

*CONTACT! UNLOAD:*

A NARRATIVE STUDY AND FILMIC EXPLORATION OF VETERANS

PERFORMING STORIES OF WAR AND TRANSITION

by

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## ABSTRACT

This study uses narrative methods and filmmaking to understand the experiences of six war veterans who performed *Contact! Unload*, the theatre component of “Man, Art, Action,” a recent (2015/16) Movember-funded arts-based project, designed to engage veterans and the Canadian public with issues of military mental health. This research harnesses participants’ personal change narratives over the course of creating, rehearsing and performing *Contact! Unload* to understand therapeutic benefits for participants, to contribute to existing theories on action-oriented and theatre-based approaches to psychotherapy, and to inform a discussion of the needs of veterans in transition.

## **PREFACE**

This thesis is an original and unpublished work by the author, Blair McLean. Ethical approval was obtained by the University of British Columbia Behavioural Research Ethics Board on February 16, 2015 (H15-00111) under “Contact! Unload” (sponsored by Movember Canada). The author of this work utilized data that he collected as part of his employment in “Man/Art/Action” at UBC. As such, archival data is being utilized in this independent study.

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## **LIST OF SUPPLEMENTARY MATERIALS**

- Supplementary Film 1      *Contact! Unload, Veterans Stories* documentary (see abstract for video link)
- Supplementary Film 2      *Contact! Unload* full-length performance, Granville Island 2015 (see abstract for video link)

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*For Lorilee*

## CHAPTER ONE: INTRODUCTION

In this piece of performance-based qualitative research I will draw on the stories of six veterans who participated in *Contact! Unload*, a recent (2015/16) theatre project to help foster increased awareness and understanding of the needs of veterans facing difficult transitions. To accomplish this task, I will address the following research question: *How did veterans' experiences of creating, rehearsing and performing "Contact! Unload" contribute to personal change?*

In this introductory chapter I will provide some background on military transitional difficulties, discuss the importance of group counselling for veterans using the veterans transition program (VTP) as an example, introduce the use of theatre as a therapeutic intervention for veterans and discuss relevant counselling change theories underpinning the therapeutic components of *Contact! Unload*. I will then explain the purpose and rationale of this study and conclude the chapter with a brief overview of the significant theoretical, methodological and real-world contributions this study can make.

In chapter two I will review literature in the areas of military-related trauma, military masculinities, engaging veterans in therapy, group therapy and neurobiology, psychodrama, gestalt therapy, sensorimotor psychotherapy, therapeutic enactment (TE), dramatherapy and performance-based research. In chapter three I will provide a detailed account of the narrative visual filmmaking methods used. In chapter four I will offer a film showing the change processes of participants and examples of the therapeutic and dramatic approaches used in *Contact! Unload*. And, in chapter five, I will relate participants' change narratives to the existing theory and practice of body, action and theatre-based approaches in counselling psychology.

## **Overview of the research topic**

**Difficult transitions from the Canadian military.** As of March 2014, there were in Canada 75,900 Second World War, 9,100 Korean War and 600,300 Canadian Forces (CF) veterans (Veterans Affairs Canada (VAC) et al., 2014), the latter having served in a variety of foreign and domestic operations since the Korean War, including peacekeeping efforts in Cyprus, Congo, Somalia and former Yugoslavia, as well as Canadian involvement in conflicts in Afghanistan, Libya, and Mali. These numbers represent people whose lives were entwined with the military during their enlistment, training and service, and afterward during their transition to civilian life.

A 2014 study by VAC reveals that 11% of Class A/B reserve veterans released between 2003 and 2012, 24% of Class C reserve veterans released between 2003 and 2012 and 27% of Regular Force veterans released between 1998 and 2012 reported difficulties adjusting to civilian life. The difficulties facing these men and women are myriad and complex and include depression, anxiety, military-related trauma, alcohol and substance abuse, loss of social-connectedness, grief and homelessness. Class A/B reserve veterans reported health and wellbeing indicators comparable to the rest of the Canadian population, while Class C reserve veterans reported a higher prevalence of mood and anxiety disorders and that they were often less satisfied with life than other Canadians. Regular force veterans reported decreased self-rated physical and mental health, reported a higher prevalence of mood and anxiety disorders and less often reported a strong sense of community-belonging and satisfaction with life than Canadians in the general population. All veterans participating in the VAC (2014) study reported a greater

incidence of physical problems such as back problems and gastrointestinal conditions compared to other Canadians.

Many Canadian veterans live with the loss of friends among the approximately 49,300 Canadians who have given their lives in service to their country since the beginning of the Second World War and many are carrying invisible wounds from their service. Military-related trauma is linked to psychiatric disorders such as posttraumatic stress disorder (PTSD) and depression (Cox, Westwood, Hoover, Chan, Kivari, Dadson, & Zumbo, 2014; Rundell & Ursano, 1996) and while PTSD has received a great deal of media attention, members of the Canadian forces are three times as likely to experience major depression as PTSD (Cox et al., 2014; Sareen, Belik, Stein & Amundson, 2010), which speaks to the widespread nature and severity of veterans transitional difficulties.

The research on veteran wellbeing shows that veterans in transition require access to a range of therapeutic services including, I argue, creative multi-modal treatments extending beyond traditional individual counselling settings. The VTP is an example of such a service.

**The importance of group therapy and the success of the VTP.** Group therapy has been shown to be effective in helping veterans cope with emotional distress from the sudden loss of their military community and it has been widely used to combat feelings of isolation that go hand in hand with difficult transitions (Cox et al., 2014; Yalom, 1995). The use of group treatments is on the rise in military contexts because of the growing need to address social avoidance, interpersonal issues and military-related trauma in a safe and structured setting (Cox et al., 2014; Sheam McDevitt-Murphy, Ready, & Schnerr, 2009). Group therapy was integral to the veteran experience of

*Contact! Unload*, which I will discuss in chapter 2 and is central to the success of the VTP.

The VTP is of particular relevance to this study. Because all six participants in *Contact! Unload* are graduates of the VTP it may be impossible to understand their change processes without some knowledge of their experience of the VTP; therefore, the results of this study should be viewed in the context of participants having completed the program, which I will now describe.

The VTP is a highly successful group-based psychotherapy service. The program uses a three-part retreat-based approach that is a combination of peer support, psychoeducation, emotion regulation skills training, addressing barriers to care, identifying and working on future goals, and TE to combat depression and posttraumatic stress symptoms (PTSS) and to better equip veterans for civilian life. The results of the 2014 quantitative evaluation of the VTP by Cox, Westwood, Hoover, Chan, Kivari, Dadson, and Zumbo demonstrate the power of this program, specifically for reducing depressive symptoms and PTSS. Using pre- and post-test data obtained from the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) and the Trauma Symptom Inventory (TSI; Briere, 1995), the researchers report a statistically significant change in depressive symptoms and secondary changes in the severity of some PTSS such as numbing. None of the participants dropped out of treatment, which is atypical for groups of clients coping with trauma (Cox et al., 2014; Sloan et al., 2013). Finally, no graduate of the VTP completed suicide to the year of the study (2014), a significant finding considering combat veterans are between 1.4 and 4 times as likely to die by suicide as non-military civilians (Belik, Stein, Amundson & Sareen, 2010).

Critical to the VTP's success is its unique ability to facilitate the formation of tight-knit groups of veterans in short order. Over the course of just three weekends (2 four-day and 1 two-day, with approximately three weeks between each retreat, for a total of 100 hours) the VTP fosters social support among group members and between group members and "paraprofessionals," graduates who return to help support new clients (Lapsley, 2015). This helps to address the loss of the military community, re-forge soldier-soldier bonds, and mediate depressive symptoms. Social support is particularly beneficial for veterans who suffer from the loss of the cohesive military communities to which they were tied while on active duty. Graduates of the VTP, who might otherwise withdraw from socializing, engage with newly-honed helping and communication skills and renewed motivation to connect with others (Cox, Black, Westwood, & Chan, 2013).

Some *Contact! Unload* participants returned to the VTP after graduation to help fellow veterans in the role of paraprofessionals where they continued to accrue therapeutic benefits. However, despite therapeutic gains in the VTP, participants in the current study continued to report difficulties related to occupational stress injury, trauma, and the absence of a highly relational military family. The VTP is a short-term program, lasting only ten days and, for many of its graduates, problems remain two-fold: 1) how can they continue to promote and extend personal change, and 2) in what novel ways can they meaningfully connect with other veterans following participation in the VTP? Although successful, the VTP cannot address therapeutic veteran community-building on its own. Future theatre projects like *Contact! Unload* could fulfill this important need of continued post-VTP contact.

**Use of theatre as an intervention for veterans.** Dramatherapy is another example of a group treatment in which the power of social-connectedness and cohesion is harnessed in a safe and structured environment. Dramatherapy is a well-established treatment for clients with a variety of difficulties. The tools of dramatherapy are derived from the theatre and its goals of overcoming personal barriers, growth and change are grounded in psychotherapy (Jones, 2007).

The therapeutic and developmental benefits of community theatre have been documented (Beare & Belliveau, 2007). Current veterans' community theatre initiatives such as the Veterans Theatre Foundation based in New Mexico, USA and The Combat Veteran Players UK seek to empower veterans through stage performance. The power of the theatre lies in the content of theatre activities, which recruit the body, fan the sparks of spontaneity and facilitate exploration of the self and others and close relationships formed in pursuit of a common goal and in the face of shared vulnerability (Jones, 2007). Through theatre veterans may actively explore problem areas and develop closure with the support of the group and the director or therapist.

*Contact! Unload* is a fusion of dramatherapy, community theatre and traditional group therapy with veterans. Never has a project included all these elements, nor have veterans been primed by the VTP for personal change in the theatre. This study demonstrates the result of this potent combination, providing a unique look at the potential for therapeutic change in and through the theatre. Next I will provide background for *Contact! Unload* so that the reader may begin to develop a sense of the veterans' experiences of its process.

**Background for *Contact! Unload*.** In 2015 a group of tightly-bonded war veterans, civilian actors and psychotherapists performed *Contact! Unload*, a play telling stories of war, mental wounds and difficult transitions to live audiences at Granville Island, Vancouver, British Columbia and at Canada House, London, UK. The piece showcased performance and visual art from “Man/Art/Action” (M/A/A), a Movember-funded men’s health initiative providing veterans with the opportunity to engage the public on military mental health issues and to further the therapeutic benefits of the VTP.

The first phase of the three-phase process of *Contact! Unload* was *creation*, during which four of the six participants (Doug, Richard, James and Greg) engaged in theatre activities involving cooperation, movement, experimentation with tableaux (still scenes comprised of participants), story-telling, and writing and reading aloud of personal material, among others.

Once the material for the play had been roughly established and written into a script, the six veterans *rehearsed* the play, reading lines, staging scenes and further distilling play content. The rehearsal process culminated in final rehearsals at the play venues Granville Island and Canada House where lights, sound and music were integrated and some additional theatre activities such as an “Italian reading” (explained in Supplementary Film 1) were completed to prepare the veterans for their stage debut.

Finally, the veterans *performed* the piece, three times at Granville Island (Doug, Richard, James and Greg), a revised version performed four times at Canada House (Doug, Richard, Ethan and Brad), one performance at the University of British Columbia and one at the Beatty Street Drill Hall in Vancouver, BC with the same company. Later performances occurred in Ottawa, Ontario in 2016 but are beyond the scope of this study.



Throughout the process of creation, rehearsal and performance participants were led by an experienced therapist in regular group sessions that cemented group cohesion and processed difficult material including military-related trauma, grief and experiences with the suicides that arose as the participants began to explore difficult areas in the theatre space. Following the performances, extensive debriefing sessions were held so that veterans could integrate their experiences of participation in the play. As the videographer, I carefully documented each phase including creation, rehearsal, performance and group and debrief sessions, clips of which were used to make the film that comprises the results chapter of this study.

To conclude this overview, I will introduce the psychotherapeutic change theories appearing in the literature review, which I will eventually apply to understanding veterans' change narratives in chapter five.

**Psychotherapeutic change theories and *Contact! Unload*.** In chapter two I will discuss group process through the lens of neurobiology and associated change mechanisms including those that foster social-connectedness through inter-nervous system communication (Badenoch & Cox, 2013; Schore, 2003b) and mirror neurons (Schermer, 2013). I will go on to discuss the role of catharsis as a mechanism of change in psychodrama (Moreno, 1987), among other related constructs, and the importance of release for veterans in *Contact! Unload*. Next I will examine the relevance of gestalt therapy, which emphasizes the full experience of the self in the present as a vehicle for personal change (Perls, 1951; Perls, 1992). I will explain the process of TE, a core VTP intervention melding together group, psychodrama, gestalt and action-oriented change mechanisms (Westwood & Wilensky, 2005). Continuing in the vein of action-orientation,

I will consider sensorimotor psychotherapy and its change theories surrounding the body and its defensive and orienting impulses, which can be utilized to help integrate embodied trauma (Ogden, 2015). I will discuss dramatherapy (Jones, 2007) and the ways in which its various change mechanisms operate in the context of *Contact! Unload*, and finally, I will discuss performance-based research (Beare & Belliveau, 2007; Lea & Belliveau 2015) to situate this study.

### **Purpose of this study**

There are several purposes for doing this research. The first is to explore and discuss the therapeutic benefits of participation in *Contact! Unload* for veterans in the areas of embodied trauma, emotions, perceived moral failings, social-connectedness and interpersonal mastery to help foster increased awareness and understanding of the needs of veterans in transition. The second purpose is to contribute to the existing theory and practice of group, body, action and theatre-based approaches with veterans in counselling psychology. And the third is to offer methodological innovations to counselling psychology and theatre education by showing the process of *Contact! Unload* and by utilizing a unique combination of narrative methods and filmmaking.

With those purposes in mind, I will pursue the following objectives:

- 1) To explore and discuss veterans' narratives of participating in *Contact! Unload* through use of filmmaking and narrative methods.
- 2) To offer a film showing the change processes of participants and to provide a discussion relating participants' change narratives to existing theory and practice of body, action and theatre-based approaches to psychotherapy.

- 3) To show examples of therapeutic and dramatic approaches used in *Contact! Unload* and to provide a detailed account of the narrative, visual and filmmaking methods used in the formation of this thesis.

In service of these objectives, I pose the research question: *How did veterans' experiences of creating, rehearsing and performing "Contact! Unload" contribute to personal change?*

### **Rationale for this study**

The rationale for this study follows the purposes declared in the last section. As previously discussed, there exists a substantial population of Canadian veterans in transition who deal with complex mental health challenges and are in need of a variety of services and sophisticated treatments. Unfortunately, veterans are known to less often utilize mental health services than members of the general population, to have higher dropout rates and tend to be more private about their inner experiences than others (Brooks, 2010; Thompson et al., 2012, 2015; Westwood et al., 2012; Westwood, Kuhl & Shields, 2013). Some negative consequences for veterans from lower service usage include short and long term health problems from persistent and escalating symptoms leading to crisis and suicide in some cases. These effects are widespread in communities where veterans are also coworkers, friends, partners, sons, daughters, mothers and fathers, and the social costs of insufficient treatment access and poor outcomes is high (Dallaire, 2011; Westwood, Kuhl & Shields, 2013). Therefore, it is essential that treatments are both effective and appealing to veterans. By developing an understanding of veterans' experiences of *Contact Unload* this study seeks to promote that project's approach as an effective theatre-based treatment with high veteran engagement.

