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Best Practices and Promising Practices—PTSD and Beyond

By Tom Schumacher

On Friday, March 6th, I attended a conference in Portland, *Mental Health Care for Today's Combat Veteran*. The event was attended by approximately 200 professionals, and sponsored by the VA, TriWest, Regence, and University of North Texas Health Science Center. The gathering was unique in several respects: First, there were non-clinician soldiers who talked about their war experiences in Iraq. One suffered the amputation of his leg in an IED explosion that ended his war. He described anger and guilt for being taken out of the fight, leaving his unit members behind, and for ending of his reserve military career. He later did return to work for the Oregon National Guard, which provides him a new source of purpose and meaning. Another veteran, a mother of a young daughter, discussed the anguish of leaving her child behind during her deployment. Both of these were excellent reminders of the human side of war zone service.

Other speakers were mostly VA Medical Center professionals. Many were the usual suspects for such events and represented some of the only successful extroverts among our troupe of mental health providers. They were as usual interesting, informative, even humorous, as well as current in their offerings of VA treatment methodology.

In recent years I have been increasingly interested in the concerns surrounding the notion that there are only certain *best practices* for the treatment of war-related PTSD. *Evidence based practices* seem to have become a closed loop system wherein only certain methods and techniques of treatment are considered appropriate. This approach to research reminds me of the oft told story of the drunk searching at night for his lost keys, and restricting his search to the area under the street lamp because that is where the light is best.

For the first time in a long while, I heard two speakers at this event reveal small cracks in the stone tablets that guide the doctrine of evidence-based practices. Amy Wagner, Ph.D., did an excellent job of reviewing the three basic groups of treatment methods currently used within VA and elsewhere, including: *Skill Based Treatments*—methods that teach strategies for managing individual symptoms of PTSD. These are as a group known as *Present-Focused* approaches. Another grouping includes various *Trauma-Processing Treatments*, which facilitate

working through of traumatic experiences. We all know this group of treatments as *Prolonged Exposure Therapy*, *Cognitive Processing Therapy*, and *Eye Movement Desensitization and Reprocessing Therapy*. And, the third grouping of therapeutic care approaches, *Acceptance-Oriented Treatments*, which is a relatively newer category and facilitates one's "living with" or "living despite" having PTSD symptoms.

What was remarkable to me is that this last category of treatment methods seems to be suggesting that aspects of PTSD and war trauma exposure may persist for years to come; including the notion that a client may have been altered and now represents a *new normal* from past ways of being in the world. I view this as a welcomed level of shift toward honesty about the affects of war and life long changes. Elements of perhaps more traditional times when scarring from combat actually acted to elevate the tribal member, and now warrior, rather than diminish his status.

In truth, none of these therapies have yet captured for me the more basic reality of the very nature of the changes that human beings experience when they go to war. Apart from the stress and anxiety associated with training, leaving loved ones, being shot at, and having people be very intent on killing our military; there are also the enormously powerful experiences of loss of unit members, the need to kill others (often at very close range), the daily pressure of fighting an enemy who is not in uniform, and an enemy who can be any age and either gender, or killed as collaterals. The risk of one's own wounding or death and that of unit members is only partially countered by ability to apply lethal power and inflict death upon people who appear to be a threat. Sometimes bystanders and innocents are among those wounded or killed. At other times the totality of the entire experience just changes people, and changes them beyond the diagnostic criteria of PTSD.

The consideration of PTSD and any ancillary symptom treatment of veterans must examine the justification for the war and for combat action in order to understand what the veteran is experiencing and struggling to resolve. Historically, countries have gone to war with the blessing of the gods. These types of wars were believed to be beyond the reason of the average person, making the rulers the spokes persons of the gods, having
(Continued on page 2, see *Promising Practices*.)

(Promising Practices, continued from page 1.)

the authority and the responsibility to carry out the will of god. Other wars are conducted when one's nation is attacked and seriously threatened. The more obvious the threat to all of the citizens, the more justified the reactions to stave off the attackers. Most wars in the past carried these justifications for slaughtering masses other humans, and the cost of the lives and psychological health of one's own citizens. The diagnosis of PTSD does not fully encompass all of the reactions experienced by veterans, and these elements need to be the topic of further consideration.

One workshop at the Portland Conference offered the other ray of hope about holistic treatment of war trauma, and focused upon *Religion and Spiritual Aftermath of War*. Jim Boehnlein, M.D. conducted a much too brief breakout session offering a review of the importance of religion in the management of life's larger experiences, gaps in our knowledge between science and spiritual knowing about things, helping to define life's meaning, the connections between self and the supernatural, including the meaning of one's traumatic suffering. While the workshop offered some excellent reflections of the experiences of therapists, it occurred to me that there are some very large missing pieces in many current discussions of war trauma treatment best practices for all of our war veterans.

