

Research article

Theatre as a treatment for posttraumatic stress in military veterans: Exploring the psychotherapeutic potential of mimetic induction



Alisha Ali^{a,*}, Stephan Wolfert^b

^a New York University, United States

^b Veterans Center for the Performing Arts, United States

ARTICLE INFO

Article history:

Received 13 June 2016

Accepted 17 June 2016

Available online 23 June 2016

Keywords:

Military veterans

Trauma

Theatre

Narrative therapy

ABSTRACT

Current mainstream treatments for traumatic stress in military veterans are largely inadequate in meeting the needs of veterans who are reluctant to conform to conventional illness-based approaches, including medication. These approaches have been criticized for using rigid techniques that emphasize strict symptom-reduction without considering social and relational factors in veterans' lives. There is thus a need for innovative treatment models for traumatic stress that acknowledge potential sources of resilience and healing in veterans' existing communities. In particular, there is growing evidence that the arts can play an important role in supporting veterans' recovery from trauma. Accordingly, this paper describes a strengths-based group psychotherapy model that uses theatre and specific techniques from classical actor training in combination with empirically-established trauma treatment techniques from cognitive processing therapy and narrative therapy to address posttraumatic stress in veterans. Three case examples of veterans are presented with a focus on the veterans' experiences of mimetic induction, a process through which the narrative representation of fictional encounters simulates real-world encounters at a safe aesthetic distance and thereby fosters self-awareness and positive psychological transformation.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

The failure of the United States to adequately meet the mental health needs of its military veterans has been identified as a national crisis (Artra, 2014; Caplan, 2011). Twenty-three veterans take their own lives each day, resulting in a death rate from suicide that exceeds the number of combat deaths (Kemp & Bossarte, 2012), and nearly 50,000 veterans are homeless (U.S. Department of Housing and Urban Development, 2014). In addition to being diagnosed with depression at exceptionally high rates (Kaplan, Huguet, McFarland, & Newsom, 2007; Sher, Braquehais, & Casas, 2012), veterans experience rates of posttraumatic stress far exceeding those of the general population (Institute of Medicine, 2014).

Despite growing national awareness of the high prevalence of posttraumatic stress in veterans, there are troubling clinical and epidemiological trends that pose challenges to addressing this serious public health issue. Among the most concerning of these challenges is an over-reliance on pharmacological treatment of posttraumatic stress which has led to a broad range of

adverse effects including medication dependency among those seeking treatment and help (Ali, McFarlane, Lees, & Srivastava, 2012; Caplan, 2011; Veterans Affairs Committee, 2014). This trend persists even in the face of evidence demonstrating that interpersonally-oriented talk-based approaches are more effective in the treatment of posttraumatic stress compared to medication (Butler, Chapman, Forman, & Beck, 2006; Caplan, 2011; Institute of Medicine, 2007; Shubina, 2015). A second concerning trend involves the discouragingly high attrition rates for veterans in clinical treatment settings. The latest findings indicate that up to 68% of veterans drop out of clinical treatment for posttraumatic stress (Garcia, Kelley, Rentz, & Lee, 2011; Gros, Yoder, Tuerk, Lozano, & Acierno, 2011). There is thus a need to develop and implement innovative treatment models for traumatic stress that are more accessible and welcoming to a range of traumatized veterans, including those who are reluctant to adhere to conventional illness-based treatment approaches. Accordingly, this paper describes the design and implementation of the DE-CRUIT program, a theatre-based treatment program developed specifically to address posttraumatic stress in military veterans.

* Corresponding author.

E-mail address: alisha.ali@nyu.edu (A. Ali).

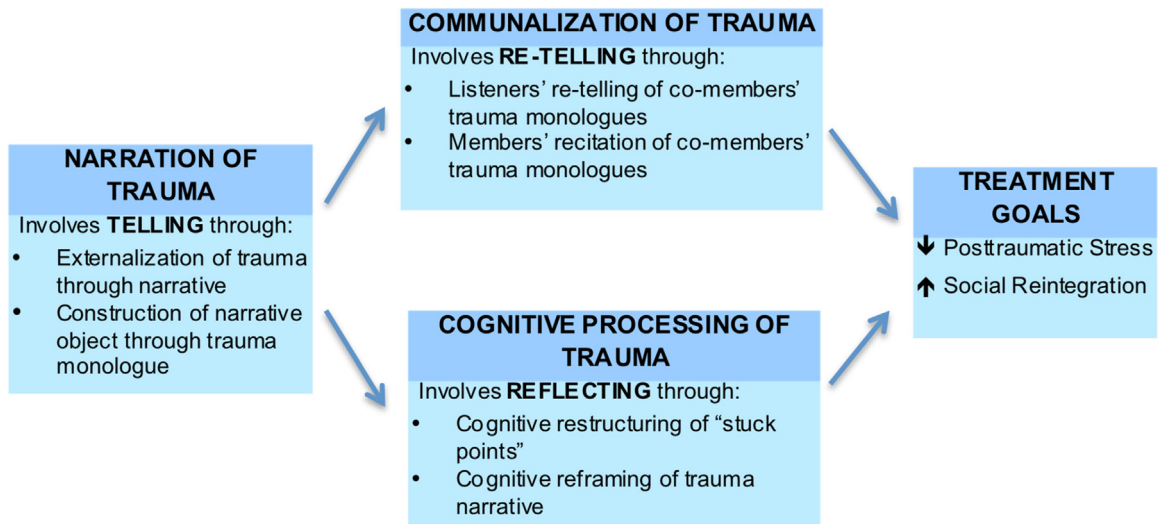


Fig. 1. The DE-CRUIT therapeutic model.