Research on the VTP shows us that structured group treatments work and that this program helps veterans to improve with a variety of transitional issues, but can only take veterans so far with personal change. A gap exists between graduating from the VTP and the easeful transition back to civilian life, in that some veterans, including most of this study's participants, continue to wrestle with complex difficulties including military-related trauma, social avoidance and other, unique challenges. Exploring and understanding veterans' narratives will help to evaluate *Contact! Unload* as a model for future theatre, performance and experiential projects that could help support VTP graduates with continued personal development and, more broadly, inform the ongoing discussion of the needs of veterans in transition.

The existing theory and practice of group, body, action and theatre-based approaches in counselling psychology are developing quickly. Through the efforts of scientist-practitioners including Bessel Van Der Kolk, Allan Schore, Dan Siegel, Pat Ogden, Stephen Porges and others, many of the change theories presented in this thesis have been tethered to neurobiology and have made it into the mainstream. Today experiential therapies are being taught alongside traditional cognitive behavioral and psychodynamic therapies to novice counselling psychology students. Unfortunately, because of the complex process-based nature of experiential therapies it is difficult to precisely identify the ingredients of successful therapy. Although many emergent therapies make use of videos, there exists no film that shows multiple modalities acting together in a theatre setting with veterans. This study seeks to address that gap by relating existing change theories to the veterans' change processes as shown in the film, rendering those theories visible by connecting theoretical mechanisms to the real-world changes the

veterans experienced. My hope is that this ultimately may help legitimize emergent treatments for veterans including group, body, action and theatre-based approaches.

Finally, the rationale behind offering methodological innovations to counselling psychology and theatre education is first to expose students and academics to the possibilities of interdisciplinary collaboration between these two fields. In the case of *Contact! Unload*, this partnership resulted in powerful personal changes for veterans, a transformative experience for audience members, and helped to bring forward veterans seeking treatment, along with several papers, a book, and conference presentations about the project. Evidently collaboration is worthwhile.

For the discipline of counselling psychology *Contact! Unload* represents one of many untapped possibilities for therapy with veterans whose transitional difficulties are often difficult to treat. The use of film and narrative methods partially fills a gap in psychology, which often promotes the production of knowledge emphasizing cause and effect. This research tends to omit the process between administering treatment and its outcome. In fact, I would argue that the concept of “treatment” often does not translate properly to experiential therapies because the process is different for each client. Researchers and practitioners must therefore examine client processes to learn how to practice and teach experiential therapies. The use of film and narrative methods are powerful tools that may provide rich qualitative knowledge to be used for this purpose.

### **Significant contributions of this study**

This study demonstrates that there is room in the treatment of veterans for the careful exploration of progressive therapeutic paradigms including ones that are experiential, action-oriented, body-based and are grounded in and backed by a

conventional group therapy approach, combined in the process of play creation, creative collaboration, rehearsal and performance. My hope is that this will help to increase veteran service usage and engagement in effective and appealing treatment options.

This research contributes to the important ongoing discussion of veterans' needs as they transition back to their communities, and specifically sheds light on the continued process of VTP graduates who may benefit from additional opportunities to engage with other veterans and the community and to overcome difficulties such as military-related trauma and other mental health challenges.

Finally, this study demonstrates the power of collaboration between the disciplines of counselling psychology and theatre education, the utility of film and narrative methods for generating knowledge about the process of psychotherapy, and contributes theoretical and methodological insights to performance-based inquiry and the research and practice of counselling psychology with veterans in transition.

The significant contributions of this study will be expanded in chapter five.

## CHAPTER TWO: LITERATURE REVIEW

In this chapter I will review literature in the areas of military-related trauma, military masculinities, counselling military clients, group therapy and neurobiology, psychodrama, gestalt therapy, sensorimotor psychotherapy, dramatherapy, performance-based research, and gender and the military experience. In doing so I hope to provide context for military transitional difficulties, develop psychotherapeutic change theories for discussion in chapter five, and situate this study in performance-based research.

### **Military-related trauma, a central veterans transition issue**

To better understand the results of the present study it is important to bear in mind that before the six veterans took to the stage to perform *Contact! Unload* they learned emotion-regulation skills that helped them to interact without harm with the intense material of the play. Also, participants were exposed to TE, which helped some undergo trauma repair, further priming them for success in the play. It is important also to note that some of the participants who acted in *Contact! Unload* do not identify with having PTSD and some have not experienced injurious military-related trauma. However, the struggle with trauma is central to the experience of many veterans in transition including four of the six you will see on film (Supplementary Film 1), and therefore, military-related trauma recovery is a key topic of this study. In the following section I will review military-trauma literature to shed light on this issue.

When a person experiences a highly emotional shock that violates his or her just world expectations (Brown, 2008), the memory of the experience is not processed normally and may have a long-lasting effect (Dayton, 1994). At the time of trauma, the brain is flooded with stress chemicals and dissociation may happen, both of which can

influence the formation of visceral body memories that recur without warning. These implicit body memories have no time reference stamp and so are felt as “real” in the here and now (Badenoch & Cox, 2013). Those grappling with PTSD are often in flight, fight or freeze mode, a highly activated state that stymies the ability to cognitively assess options and make clear decisions, and precludes them from processing and integrating traumatic memory, re-experienced again and again without warning (Dayton, 1994).

Several studies focus on risk factors for the development of PTSD in Canadian, US and UK forces seeking to address the question of why some soldiers who are exposed to trauma develop PTSS and some do not (Nelson et al. 2011), to determine variables associated with suicidality in Iraq veterans (Pietrzak et al., 2010), to better understand ‘modifiable factors’ in the UK military that may reduce the incidence of PTSD (Iversen et al., 2008) and to better understand differences between male and female Canadian soldiers with regard to mental disorders (Mota et al., 2012). These studies undergo massive data analyses to reveal associations between self-reported variables and the prevalence of posttraumatic stress. Their quantitative methodologies and descriptive statistics lack the stories of the people represented by their figures but may nevertheless offer useful information about the origins and effects of military trauma.

Nelson et al. (2011) use data from the “Canadian Community Health Survey – Canadian Forces Supplement” (CHHS-CFS) of 8441 active Canadian forces personnel between the ages of 16 and 64 to compare the prevalence of PTSD, major depressive disorder and suicidal ideation, and predictive and mediating factors including the number of lifetime traumatic events and social support. The researchers find that both social support and past lifetime traumatic events significantly predict 12-month PTSD diagnosis



in active Canadian soldiers. The researchers find that spending time with one's unit before and after deployment was protective. They suggest that the Canadian military screen for previous trauma and recommend more comprehensive screening for mental disorders post-deployment, especially for the purpose of identifying and referring those with suicidal ideation.

Pietrzak et al., (2010) conducted a logical regression analysis of data gathered from 272 US Iraq veterans, finding that 12.5% of the sample contemplated suicide in the two weeks before taking the researchers' survey. This subpopulation was more likely to report PTSD, greater combat exposure, psychosocial difficulties, stigma and barriers to care, and scored lower on measures of resilience, unit support and post-deployment social support. Using exploratory factor analysis, the researchers designated protective constructs underpinned by beliefs including: "Hardiness" – "I can deal with whatever comes my way", "Purpose/Control" – "I feel in control of my life", "Leadership" – "I prefer to take the lead in solving problems," and "Effort" – "I give my best effort no matter what the outcome may be", as well as various social support factors within the military and in civilian communities (Pietrzak et al., 2010). The protective constructs bring with them masculine ideals including 'toughness' and 'the ability to exert control', which are problematic and may not hold up during some experiences of trauma, as I will discuss in the section on military masculinities.

In an attempt to discover 'modifiable factors' in the UK military, Iversen et al. (2008) perform a data analysis of survey results from 4762 regular service UK personnel who served in Iraq beginning in 2003. The authors find a relationship between PTSD severity and variables such as childhood adversity, the nature of the military-related

traumatic event, and meanings made of the traumatic event. The authors note that the UK armed forces have lower rates of PTSD than does the American military, and argue that mere exposure to trauma is not enough to explain the development of long-term disorders such as PTSD, but rather, the meanings soldiers make of their experiences are key. Examples include the degree to which one perceives a threat to one's life and feeling like one is out of one's depth, and explanatory demographic variables including lower rank, being unmarried, having a low educational attainment, and forward deployment. The researchers find that the most important predictor of PTSD is the perception of threat to one's life.

Mota et al. (2012) use data from the CHHS-CFS to compare risk-factors for posttraumatic distress between men and women in active Canadian military personnel, specifically trauma exposure, work stress and mental disorders. The researchers find that male soldiers are exposed to higher rates of combat violence such as "witnessing atrocities" (17.1% of male soldiers versus 4.6% of female soldiers) and female soldiers are differentially subjected to workplace harassment. For example, 16% of female soldiers experience being stalked compared to 3.7% of male soldiers. In my opinion, the latter phenomenon might be more distressing for female soldiers than for male soldiers depending on the case, for myriad gendered reasons including possible differences in how male and female soldiers are supported by colleagues in coping with stalking.

Mota et al. (2012) show statistical associations between sex and past-year mental disorders including social phobia, generalized anxiety disorder, PTSD, and mood disorders in the Canadian military. Overall, the authors find that female personnel are less likely to experience deployment-related trauma such as combat violence and are more

likely to experience sexual trauma, partner abuse and being stalked. They find that reservist military women are more likely to be diagnosed with PTSD, have depression, panic disorder and any mood or anxiety disorder, while male soldiers are more likely to be involved in physical aggressiveness and risk-taking behavior linked to posttraumatic distress. Mota et al. (2012) conclude by advocating for better integration for women in the Canadian military.

In the next section I will discuss the relationship between institutionalized military masculinities and the experience of PTSD as well as stigma and gender-related barriers to care facing military personnel.

### **Military masculinities and the importance of gender for veterans in transition**

It is important to preface a discussion of military masculinities by differentiating between biological sex and gender. Sex is the biological makeup of the body, male female or other, and gender is simultaneously a series of psychological schemata, a code of conduct, a performance of role and a system of power. Both males and females in the military are subject to conform to hyper-masculine gender norms such as stoicism, self-control, fearlessness, aggression, achievement orientation, strength and independence, among others. Whereas sex is determined from birth, gender norms are learned and performed in specific ways in military training and culture.

Historically, the military has gone to great lengths to ready its soldiers for killing. In the 17<sup>th</sup> century, European militaries revamped the military indoctrination process, utilizing marching, the donning of uniforms, the performance of mundane tasks, rule following, control over soldiers' time, and endless drilling to stamp out individuality and forge solid military units. In addition, the military has historically used masculine

discourses that define the military against the non-masculine, non-military other to promote intense bonding between soldiers, to command obedience and to sanctify the chain of command. Militarized masculine discourse is propped up by the myth of the hero and by other myths of manhood including courage, endurance, physical and psychological strength, rationality, toughness, obedience, discipline, patriotism, lack of squeamishness, heterosexual competency, and avoidance of emotions such as fear, sadness, uncertainty, guilt, remorse and grief (Whitworth, 2008).

Whitworth (2008) writes that mental wounds such as PTSD tell important stories about the militarized masculine apparatus. She argues that PTSD undermines the fixed nature of the militarized masculine identity and in doing so threatens the military apparatus itself. The expression of feelings of fear and horror unseat the myth of the hero, and male soldiers with PTSD risk crossing the boundary of the feminine other. In reaction to this, the military traditionally has communicated to soldiers who experience pain, fear or anxiety that they have failed both the military brotherhood and themselves as men (Whitworth, 2008). Finally, it is important to note Whitworth's (2008) discussion about women and people of color in the military who face discrimination. She argues that female soldiers and men of color are excluded in the military because they violate the military ethos and consequently are robbed of equal partnership in the military brotherhood, putting them more at risk to experience trauma and develop PTSD.

For many soldiers and veterans, gender plays a central role in the way they experience trauma. Brown (2008) argues that posttraumatic distress can be traced back to the loss of a just world where, in the case of military personnel, the expectation that following the masculine code will protect them from harm is violated. In fact, following

the masculine code often leads soldiers into harm's way. When a soldier experiences trauma his or her masculinity may fail to prevent feelings of vulnerability and weakness as promised. Soldiers are at risk for compounded PTSD when they are squeezed between intense trauma-related feelings of powerlessness, fear and anxiety on one side, and feelings of guilt, shame and despair from social shunning on the other (Brown, 2008).

Another way of explaining this is through the concept of abject masculinity (Shields, Kuhl & Westwood, Under Review) or the struggle against a shamed or abject identity, which contributes to poor outcomes for veterans with mental health challenges including PTSD. The abject is a part of the self that must be cast aside in the formation of a coherent identity (Kristeva, 1982; Shields, Kuhl & Westwood, Under Review). The presence of the abject disturbs the identity and initiates a process of purging to the other side of the border between the self and the other. Gender itself is constituted through a series of rejections of abject identities, which in the case of many veterans and traditionally socialized men, cluster around the feminine other (Butler, 1993; Shields, Kuhl & Westwood, Under Review). Repudiation of abject gender identity creates a "threatening spectre" of failed gender that, if the boundary between the self and the other is disrupted, menaces the self from the inside (Kristeva, 1982; Shields, Kuhl & Westwood, Under Review). Failed gender results in a "fall from masculine grace," creating extreme inner turmoil. The presence of feelings of distress, helplessness and vulnerability (abject qualities) clash furiously with militarized masculinities, casting down veterans with carefully delineated gender identities. This may leave them with a deep sense of confusion, self-loathing and shame, which in turn makes them more vulnerable to PTSD, depression and suicide.

When one considers the tremendous power of militarized masculinity and the extreme vulnerability of soldiers who deviate from the gendered code of conduct it is no wonder that some veterans are cautious about seeking help. In the next section I will discuss some ways to increase veteran engagement in therapy.

### **Engaging veterans in the counselling process – a multicultural and gender issue**

In Canada there are many caring, qualified clinicians who are willing to help veterans process their military experience. But, as previously discussed, veterans are often reluctant to seek help and, when they do, they often have difficulty engaging in therapy. The problem in these cases is believed to be an issue of compatibility between counsellor theoretical frameworks and military culture (Westwood, Kuhl & Shields, 2013), which is entwined with institutionalized military masculine gender norms.

Adopting multicultural and gender lenses allows counsellors to understand the ways in which military masculinities impact the experience of therapy for veterans.

Some research suggests that masculine norms oppose therapeutic norms (Addis & Mahalik 2003; Brooks, 2009; Englar-Carlson & Stevens, 2006; Westwood, Kuhl & Shields, 2013). Veterans who have been socialized and trained in the hyper-masculine culture of the military may hide private experiences, work to maintain personal control, present stoicism and value action over introspection. These behaviors may conflict with the theoretical orientation of counsellors who promote self-disclosure, relinquishing control, the recognition and expression of emotion, introspection and being vulnerable on purpose as mechanisms for personal change (Brooks, 2009; Westwood, Kuhl & Shields, 2013). These two cultures must be reconciled for veterans and counsellors to collaborate and work effectively toward shared therapeutic goals.