No one can deny that in the past 60 to 80 years, or perhaps ever since Charles Darwin 200 years ago, western culture has continued to shift away from religious answers about the greatest questions facing humans. The national swerve away from religion and church membership has been occurring for some decades. The centrality of religion as the source that clarifies things of a spiritual nature, has lost its hold on more than half of citizens in western nations. Such a change offers each individual the opportunity and responsibility to create his or her own set of ethics and rules for proper conduct in life, and the system by which judgment is rendered for one's conduct and killing in war. In truth, most laws in western countries continue to reflect religious traditions, and those who volunteer for military duty may be more traditional in their leanings, and thus more or less harsh in their judgment of their own actions. Certainly for those who have served, you know that there are stern invectives about nearly everything one does that violates these rules.

In the US, the separation of church and state has had an odd impact upon our way of viewing mental health and war trauma issues. While holding science in high regard (and I support this practice), we seem to be struggling with an inability to consider the impact of war on our military that includes the deeper issues of our human existence. That is, any other than symptoms of PTSD. It also appears that we have lost much of our philosophical appreciation for the basis and evolution of science and scientific method, as well as the questions that go beyond objective measure and science, namely the existential and meta-elements of human existence, purpose and meaning. In the

process we have also under-considered the power of interpersonal relationships and the power of a therapists ability (yes, this is a skill set) and willingness to listen to the world of others—including their trauma story and what it means to them.

In our post-post-modern obsessions, we seem to have leaped to judgments about mental life that excludes the basic struggle for meaning as offered by Victor Frankel; people who have lived after suffering or inflicting the unthinkable—things that civilians (and therapists) in the US generally do not comprehend. In this leap, therapists have been told that best practices are to be followed carefully in order to achieve expected outcomes. All without discussions about relationship, humor, listening for the meaning of traumas, the warriors search for meaning, purpose, and quest for resolution and redemption. Redemption? Yes, in the biopsychosocial sense, redemption and one's return to life at home as someone who is honored and thanked for the service and contributions.

I would like to suggest that we hold a conference, with the same earnestness as events that express redundant homilies about the power of best practices and evidence based care. A conference that would give therapists full permission to consider trauma from a spiritual and philosophical perspective. I am not suggesting that this be a platform for religion or proselytizing about one religion or another. Wars have already filled human history over the contended differences and superiority of one over the other. Rather, we need to create a setting that could allow a more open exchange, create a useful vocabulary, examine the growth of spirit and the nature of developmental processes that underlie trauma—like the wonderful taste we had with Dr. Boehnlein's workshop, and those we had held in the past. I believe we owe all of the new therapists who have entered the field of traumatology this opportunity to know themselves and their clients in a deeper and more holistic way. Creating technologists is fine, but let's allow them to have heart and soul, and make it OK for these qualities to be a respected part of the treatment provided.

Just to make it clear, I am not suggesting that current best practices are not valuable and extremely important to treatment of war symptoms, however, the assumption that these are the only keys to improvement, the Holy Grail, if you will, appears to miss what our returning military are facing; the struggles for survival once home for personal worth, meaning, hope, the need for renewed connections with primary groups that mean something to them individually, and renewed purpose following so many levels of loss in war. These conversations about Promising Practices may act to open the semi-closed-loop system that seems to currently bias the larger understanding of what is needed to help war veterans. Such discussions would reduce the sense that there is only one cadre of researchers who know the answers that will help our veterans come home and be safe from their war wounds. The suicide rate tells me that we must act very soon to understand these men and women much better than we do now. *ts*

Book Review:

Matterhorn: A Novel of the Vietnam War by Karl Marlantes

Reviewed by Lorry Kaye, M.A., LMHC

Although it's true that *Matterhorn: A Novel of the Vietnam War* isn't your ordinary war novel, it will give the reader an historically accurate and alarming vivid experience of the conflict that took place over 40 years ago in South East Asia. Just like other books of this type, the person who reads this 622 page book will be taken through the lives of teen boy's as they struggle with the reality of becoming a Marine, their painfully rapid acceleration into adulthood and too often their seemingly meaningless demise. As in other stories about war it has all of the usual components like the deep camaraderie between soldiers, the sorrow of loss, the intense fear of battle and the excitement of combat. Readers of this genre will not be disappointed. However, author Karl Marlantes has gone above, beyond and far deeper with *Matterhorn* than the ordinary war novel.

In this book about the Vietnam War, is another book about humanity and humility, and yet another about the complexities of racism. What also immerses within these pages is another story laced with subtle religious symbolism and the effects of a sacrosanct ideology. Even a rendition of a well-known allegorical tale is exquisitely presented as still another story in this winning novel.

The individually unique characters in this book grapple with meaning: the meaning of leadership, the meaning of reason, the meaning of war, the meaning of death and the meaning of life. Human dilemmas such as honor vs. cowardice, morality vs. malice, feminine vs. masculine, and belief vs. doubt are painstakingly studied and fleshed out through the rich personalities portrayed within. It's also important to note Marlantes has captured, as only a combat veteran could, the quick wit and primordial humor present between soldiers during wartime.

The author brings you along as Second Lieutenant Waino Mellas, the main character, goes through profound physical, psychological and developmental transformations.

We meet Mellas with a detailed description of his appearance. He's donned in a new flak jacket, embarrassingly shiny new boots and the "dark green t-shirt and boxer shorts his mother had dyed for him just three weeks ago..." We also join in with his thoughts.

