coming out of the forces. Timor, long tours in Iraq and Afghanistan, bloody awful experiences. They are coming back like we did, ignored, trying to get back to normal. One of the RSL (Returned and Services League) clubs wanted to name a bar after these kids, to recognise what they were going through, I thought they needed a lot more than a bloody bar. They don't even go to these clubs – they see them as place for the old vets. So I set up Young Diggers website – because someone said they all hang out on the web, and there was nowhere specific for them to go (Jarrett, 2009, personal communication).

Young Diggers is a constituted association linked to RSL Goodna, in Brisbane, Queensland. The volunteer association consists of veterans from Vietnam, a psychologist, military chaplain, ex-military personnel, and a number of consultants and web designers. The Young Diggers organisation operates as a 'social welfare' website, offering guidance, advice, referrals for counselling, and education about transitional issues. As part of the process of developing the site, a digital story project is currently being created to provide a forum for military personnel and their families making the transition from military to civilian lives. The experiences and difficulties associated with this 'return' continue to be an area of considerable concern for welfare and mental health support organisations with a focus on military personnel. The processing of combat experiences, and the difficulties associated with re-acculturation, were compelling motivating factors behind the setting up of the Young Diggers site. John Jarrett's experiences in Vietnam, and his difficulties adjusting back into 'normal' everyday life have been an ongoing issue in his life. His recognition of his own problems and those of other Vietnam veterans, and the continuing (as he sees it) lack of support offered to returning military personnel led to his desire to establish a way of 'communicating with this generation, before it was too late' (Jarrett, personal communication). The Young Diggers website, set up on a hunch, is now clearly an important source of information and connection for increasing numbers of military personnel. Information on the site works at a number of levels, including pragmatic advice on where to go for support services, bureaucratic information about pensions and compensation, and as a space for discussion of recognised issues in an anonymous and safe way. Perhaps part of its effectiveness as a site, is that it appears (as it was) to be set up by veterans for veterans. There is an unofficial, unflashy tone to the site which is an important stylistic language and clearly connects with the target group.

In order to help develop the potential of the site, a small pilot project is currently being implemented using digital storytelling and short 'you tube' length video diaries and interviews. The aim of this pilot is to begin to explore the interrelationship between story and the internet in helping to construct online communities that participate in and engage with issues. Given the high degree of mental health and personal problems there is a clear need to develop sustainable approaches to working with ex-military personnel.

Digital stories

The aim of the Young Diggers digital stories project is to improve communication channels with recently returned/discharged veterans from Afghanistan, Iraq and peacekeeping duties, in order to better understand their needs and the needs of their families. The digital stories are a component of the Young Diggers website and as such are designed to enhance and encourage dialogue and online/real-time discussion forums.

The emphasis on new technologies is significant in attracting and engaging a new generation of veterans, brought up on play-stations, mobile phones and the internet. Contemporary veterans clearly interact with support services in a very different way from previous generations (Department of Veterans Affairs, 2007). This project seeks to use the current medium of communication as a way to establish a framework for building awareness of what the issues can be for individuals and their families – and providing information about how to access existing welfare/counselling facilities.

The idea of digital stories arose out of the need to find ways to raise awareness of the issues and difficulties challenging serving and ex-military personnel. Five critical themes/areas of concern have emerged from the research conducted in consultation with support organisations and veteran groups: suicide awareness, PTSD, partner and family issues, depression and anxiety, drug and alcohol addiction. These will form the basis of the first five digital stories that are created.

Digital story telling has strong ideological links with applied theatre, and radical community participation. Pioneered in the late 1990s by Dana Atchley and Joe Lambert and other community activists, access to digital technology was viewed as a critical way to involve marginalised communities in the US with the skills and expertise of what was then an emerging platform. The community artists experimented with the ways in which personal narrative and storytelling ‘could inform the emergence of a new set of digital media tools’ (Centre for Digital Story Telling, 2009). Convinced (rightly, as it turns out) that digital technology and electronic intelligence were profoundly radical tools of engagement, the group set about setting up digital ‘diners’ and workshops for a wide range of community groups across the US.

Digital storytelling is a workshop-based process that works with individuals as ‘co-creators’ in short autobiographical films that can be streamed online. It is both a new media form and an established field of cultural practice. Burgess:

It aims not only to remediate vernacular creativity but also to *legitimate* it as a relatively *autonomous* and worthwhile contribution to public culture. This marks it as an important departure from even the most empathetic ‘social documentary’ traditions (2006, p.207).

Burgess’ use of vernacular creativity reinforces the radicalism of this digital movement, in emphasising and honouring the ‘ordinary’ and ‘everyday’ stories and storytellers, and of a political orientation towards the importance of participation in cultural production and the concern for access, self-representation, and literacy.