Westwood, Kuhl and Shields (2013) suggest there are seven scripts that shape the values of clients who adhere to masculine norms. These scripts emphasize stoicism and self-control, effective management of emotions and vulnerability, fearlessness and invincibility, accepting anger and rejecting other emotions, being competitive, achievement oriented and successful, strength and independence, and finally, rejection of characteristics associated with either femininity or homosexuality (Westwood, Kuhl & Shields, 2013). Hyper-masculine scripts serve as scaffolding for qualities valued by the military but these same qualities may exacerbate and exaggerate veterans' emotional, behavioral and relational difficulties. For example, stoic competence may be incompatible with clients admitting they have a problem requiring assistance or with seeking help for a problem. Instead, "silent stoicism" serves to isolate veterans when they need contact with others and perpetuates the myth that true soldiers do not need any help.

Culturally competent counsellors should be able to acknowledge and communicate respect for veteran value differences that arise due to traditional masculine gender norms and military cultural norms. Counsellors should attend to attitudes and structural barriers to therapy for veterans along with interrogating their own attitudes and beliefs about what therapy should be. Also, regardless of their own cultural background and gender role conformity, clinicians should respect and account for the cultural, political, linguistic and spiritual realities of the people they are working with, for developing a "helping alliance" with any client begins with meeting them where they are at (Westwood, Kuhl & Shields, 2013).

Westwood, Kuhl and Shields (2013) provide a series of methods for engaging military clients under the umbrella of negotiating culturally safe spaces in therapy. First,

veterans can be engaged through use of specific language that is not associated with relinquishing control, weakness or breakdown. For example, replacing terms such as therapy, treatment and sessions with meetings, consultations and conversations, and framing therapeutic work in terms of examining goals, making plans and doing experiments may put veterans at ease and increase engagement. Other examples include using “expressing” vs. “feeling”, “letting it go” vs. “crying”, “experiencing” vs. “feeling” and “I’ve got your back” vs. “I will support you”.

Another way to reach veteran clients is to adjust the port of entry, which entails a series of maneuvers that can be somewhat different from those used in traditional alliance formation and therapy. Key starting points for effective therapeutic collaboration with veterans include: listening for the readiness, values, attitudes and unique needs of the individual, normalizing clients’ experiences within the context of the military population, keeping them informed about the process, its norms and rules, being transparent and egalitarian, conveying professional competence, meeting clients where they are at, and holding clients accountable for their actions and their own personal change.

Finally, interventions should be culturally tailored to suit veterans’ needs, including being goal oriented and “hitting the ground running,” using action-focused problem solving and skills training, providing relevant information about the psychobiology of trauma and other key areas, using a strength-based approach, augmenting their control by providing self-regulation techniques and other strategies for mitigating overwhelming feelings, exploring issues within a structure and with intentional pacing, and drawing clients’ attention to their physicality, specifically to body sensations and the corporeal effects of therapeutic experiences (Westwood, Kuhl &



Shields, 2013). *Contact! Unload* and the VTP make use of many of these techniques. They also foster veteran engagement by allowing veterans to help other veterans, which I will discuss next.

**Pairing help-giving with help-receiving in *Contact! Unload*.** It is important to note that no veteran reported difficulty reconciling his gender with participation in either the theatre or group therapy components of the project. However, it seems that “service” or help-giving is integral to the veterans’ participation and to their high level of comfort in receiving something back for themselves.

The unquestioning willingness of veterans to help veterans has been little studied but may be a vitally important to understanding the surprising finding of Cox, Westwood et al (2014) - that no veteran dropped out of the VTP during their study. This level of commitment is remarkable considering the extent to which veterans dealing with trauma are often subjected to stigma (Whitworth, 2008). A project such as *Contact! Unload* may appeal to veterans with gendered trauma in some of the same ways as the VTP does but with a few differences.

*Contact! Unload* provides veterans with the chance to work alongside other veterans with occupational stress injuries, thereby avoiding judgment. Veterans forge new bonds with other veterans and with civilian company members in the shared vulnerability of performing on stage. Action-based activities provide a welcome therapeutic alternative to sitting and talking, and veterans engage in helping. *Contact! Unload* retains the added benefit of providing veterans with the opportunity to work therapeutically on gender identity through arts-based therapies, which may serve to broaden and expand veterans’ understanding of themselves as men. Pairing veterans with

curious and respectful civilians helps veterans to feel pride in their military experience. *Contact! Unload* has clear benefits for veterans but, as with other therapeutic endeavors, veterans may be cautious to partake. This study seeks to understand what motivates veterans to throw caution to the wind and participate. Pairing help-giving with help-receiving may play a significant role. As one veteran articulated: “It’s not something I want to do, it’s something I ought to do.”

Now, with an increased understanding of military-related trauma, militarized masculinities, military culture and ways to engage veterans in therapy, I will go on to discuss the literature on theories of change in counselling psychology, in preparation to show and discuss veterans’ experiences of *Contact! Unload*.

### **Group process and neurobiology: A neurobiological theory perspective**

This study looks at the veterans’ change narratives through the lens of group process work, which was a mainstay throughout the creation, rehearsal and debriefing of *Contact! Unload*. This group work, led by a highly experienced therapist, was particularly important for integrating the civilian, military, psychotherapeutic and dramatic perspectives of participants. Like all well-run groups, our group in *Contact! Unload* went through distinct stages including: stage 1 – *group formation*, during which participants are carefully selected by the lead facilitators, stage 2 – *orientation, exploration and trust building*, during which members meet for the first time and begin to know one another, stage 3 – *transition*, during which the direction of the work is often questioned by its members, stage 4 – *the working stage*, characterized by a high level of commitment, group cohesion and productivity, and stage 5 – *consolidation and termination*, when group members group members say goodbye and begin to translate

their new experiences to the outside world (Corey, 2009). As a group member present during the trust building stage, I remember asking myself questions like “Will I be accepted?” and “Is there room for me in this group?” During the transition stage I felt the need for some personal control of what happened to me and observed other participants respectfully expressing anxiety or concern about the limits of the emerging production. Then in the working stage, participants showed a high level of commitment by enthusiastically participating in theatre games and engaging in meaningful self-disclosure. Finally, the project was thoroughly debriefed in the group, meanings were consolidated and experiences transferred to the world beyond the project.

Ultimately this careful group work fostered feelings of positive regard between members and a shared affection for the group. Member-member attachments blossomed, and necessary risk-taking occurred. As in TE, the establishment of a safe and accepting group was necessary for the veterans to access psychological material and embodied trauma directly, which in turn helped veterans to create therapeutic change. In the early stages of the production one of the veterans asked the group to refrain from using the word “company” (a theatre as well as military term) to describe our group. Months later, celebrating between shows, he would raise his glass, “to our new company!” But what happened in between these two events that changed his mind? What is behind the progression through the stages of the *Contact! Unload* group? Schutz (1958) might argue that the veterans addressed their need for personal control in the group, that they reached a level of affection and openness that entailed strong trust and strong bonds, and that the group reached a high level of inclusivity. All these are likely true. In addition, and in

keeping with this study's focus on action and the body, I would like to offer an in-depth neurological account of group process that may shed further light on this phenomenon. Badenoch and Cox (2013) assert that humans are hard-wired to connect with other humans in a group. To back this claim they offer a description of interpersonal neurobiology as it applies to groups. The authors argue that group members who share embodied memories of similar experiences of abandonment, shame, terror, and grief are able to help one another to construct new meanings that may lead to change. Participating in a group offers members the opportunity for neuroplastic change, which alters the way the brain reacts to traumatic material. Neuroplastic change happens through exposure to moderate emotional arousal, to regulating intimate relationships, (Badenoch & Cox, 2013; Schore, 2009; Siegel, 1999), to support while contacting embodied traumatic memories (Badenoch & Cox, 2013; Badenoch, 2008), and to new experiences and emotions that serve to disconfirm the present "truth" of implicit memories (Badenoch & Cox, 2013; Toomey & Ecker, 2009).

Again, implicit memories are an embodied felt sense of the past that do not feel like remembering when they arise. Implicit memories are felt strongly in the here and now and are therefore interpreted as "true" for the person feeling them. These memories continually shape the way in which we assess the world around us and, in turn, influence our social behavior and social outcomes. Sometimes this may result in a painful circle, which arises from the confirmatory effect of implicit memories, whereby memory-influenced behavioral outcomes confirm the memories as true. This phenomenon may present barriers to progress in group work, but it is precisely because embodied responses

figure so centrally in the group that implicit memories are accessible and alterable in this setting (Badenoch & Cox, 2013).

Implicit memories can be changed both consciously and unconsciously within the group. In an intimate and safe group, attunement serves to amplify members' struggles, rewiring the limbic regions of the brain, which fosters more secure attachment below the level of consciousness (Badenoch & Cox, 2013; Schore, 2003b). The conscious awareness of embodied memories makes them available for reorganization and alteration by clients with the help of attuned group members (Badenoch & Cox, 2013; Badenoch, 2008; Ecker & Toomey, 2008). In addition, participating in group therapy greatly increases the likelihood that previously threatening neural networks will be triggered, which is unpleasant but necessary for change (Badenoch & Cox, 2013).

The group process can be reframed as an integration process (Siegel, 2013). The integration of traumatic material cannot take place during flight, fight or freeze states where the sympathetic nervous system is highly activated and the social engagement system is shut down. With group attunement, the sympathetic nervous system is calmed through the Ventral Vagal Complex (Porges, 2011) and group members are available for intimate joining, an optimal state for processing and integration, which is crucial for trauma repair as well (Badenoch & Cox, 2013).

Mirror neurons and mirror systems play major roles in social engagement in groups. Mirror neurons are specialized brain cells that fire in response to the observation of the actions of others, which resonate with our own actions. They are important for behavioral rehearsal as well as for the intuitive recognition of others as similar to us. Mirror neurons connect individuals by allowing them to experience the behaviors,

emotions and intentions of others “as if” they are their own, resulting in empathic mutual recognition. Put a different way, mirror neurons facilitate a conscious or nonconscious embodied simulation of others’ behavior, intent, or disposition as assessed by the thinking brain (Westwood & Gordon, 2016). Mirror neurons and larger mirror systems (networks in the brain that house mirror neurons), may explain the prelinguistic responsiveness that allows groups to be formed in a remarkably short period (Schermer, 2013). Although “mirroring,” or the process by which we model, reflect upon and learn from one another, (Foulkes & Anthony, 1965; Pines, 1998; Schermer, 2013), is still under investigation, the phenomenon has important implications for group process and, in the case of this study, for understanding veterans’ change narratives during the creation, rehearsal and performance of *Contact! Unload*. In general, mirror neurons remind us of the highly contextual nature of human psychology and behavior and of the importance of the social parts of our brain. They also reveal the incredible possibilities of what may be achieved in a group.

The following three sections will dip into the well of experiential and action-based theory, looking to psychodrama, gestalt and sensorimotor psychotherapy to provide relevant concepts to help understand veterans’ narratives in this study.

### **Psychodrama – catharsis and release**

Psychodrama, first developed by J. L. Moreno in 1921, is a psychotherapeutic modality that employs the use of role-playing techniques to externalize clients’ internal conflicts and promote catharsis, characterized by the release of pent-up emotions. This therapy deals with concrete rather than abstract objects and uses body action rather than

talking to overcome cognitive, emotional and behavioral challenges (Anderson-Klontz, Dayton & Anderson-Klontz, 1999). Psychodrama emphasizes the here and now.

In the 1987 compendium of his writings entitled “The essential Moreno: writings on psychodrama, group method and spontaneity,” Moreno explains that psychodrama is a science that explores the “truth” by dramatic methods. The truth he refers to is reminiscent of the subjectively “true” implicit lived experience as discussed by Badenoch and Cox (2013), and can be viewed simply as material that is highly salient to the client in the here and now. For therapists directing psychodrama, Moreno prescribes the use of four main instruments: *the stage*, which acts as a living multidimensional space, providing the client with the flexibility to assume a multitude of “roles” that they cannot explore in the outside world, *the protagonist*, a client-actor who, unlike an actor-entertainer, reveals their true inner self on stage and portrays their own private world, *auxiliary egos* or participant actors who act as extensions of the director to guide and validate the protagonist’s work, and *the audience*, which enters into a reciprocal helping relationship with the protagonist. Moreno puts it nicely: “The stage space is an extension of life beyond the reality test of life itself that offers freedom from the unbearable stress of having to compromise one’s identity” (Moreno, 1987, p. 14). He contends that the audience itself becomes the subject of therapy, leading to group catharsis similar to that which occurs in sociodrama (Moreno, 1987).

Sociodrama, as distinct from psychodrama, is particularly relevant to understanding the performance of *Contact! Unload*. In Sociodrama, the same psychodramatic deep action methods are applied, in this case to intergroup relations and collective ideologies in order to deal with social problems. The subject for change is not

the individual but the group, including the audience, which becomes the sounding board for the culture of the time. One of the major goals of *Contact! Unload* was to inform members of the public using stories of veterans in transition and, although understanding the changes that took place in the audience is beyond the scope of this study, I suspect that the veterans' personal change narratives were impacted greatly by the opportunity to change the hearts and minds of non-soldier civilians along with veterans in the audience. The discussion of the use of drama as a vehicle for societal communion will continue in the section on public ritual below.

Moreno reserves a special place in his model for the concepts of 'spontaneity', 'catharsis' and 'role.' He defines spontaneity (from the Latin *sponte* – "of free will") as readiness to respond as required to situations that are fundamental to human development. If one acts freely and willfully then they may avoid becoming stuck. If the supply of spontaneity meets the demand for change then equilibrium is maintained, if not, then socially damaging disequilibria may result (Moreno, 1987). Those who are overwhelmed by the experience of PTSD have little ability to be spontaneous, particularly when they are hijacked by fight, flight or freeze responses. Psychodrama, like its TE successor, is designed to contact traumatic material in order to unfreeze clients and train them to become more spontaneous.

Moreno pairs the Greek concepts of the stage and the actor as the primary location for catharsis, which he borrows from eastern and near-eastern theatre traditions. Catharsis can be defined as the expression or release of emotions resulting in a sudden shift in perception and the acquisition of insight. Insight is accompanied by a cascade of further emotions that are supposed to clear away arrested feelings such as grief, anger or sadness



(Westwood & Gordon, 2016). Moreno asserts that the release of strong emotions surrounding material from the past is sufficient for lasting therapeutic change, a claim currently in dispute (Westwood & Gordon, 2016; Westwood & Wilensky, 2005). He argues that the client may be changed simply by feeling relief from fear or grief with no change to their external situation being necessary.

Moreno discusses how catharsis occurs in the body as well as in the mind, which may refer to implicit memory. Moreno alludes to the potential for relational catharsis between individuals in an interlocked life situation (Moreno, 1987), which may be related to mirroring as discussed by Schermer (2013) and certainly applies to combat veterans. Release and the unloading or dropping of baggage figure prominently in the change narratives of one of the veterans in the film associated with this thesis. One veteran in particular experienced a series of transformative moments on stage that will be discussed with the concept of catharsis in mind.