"Forty new names and faces in his platoon alone, close to 200 in the company, and they all look the same, black or white. It overwhelmed him. They all wore the same filthy tattered camouflage, with no rank or insignia, no way of distinguishing them, from the skipper right on down. All of them were too thin, too young and too exhausted."

Another carefully crafted character is Hawke, an older Marine at 22 with a large red moustache who is filled with the kind of wisdom born out of experience. "Hawke had been in-country long enough to be accustomed to being scared and waiting—that came with every operation—but he was not used to being worried, and that worried him".

The relationship between these two men at first tenuous, grows with a need for survival and the kind of respect only

shared by those who have endured what many only experience in their worst nightmares.

Some of the other personalities that Marlantes has expertly woven into this human drama are; Lieutenant Colonel Simpson a despicable alcoholic who the reader can't help but pity, Vancouver who has chosen to live life on his own terms, Cassidy the hard and bitter gunny, Doc Fredrickson and senior squid Sheller both who use the minimal medical supplies, their dedication and their compassion to help gravely wounded soldiers, Hippy "a creature of unknown order, a spirit carried by crippled feet" and the self assured Lieutenant Karen Elsked, an integral part of the parable within this story of war. These are only a few of the cast of characters superbly developed in *Matterhorn*.

The fine and clear word-smithing in this novel brings the reader into the jungles of the Quang-Tri Province of Vietnam. You can smell the freshly cut bamboo, feel the sting of ant bites, shiver as the leeches slide under your utility shirt, and see the "fine faint plume...darker grayish silver cloud hardly distinguishable from the overcast backdrop.." of Agent Orange. As night or rain falls you experience the wet, the cold and the mud.

Reading Marlantes's vivid words have you feeling the pain of jungle rot, emersion foot, starving hunger, debilitating thirst and the pummeling of mortars.

"Another explosion hit only 15 feet from their hole, followed by four more. They winced with the pain as the concussion slapped against their eardrums. Mellas felt the air rush from his lungs. He felt he was in a heavy black bag being beaten with unseen clubs. Shrapnel hissed overhead and dirt rained down their heads, down their backs, in between their gritted teeth, and caked around their eyes, Smoke replaced oxygen. They couldn't talk. They endured."

Because of the authors' dedication to detail and authenticity words like hooch, squid, fragging and gungy or acronyms like FAC, C-4, or 175's could leave those without a military background lost. Marlantes skillfully handles this problem with creating an easy to use "Glossary of Weapons, Technical Terms, Slang, and Jargon". He also includes a "Chain of Command" flow chart complete with radio call signs.

Marlantes's story telling capabilities evoke emotions not often accessed while reading a novel. Any reader of *Matterhorn* is advised to allow the story to completely envelope you in order for a true depth of understanding to take place.

Lastly, at the risk of revealing the allegorical tale mentioned earlier, it must be said that Marlantes does an exquisite job of showing the meaning of this tale. One must have compassion and live the honorable life instead of falling prey to evil. So "There it is". ##

***Matterhorn*, published by El León Literary Arts, is due in the bookstores May 2009.**

Nietzsche: War Traumatized Genius—a brief study

By Bill Bunselmeyer, Combat Medic, Vietnam

Friedrich Nietzsche, German philosopher (1854-1899), was traumatized by his participation in the Franco-Prussian War of 1870. He was 26 years old and already a Professor of Philology before he volunteered as an ambulance attendant. He was not an active combatant, but walked across recent battlefields and visited numerous field hospitals delivering messages and cash to “about eighty field chaplains.” In the most traumatic part of his experience, he is put in medical “charge” of six severely wounded men with gangrenous wounds, dysentery, and diphtheria as the men were being transported to a hospital. The journey took three days and three nights in foul weather, in a canvas enclosed straw covered truck bed. What he saw, heard, and smelled as an ambulance attendant caused him immediate mental distress. He describes his reactions in letters written to his mother and close friends soon after his active service.

9/11/1870. “Dearest Mother: ...I went as far as the outskirts of Metz and conducted a transport of wounded from there to Carlsruhe. As a result of this, the terrible state of the wounded in my hands, the constant bandaging of their septic wounds, and sleeping in a cattle truck in which six severely wounded men lay on straw, I contracted the germ of dysentery. The doctor discovered that I was suffering from diphtheria as well, ...In spite of it all I am glad at least to have been able to help a little in the midst of all the incredible misery. And I should have returned to my duties immediately if illness had not made this impossible.” [From *Selected Letters*, O. Levy, Ed., 1985]

9/21/1870. To Ritschl [his former professor]. “In the service of the voluntary ambulance corps I went from Erlangen to the seat of the war as far as Ars-sur-Mosell (quite close to Metz), and that I brought a transport of wounded from there to Carlsruhe. The strain of the whole undertaking was considerable and I am still struggling against the recollection of all that I saw during those weeks, as well as against an incessant wail of which I cannot rid my mind’s ear. On my return I was laid up with two dangerous diseases caught from the seriously wounded men I had nursed unremittingly for all those days and nights.... It is a funny thing that in spite of one’s best intentions, for the general weal one’s own paltry personality with all its wretchedness and weakness comes and trips one up.... All my martial passions have been kindled once more and I have been unable to gratify them. Had I joined my battery I might have been an active or passive witness of the events at Rezonville, Sedan, and Laon. But the neutrality of Switzerland tied my hands.” [Nietzsche, who had been teaching in Switzerland, became a Swiss citizen and could not serve as a combatant.]