One of the principles that govern digital storytelling is an economy of the aesthetic. As a general rule, stories tend to run about three minutes, scripts consist of about 250 words, which are recorded as voiceover, and a dozen or so personal images are selected which provide a backdrop to the story. These elements are then edited into the final story. The process of ‘co-creating’ is often intimate and engaging. Generally, an amateur will conduct a couple of interviews with the participant on an agreed subject, these will then be transcribed, and will be the basis of an edited script developed by the co-creators. Participants bring in photographs, momentos, objects (which can be photographed) to build up the image bank for the story. A paper-edit is constructed, and then once the co-creators are happy, the materials are digitally edited using either I-Movie or Adobe Photoshop. And the voice over recorded:

The philosophy behind this economy is that formal constraints create the ideal conditions for the production of elegant, high-impact stories by people with little or no experience, with minimal direct intervention by the workshop facilitator. The personal narrative, told in the storyteller’s unique voice, is central to the process of creating a story and is given priority in the arrangement of symbolic elements. Narrative accessibility, warmth, and presence are prioritized over formal experimentation or innovative ‘new’ uses for technologies. (Burgess, 2006, p.207)

To trial the Young Diggers digital stories we have been working with Moya Sayer-Jones and the Department of Veteran Affairs who have just completed a two year project recording

stories and accounts of young veterans and their families, and the kinds of challenges they have faced returning from war. One of the common issues returning military personnel and their families have to deal with is anxiety and depression, and extreme mood swings, including high levels of anger arousal. The following account is drawn from one of the interviews, and focuses on Jane, the wife of a soldier, who did tours of duty in East Timor and Rwanda:

I was jealous when he went – jealous that I'd been discharged and he got to pack his back and bugger off to these great overseas countries. Because that's what you're trained for, that's what everything leads up to. He was over there for six months and the minute he stepped foot back in the door, I knew he had a problem. I think I recognised it because I'd lived it all with Dad. My father had been in the army for twenty-three years and he'd been in Vietnam.

In those first couple of years, Ben was trying to hold it together but there was an escalation of his symptoms. Anxiety, depression, flashbacks, dreams, social withdrawal, incredible night sweats, all those things. I was doing psychology at uni then and I'd say to him, 'We need to sort this. This is not going to get better.' But I hit a brick wall for years. He was absolutely mortified to think that people were going to find out he had an issue. In the Services the fear is that you'll be put on medication and if that happens, you're un-deployable. They can't send you anywhere. And Ben loved his work, he loved his job (Sayer-Jones, 2009, p.7).

Using this material has illustrated the ways in which the form responds to personal, intimate re-tellings. The combination of personal photographs with the warmth and visceral presence of the narrator's voiceover draws on what Michel Chion calls the 'I-voice':

In a film, when the voice is heard in sound close-up without reverb, it is likely to be at once the voice the spectator internalises as his or her own and the voice that takes total possession of the diegetic space...Of course the voice owes this special status to the fact that it is the original, definitive sound that both fills us and comes from us (Chion, 1990, pp.79-80).

The next stage of the project will be to work with volunteers on developing stories associated with the five specific issues that have been identified (PTSD, suicide awareness etc). Clearly,

these are sensitive, emotive issues and considerable ethical and professional consultation will occur before they are streamed online. The qualities of the most affective digital stories are marked by their integrity, generosity of emotion and humanity. At worst these can appear overly sentimental, conservative ‘tropes’, nostalgic and parochial. More often though a strong sense of authentic self expression comes through. The primacy of the ‘I-voice’ places digital storytelling away from most new forms of web-based media. This, as Burgess points out “can be understood as a kind of reverse engineering of new media aesthetics, recapturing the warmth of human intimacy from the imperative of innovation” (2006, p.210).

Like all effective applied theatre practice, the form has been dictated by the nature of the problem and the group. There was a strong need to create an online based community network because at present this is the way the young diggers are currently communicating. The hope is that the site and the digital stories can access the desire for presence and intimacy which underpins this form of communication:

If success in communication was once the art of reaching across the intervening bodies to touch another’s spirit, in the age of electronic media it has become the art of reaching across the intervening spirits to touch another body. Not the ghost in the machine, but the body in the medium is the central dilemma of modern communications (Peters, 1999, pp. 224–225).

Digital storytelling is ‘an example of creativity in the service of social communication, where communication is not to be understood narrowly as the exchange of information or ‘ideas’ but as the affective practice of the social (Burgess, 2006, p.210). The presence of the ‘personal’, and not just the transmission of messages and anecdotes in social networking sites, continues to invoke the radical spirit of community arts in making aesthetic social spaces in an increasing commercialised hyper-reality. The progress and research into the efficacy of the Young Diggers project, has the potential to further enhance the interactions of young military personnel and enable them to connect and make use of important support services.