Finally, Moreno offers an account of *role* in theatre and a discussion of how the sociological concept of role may be applied to psychodrama. The term role originated from within the theatre. The Latin *rotula* refers to physical ‘rolls’ that were read to actors onstage, communicating character directions to them. Later, scholars in sociology used ‘role’ to mean the tangible forms that the self takes within society (Moreno, 1987). Through this lens, role is the functional shape we take in any given social setting, behaviors which vary from situation to situation. Likewise, psychodrama theory constructs role as a multiplicity of states that operate through all dimensions and stages of life. From this perspective, the concept of the role is fundamentally a relational one. According to Moreno, the function of role is to help us organize social meanings

embedded in the unconscious (Moreno, 1987). Of particular relevance to veterans in transition is Moreno's discussion of disequilibria arising from role-related loose ends. He asserts that each person is eager to realize a wide variety of roles, which cannot be fully addressed due to life's constraints; however, catharsis through distillation of these roles can occur on the stage where "the fragmentary quality of existence outside the theatre is reduced to proportions in which we are able to express the essential experiences of our existence" (Moreno, 1987, p. 53). Considering this, one would expect that performing their own true stories might give veterans the opportunity to tie up military loose ends.

*Contact! Unload* is fundamentally different from psychodrama because it actively promotes the structure and social support necessary for fostering trust and safety, the key ingredients for trauma integration and social-connectedness. Without these important additions, psychodrama may be damaging to participants and has been shown to be ineffective at creating lasting change (Westwood & Gordon, 2016). However, despite psychodrama's shortcomings, many of Moreno's theoretical constructs are very helpful in explaining experience based processes and readily apply to this discussion.

Like psychodrama, gestalt therapy aims to provide clients with the opportunity to contact their past, present and imagined futures in the here and now. In the following section I will explain gestalt change theories and begin to relate them to *Contact! Unload*.

### **Gestalt theory – putting the “Contact” in *Contact! Unload***

Gestalt theory holds that authenticity, or being who we are rather than trying to become who we are not, paradoxically changes us over time. In therapy clients are encouraged to “be” as fully as possible who they are in the present moment and to shift the focus away from what they believe they should be. A basic tenet of gestalt is that

increased awareness of the body, thoughts and emotions leads to increased self-regulation. At its core, gestalt therapy is intended to support the restoration of awareness, which in turn leads to contact and integration (Corey, 2013).

According to Laura Perls (1992), gestalt therapy is neither a technique, nor a collection of techniques and, like TE, it is not an encounter-based modality aimed solely at the release of tension as is the way with psychodrama. The main goal of gestalt work is to combine therapist support with client self-support in order to reorganize and rechannel client energy. Gestalt therapy does this by taking an existential phenomenological approach using experiential and experimental techniques to provide clients with the opportunity to contact important experiences and foster new growth. Gestalt therapy taps the “awareness continuum” – the freely ongoing gestalt formation synonymous with growth, which serves as the channel for information most pertinent to the social organism (Perls, 1992). Frederick Perls, the founder of gestalt therapy, argues that the therapist’s goal should be to attempt to understand the internal structure of the client’s actual experience, often in the here and now, but also in the past, and to discern the degree of ‘contact.’ For Frederick Perls, contact is an action that results in assimilation and growth and the formation of a “figure of interest,” a being or object, distinct against its backdrop or context, which he refers to as the “ground” (Perls, 1951). When a figure emerges from the ground but is left unattended it becomes unfinished business, which demands attention and detracts from the experience of the present, interfering with healthy contact with self and others. Unfinished business is like a thorn in the side, demanding attention, steadily gaining power until the client’s life becomes markedly impacted by preoccupation, compulsive behavior, wariness, oppressive energy and self-defeating

behavior (Corey, 2013). Only in the completion of unfinished business is the figure returned to the ground and equilibrium restored. Contact is made by seeing, hearing, smelling, touching and moving, and entails growth and the ongoing creative adjustment of people to their environment.

In addition to contact, Laura Perls (1992) discusses two more essential concepts, *boundary* and *support*, which may be applied to understanding the veterans' narratives. Boundary primarily refers to the place where contact is made between the client and other individuals in his or her environment. Here the client touches the 'other' and at the same time experiences him or herself as distinct. Boundary functions to connect and separate, helps to define oneself against others, the environment, and one's past, which may be replete with outdated ways of being. Boundary is the place where the client must live in order to properly integrate and assimilate his or her experiences. Contact can be relevant and creative to the extent that robust 'support' is present in therapy. Client self-support extends from basic physiological processes such as breathing, circulation and digestion to cognitive systems and emotions, and which is augmented by external support from the therapist, by his or her interest, unconditional acceptance and availability to help. (Perls, 1992). In the discussion chapter I will examine the ways the veterans made contact, completed unfinished business, and returned figures to the ground, while at the same time differentiating themselves from a backdrop of war and transition, emerging onstage fully as themselves in front of an audience of witnesses. The healing power of witnessing is a key component of TE, the subject of the next section.

### **Living on the cutting edge with therapeutic enactment**

Therapeutic enactment, the sophisticated fusion of group therapy, psychodrama and gestalt that comprises the action-based core of VTP process work, helped veterans to lay the groundwork for participation in this project. TE was also one of the subjects of *Contact! Unload*, demonstrating how profound the experience was for veterans that they would choose to portray it on stage. TE acknowledges that what has been lost in trauma can never be fully regained, but supports the idea that recognition of what has been lost and processing grief in new and innovative ways may facilitate trauma repair, along with learning how to understand, regulate and manage trauma related reactions as may be experienced post therapeutic work.

During TE, scenes are created in order that wrongs may be righted and group communion may be used to restore harmony and spiritual vitality in clients who are sometimes referred to as “leads” in the group (Westwood & Wilensky, 2005). Typically, after group-building has occurred, the lead will begin their TE by walking around the inner circle of the group with the therapist. The transition into physical action is intended to have a time travelling effect for the lead, bodily transporting him or her back to their traumatic experience as implicit memories and embodied emotions such as shame, relief, fear, excitement, dread and anticipation begin to arise. As the two walk, the therapist creates a sense of safety through physical touching, proximity and tone of voice. With the help of witness role takers and the therapist, the lead begins to “thaw out.” Distressing implicit memories and emotions frozen in the brain and body are processed, ordered and reflected back by the group in a narratively coherent package rendered safe to explore. In this way, the lead retains the ability to orient him or herself in this structured group process while experiencing the chaos of embodied trauma.

TE uses stand-ins or “doubles” to support the lead during difficult and moments throughout the enactment. Doubling allows the lead to physically step back and observe the scene from the outside, providing insight and empathy. If applicable, the use of a child double allows the lead to protect and nurture his or her younger self and grieve the loss of childhood innocence. The therapist may also use role reversal to provide an external point of reference outside of the lead’s “narcissistic self,” and offer increased understanding from the perspective of others (Westwood & Wilensky, 2005).

TE can be extended to problems beyond trauma, with application to self-compassion, assertiveness, the regaining of voice, empowerment, guilt, moral injury repair, embodied shame, and grief and loss, among others. At its core TE is a meaning-making, schema-altering, experiential intervention that may have a profound effect on the relationship between the lead and him or herself and between the lead and other people. TE differs from traditional psychodrama (discussed later in this review) in its emphasis on the building of a strong and cohesive group, structured and focused on specific identified client goals prior to the enactment process and extending therapeutic repair beyond catharsis. Group-building was strongly emphasized during the *Contact! Unload* process to create a safe container within which veterans could contact intense and traumatic material.

### **Sensorimotor psychotherapy – incomplete actions and the role of movement**

Gestalt and sensorimotor therapies share much in common. They emphasize present moment experience and the completion of unfinished business; however, sensorimotor psychotherapy is grounded in neurobiology and the ways the brain and the body interact for those who have experienced trauma. Sensorimotor psychotherapy goes a

step further than gestalt in arguing for the dominance of nonverbal body-based implicit psychological processes over cognitive, verbal and explicit ones. It deals in the rich language of the body and its multitude of interconnected systems but is oriented not just to the physical body but to the body in motion – to actions, impulses and defences. The way the body moves provides information about the nature of a client's injuries and is itself the target of therapeutic action. The sensorimotor theory of change holds that working with the body, noticing its sensations, postures and impulses, investigating its gestures, defences and orienting tendencies, and experimenting with its movements can help clients to break outdated patterns and address unfinished business lying at the heart of posttraumatic stress injuries.

Truly there is no place like the theatre to explore movement. In this space actions range from gross motoric movement such as stomping, walking, crawling, skipping and jumping, to fine motor actions such as picking up objects and deliberate movements of hands and feet, to micro-movements in facial expression, in posture, and the tilt of the head. Movements and emotions are causally linked. We respond to everything that happens to us with movement, particularly in social contexts.

The theatre is fertile ground for the exploration and change of entrenched patterns of affect and habitual movement. For example, the way we walk communicates to the self and to others how we feel in the moment and about the way we experience ourselves. In the theatre there is an opportunity to examine the way the body moves, indeed explicit attention is paid to this and participants are encouraged to experiment with new ways of moving through space, which may serve to change unhelpful psychological and physiological patterns sustained by habitual ways of moving. For example, our gait is a

personal signature expressed by the arm swing, head carry, shoulder movement, pelvis tilt, foot placement, and curvature of the spine. These walking patterns reflect personal histories, beliefs about the self and the world, and patterns of thinking and feeling. Intentional alteration of the way the body moves can support a new way of being in the world and, conversely, repetition of old movements may serve to reinforce existing unhelpful patterns (Ogden, 2015).

The action-oriented methods of sensorimotor psychotherapy are intended not only to alter old patterns and ways of being but also to help shift the burden of embodied trauma. This is done through a process of identifying and completing actions thwarted during the traumatic moment. Orienting and defensive responses are designed to maximize our survival in dangerous situations. A threat triggers an orienting response and our field of awareness narrows to the threat and a defensive response is mounted, such as using our hands to brace ourselves when falling. Other active defensive responses include fight or flight, raising an arm up to protect ourselves, twisting away from a blow, steering away from a collision in a car, and more. Passive responses include freezing and submitting where active defences are unlikely to be effective.

A hallmark of lasting trauma is the thwarting of orienting and defensive responses to threat, which may be ineffective or overwhelmed and therefore remain incomplete (Ogden, 2003). Unfinished business is linked to unhealthy functioning in orienting and defence after the fact. People with trauma may devote an overly large proportion of their waking life to orienting to threat cues, resulting in hyperawareness of some stimuli at the expense of others, or too wide a field of awareness, preventing some people with trauma from effectively orienting to and mounting a defence against true danger when present.



Further, the capacity for sensorimotor processing may be diminished for people with interrupted defensive movements, and people with disrupted orienting responses tend to exhibit fixed patterns of orientation, which prevents orientation to the present and continually evokes the dangers of the past (Ogden, 2003).

Sensorimotor psychotherapists work with clients to practice the very movements inhibited during their trauma. This involves teaching clients specific orienting and defensive gestures in an integrated way to facilitate the completion of actions and the processing of embodied trauma. Examples of this include inviting a client who experienced abandonment to reach out her arm in a gesture of help-seeking or coaching a client who experienced assault to push his arms outward to ward off the attack.

Traditional therapeutic settings are somewhat limited in their capacity for exploring gross body movements because of small space constraints. More space and more people in the theatre allow for myriad physical actions that, if specifically tailored, may allow participants to reinstate their capacity to orient and defend themselves effectively and to integrate internal and external stimuli so they may live again in the present.

The final therapeutic model covered in this literature review is dramatherapy, which, like each modality discussed above, promotes a theory of change highly relevant to understanding the experience of veterans performing *Contact! Unload*.

### **Dramatherapy – role, embodiment and public ritual**

Unlike some theatre productions, where the goal is to fine-tune performances for an audience, dramatherapy emphasizes creation and rehearsal processes as ends in themselves. During dramatherapy clients spend time exploring themselves within a structured and safe space characterized by a climate of safety, personal control, group

cohesion and support. Dramatherapy is made up of a collection of dramatic techniques used to facilitate change in clients. Although this treatment is strongly grounded in the theatre, dramatherapy uses many of the same principals to engage mind and body as the modalities previously discussed including group therapy, psychodrama, sensorimotor psychotherapy and gestalt, and its core processes as outlined by Jones (2007) are relevant to understanding veterans' change narratives in *Contact! Unload*.

In his book "Drama as Therapy" Jones discusses the core process of dramatherapy. *Dramatic projection* is the process by which clients project parts of themselves onto fictional dramatic material. Projection creates new representations of client issues and facilitates change through the acquisition of new insight and exploration of implicit material. *Dramatic empathy* and *distancing* are complimentary actions that promote clients' emotional identification with dramatic work and allow them to step back when the material becomes too intense. *Embodiment* is the dramatization and exploration of the body and the ways the body is entwined with identity. Attention is directed to how the client's body communicates itself, as well as to the personal, social and political forces on it. Like a meeting of sensorimotor and gestalt perspectives, the moving body generates knowledge by contacting issues in the here and now in dramatherapy. *Life-drama connection* is another important concept both for dramatherapy and *Contact! Unload* because it relates to theatre's function of reflecting on social issues using ritual expression and political theatre. Life-drama connection may occur on small or large scales; a basic connection with one's own issues while performing is the only requirement. *Transformation* refers to changes in a client's state as they enact their own life on the stage. An example of such a transformation is the switch into a creative state,

whereby the client becomes an active user rather than a passive receiver of treatment. In dramatherapy clients are encouraged to maintain a lighthearted relationship with reality and do so through play, which, like Moreno's spontaneity training, is a way to build flexibility that can be applied to real-life situations. Finally, dramatherapy utilizes role to help clients create change. Jones (2007) argues that clients may assume roles in three ways: clients take on fictional identities of other people, animals, objects or emotions, clients remain themselves but enact situations from their lives, past or present, future or fantasy, or finally, clients isolate a part of themselves in the construction of a fictional role connected to outside life.

Jones (2007) further discusses why dramatizing the self is believed to be therapeutic. He writes that humans have the ability to express multiple identities simultaneously and we can meet the needs of our identities by assuming roles. Roles can be understood as the basic units of personality, which contain within them the thoughts and feelings we have about ourselves and others (Jones, 2007; Landy, 1994). Jones argues that the expression and exploration of roles is therapeutic. This echoes Moreno's idea of working with loose ends from life roles on the stage and it reminds us that life in society can be restrictive to the full realization of some roles.

A last important piece from Jones (2007) is his account of drama and public ritual. Public ritual can be used to celebrate important events and to mitigate the disruption of crises (Haviland, 1978; Jones, 2007) through (somewhat) emotionally distanced reenactment of situations of cultural importance. Ritual is based on reconciling individual psychological needs with public social needs (Douglas, 1975; Jones, 2007) and is predicated on the belief that events can be altered through reenactment. Reading about

public ritual resonated with me after filming and witnessing the *Contact! Unload* performance. From this perspective, the piece mediated between public and individual needs in an attempt to alter events, or the outcome of events by enacting them. Ritual is also used in dramatherapy in activities entailing the re-creation of experiences of past rituals that have resulted in unfinished business. Jones (2007) argues that group rehearsal rituals like the enunciation chant portrayed at the beginning of the film associated with this thesis, create group cohesion in unique ways. Considering this, ritual is an excellent lens to apply to *Contact! Unload*, in which rehearsal and group rituals helped to create cohesion and formed the scaffolding for a supportive and safe environment in which participants could explore and work.