10/20/1870. To Freiherr Karl von Gersdorff: “My dear Friend, This morning I had a most pleasant surprise and release from much anxiety and uneasiness—your letter. Only the day before yesterday I received the most terrible shock on hearing your name pronounced in faltering accents at Pforta [Nietzsche’s prep school]. You know what these faltering accents mean just now. I immediately begged the Rector to give

me a list of old Pforta boys who have fallen in the war,...16 in all. I was deeply moved by all you told me, above all by the sincerity and gravity with which you speak of the trials by fire to which the philosophy we hold in common has been subjected. I, too, have had a similar experience, and in my case, as well, these months have been a period during which I have been able to prove how deep and firm are the roots our fundamental doctrine has struck me. *One can die with it—this is much more than saying that one can live with it.* [Italics mine.] We met with great difficulties in discharging our various commissions, for, as we had no addresses, we were obliged, at considerable pains and with most adequate directions to guides us, to go from battlefield to battlefield and scour the hospitals of Weissenburg and the field hospitals of Worth, Hagenau, Luneville, and Nancy, all the way to Metz. ...I had charge of six very seriously wounded men single handed for three days and three nights. The weather was atrocious and the goods trucks we were in had to be almost closed up to prevent the poor invalids from getting soaked through. The air in these trucks was simply unspeakable and to make matters worse two of my patients had dysentery and two others diphtheria. ...the atmosphere of my experience had spread like a gloomy mist all about me, and for some time I never ceased to hear the plaintive cries of the wounded.”

Clearly this was an acute traumatic experience for Nietzsche. He describes fighting against recollections of what he saw, still smells the fetid odors, and couldn’t rid his “minds ear” of what he heard. His was a short, but intense experience. Because of his duties he had to go from battlefield to battlefield and to many hospitals with personal messages and money for specific people. This means he was looking closely in order to make identification. He was given very rudimentary medical training then entrusted with the care of severely wounded men with gangrene. Later he learns that sixteen of his schoolmates have been killed in the war and is sensitive to “the faltering accents” during mail call and believes his friend has been killed. He states his “martial passions” have been aroused and blames his personal weaknesses for not being able to carry on with his duties. Personal blame and intense anger are two of the often seen responses to war trauma. We also hear the beginning of disillusionment that he questions whether one can live by the philosophy of his homeland that he has been taught.

In these letters Nietzsche does not describe what he saw and heard that was so disturbing to him. Geoffrey Wawro has written on the Franco-Prussian War [2003, *The Franco-Prussian War: The German Conquest of France in 1870-1871*] and will note features of this war which I think relate to Nietzsche’s trauma and as veterans, I suspect we can too easily complete the picture.

These were large armies that clashed, greater than a hundred thousand men on each side. Battles lasted for days with (Continued on page 5, see *Nietzsche*.)

(Nietzsche, Continued from page 4.)

causalities in the thousands. Military firepower had improved leading to an unusually high percentage of head injuries and amputations among the wounded and decapitations of those killed. Rifles with more velocity, long range, and greater accuracy created more severe wounds and reportedly more pain. An air-detonating shrapnel shell was developed for the artillery at a time when infantrymen were taught to throw themselves flat on the ground during an artillery barrage, open trenches were the most common fortification, and cavalry charged over open ground. Wawro quotes from the letter of a surviving combatant as he looked over a battlefield, the man wrote that he “yearned to see a whole corpse.”

It is less definitive, but likely that Nietzsche suffered a long term trauma reaction. This is suggested by comparing his life course before and after his war trauma, his illness in which severe headaches and depression predominate, and his manifest relationship disorder.

Before the war Nietzsche was a rising star. He was a professor at Philology at the age of 24, unheard of in the German educational system. After the war his academic career went into decline, his publications were not received well, and he was forced to resign from Bale in ten years as unable to perform his duties as professor. In his resignation letter to the university he reports recurrent severe headaches lasting 2 to 6 days and that his eyesight is so poor he cannot read. His disillusionment with German culture, Christianity, and mankind are well known. I think it is a conceit of intellectuals to see this level of disillusionment as stemming from rational insight. His relationship disorder is seen in his total estrangement from his homeland, he never returned to Germany after the war until he was an invalid and taken there by his sister. Also he never married and he managed to alienate most of his pre-war friends. He lived a lonely life devoted to his philosophical endeavors. To me, he sounds like a severely traumatized war veteran and his writings make more sense to me from this perspective. ##

RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the RAQ may play a role. Your contributions will be read by all the important people. Email the editor or WDVA.