References

- Australian Centre for Posttraumatic Mental Health (ACMPH) (2007) *Profiling younger veteran clients of VVCS*. Melbourne: University of Melbourne.
- Balfour, M. Arts-based approaches to work with returned Military personnel with trauma-related conditions. In P. Fuery (ed.) *Medicine, Culture and the Arts*, Rochester: University of Rochester Press, *in press*
- Blake, R., & Bishop, S. (1994). The Bonney method of guided imagery and music in the treatment of post-traumatic stress disorder with adults in a psychiatric setting. *Music Therapy Perspectives*, 12, 125-129.
- British Broadcasting Corporation. (2009, January 30). *BBC News*. Retrieved January 30, 2009, from BBC: <http://news.bbc.co.uk/2/hi/americas/7859797.stm>
- Burgess, J. (2006). Hearing Ordinary Voices: Cultural Studies, Vernacular Creativity and Digital Storytelling, *Continuum*, 20:2, 201-214
- Centre for Digital Story Telling (2009). History. Retrieved 19th August 2009, from <http://www.storycenter.org/history.html>
- Chion, M. (1990). *Audio-vision: Sound on Screen*, trans. C. Gorbman, New York: Columbia University Press.
- Crasilneck, H., & Hall, J. (1985). *Clinical hypnosis*. Orlando: Grune & Stratton.
- Creamer, M., & Forbes, D. (2004). Treatment of posttraumatic stress disorder in military and veteran populations. *Psychotherapy: Theory, Research, Practice, Training*, 41 (4), 388-398.
- Department of Veterans Affairs (2007). Department of Veterans Affairs Annual Report 2006-2007. Canberra: Australian Federal Government.
- Dintino, C., & Johnson, D. (1996). Playing with the perpetrator: Gender dynamics in developmental drama therapy. In S. Jennings (Ed.), *Drama therapy: Theory and practice* (Vol. 3). London: Routledge.
- Feldman, S., Johnson, D., & Ollayos, M. (1994). The use of writing in the treatment of PTSD. In J. Sommer & M. Williams (Eds.), *The handbook of post-traumatic therapy*. Westport, CT: Greenwood.
- Haley, S. (1974). When patients report atrocities: Special treatment considerations with the Vietnam veteran. *Archive of General Psychiatry*, 30, 191-196.

- Hawkins, P. (1993). Naming names: The art of memory and the NAMES Project AIDS quilt. *Critical Inquiry*, 19, 753-779.
- Hoge, C., Auchterlonie, J., & Milliken, C. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *The Journal of the American Medical Association*, 295, 1023-1032.
- James, M., & Johnson, D. (1996). Drama therapy in the treatment of affective expression in post-traumatic stress disorder patients. In D. Nathanson (Ed.), *Knowing feeling: Affect, script, and psychotherapy*. New York: Norton.
- Johnson, D. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14, 7-14.
- Johnson, D., Feldman, S., Lubin, H., & Southwick, S. (1995). The therapeutic use of ritual and ceremony in the treatment of post-traumatic stress disorder. *Journal of Traumatic Stress*, 8 (2), 283-298.
- Junge, M. (1999). Mourning, memory and life itself: The AIDS Quilt and the Vietnam Veterans' Memorial Wall. *The Arts in Psychotherapy*, 26 (3), 195-203.
- Kang, H., & Hyams, K. (2005). Mental health care needs among recent war veterans. *New England Journal of Medicine*, 352 (13), 1289.
- Kulka, R. S. (1988). *Report findings from the National Vietnam Veterans Readjustment Study*. Raleigh, NC: Research Triangle Institute.
- Litz, B.T., Orsillo, S.M., Friedman, M., Ehlich, P., and Batres, A. (1997). Posttraumatic stress disorder associated with peacekeeping duty in Somalia for U.S. military personnel. *American Journal of Psychiatry*, 154 (5), 178-184.
- Lyons, J., & Keane, T. (1989). Implosive therapy for the treatment of combat-related PTSD. *Journal of Traumatic Stress*, 2 (2), 137-152
- McKenzie, N. (2009) Defence fails diggers. *The Age*. Retrieved 31 August 2009, from <http://www.theage.com.au/national/defence-fails-diggers-20090329-9fkh.html>
- Mulkey, M. (2004). Recreating masculinity: Drama therapy with male survivors of sexual assault. *The Arts in Psychotherapy*, 19-28.
- Peters, J. D. (1999) *Speaking into the Air: a History of the Idea of Communication*. Chicago: University of Chicago Press.
- Rosenheck, R., & Fontana, A. (1998) Transgenerational effects of abusive violence on the children of vietnam combat veterans. *Journal of Traumatic Stress*, Vol.11, No.4, 731-742.
- Sayer-Jones, M. (2009) *Beyond the Call*, Canberra: Department of Veterans' Affairs.

Seal, K.H., Metzler, T.J., Gima, K., Bertenthal, D., Maguen, S., Marmar, C.R. (2009) Growing prevalence of mental disorders among Iraq and Afghanistan veterans: Trends and risk factors for mental health diagnoses in new users of VA healthcare, 2002-2008. *American Journal of Public Health (in press)*.

Sutker, P. B. (1993). War-zone trauma and stress-related symptoms in Operation Desert Shield/Storm (ODS) returnees. *Journal of Social Issues*, 49 (4), 33-45.

Wilson, J., Walker, A., & Webster, B. (1989). Reconnecting stress recovery in the wilderness. In J. Wilson (Ed.), *Trauma, transformation, and healing* (pp. 159-195). New York: Brunner/Mazel.