### **Play-creating and performance-based research: the other side of *Contact! Unload***

This thesis is written from a psychotherapy perspective, focusing on the psychology of change; however, it is important to acknowledge the other pillar of *Contact! Unload*, which is theatre education and research. Doing so serves to provide methodological context for the creation, rehearsal and performance of the play, strengthening the theoretical backing of the present study, and offers an alternate means of evaluating this thesis and its film, which can also be seen as performance-based qualitative research.

*Contact! Unload* could not have afforded veterans the opportunity to create personal change without its strong counselling-therapy foundation. So too, the project would not have been successful without the expertise of facilitators like Dr. George Belliveau, bringing with them experience from research-backed theatre projects, shown to be of benefit to participants. An example of such a project is the 2007 study by Beare and Belliveau, evaluating the impact of a collaborative play-creating process on

secondary school youth through the examination of participants' experiences and the meaning and learning that emerged during the process. Using performative inquiry, an investigation of the relationships between people and their environment through the lenses of knowing, doing, being and creating, the authors discuss how collaborative play-creating processes helped over 1,000 youth to foster developmental growth.

Beare and Belliveau (2007) write that collaborative play-creation features nine key themes operating simultaneously, like gears that move the production and development of its players forward. The first four themes are play-creating steps that comprise the 'doing' of the project. *Scriptwriting* is a collaborative three-month process from which no participant is turned away. *Rehearsing* of scenes is sometimes predetermined by the director and sometimes discovered by participants. *Performing* in front of friends, family and school staff acts as a powerful force for youth development where the witnessing and celebration of students' achievement serves to strengthen their self-confidence and community ties. *Reflecting* allows participants to integrate their theatre experience in a lasting way. In this latter stage, cast and crew come together to share how the process impacted their development as performers, which often results in personal discoveries.

Beare and Belliveau (2007) go on to discuss performing arts youth development stages, which are based in part on Schutz' work (1958) and make up the remaining five themes. The stages reflect internal processes and are important for the role they play in the change the participants make both as key agents in the play-creation process and in terms of their own personal development. *Inclusion*, crucial in the prevention of dropouts, is supported by a feeling of belonging to and identifying with the theatre group. *Control*

is concerned with the delineation of acceptable behaviors, group norms and theatre-building skills. *Intimacy* develops as participants begin to master theatre skills and form close friendships. The level of self-disclosure increases at this stage. Participants who reach the *empowerment* stage have developed high competency and gained the admiration of others. At this stage there is a sense of reaching one's potential both in and outside the theatre. Participants reaching the *vision* stage are unique in that they display a combination of leadership ability, insight in the play-creating process and understanding of how others' individual contributions together serve to form the whole of the play.

Beare and Belliveau (2007) frame the change process as a weaving of the self and theatre. Their theory adds to the multiple overlapping change models from which this study borrows. Key concepts include: unique and individualized development experiences that are gradual, complex and multi-layered, non-random development that is circular, increasing sophistication, relational development, whereby participants develop through social interactions with peers, friends, teachers and family, and theatre-based development through engagement with play dialogue and actions in the play-creation process. Throughout the change process, participants move through cycles of internalizing – integrating new thoughts, feelings and behaviors, and externalizing – scriptwriting, rehearsing, performing and reflecting – all of which, the authors argue, contribute to personal change and development. Internalizing self and externalizing theatre are connected by inner and outer dialogue, thinking and communicating about participants' experience, which is influenced by the dialogue of others. Beare and Belliveau argue that the quality of participant dialogue is associated with the quality of participant development.

The study by Beare and Belliveau (2007) belongs to a body of performance-based qualitative research that involves doing or presenting research using theatre and performance (Beck, Belliveau, Lea & Wager, 2011; Belliveau, 2014; Belliveau, 2015; Belliveau & Irwin, 2016; Belliveau & Lea, 2011). This study, although intended primarily to contribute to existing theory in counselling psychology, also fits under the performance-based research umbrella. A brief discussion of the evaluation of performance-based research follows, which is intended to shed light on how to evaluate the present study as a piece of performance-based research and to provide it with further context.

Performance-based research, located within arts-based research, is characterized by its affiliation with both the arts and social sciences and by research that is both art and knowledge. Lea and Belliveau (2015) observe that traditional qualitative assessment methods used to determine validity, trustworthiness and rigor are difficult to apply to performance-based research, due largely to its aesthetic elements. Richardson's (2000) assessment criteria for arts-informed ethnography, as arranged by Alexander (2005) and discussed by Lea and Belliveau (2015) can be used as a structure for assessment with guideposts that leave room for interpretation.

*Content* guideposts include, *substantive contribution*, which points to the ways a piece of research contributes to an understanding of the experience of social life and how it builds on established theory, *reflexivity*, which brings attention to the explicit positioning of the researcher and to the study in terms of its structural, methodological and epistemological makeup, *sharing the academic and the artistic*, tailored for research-based theatre, asks for a balance of description, analysis, and theory alongside an

aesthetic presentation, and *expresses a reality* that asks whether the text accurately represents lived experience and is credible.

*Form* guideposts include, *aesthetic merit and balance*, evaluating aesthetic success and the degree to which the text is artistically shaped, satisfying, complex and not boring, *considering all the elements of the art form*, important because the absence of performance elements including sound, visuals and dialogue pacing may impact the quality of the research, and *academic and aesthetic balance*, which considers audience enjoyment as well as research findings. *Impact*, a criterion and guidepost, considers whether audience members are affected emotionally and intellectually, and whether readers are moved to write, act or explore new research practices.

A final unaffiliated guidepost Lea and Belliveau (2015) identify is *cohesion*, which points to whether all the aesthetic and academic elements of a performance-based research piece function together to help convey the meanings of the research. The authors offer criteria and guideposts not as a checklist but to direct attention to key areas for development and assessment. I encourage the reader to bear these criteria in mind as they view the film and read the accompanying discussion. Doing so may generate thoughts and opinions about the piece and inspire ideas for further modes of inquiry.



### CHAPTER THREE: METHODOLOGY

The qualitative research process that enabled the findings presented in this thesis is grounded in and guided by theory. As Danermark, Ekstrom, Jakobsen and Karlsson (2002) argue, theory cannot be separated from the process of doing research, nor can it be relegated to a secondary focus; rather, the researcher should intentionally establish a theoretical framework for the selection of research methods comprised of ontological, epistemological, methodological and social theories. The theoretical framework should then be applied to the selection of specific research methods and to data analysis and discussion. In accordance with this imperative, I seek first to focus the theoretical lenses of this study, then to select appropriate research methods in line with its theories, and finally, to build on this theoretical scaffolding during the final process of analyzing the data and discussing the results. In the following sections I will show how I come to use narrative inquiry to study the research question: *How did veterans' experiences of creating, rehearsing and performing "Contact! Unload" contribute to personal change?*

This study is founded on critical realism and the ontological premise that the universe is composed of structured, differentiated, stratified and changing objects and mechanisms. These are knowable, in that objects and mechanisms exist independently of human beings, and are also constructed by humans through the epistemological process of coming to know them. In other words, reality is external to conscious awareness but is filtered through human experience, perception and language, to emerge as socially imbued events, that become empirical facts through the process of knowledge creation. Critical realist ontological theory emphasizes a focus on the mechanisms that underlie events, which must be understood in order for data to be analyzed in terms of cause and

effect (Danermark, Ekstrom, Jakobsen & Karlsson, 2002). From the perspective of this study, the mechanisms are social, cultural and physiological, and the events are the personal experiences of the veterans who participated in the performance. The relationship between these mechanisms and events will be a subject of the discussion.

Epistemologically, this study is located within social constructionism, which holds the view that knowledge creation is a wholly human practice occurring within a social context. Constructionists argue that the self is everchanging and fluid, continually in process and unfolding over time. Constructionism pairs nicely with critical realist ontology, because like critical realism, constructionism acknowledges that the universe is knowable, but denies that truth and meaning reside within objects; rather, objects are constructed by the knowers themselves (Crotty, 1998).

Using a social constructionist framework, this study rejects the essentialism of traditional psychological streams, discarding the notion that the veteran participants retain discoverable and definable qualities that can be identified and filed away under the categories of personality and identity. Some of the participants in this study identify with having PTSD, but none of the veterans reported this as a defining characteristic. Emphasizing PTSD would risk pathologizing the experiences of the participants and limiting the utility of the study, potentially reducing its application to these and other veterans who might wish to be understood as complete and intact human beings and as people who are in a constant state of change and becoming. As Burr (2015) argues, descriptions or constructions of the world go hand in hand with social action. Construction motivates social behaviour and precipitates the particular treatment of some people by other people, depending on what is framed as permissible (Burr, 2015). There

is a social justice component that accompanies scholarship, and as a researcher offering his study to the body of knowledge guiding the therapeutic treatment of veterans, I do not take this responsibility lightly. Rather my fervent hope is that my work will serve to help veterans with occupational stress injuries live free from stigma and with greater ease.

This study adopts a symbolic interactionist theoretical perspective, with activity and meaning in the foreground, asserting that people act according to what they perceive to be most meaningful, and that meanings are produced through social interactions and are reproduced by individual interpretations and additional social exchanges (Denzin, 2010; Duguid, 2014). Symbolic interactionism is a bridge between the ontological claim that mechanisms underlie all events, and the task of analyzing and discussing these mechanisms and events in terms of cause and effect. Specifically, it provides a framework for the formation of a methodology of theoretically tethered methods, which are the tools of empirical inquiry. The narrative methods of this study were selected to help to tell veterans stories and to showcase the meanings they attach to events, serving the greater goal of understanding the change process they have undergone.

Narrative methods, with their inductive, bottom-up approach are well matched with constructionism and symbolic interactionism and, in this case, were selected to increase the empathy and understanding of the reader as well. This study relies heavily on the veterans' own recorded voices and images to describe their experiences. In addition, I have inserted myself into this study as a professional filmmaker and academic writer, which will be explained in more detail in the following sections.

I use two types of narrative methods to analyze and showcase the experiences of the six veterans who participated in *Contact! Unload* – the stage play founded on

veterans' personal experiences of war and transition. These include: a thematic analysis used to choose specific clips of narrative description and a narrative visual analysis (Riessman, 2008) used to inform the selection of "b-roll" or moving images accompanying the audio testimony in the film. The process for selecting and applying each of these methods is explained in detail in the latter portion of this chapter.

### **The methodological context of *Contact! Unload***

As a project, *Contact! Unload* is simultaneously concerned with veteran community-building, public education, veteran outreach and research about veteran mental health. The project's principal investigators, Dr. Marvin Westwood and Dr. George Belliveau, felt that such ambitious tasks should be supported by video documentation of the process. Thus, I was recruited to film approximately thirty hours of video, capturing much of the process of *Contact! Unload*, including group-building, personal and creative exchanges between company members, rehearsals, the performances in Vancouver and London, England, group debriefing sessions, and individual interviews at various points. These recordings are the data upon which this study is based.

As the videographer of *Contact! Unload* I was in a unique position, for I was given the choice of what to film and when. This proved to be a more difficult task than I had anticipated because of the innumerable moments that could have been captured. I was aware that the footage was intended to accomplish a range of goals including: to tell veterans' stories, raise awareness of veterans' transition issues, support scholarship in counselling psychology and theatre education, and document the progress of something that had never before been done. In the back of my mind was also my interest in the

transformative power of theatre and its therapeutic potential, stemming from my own past experiences of performing on stage. I was given no specific imperatives for exactly which events to capture, so I decided to err on the side of filming more rather than less, recording often continuously, with the hope of documenting as much as possible without inundating researchers or film editors with too much footage. To start, I covered company warm-up exercises and other theatre activities, and I captured multiple deliveries of the lines of the play by the veterans as they rehearsed. I have included some of these clips in the film, which show the veterans' experience of the play as it evolved; however, the bulk of the b-roll content over top veteran testimony shows unique events, including social interactions, facial expressions, creative moments, and veteran experiencing, that I hope might present a rich tapestry of the process, displaying what went on in the spaces between structured theatre work. I have done this in an attempt to trace back the outcomes, or the events veterans reported were the most meaningful and salient, corresponding to personal change. Again, this serves the research question: *How did the veterans' experience of creating, rehearsing and performing "Contact! Unload" contribute to personal change?*

I confess that in spite of my attempt to reduce the amount of footage, I was faced with a tremendous number of potential clips to include, and I regret that I was not able to include all the important events in the approximately forty-minute film. However, the art and magic of filmmaking is to convey the stories of people's lives in a short period of time and in such a way that their essence is preserved. So, in order to narrow the field and create the metanarrative that is the film, I utilized two main narrative methods, which I will now discuss.

## **Description, selection and recruitment of participants**

Six male veterans age 25-55 were selected for participation in *Contact! Unload*. Four were Canadian forces veterans and two were veterans from foreign militaries. Four of the six reported dealing with some form of military-related trauma including participants who had been diagnosed with PTSD.

The six participants were selected based on their completion and successful graduation from the VTP and their demonstrated ability to maintain positive and lasting emotional, psychological, cognitive and personal life changes following their previous group work with the VTP. Participants were excluded if they had not successfully completed the VTP, if they had psychotic symptoms, current severe alcohol or other drug dependence, unwillingness to refrain from substance use during pre-production, rehearsal, production or post-production phases. Participants were selected by Dr. Marvin Westwood whose longstanding work with military trauma and the VTP informed his assessment and decision of the six most suitable candidates.

Recruitment was focused on graduates from the VTP. Potential participants were informed of the project either through an announcement of a Movember-funded action based project for veterans in the Veterans Transition Network newsletter or through ongoing communication with veterans who had agreed to be contacted for future research after graduation from the VTP.

### **Part 1: Thematic analysis and selection of veteran voices**

To select the clips of the veterans' voices for the film I used a thematic narrative analysis, seeking to understand the nuances of each case without attempting to create categories to apply across participants, as I might have done if I had used grounded

theory. For example, the film emphasizes how one veteran focused on the pride he felt when fellow veterans in the audience came forward to seek help after the shows, while another talked about the meaning of comradeship over the course of the process, and yet another spoke about his emotional release experience onstage. The present thematic analysis is focused closely on ‘what’ the veterans are saying rather than on ‘how’, ‘to whom’ or ‘for what purpose’ as in some other methods of narrative inquiry (Riessman, 2008).

The first step in the clip selection process was to transcribe approximately five hours of debriefing sessions with the veterans. This complete, I separated all veteran self-reporting that referenced their personal experience of *Contact! Unload* from other conversation and banter. I kept track of all the instances in which veterans noted their physical experience, shared their inner world, including emotionality, their stories about relationships and social-connection, meaningful events over the course of the production and, importantly, anything they had noticed that had changed for them personally between the time the production began and ended. This left approximately two and a half hours of clips forming the narrative data pool from which I distilled the veterans’ stories.

I read the text for material falling under two umbrella themes: *meaning* – descriptions of events that held meaning for each veteran, (i.e. what each veteran voiced as his most important take-home experiences), and *change* – stories about personal changes, during or after the production, including those that were positive, neutral, or difficult for veterans. Still, I was forced to discard some of the clips that met these criteria, so priority was given to change narratives, particularly segments in which veterans spoke of meaning and change together, and most especially if the two were

linked. The themes were oriented toward the main purpose of the study – to understand the linkages between experience and change for the performing veterans.