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King County Contractors Meet in Auburn



The PTSD Contractors and counselors assembled for their quarterly meeting in January at Valley Cities Counseling in Auburn. They are left to right: Tom Schumacher, the WDVA PTSD Program Director, Ava Norris-Carter, Valley Cities, Diane Nakamura, Renton, Mike Phillips, Issaquah, Terry O'Neil, Bellevue, Karin Reep, Duval, Emmett Early, Retired, Lauren Kaye, Duval, Dorothy Hanson, Federal Way, Steve Riggins, Seattle, Don Comsia, roving family counselor, David Calvert, Valley Cities, Laurie Akers, King North, Scott Swaim, Valley Cities. Unable to attend the meeting were Dwight Randolph, Tom Wear, and Ron Lowell.

The group heard the Valley Cities veterans' counselors, Ava Norris-Carter and David Calvert, describe their methods of providing outreach to veterans. The strict conditions for financial aid at the King County Veterans Program were reviewed with an eye toward preparing a prospective veteran client for the necessary paperwork.

There was discussion of the current Clint Eastwood film *Gran Torino* and the issue of suicide among veterans who have grown isolated and alienated as a result of chronic PTSD and were confronting the inevitable trials of their senior status.

The outcome research conducted by Mr. Schumacher for the King County Veterans Program using the OQ-45 was given an update and Mr. Schumacher commented that the results generally showed symptom improvement along many clinical scales and promised to present more detailed results from the research at the next scheduled meeting. ##

Validity of PTSD Reviewed in Anticipation of DSM-V

Critical debate about the validity of PTSD as a diagnosis has flourished since it was included in the DSM-III in 1980. Critics have joined the debate over the nature and necessity of the various criteria, some even claiming that criterion A, the identification of the trauma, be eliminated. The other criteria are also challenged, especially given that criterion C, Avoidance, is usually always the most demanding and predictive of the disorder.

The review of the literature appeared in an article in the January issue of *The American Journal of Psychiatry* [North, C.S., Suris, A. M., Davis, M., and Smith, R. P., Toward Validation of the Diagnosis of Posttraumatic Stress Disorder, 2009, 166(1), 34-41]. The authors stated, "The most controversial aspect of PTSD validity is paradoxically the organization of PTSD's definition around a potentially causal event (the traumatic 'stressor criterion')" (p. 37). They point out that criterion A has been altered and effectively broadened with every revision of the diagnostic manual since DSM-III. "Previously defined as 'markedly distressing to almost anyone,' a qualifying stressor now required threat to 'physical integrity'—i.e., to life or limb. Such trauma, however, does not have to be directly experienced; witnessing or 'being confronted with' (hearing about a traumatic experience of a family member or other 'close associate') also qualifies. In addition, DSM-IV added a subjective component (response of intense fear, helplessness, or horror—criterion A2)" (p. 38).

North, et al, identify the thorny debate over the issue of symptom causality. The establishment of criterion A, the traumatic stressor, they assert, does not imply that criterion A causes B, C, or D. "Basing the definition of PTSD on a required traumatic event and an associated set of symptoms introduces causal complexities. The risk factors for exposure to a traumatic event may differ from those conferring the likelihood of psychiatric illness afterward. Attempts to assign causality to a syndrome defined in relation to two processes with different sets of risk factors are thus confounded" (p. 38). The authors conclude, "Thus, a portion of the psychopathology observed after trauma may simply represent an extension of the preexisting risk factors for exposure. We caution that a definition automatically assigning causality of the ensuing syndrome to the preceding traumatic event fails to allow alternate causal possibilities, oversimplifies relationships, and obscures the importance of scientific inquiry into causality" (p. 38).

North, et al, relent, however, and allow that criterion A can be allowed through adoption of "a descriptive approach to its definition that requires a traumatic event without invoking causal assumptions" (p. 38).

Criteria B, C, and D raise other issues for North and her associates. They note that criterion C seems to pack the most predictive power among the diagnostic criteria. They even raise the question that B and D may be normal responses to a traumatic event (p. 39). They write, "Given the saturation of

B and D symptoms in traumatized populations and their lack of association with other indicators of psychopathology in the absence of the group C among Oklahoma City bombing survivors, we concluded that the group B and D symptoms in general appear to represent normative responses which, by themselves, do not necessarily indicate psychopathology" (p. 40). North, et al, conclude that criterion C "avoidance and numbing symptoms represents the core of the psychopathology as currently written in DSM-IV-TR; intrusion and hyperarousal symptoms alone appear to represent emotional distress and do not differentiate distress from illness" (p. 41). They criticize "simple symptom checklists" often used in research, as being "notorious for their potential to confuse psychopathology with normal reactions to other problems" (p. 41).

The authors tread a fine line between avoiding the causal link between criterion A and the posttraumatic symptoms and concluding that it is necessary to relate A to B, C, and D, without implying specific causality. North, et al, suggest that the "specific nature of the causal pathways remain to be determined and is likely to be far more complex than a linear association" (p. 41).

Comment

It seems that the difficulty with the PTSD criteria lies mainly with what the guard in the movie *Cool Hand Luke* said was a problem with communication. The difficulty is in tracing the influence of the trauma through the traumatized personality and arriving at what is an abnormal or psychopathological response. Small children, maybe, are pure creatures who when traumatized show symptoms that are distinguishable from personality. The rest of the population takes into any traumatic situation established personalities that are warped and refracted by the traumatic event. The contention that causality cannot be determined is bogged in the issue of what is changed, after all, in the existing personality.