2. The DE-CRUIT program

The DE-CRUIT program was developed by the Veterans Center for the Performing Arts (VCPA) as part of its mission to support veterans in dealing with traumatic stress and reintegrating into civilian life (see Fig. 1 for Therapeutic Model). In order for the military to perform its primary function of training soldiers for combat, it must first indoctrinate them using a systematic process that prepares them for behaving with intent to kill in combat. This process of training and enculturation in readiness for military combat is founded upon camaraderie with fellow trainees by which those who are recruited are progressively numbed to the violence around them, and compassion for those deemed to be the enemy is removed (Bragin, 2010). This process is considered to precipitate a traumatic response by removing soldiers' existing impulse to care about themselves and about the lives of others (Greene, Emslie, O'Neill, Hunt, & Walker, 2010; Shay, 1995). At the end of military service, there is no training for veterans to undo this indoctrination and rejoin society (Caplan, 2011; Wolfert, 2015). The name "DE-CRUIT" denotes the process of de-programming this indoctrination in order to allow veterans to overcome some of the practical and psychological limitations that often accompany immersion in military life.

One identified reason for the persistent rates of posttraumatic stress in veterans is that the isolation commonly experienced by those returning from war is compounded by dominant treatment approaches which focus on an assumed pathology within the individual patient rather than on sources of strength and resilience within veterans' existing and potential communities (Caplan, 2011; Shay, 2003). Such treatment approaches are especially problematic in light of evidence of a significant association between symptoms of posttraumatic stress and levels of loneliness in veterans (Solomon, Bensimon, Greene, Horesh, & Ein-Dor, 2015). The DE-CRUIT program, in contrast, adopts an approach that is *strengths-based* in its orientation toward fostering posttraumatic growth, as well as *veteran-informed* in its use of military-derived concepts that are positively framed through theatre to foster therapeutic camaraderie among group members.

The DE-CRUIT method uses routinized techniques derived from principles of classical actor training (e.g., experiential analysis, symbolic representation, spoken verse) to transform military camaraderie into camaraderie among treatment group members to communalize the process of healing from the trauma of war. During the DE-CRUIT treatment sessions, the clients participate in a

range of therapeutic exercises aimed at reducing traumatic stress. For example, clients learn to identify their emotional and cognitive barriers to healing, and they collectively strategize means of addressing them. They also engage in experiential analysis of military trauma through verse. The veterans write their own personal trauma monologues to be performed by the group, and they practice breathing and voice techniques necessary for the recitation and performance of spoken verse.

DE-CRUIT is one of a small number of programs in the U.S. that aim to support veterans' community integration and well-being through the arts. Previous research has demonstrated that theatre-based approaches can be effective in treating the effects of trauma. For example, international findings from the field of drama therapy have shown that dramatic re-enactments of trauma with military veterans can be used therapeutically to enhance clients' levels of confidence and optimism (Balfour, Westwood, & Buchanan, 2014). Johnson (1987) describes the importance of dramatic play in allowing clients to gradually begin to examine the emotionally laden effects of trauma. Similarly, James and Johnson (1997) describe the sense of safety derived by military veterans in drama therapy through the process of allowing clients' emotions to be contained within a dramatic structure and thereby more readily examined.

A related discussion of the possible therapeutic effects of theatre can be found in Oatley's (2001) theory of the psychological benefits of simulated narration. According to this theory, the fictional representation of human encounters and actions, as presented through literature and theatre, provides a deep and immersive simulative experience (Mar, Oatley, & Peterson, 2009). Such narration can be therapeutic in its presentation of a simplified, compressed portrayal of the human world that "takes possession of our deepest and most urgent concerns" (Oatley, 2001, p. 8) that we as emotional beings must struggle with in both our daily challenges and our most profound traumas. Oatley argues that this portrayal is particularly well-articulated in the dramatic works of Shakespeare in that "Shakespeare's great innovation was of theatre as a model of the world" (p. 4). Oatley describes a systematic mechanism through which "Shakespeare designed plays as simulations of human actions. . . .so that the deep structure of selfhood" (p. 1) could effectively emerge. By revealing to us our own selfhood, Shakespeare's verse thus allows us to run simulations that increase our understanding of our human capacities and of the ability that we as humans each have to use our actions to alter the conditions of our lives.

Download English Version:

<https://daneshyari.com/en/article/343529>

Download Persian Version:

<https://daneshyari.com/article/343529>

[Daneshyari.com](https://daneshyari.com)