## **Part 2: Selecting visual images of veterans at work**

With Part 1 of the narrative selection process complete, I began to construct a paper edit, (a film industry standard for a documentary) which consists of a document listing all the spoken content in the order that it is intended to appear in the film alongside potential b-roll clips (Dancyger, 2007). I began the editing process with the paper edit because it allowed me to order the narrative strands in a coherent and evocative fashion and to begin to pair verbal content with images. My process for selecting the b-roll images to accompany and support the veterans' spoken stories was informed by a narrative visual analysis (Riessman, 2008). Although veteran voices are the backbone of the film, I argue that the accompanying visual images are equally important in terms of narrative, both for the construction of the film's overarching metanarrative that serves as a container for the veterans' individual stories, and to reflect, amplify and enrich the veterans' experiences as well. It is at this point in the research process that I myself became more active as a story-teller as I selected these images.

I drew on my background as a film editor to make decisions about the order in which the veterans should speak and about the images that would accompany their voices. I made the decision to begin with clips from rehearsals to introduce the process that led to veterans with trauma injuries performing onstage in front of live audiences. I used the technique of jumping around in time during other parts of the film to contrast the there and then of rehearsals with the here and now of the performances and the debriefings afterward. I considered portraying each veteran's story sequentially to ensure



that each participant's experience was kept separate in accordance with Riessman's (2003) directive for narrative thematic analysis; however, I realized that the film flowed much better with the veterans' stories intertwining and, although the stories were cut together, I argue that they maintain their narrative threads over the course of the piece, thus preserving the veterans' stories intact.

In some places I have added music, again with the intention of augmenting the participants' stories, but I have done this sparingly so as not to distract viewers or manipulate their emotional experience in too dramatic a fashion. Music is a popular tool in film but I was somewhat hesitant to use it here in a research context. After giving the matter some thought though, I deemed it appropriate for and in line with the theories of this study and based on the evaluation criteria for performance-based qualitative research (Lea & Belliveau, 2015). But in order to justify the use of music and other narrative devices including my editing style, I would like to identify myself as an additional storyteller, with the hope of rendering visible my presence in the film. Behind the lens of the camera and while sitting at my home editing terminal I have made decisions on what to film, how to frame shots and in what manner to cut those shots together. I believe that these decisions have interacted with participants' stories in myriad ways, producing a metanarrative that is unique to us and to our context but based on my interpretive frame.

Because I used only one video camera to film the events of *Contact! Unload I* have, in some places, cut in shots of participants listening or watching from times other than those that are occurring on screen. This is a common technique in film, borrowing shots from other moments to facilitate seamless cutting and to emphasize the importance of events. For example, if a group member is speaking and others are attending them in

rapt silence, hanging on each word, it is important for the narrative to show this and, if there are no simultaneous shots available with which to do so, some must be borrowed from other moments of similar import. The film portraying the May 2015 performances at Granville Island (see Supplementary Film 2), also includes borrowed shots and, in fact, is a compilation of three performances edited together to look like one. This may appear to be fabrication in some ways, but again, I would invite the viewer to view this simply as evidence of my own narrative voice, for which I take full responsibility.

Finally, I will say that the veterans' experiences seem to have been largely cumulative, and so it is difficult to portray their personal changes in the form of discrete events on film, with some exceptions. However, it was my intention for the viewer to gain a sense of the *process* of change, because after all, a film is more than simply a collection of moments. Rather, if well crafted, it may tell a cohesive story that links multiple events over a span of days, months, or a year, as is the case with this study. In addition to offering myself as a narrator alongside the veterans, I focused on being self-reflexive while I crafted this research. This involved attempting to understand the effect that my privilege, my own personal experience and my background might have on the creation of the film and on the study in general. Doing this helped me to understand some of the things that might have been lacking in this research, including the voices of veterans who belong to ethnic minorities and those of women veterans as well. Their absence became apparent to me only in recalling my own gender and ethnicity as a white Celtic-Canadian man. This relates to the topic of social justice for vulnerable populations, to which all veterans with stress injuries belong.

## **Ethical considerations**

**Informed consent.** With a project of this complexity, entailing multiple performances, rehearsals, group work, interviews, debriefs, and an array of research objectives, it is extremely important to communicate clear information to participants about expectations, risks and benefits. Before the project began, participants were given comprehensive information about research objectives and procedures and discussed the risks and protective measures with the principal investigators. Veteran participants gave written consent at the outset and were given a copy of their consent forms to keep. Consent for participation was revisited continually throughout the process. The “right to pass” was reiterated regularly in both group therapy and theatre activities and participants were given the opportunity to withdraw from the project at any time. By signing a participant personal release form, participants agreed to be filmed for the documentary and were granted veto power over the film’s content. A member check was conducted to gain explicit final consent for the use of the veterans’ personal narratives in the film before it was completed.

**Confidentiality and privacy.** Given the performance elements of this project, its public nature, and the behind-the-scenes documentary, the full anonymity of the participants is not possible; however, steps have been taken to ensure the protection of participants’ privacy to the extent possible. Paper copies of consent forms and completed surveys are kept in a locked file cabinet and electronic transcripts and video files are password encrypted. The raw video files used in the documentary can only be accessed by the principal investigators and the videographer (the author). Replacement names are provided for participants in the film to avoid inadvertent or unforeseen negative impacts

on the participants or their legacy. The film will be part of the UBC library in perpetuity and it is difficult to determine in which contexts it will be viewed in the future.

**Avoiding harm.** Participation in group work and interacting with play material carries the risk of heightened emotional experiencing. All participants were successful graduates of the VTP, were assessed twice by registered psychologists, and were deemed to be at minimum risk for serious adverse reaction to content and themes, with which they were previously familiar. A trained counsellor, psychologist, and graduate student were present at all meetings, rehearsals, and performances where they attended to participants if they required assistance. Participants were reminded of their right to withdraw their participation with no consequence and of the around-the-clock availability of a clinician and were provided with a list of outside referrals.

**Considerations for research involving war veterans.** In general, it is difficult to find a group of people more generous and self-sacrificing than former members of the military. Indeed, veterans are trained to put themselves in harm's way for the sake of others. It is therefore easy to conflate their willingness to give of themselves with their capacity to give. Further, veterans capable and physically strong people. It is equally easy to overlook the fact that they require breaks like everyone else. In fact veterans with invisible injuries often require extra time and space to engage in self-regulation. Put simply, it is important to understand that participants in this population can be simultaneously very strong and acutely vulnerable. The principal investigators and I have kept this in mind and endeavored to be intentional about preventing the exploitation of our participants. We deliberately avoided inundating participants with tasks and excess triggering material and have attempted to be respectful of their time during the

production and in the post-project follow-up after the documentary was complete.

Fortunately, the veterans who participated in this study are skilled at voicing their needs, which they did regularly over the course of the project, buoyed by the receptivity of the research team and the attentiveness of their peers and other group members, and I can say with some confidence that, after the veterans settled in, they said “no” when they needed.

### **Member check and validity questions**

After constructing a rough cut of the film, lacking only the polish of sound mixing and colour correction, I conducted a member check requesting simple but important feedback from the veterans. The questions were:

- 1) Do the segments in the film in which you appear closely represent your experience of participating in *Contact! Unload*?
- 2) Does the film resonate with your experience of participating in the play?
- 3) Is there anything missing from the film or is there anything you would like to see removed?

The first question is about verisimilitude – whether the film maintains a closeness with the truth as experienced by the veterans. It bears a similarity to the guidepost criterion *expresses a reality* as discussed by Lea and Belliveau (2015), which is important to the validation of the social, cultural, communal and personal knowledges produced here. The second question is about an emotional reaction to the film – does it impact the participants to watch it? This aligns with the “Impact” guidepost, which directs attention to the effect of a piece on all audiences. Given that the veterans are the audience in this case, asking this question has the added benefit of further validating film results for the veterans. I argue that emotional resonance is an indicator of the research matching the

inner experience of the participants. The third question is intended to address ethical concerns, giving the participants the ability to veto any clip in the film and giving them the chance to request the addition of footage that might help to more fully represent their experience.

At this point I would encourage you to take off your reading hat and don the hat of a viewer so that you may take in the documentary film that serves as this study's results. The purpose of the film is to create a space for veterans' narratives to stand on their own, and to provide the reader/viewer with the opportunity to engage with them directly. The next step after the film is the discussion, in which the film is compared with the literature and some of the study's strengths and limitations are examined.

Implications for counselling psychology are included along with a call for future research. Additionally, the discussion informs future projects about the needs of veterans in transition, particularly those who have graduated from the VTP. Viewers may wish to watch Supplementary Film 2, which is the unabridged version of the May 2015 performance of *Contact! Unload* at Granville Island. Watching this through before reading the discussion section may offer additional insight into what it was like for the veterans to participate in this project.

## **CHAPTER FOUR: RESULTS**

Please see the accompanying film (Supplementary Film 1), “Contact! Unload Veterans Stories” for the narratives of veteran participants, comprising the results of this study.

## CHAPTER FIVE: DISCUSSION

*Contact! Unload* is unique and difficult to compare to other projects such as the youth-created plays investigated by Beare and Belliveau (2007). It cannot be viewed solely as a theatre piece, nor can it be seen purely as a therapeutic project. Some veterans were motivated to participate in the play based on their interest in the theatre, while hoping their participation might be of therapeutic benefit to themselves. Others express diverse motivations that include educating the public, influencing government policy, informing fellow veterans about mental health, telling their war and transition stories to family and friends for the first time, recruiting veterans in need of treatment to the VTP, and more. It is striking that many of the reasons behind veteran participation are externally focused, and selfless, in the spirit of giving back to other veterans.

It is clear that the majority of the participants were not there for therapy per se; however, *Contact! Unload* offers a strong therapeutic core fostering, I argue, the personal change evident in the narratives of the film. The group process was expertly facilitated by Dr. Marvin Westwood, a master of group therapy and the founder of TE (Westwood & Wilensky, 2005). With his guidance and with the help of several talented doctoral students in counselling psychology at the University of British Columbia, the group of veterans engaged in therapeutic activity that was supported throughout. In addition, veterans had the benefit of access to highly skilled drama therapists and a prominent professor of theatre education, director Dr. George Belliveau, who assisted veterans in granting themselves permission for spontaneous exploration and the building of trust in their own intuitions while performing.



It is clear in the film that *Contact! Unload* was a transformational experience for veteran participants and there is much to be learned from their narratives. In the following discussion I will compare the results seen in the film with gestalt therapy, sensorimotor psychotherapy and dramatherapy change theories and engage in a brief discussion of group process and catharsis. As per the research objectives, I will discuss the therapeutic benefits of participation in *Contact! Unload* for veterans in the areas of embodied trauma, emotions, perceived moral failings, social connectedness and (inter)personal mastery, discuss the implications for action-based and theatre-based approaches to psychotherapy, and summarize the ways in which projects like *Contact! Unload* can help meet veteran transitional needs.

### **The lesson of unwelcome change in *Contact! Unload***

Before we begin, it is important to note that not all changes were comfortable or welcome for the veterans, at least in the short term. In the debriefing sessions within two weeks of the final performance in May 2015, Doug and Richard report becoming more consciously aware of past traumas, which is uncomfortable for them:

**Doug:** *“Other things in my life are coming back up that I haven’t thought about, people dying in emergency rooms and motor vehicle accidents, which is the other part of my life, and it’s like fuck, that stuff I haven’t thought about.”*

**Richard:** *the other side of it um, is the awakening of all these old emotions. (Memories or emotions?) Memories and emotions you know and ... also my service. (Can you say more?) Stuff that I don’t want to remember.*

Doug and James speak about an incursion of dreams and sleep disturbances:

**James:** *I'm going to say I am in a better place even though I don't feel like it now, just because I'm so tired. I haven't been sleeping... my dreams just wake me up. There's nights where I don't have nightmares, I just have really vivid dreams... in my experience what happens when you're okay is that more things that need to be dealt with um, just spring up. You can handle more so you get more.*

**Doug:** *the fucking dreaming started for me again. I get, I don't remember my dreams ... It drove me crazy, to the point where I thought I was going crazy. Now I'm just like aw fuck not again, okay.*

From a gestalt perspective, these descriptions speak to figures emerging from the ground and unfinished business, which may be the cause of psychological discomfort for these veterans. Change processes are non-linear and discomfort may or may not indicate a setback. Both Doug and Richard speak to how, despite their discomfort, they notice that they are moving forward, both hinting at their increased capacity to tolerate and work with intrusive psychic material. However, the discomfort in the veterans' narratives reminds us that the content of *Contact! Unload* including, violence, suicide and despair are triggering for most of us, not least those with trauma and in future it will be important to exercise caution in theatre-based therapy projects so that veterans can explore problem areas in a safe and structured way.

### **Embodied trauma – James' physical change experience in *Contact! Unload***

In sensorimotor psychotherapy, embodied trauma is attributed to unfinished business in the body and the brain because of thwarted action during a traumatic experience, during which a person's attempt to defend themselves in the face of annihilation proves ineffective. Incomplete action becomes unfinished business because a

part of the person is always trying to complete it to prevent the trauma. James, a former army signaler, describes his headset as a “cage” in the play. Through it he was exposed to the voices of soldiers in distress that he could neither block out, nor do anything to help his comrades aside from relaying their position and status to his officers. In James’ interview he tells how good it felt to block his ears with his hands during the play:

**James:** *What my body wants to do when that scream happens, when the gunfire happens is to throw, to throw my hands over my ears and curl up in a ball, and so I did that and it felt good to be able to do that, to just, to do it.*

This passage is striking because James notices he is triggered but in the play, unlike in Afghanistan, he acts, throwing his hands up to protect himself, rather than suppressing the urge as he must do when he is triggered in public. The action is significant, given the nature of James’ trauma. In this case, he shuts out the loud noises of screaming and gunfire in the present while simultaneously completing the incomplete action of shutting out the same sounds from his signaler’s headset in the past. Pat Ogden (2007) argues that addressing thwarted self-protective attempts using defensive actions can help to integrate trauma in the brain and empower clients by allowing them to rebuild implicit trust in their defensive responses. It is significant that James emphasizes this action in his narrative because the more obvious focal point of change is embodied emotional experiencing and release, and the relief felt afterward. Indeed, James’ narrative is striking for the many references to embodied distress and its release. Before his dramatic change experience on stage James reports:

**James:** *I voiced to her how uncomfortable I was in my body, like I just, I just felt awkward, I didn't know what to do with my body, didn't know where to put my hands ... I was uncomfortable, but in a physical sense.*

James goes on to describe how one of the doctoral students, a trained dramatherapist spoke with him, validated his action impulses and encouraged him to give himself permission to notice what his body wanted to do and to experiment with various movements. James talks about how this permission allowed him to act authentically in the moment and release pent up actions and emotions. This fits with the concepts of *embodiment, life-drama connection* and *play* in the dramatherapy literature. Using her training, the doctoral student helped James to explore the ways his body was entwined with his identity, which resulted in congruence. She facilitated permission to experiment and play with various movements, some of which resonated with him strongly, and a connection between play content and his inner experience emerged.