Criteria B and D are deemed to appear normal by North, et al., and that may be because the repetition of the event and the hyperarousal are relatively distinct from personality. Avoidance and numbing, however, are integral to personality. Criterion C is processed *through* the personality. Take, for instance, the symptom of having a truncated sense of future. Such a symptom is manifested through a variety of personality types: hedging on income tax, refusal to plan vacations a year in advance, not contributing to junior's college fund, ignoring health risks such as smoking, eating junk food, and motorcycle riding, based on the unspoken feeling that longevity is irrelevant.

Criterion C symptoms are developed gradually through idiosyncratic habit formation and become more pronounced as the disorder becomes chronic: thirty years of heavy drinking, avoiding relationship commitments, cynical avoidance of community concerns, sealing off the traumatic event as if it were not there so that there is no trail to be detected. It is Criterion C that gives individual personality to posttraumatic stress disorder. EE [Thanks to Max Werner for the tip.] ##

Book Review:

Soldier's Heart: Close-up Today with PTSD in Vietnam Veterans

By William Schroder and Ronald Dawe

Reviewed by Emmett Early

The authors of *Soldier's Heart* are both Vietnam War veteran helicopter pilots who acknowledge that they have struggled with posttraumatic stress disorder. Ronald Dawe is a licensed mental health counselor working in Florida. Their book has a curious construction that I found at first to be off-putting. They present stories of five quite different Vietnam combat veterans. The stories appear to be written by the veterans, although the authors never describe how they went about developing the stories. The stories are all well-written, featuring autobiographical narratives covering childhood, detailed descriptions military traumas and post-war adjustment problems. Schroder and Dawe provide in their final chapter an excellent short history of the record of psychological trauma from ancient warfare to the present.

What I found to be at first difficult, especially in contrast to the vivid first story written by an Air Force flight nurse who worked med-evacs on C-130 aircraft, treating mass casualties until they reached hospitals. The authors intersperse the powerful story with objective clinical observations. I found this technique interrupted the narrative in a way that was at first irritating. I associated it to the voice-overs of some nature documentaries. However, the force of powerful story following powerful story overwhelmed my objections.

The stories are diverse and each one described multiple traumas in the field. Carla Jean, the flight nurse, was raped by a superior officer. Marlin Jackson was a high school dropout Marine radio operator for an infantry company. Dave Sekol was a navy radar operator aboard an LST operating in the rivers supporting troops with boats. His traumas involved sorting bodies brought to the ship by helicopters in nets and witnessing torture of prisoners by ARVIN interrogators aboard the ship. (Radar operators, as such, were not needed in the Delta.) Sidney Alvin Lee served 2 tours as an airborne ranger, winning a Silver Star and 13 Bronze Stars with V. He presents a perspective from the point of view of a rural Louisiana African-American. Lance Johnson was an artillery officer, raised in Idaho, who commanded a company of Dusters, vehicles with 40 mm cannon and .50 caliber machine guns, which operated in support of infantry.

In each story the veteran returns from Vietnam without knowledge of PTSD. Even Carla Jean, who stays in civilian medicine is unable to identify the reasons for her maladjustment marked by alcohol abuse. Her example has been a source of consternation for me when I see how difficult it has been to get medicine, particularly emergency medicine, which was Carla Jean's field, to recognize PTSD among their own profession as a trade hazard.

It would have been interesting and helpful if Schroder and Dawe had described their procedure for recruiting their excellent veteran stories. We do not know if the names were changed. Although the authors obviously sought a diversity in backgrounds, all the stories describe profound multiple traumas.

All 5 stories in *Soldier's Heart* give us rich detailed but diverse examples of PTSD symptoms, which makes the book valuable to clinicians. Because they also give us a sense of the veterans' pre-service lives, and because they are so culturally different, we get to see the diverse ways that traumas play out. For example, Dave Sekol, the Navy veteran, described his post war estrangement: "Even now, I hardly remember any details of those weeks and months (of combat). A witness to life but no longer a participant, I stuffed my emotions so far down inside me, I became a hollow shell, and things like good and bad, hot and cold, and light and dark no longer had any meaning" (p. 97). Sekol later (p. 105) elaborated on his alienation, "Can you understand the deep loneliness attached to lying awake in fear while the rest of the world slumbers? No. Of course you can't."

The authors' comments broke up the narrative, I thought sometimes simply to insert redundant observations, but usually to supply clinical observations and perspective. I thought they overvalued EMDR as an effective treatment, and one observation, I thought was a misinterpretation. When the artillery CO, Lance, is blown off his Duster by an RPG blast and is temporarily paralyzed, the authors provide a PTSD interpretation of freezing, when a more correct observation might be that Lance was suffering from a concussion (p. 155).