James is adamant that for him, change did not occur consciously while performing, instead he felt the change in his body and in the here and now:

**James:** *There's no cognition. I wasn't thinking it's just being ... there was no thinking at all. It was purely being present in the moment and living those experiences that are my, my story, living those exact moments as I do, as I did.*

James describes experiencing himself more fully in the moment, which is commensurate with gestalt change theory – the visceral embodied awareness of figures of interest, contact and action resulting in the assimilation of unfinished business as figures are put back to the ground. James talks about the experience flowing through him:

**James:** *I felt like more of a conduit than anything. That just, the, the experience was kind of just flowing through me ... I'm just in, in the flow. And that's what I mean when I say I felt like a conduit.*

His description of flow aligns with the gestalt notion of tapping the “awareness continuum,” and growth and change resulting from a connection with the freely ongoing gestalt formation that is the antithesis to stagnation and incompatible with unfinished business. Allowing his experience to flow through him, James appears to create a new body memory that he believes will help him to better cope with embodied trauma:

**James:** *having the experience of just letting it flow through me has allowed me to realize that it can flow through me and when things are overpowering, they're overpowering but I don't need to stay stuck in it.*

Along with the flow James reports physical and energetic experiences in his body that are unexplained by sensorimotor theory or gestalt as reviewed in this thesis:

**James:** *Every cell in my body was vibrating, and not like I'm cold shaking but like, almost imperceptible but like, my clothes were, I was vibrating.*

Vibration may be an indicator of change for James and certainly of movement. James' heightened awareness of it loads this sensation with meaning. It is also clear that the vibration experience is non-cognitive and occurring within the body, which may help to pinpoint the location of change. This phenomenon does not appear in the literature reviewed for this study.

### **Thawing out – emotional experiencing and change in *Contact! Unload***

The veterans' participation narratives contain a wide variety of emotional experiences. In the film, veterans explicitly acknowledge their emotions in interviews and

debrief sessions and display their emotionality in their facial expressions, body movements and postures while creating, rehearsing and performing. From grief in the scene about suicide, to horror in the scene with an injured comrade, to affection and joy while laughing and bodily leaning on one another, to anguish and shame while contacting perceived moral failings, to pride, quiet contemplation and contentment, the veterans emote. The film displays the participants' emotionality in a way that is impossible to capture in writing.

The presence of emotion in the narratives is significant for two reasons. First, it is a significant marker of therapeutic change for traumatized participants who continue to wrestle with PTSS, in that trauma tends to blunt affect in a way that freezes people out of emotional experiencing. So the presence of emotions in participants marks psychological health and, in some cases I would argue, a thawing of some participants from the period before they began the play to after. Second, emotions are a powerful vehicle for personal change. Fosha (2000) argues that core affect, or primary emotion, can be harnessed to create profound, rapid change if it is tapped, expressed and processed through a here and now experience. Ogden (2003; 2015) holds that emotions are linked to the body through their action potential, their expression resulting in adaptive physical movements in the body that, when isolated and practiced over time, can facilitate change of old unhelpful ways of being in the world.

Over the course of creating, rehearsing and performing *Contact! Unload*, the veterans paired action with emotional expression. Let's look at some examples that will help us to understand how this contributed to personal change, beginning with James' description of the cost for him of pent-up emotion:

**James:** *I've never been able to uh, authentically embody emotion, even with like the VTP, with all of that stuff, it's always talking ... and whatever I am not letting out gets repressed and becomes anxiety ... I just was reflecting what was going on but not releasing anything.*

In the play, James gained new awareness and granted himself permission to let the emotion go:

**James:** *It was okay to embody the emotion. I didn't know I needed the permission. I didn't have awareness around the fact that I had never embodied it.*

Then came a dramatic shift with the outpouring of emotion, like a dam bursting, during James' "rant" on stage:

**James:** *I didn't have to think about my lines, I didn't think, I wasn't thinking at all. It just kind of came out ... It was like I was a fuckin' emotion, an emotional beacon. I just had that emotional energy radiating out of every pore.*

And the result:

**James:** *I felt uh, lighter. And I attribute that to just not holding anything, any emotion ... it's easier to speak my truth and it's easier to live my truth because embodying the emotion is just as important as speaking the emotion.*

James experienced a profound change in himself related to emotional release. This might be partially explained by Moreno's concept of catharsis, defined as the expression or release of emotions resulting in a sudden shift in perception and the acquisition of insight. James talks about an absence of thought in his narrative, that his experience was one of simply being and not of thinking, and therefore there was no immediate cognitive shift in perception or insight. Catharsis can extend to the body,

however. As James explains, his perceptual shift was one of embodying emotion, of connecting the outpouring of emotion to the physical experience of the body, as opposed to talking about emotions. Indulging the impulse to release emotion in connection with the body facilitates access to implicit memories and transformative knowledge is accrued by tapping the physiological flow of meanings through a felt sense of the wisdom of the body (Westwood & Gordon, 2016; Gendlin, 2012; Kobi, 2005; Rogers, 1975). In James' case, the audience witnessing his rage and greatest shame combined with the performance of long dormant actions, culminating in emotional and physical expression, seems to have fostered a profound change and allowed James to process and integrate implicit memories related to his trauma.

Grief is a major theme in *Contact! Unload* that is noticeably absent from veterans' explicit narratives as shown in the film, but which is evident in the veterans' words and actions during rehearsals and the play. Grief appears close to the surface in all phases of the process, including grief for the loss of the military family, grief for cherished parts of the self lost along the way, grief for fallen comrades who died overseas by the enemy or by suicide at home, grief motivating heartfelt participation in the project, and grief motivating personal change. An example of grief in the film is the rehearsal event in which, for the first time, Doug witnesses the scene of a family conversing about their son's suicide and is at first at a loss for words. Then, after a few deep breaths:

**Doug:** *You can accept combat deaths ... here, no. It makes it worse. And the problem with suicide is the victims are sitting here. I was telling my guys that it's counselling for me in a different venue ... Seriously, I really appreciate what you're doing.*



Doug expresses both his grief and his gratitude. We cannot know exactly what his inner experience is except to ask him, but it seems likely that he feels a sense of relief from contacting and expressing his grief with caring witnesses present. From a gestalt perspective, unexpressed grief is psychic clutter that interferes with a rich experience of the present and may drag a grief-stricken person into the past. Unexpressed grief also interferes with ongoing differentiation and change efforts, particularly when a person's unfinished business is grief for the self or for parts of the self that have ceased to be. Like the ghost of a limb, parts of the self lost during trauma or left behind with a military career continue to be felt keenly and can only be laid to rest through a process of meaning-making and grieving.

I argue that the film showcases some of the unique ways *Contact! Unload* primes veterans for grief expression including the slow exposure to grief material over time, provision of space for expression during all phases, group processing and meaning-making, supportive individual counselling, time allotted for socializing and fun, forward-thinking with the goal of dealing with past issues as part of preparation for the performance, and mobilization of the body and limbic system, among other grief-friendly features. These contributed to resourcing and preparing veterans for their performances on stage, replete with authentic expressions of grief but with the added benefit of a caring audience, whose role will be discussed shortly.

In sum, the body informs and transforms the self through the language of emotion. The impression I am left with through my readings, creating the film and writing this thesis, is that only when we are armed with emotional wisdom and awareness of the body, can we create lasting change.

### **“Nobody told me I was a monster” – the role of the audience in moral injury repair**

During their performance, the veterans made contact publicly, in view of the audience, and succeeded in defining themselves against the social and political context of war. They were also able to distinguish between their present selves and their past selves, their ways of being. The audience watched in rapt silence as the veterans went to hell and back with many audience members accompanying them along the way. For James, the compassionate witnessing of the audience was transformational, deepening and solidifying a change he had begun to make during his time in the VTP. This change involved rewriting the internal script, “I am a monster,” scrawled on his soul in the instant he learned he had inadvertently ordered the death of an allied informant in Afghanistan.

A moral injury, reinforced by the perceived violation of the strictest part of one’s personal code, is among the most difficult of traumas to change. One method of treatment is perspective-taking, where the actions are reframed and viewed from various perspectives to reduce the rigidity of beliefs that keep one locked in a cage of guilt, shame, and self-debasement. Unfortunately, when combined with trauma such as the perpetration or witnessing of acts of violence on another, the “facts” of failure are embedded in the body as implicit memories, and perspective-taking, which recruits predominantly the thinking brain, is not powerful enough to enact a shift alone. In the VTP James accessed his trauma through his body and began to internalize empathy and forgiveness from other group members, fellow veterans, who acknowledged the extent of how terrible James’ situation was, without labelling him as a terrible person. This was the

beginning, and for James, the next step was taking in additional messages of acceptance, this time from civilians and family while physically activated during *Contact! Unload*.

**James:** *Nobody told me I was monster. There was no negative anything. Everyone was thanking me ... along those lines of, of, that's brave, you're, thank you ... By doing all these things and puking my story all over a bunch of people, and getting such positive feedback, I can't read that shitty script anymore.*

Typically, it might be difficult for James to take in acceptance from others, particularly with the critical part of himself dominating and subduing his other parts, but armed with righteous anger and a mobilized body, he took in positive acceptance from the audience while initiating positive self-acceptance, which seemed to act together in a feedback loop. Dramatherapy theory holds that public ritual, or the witnessing of a significant event reenacted for the purpose of reconciling individual psychological needs with public and social needs, creates a reciprocal process of change, whereby performers and audience members move forward together through interaction and feedback. In the case of James, a soldier experiencing alienation after serving his country, the audience witnesses and helps to bear responsibility, on behalf of all Canadian people, for the actions he regrets. In fact, audience members are more than willing to shoulder some of James' burden, for it must be of some benefit for them to give back as well.

### **Never alone – formation, deepening and enjoyment of social-connectedness**

When I first joined this project, I was puzzled to hear from several veterans that they would elect in an instant to go back overseas to fight. I had assumed that, given some of the participants' experiences of acute trauma, they would rather be anywhere but in a war zone. Later I learned that this can be partially explained by the loss of

adrenaline-charged experiences, as is depicted in the play. Largely though, veterans would go back again to rejoin the military family, the bonds of which are forged in combat situations in which soldiers' lives depend on the actions of comrades. For many veterans, the loss of friendships characterized by a feeling of absolute trust and by shared harrowing, sometimes near-death experiences are an extremely difficult one, and one that seems to play a significant role in veterans' difficult transitions back to civilian life. Greg describes the importance to him of social-connectedness in the military:

**Greg:** *You work and train alongside the same guys day in and day out and then on your time off you end up hanging out with the same guys, because they're your friends. It's a bond that, next to family, I can't think of anything that comes close.*

An enormous challenge for those who come back is to replace the social-connectedness of the military community because it is so unique. Often veterans elect to spend time with other veterans but, despite the hard work of organizations like the Canadian Legion, opportunities for veteran community building remain few and far between. *Contact! Unload* filled this gap for its participants, at least over the course of the months of play. Ethan uses the metaphor of a "fire team" to describe his experience of bonding with the other veterans while performing *Contact! Unload*:

**Ethan:** *It's like, a fire team really, we're a fire team right, which is a, which is your smallest tightest group within the military ... You're digging the trench together. You're literally sleeping in a bivy next to a guy, you know, back to back or whatever you know, two guys on sentry, two guys sleeping ... it's the tightest bond you got.*

Again, the bond is particularly tight in a fire team because at any moment they could literally be under fire. This metaphor speaks to the unique combination in the play of

fostering friendships, working hard to prepare for performances, and the adrenaline rush associated with performing in front of an audience. Without all these pieces, including time together, hard work and nerves around the performance, the level of social-connectedness and purpose would not be as high. Brad speaks to what having purpose with fellow veterans meant to him:

**Brad:** *I was unhappy when I came back to Canada. I never really renewed that purpose that I had. What I enjoyed was having a purpose with people who are like-minded ... Everyone here is exceptionally important to me ... This is one of those things that will stand out no matter what, and it's because of the people in this room.*

Brad speaks about like-mindedness as if its presence is a fact. His certainty may partially be due to the unspoken bond that veterans share through a kind of club membership, but the key word here is 'unspoken.' I argue that the comradery between participants in this project had to be validated, was experienced rather than assumed, and was initiated through mirror neurons and embodied empathy fostered in and through group process and the shared experience of play creation. Richard's experience is particularly congruent with this idea of new bond creation within the context of *Contact! Unload*, because for him, acceptance was never a given:

**Richard:** *I'm not Canadian service and I always felt like a bit of an intruder and I wasn't made to feel like that at all. It felt very, very awkward for me to be in at the beginning, very, very difficult. So I want to thank the veterans for accepting me ... They just accepted me with open arms and uh, and drew me in, it was fantastic, a great feeling, and I'll always be, I'll always have that feeling, I'll always cherish these guys.*

In this passage, Richard speaks explicitly about his experience of change. When he first met with our group he saw himself as an outsider and by naming this in the group he alerted the other veterans to his inner experience and, in turn, they empathized with and supported him in such a way that his feeling changed to one of inclusion. This is in keeping with Schutz' (1958) model of group development predicting that increased openness and affection will be preceded by high inclusivity and acceptance of members into the group and, as was elucidated in the literature review, all this is made possible through communication between group members' nervous systems and the firing of mirror neurons in the brain according to neuroscience research (Badenoch & Cox, 2013; Porges, 2011; Schermer, 2013; Siegel, 2013).

Participation in *Contact! Unload* helped to meet veterans' needs for social-connectedness. This echoes the larger unmet need for veterans in transition for social connection and begs the question about how to come up with new venues to help veterans connect in meaningful ways. In this area, the strengths of theatre are its relatively long-term format, working toward a shared goal, performing in a group in front of an audience, and its endless creative possibilities that allow for more projects to be created. An additional important strength is that theatre may help to foster social connection between veterans and civilians in the community, particularly if it includes a question-answer period or meet-and-greet as *Contact! Unload* did. This too can help with veteran transition and integration by exposure between population groups that might not otherwise interact. Communion between civilians and veterans may prove that veterans do not have to restrict themselves to veterans groups only. Rather civilians may be included so that they may develop an appreciation for veterans' contributions and an

awareness of their experiences so that veterans can seek connection, acceptance and understanding in their civilian communities as well. What might be a difficult conversation, even between family members, can be shown and felt through theatre.

### **(Inter)personal mastery and the reconstruction of identity**

In their 2007 study working with hundreds of youth in the theatre, Beare and Belliveau describe theatre as a crucible for development in the areas of personal mastery and competence, interpersonal skills including leadership, and the expansion of identity through the development of trust in one's ability to create, collaborate and perform. This applies to understanding the change narratives of veterans in *Contact! Unload*, several of whom suffer trauma, which is often a significant barrier to developmental growth. Doug, a PTSD sufferer, offers an example of theatre unlocking a door long shut:

**Doug:** *I had lost creativity. I had lost the, the want, the desire to be on stage. VTN brought it back and this fostered it beyond my dreams. I just, I years ago dreamed that maybe one day I would be on stage and shit, there we were.*

From his experience with the play, it seems that Doug will take with him a new internal understanding for his capacity for creativity as well as his ability to perform on stage. Richard speaks to how performing increased his confidence in himself:

**Richard:** *It's given me that, a lot more confidence. You know you're up in front of people and speaking to people ... the performance anxiety died down ... and the confidence went way up.*

Richard's newfound confidence is an indicator of personal and interpersonal mastery reinforced by his experience of standing in front of the audience and skillfully communicating himself. Theatre performance, in this case, is a form of behavioral rehearsal, whereby participants practice communicating their authentic inner experiences

to others in ways that might have been difficult in the past. The more Richard practiced and was exposed to discomfort in the situation, the more his mind and body knew that he could do it again in the future, hence the confidence.