When Sidney Alvin Lee, the airborne ranger, returned to Vietnam for a second tour, the authors interpret his motive as an attempt to gain mastery over his previous traumas (p. 127). There may be more basic motives to consider, such as the need to escape alienation symptoms of a more peaceful life at home, the bonding with the troops he'd helped train, and the guilt about surviving his first tour when others did not.

I was struck by a statement that the Air Force nurse from a good home in Pennsylvania, Carla Jean, made after performing a dangerous med evack of wounded VC prisoners from an off-coast island battle: "The high brass had sent us to a tiny island in the middle of the night to take Viet Cong prisoners to a hospital in Saigon where they'd probably be killed anyway. Why? To what end? Politics? Arrogance? Stupidity? Did they care so little for our lives?" (p. 20).

Soldier's Heart is both heart-wrenching in its realistic stories of the post war struggles of veterans to adjust to civilian life, and it is also heartening to realize that most of the veteran story-tellers finally found insight and treatment that provided some amelioration of symptoms. Schroder and Dawe conclude their book with a rhetorical question regarding PTSD: "Can it be cured?" The question raises a major philosophical issue regarding the definition of psychological trauma, the core of which is the survivor's memory. ##

Milgram's Shocking Obedience Studies Re-examined & Partially Replicated

The entire January issue of the *American Psychologist* [2009, 64(1)] was devoted to a review and examination of the obedience experiments of Stanley Milgram, led by an article reporting on a partial replication of the infamous 1960-1964 experiments, which were summarized in his 1974 book, *Obedience to Authority: An Experimental View*. The journal featured 6 articles, including several biographical discussions of Milgram's influences and led off by the publication of Jerry Burger's relatively recent experiments, "Replicating Milgram: Would People Still Obey Today?" The answer to Burger's rhetorical question is, yes, indeed, obedience to authority has not changed much.

Stanley Milgram was a graduate student under the tutelage of Solomon Asch who had conducted important experiments on conformity to the group. Milgram was also influenced by the Holocaust and the Jewish Diaspora. He completed the last of his 27 experiments just as the trial of Adolph Eichmann ended with his execution in Israel. In Eichmann's trial the defense, as well as many pleas at the Nuremberg trials, was that the Nazis were only following orders. Milgram set out to study obedience to authority with a group of experiments, essentially designed to place an experimental subject, recruited from the community, to sit in a room with the experimenter and believe that they are controlling the delivery of shocks to someone they believed to be learning word lists. Whenever the "learner" gets it wrong, the experimental subject delivers what he (they were all male) believes to be a shock from a board with an array of switches. The switches are labeled in increments from 15 volts to 450 volts. The "learner" is really a confederate of the experimenter and complains of pain with screams and grunts from the shocks, increasing until he passes out, sometimes complaining of having a heart condition. Some experimental subjects quit, but most delivered what they believed to be increasingly powerful shocks to the maximum, surprising Milgram and the world of psychology. His experiments, which he published in book form in 1974, are considered to be among the most important findings in the field. Milgram's studies have not been systematically replicated in the U.S. because of the ethical constraints enacted partly in response to the sensationalism caused the methods Milgram used, specifically the strong emotions expressed by the experimental subjects. Milgram defended himself from critics by conducting follow-up interviews with the research volunteers and reported that they were largely unaffected by the stress of participation, although, as was pointed out, cognitive dissonance was not considered.

Other comments on the obedience research contended that the sample cohort from the 1950s were coming out of a decade of conformity proceeding from World War II, and since then there has been the Watergate scandals, the Vietnam War, and a general questioning of authority in the U.S. population. Thus, Burger's partial replication and confirmation of Milgram's

findings was found to be so disturbing. While Burger, in order to get university research review committee approval, had to make several alterations in methods, he was able to replicate most of the essentials. Burger selected his subjects from the community and paid them for participating, as had Milgram. (Milgram paid each subject \$4.50. Burger paid his subjects each \$50.00.) Burger also included a representative mix of gender and ethnicity and screened his subjects for psychopathology, including having each subject screened by a clinical psychologist. He carefully and repeatedly explained that the volunteer could stop at any time and keep the money. Burger, in reviewing Milgram's work found that if Milgram's subjects did not stop shocking at 150 volts, which is where the "learner" confederate began complaining, the subject tended to increase the shock intensity to 450 volts. Burger therefore stopped his experiments after the subject complied at 150 and was continuing participation. In this way he saved the experimental subjects from the manifest discomfort of further compliance in the face of screams of pain.

The other authors in the Journal discussion, including those who assisted Milgram and Milgram's biographer, Thomas Blass, generally agreed that Burger's work was indeed what he claimed it to be: a partial replication. Burger summarized the significance of Milgram's work: "...most social psychologists appear to agree on one point. The obedience studies are a dramatic demonstration of how individuals typically underestimate the power of situational forces when explaining another person's behavior" pp. 2-3). This observation was endorsed by Ludy Benjamin and Jeffery Simpson, "The Power of the Situation: The Impact of Milgram's Obedience Studies on Personality and Social Psychology," who at the same time wondered if the necessary screening of Burger's subject volunteers didn't glean out the most non-compliant subjects. Burger also eliminated any volunteer who had had more than one college psychology class, thus deleting the potential influence of Milgram's findings, although all the critics seemed to agree that the similarity of Burger's partial replication results with Milgram's is commanding of respect and were optimistic that more research on the issue would follow.