For James, who has long been preoccupied with the belief that he is monster, the experience of participating brought with it new information about the self, specifically that he is a helper, in contrast to the monster:

**James:** *Knowing that me being put through the ringer for eight years uh, in a way has helped other people, great. That's the only fuckin' reason I'm here ... is to help people.*

James believes that by allowing people to vicariously experience his suffering, particularly other veterans, he helps them feel less alone with their own pain. This quotation drives at how the caring, helping part of himself, which was there before (James has previously engaged in media outreach, shared his story on multiple platforms and helped fellow veterans as a paraprofessional in the VTP), is further enhanced by his participation in the play, which is in direct opposition to what he might consider to be the dark parts of his soul.

One significant piece of personal mastery is left largely unexplained by the change theories reviewed here. It is the therapeutic significance of Greg's experience of writing and reading out loud to others:

**Greg:** *Having these stories and experiences inside and not talking about them is, is poisonous I think, it, it um, it makes everything so much worse ... Writing about it – taking that experience and putting it onto paper, I find it's almost a dropping of baggage. It's an unburdening of that story. And then reading it to a group of strangers, um it's possibly the best thing I've done in the last half year for my own self.*



Greg's account of writing and reading aloud falls in the area of meaning-making and narrative therapy as practiced in guided autobiography and life review. Guided autobiography methods harness reflection, writing and reading aloud to stimulate autobiographical memory, developmental learning and experiencing for personal change. Its change theory frames Greg's experience as one of interactive cycles of learning and experiencing that recruit autobiographical memory and promote the ongoing reconstruction of the narrative self (Birren & Shroots, 2006; Thornton, 2008). According to the theory, writing and reading personal experiences expand behavioural repertoires essential to maturation, personal development and growth (Birren, 1988; Thornton, 2003; Thornton, 2008). It would seem that Greg's experience of reading his written material to the *Contact! Unload* theatre company is one of relief and, although he does not report it, the theory would suggest that this experience may lead to increased self-efficacy and integration of Greg's past and present selves among other positive personal changes.

### **Strengths and Limitations**

The main strength of filmmaking in research is that it shows and tells, rather than simply tells, particularly useful when faced with the task of mapping out change, a notoriously difficult and nebulous endeavor in the field of counselling psychology. The present film maps change by showcasing veteran verbal narratives while simultaneously telling other change narratives using images of expressions, movements and configurations of bodies in action to enhance and contrast with the told narratives. I argue that this brings data to life in a way that other qualitative methods do not. Film has some limitations, however. First, film cannot guarantee the privacy of participants. This is a major limitation considering psychological research in counselling is sensitive due to

stigma about mental health, the vulnerability of sharing one's inner experience, and ethical traditions of absolute confidentiality with research participants in the university and with clients in the practice of counselling psychology. In the case of this project, veterans signed up with the desire to make themselves known to the public for outreach and educational purposes, and so the potential for harm associated with showing their faces is minimal. However, film might not suit other projects working with vulnerable populations for many reasons and, as we move further into an age where everything that is important (and much that is not) is filmed, it is important that we continue to consider the implications of freezing the actions of people, who are ever changing, in time with the assumption that these actions will remain representative. As privacy becomes less possible and less of a priority, researchers must work harder to remember the reasons why guaranteeing the full confidentiality of some participants is still paramount.

A limitation, with respect to result validity, is that filmmaking is a highly subjective art and cannot purport to show the objective facts of the change process. Fortunately, this study, with its constructivist narrative approach, does not espouse facts but it is important to acknowledge that the camera angles, frame size, coloration, music, pace of cutting, audio recording, scene arrangement, and many other variables were manipulated by the filmmaker (the author) to evoke images and ideas and to produce certain emotional effects, which may affect the validity of the findings. To re-ground the results in the experience of the participants I conducted a member-check. To the question, *“Do the segments in the film in which you appear closely represent your experience of participating in Contact! Unload?”* all responding participants answered yes, and Doug

elaborated: *“The film encapsulates how the performance evolved. As each vet came in to the performance and left the piece it evolved to include them and their experiences.”*

To the question, *Does the film resonate with your experience of participating in the play?*

All respondents answered yes and Richard replied: *“Watching myself brought back not only the memories but the strong emotions that the play invoked.”* The veterans who chose to give feedback were very complimentary of the film and said that they would not remove or add anything when asked the third validity question, *Is there anything missing from the film or is there anything you would like to see removed?*

Finally, this study explored the change narratives of a limited number of participants. Their experiences are instructive but cannot serve to represent those of so many others. For the purposes of this study, which seeks to drill deep into the human experience, generalizability is not the main goal. Rather the belief is that an in-depth understanding of individual experiences may initiate more inquiry, highlight the importance of subjectivity and promote the practice of knowing people in the way they wish to be known.

### **Implications and Contributions**

The results of this study contribute to the important ongoing discussion of veteran needs as they transition back to their communities. This study has shown that veterans face many challenges including embodied trauma, emotional obstacles, perceived moral failings, a lack of social-connectedness, interpersonal difficulties, and barriers to accessing care. Women veterans, veterans of color and veterans of varying socio-economic class, not represented in this study, face additional and unique barriers to

transition. It is paramount that these vulnerable subpopulations be given the attention they require, which they have historically lacked.

This study demonstrates the importance of culturally sensitive, appealing and individualized care for veterans whose difficulties, be it trauma or otherwise are complex, unique and multifaceted. Indeed, one size does not fit all, and research and initiatives aimed at discovering generalized treatments may run the risk of leaving some individuals behind, ironically counteracting the famous military axiom, “no man left behind,” to which I would add, no woman, veteran of colour, nor any person left behind. It is through carefully orchestrated projects like *Contact! Unload* and ongoing discussion of this topic that veterans’ needs may be met.

Current theory in counselling psychology suggests that therapy in the theatre facilitates a multi-modal change process making use of experiential, action-oriented, body-based, social, behavioral, developmental, narrative and emotional mechanisms for change. But despite its tremendous therapeutic potential, the theatre remains underutilized by counsellors, for reasons including confidentiality and other ethical constraints, entrenched talk-therapy traditions, funding structures that support those traditions, and the unfamiliarity of many counsellors with play creation and the arts. Many therapists choose not to utilize an audience for good reason. That said, with comprehensive support in place, in collaboration with experts in theatre and the arts, and with the proper informed consent, use of the theatre may be transformative for veterans with transitional difficulties including trauma injury, and other impacted groups such as refugees. *Contact! Unload* demonstrates that there is room for the careful exploration of progressive therapeutic paradigms grounded in and backed by conventional ones,

combined in the process of play creation, group-building, creative collaboration, rehearsal and performance.

This study demonstrates the power of the audience in the change process and the willingness of members of the public to take on the mental health challenges of others, at least when presented on-stage. The research here shows how the audience can act as a microcosm of society, validating and deepening participants' dynamic experience of self, first attained during simulated lived experiences heretofore contained within the therapy group (Westwood & Gordon, 2016). The change narratives presented in this study and accompanying discussion serve to promote action and body-based therapies, which are gaining traction with many practitioners and with a wide variety of populations and issues, especially for clients with trauma.

Research in counselling psychology has been largely focused on studies with measurable outcomes and/or collecting qualitative data from participants after they have experienced change, used to inform treatment modalities. Filmmaking affords a window into the change process itself, bringing microprocesses and change mechanisms to life before our eyes and providing myriad exciting possibilities for furthering the discipline. Film has historically been an entertainment medium, with storytelling at its core. But it seems that story has made its way more explicitly into research, and as Lea and Belliveau (2015) point out, aesthetic quality and impact have become viable criteria for the assessment of research. I argue that research can no longer afford to be dry, overly complicated and replete with jargon, for it does not have the same reach with these features. As Lea and Belliveau suggest, the power of a piece lies in its impact, and the resulting actions of others, which may include more research, but should not be limited to

this. My hope for the film presented here is that it can be viewed by anyone and will spark real-world action with tangible benefits for veterans and other populations in need.

### **Future research**

This study calls for additional arts-based interdisciplinary projects. The collaborative potential of counselling psychology and theatre education is evident here, and there is much room to include other departments in work with veterans, including the University of British Columbia school of music, which I understand is in the works. Further research into the benefits of multi-systems approaches to psychotherapy is required and additional work may be done to tease apart the individual change mechanisms discussed here. More work may be undertaken to discover additional ways that therapy in the theatre can pair with the VTP, possibly on an ongoing basis. Finally, future innovative research may reveal additional techniques to bring experiential, action-oriented and body-based techniques into traditional group counselling settings as well as to therapy with individuals.

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### **Consent to Participate in Research of the Man/Art/Action Veterans Project**

#### ***Principal- and Co-Investigator***

Dr. Marvin Westwood, Department of Educational and Counselling Psychology, the University of British Columbia. Dr. Westwood can be contacted at: (604) 822-6457.

Dr. George Belliveau, Language and Literacy Education, the University of British Columbia, may be contacted at: (604) 682-2344.

#### ***Brief Overview of this Research Project***

This theatre performance project, made possible by a research grant from the not-for-profit organization Movember Canada, will be composed of veterans real life experiences. The devising and rehearsal process will take place weekly, from February 1 to the final performance running from April 27-29.

Your research commitment involves completing four questionnaires (e.g., a measure of depression) before the devising process, after the performance, three months, and then six months following the last performance. You will also take place in a focus group following the performance, where you will be asked questions about your experience. The rehearsal sessions and performances will be video recorded as a third form of *in vivo* data helping to understand your experience in the project.

#### ***Purpose of this Research Project***

The purpose of this research is to gain understanding of the unique therapeutic components of the Man/Art/Action Veterans Project (MAA) in relation to men's engagement and change process. It is also hoped that our findings help to inform mental health practitioners interested in working with military trauma non-traditionally (e.g., arts therapy).

#### ***Research Confidentiality***

Paper copies of consent forms, surveys, transcriptions, audio/video records and analyses will be retained in a locked file cabinet in the principal investigator's locked office. The consent form will be stored separately from the demographics and transcriptions and other records to ensure anonymity. Additionally, any digital files and backups will be password protected and encrypted. For this research, demographic data from your participation with the VTN may be used.



### ***Risks and Benefits of this Evaluation***

Theater rehearsal and performance, and our program evaluation (i.e., questionnaires and focus groups) may cause physiological arousal (e.g., increased heart-rate) and heightened emotionality (e.g., feelings of elation or sadness). While there is the possibility of some distress, a psychologist and counsellor are always immediately available.

Project participants may experience new insights related to psychological well-being while completing focus groups and questionnaires. This may include an increased integration of project gains as a result of further processing during focus group interviews. Benefits of participating in this evaluation also include a greater understanding of the change process for men who experience depression. Results generated from this research may benefit future projects for men in college and university.

### ***Your Participation***

The MAA is part of a larger project, and participation in this research component is not necessary to enroll in the MAA project. Should you participate in research, you are free to withdraw consent to research participation *and/or* your research data (i.e., completed questionnaires and transcribed interviews) at any time. **For instance, you may stop an interview, leave a focus group, or decline to answer a question at any time.** Your decision not participate in the MAA project and/or its paired research component will in ***no way*** affect further opportunities to become involved in our projects or related events.

A goal of the MAA project is to produce a documentary film so that the impact of the project may be known wider than the theatrical performances. You will be asked to sign a personal release form that gives a videographer permission to record the activities of the project. Note that by consenting to participate you in no way waive rights for legal recourse should any form of unanticipated research-related harm occur over the course of this project.

Should you wish to participate, or if you would like further information related to the project, please contact Candace Marshall by telephone at **604-916-1617** or by email at **candace.marshall@alumni.ubc.ca**.

**If you have any concerns about your treatment or rights as a research participant, you may contact the Research Subject Information Line in the UBC Office of Research Services (604.822.8598) or if long distance (RSIL@ors.ubc.ca).**



**Consent Form**



**Title: The Man/Art/Action Veterans Project**

I have read and fully understand the information contained in this document. Any and all questions I have regarding the contents of this document have been answered to my satisfaction and I would like to participate in the research of the Man/Art/Action Veterans Project. I have been given a copy of this informed consent for my own records.

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preferred telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing address (include city and postal code) \_\_\_\_\_

\_\_\_\_\_

Best method of follow-up contact (circle one below):

Phone          Email          Paper-mail          Other: \_\_\_\_\_

- Yes          We may contact you in the future in the event that Dr. Westwood conducts additional veterans research.
- No

***Keep this form for own records.***

**\*All responses will be held confidential\***  
**PERSONAL RELEASE FOR APPEARANCE IN MAN/ART/ACTION DOCUMENTARY**

THE UNIVERSITY OF BRITISH COLUMBIA

To: MAN/ART/ACTION UBC

For \$1.00 or other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby irrevocably consents to the following:

I hereby consent to my name, likeness, image and voice being interviewed, recorded, photographed, filmed and taped by you via picture and sound, together with any and all information, biography, photos or materials of any nature provided by me (collectively the "Contributions") for the television or film production being produced by you, presently entitled "MAN/ART/ACTION DOCUMENTARY"(the "Production"), and hereby grant the following rights to you as evidenced by my signature on this release (the "Release"):

You have the right, but not the obligation, to exhibit, exploit, advertise and translate the Production, together with my Contributions to it, throughout the universe in perpetuity and in all languages, in and by any and all means or forms of media now known or in the future discovered, including sequels, prequels, remakes, serials, adaptations and all ancillary and subsidiary rights thereto (including without limitation, linear and non-linear CD-Rom, CDI, Internet, electronic publishing and other interactive media products). You may freely use, translate, adapt, revise, add to, edit and subtract from the Production and my Contributions to it and any information, material, scenes and/or situations contained in it and/or furnished by me to you. You may freely at your sole discretion assign, license, transfer or otherwise dispose of or exploit any of these rights in whole or in part without notice to, or further consent from, me being necessary. You may also use in your sole discretion, the Production and my Contributions to it, including my name, likeness, image, voice, biography, photographs and recordings of me in all languages and all forms of media now known or in future discovered, throughout the universe, in perpetuity, in advertising and promoting the Production.

I waive and relinquish all rights and remedies at law or in equity, including moral rights, and release and forever discharge you and all others dealing with you from, and agree not to sue you or any of them, with respect to any claim, cause of action, liability, loss or damage of any nature whatsoever arising out of your exercise of the rights granted herein, including claims relating to defamation or invasion of any right of copyright, privacy, personality or publicity. In no event shall I be entitled for any reason whatsoever to enjoin, restrain or interfere with the distribution and/or exhibition and/or exploitation of the Production or its advertising or publicity.

Other than the consideration set out above, I agree that I shall receive no compensation or payment whatsoever with respect to the Production.

I acknowledge that I am not a member of ACTRA or any other similar union or guild.

I have read and understand this Release prior to signing and I am fully familiar with all terms herein and I warrant and represent that I have the full right, authority and capacity to sign this Release and grant the rights granted herein.

This Release shall be governed by the laws of the province of British Columbia and the country of Canada. I declare that I am not under the age of eighteen (18) years.

Date: \_\_\_\_\_, 2015

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_