Comment

Benjamin and Simpson quoted Milgram's observation that some of his experimental subjects, while complying, expressed their discomfort with "nervous laughter, which in some Ss developed into uncontrollable seizures" (p. 14). That statement made me think of war veterans' frequent reference to dark humor in the midst of conducting a combat operations, humor that never seems to be communicated in the later retelling. You have to have been there.

The gist of the excellent collection of articles in January's *American Psychologist*, a journal that does not usually command attention, is that Milgram's discovery is among the most important in the field, and welcomed the breakthrough that allows further study of obedience to authority. EE ##

(See more comment on page 9.)

Milgram's Obedience Experiments and the Modern War Veteran

A professional warrior is a person who is trained to fight and paid to obey designated leaders. Many of the critics of the Milgram obedience experiments expressed their opinions in the January 2009 *American Psychologist* and agreed that the situational circumstances were a powerful force. The experimenter in the same room with the research subject, giving him directions with authority, proved to be enough to command most of the volunteer subjects to administer what he thought were painful shocks to the learner/confederate.

Unfortunately for many war veterans who recall traumatic events in the throes of combat, the full context is not recalled, including the so-called demand characteristics of the circumstances. The veterans assess their actions based on the recall of traumatic events and judge themselves based on knowledge that is gathered during and after the traumatic event, judging their conduct on more information than they had to use at the time, including the judgments of others. What we see in the Milgram experiments and Burger's partial replication is the overwhelming power of the situation to obey orders. The veteran loses that context when he or she recalls the traumatic event, and others, who weren't there, have little or no appreciation of what the demand characteristics were at the time.

Milgram addressed the distinction between warrior and experimental subject in his 1974 book, *Obedience to Authority*. "There are, of course, enormous differences between carrying out the orders of a commanding officer during times of war and carrying out the orders of an experimenter. Yet the essence of certain relationships remain, for one may ask in a general way: How does a man behave when he is told by a legitimate authority to act against a third individual? If anything, we may expect the experimenter's power to be considerably less than that of the general, since he has no power to enforce his imperatives, and participation in a psychological experiment scarcely evokes the sense of urgency and dedication engendered by participation in war. Despite these limitations, I thought it worthwhile to start careful observation of obedience even in this modest situation, in the hope that it would stimulate insights and yield general propositions applicable to a variety of circumstances" (p. 4).

Stanley Milgram showed, to his lasting credit, that most people obey when the line of authority is clear. And Milgram's volunteers did not train, nor were their lives on the line. On the other hand, the circumstances the volunteers found themselves in were generalizable beyond the experimental laboratory. In the post-experiment interview with the subject who exhibited laughter he could not control, a volunteer who happened to be a social worker, the man described his reaction to his reaction:

"My reactions were awfully peculiar. I don't know if you were watching me, but my reactions were giggly, and trying to stifle laughter. This isn't the way I usually am.

This was a sheer reaction to a totally impossible situation. And my reaction was to the situation of having to hurt somebody. And being totally helpless and caught up in a set of circumstances where I just couldn't deviate and I couldn't try to help. This is what got me" (p. 54, Milgram's *Obedience to Authority*).

In talking to veterans of the Vietnam War I have been struck by the powerful conformity paradigm that was presented to a replacement who was sent into the field to join an already established combat unit. He was the new guy, the one who ostensibly knew the least of all the others upon whom his life depended. Who, under those circumstances, would not conform? What was so shocking about Milgram's experimental demonstrations was how simple the circumstances could be and still elicit obedience to instructions to inflict pain. When Burger conducted his partial replication 30 years later he found the same level of obedience in virtually identical circumstances. What Burger changed was to repeatedly assure the volunteers that they could quit at any time and keep the money. In some settings he even had confederates posing as co-volunteers who did abruptly refuse to continue, but the experimental subjects continued to administer the shocks anyway.

I once met a man who when he was in Vietnam in a combat unit refused to continue on moral grounds. He said he was struck with a rifle butt and sent to Long Binh Jail to finish his tour.

In the Epilog to his 1974 *Obedience to Authority*, Milgram wrote a polemic against the Vietnam War, stepping out of his role as scientist, but for all his angry outcry against the conduct of the war, he stated over and over again that the soldier in Vietnam was an ordinary person and that most people in their circumstances would behave the same way. Since Milgram's research, as the *American Psychologist* articles document, his paradigm has been replicated in many countries and in diverse cultures, finding little difference in outcome.

Psychotherapists are challenged to convey to the war veteran client an expression of understanding about the demand characteristics of his or her situation in combat, without appearing to discount the client's guilt, or shame, for instance when he or she laughed when now it seems more appropriate to be horrified.

EE ##



Graffiti "Obey Obey Obey" stenciled over a sign at Meadowbrook Pond, Seattle. The sign originally directed visitors to "stay on the paved sidewalks only." (Photo is by Flash, RAQ's Investigative Photojournalist.)

Movie Review:

Clint Eastwood's *Gran Torino*: Korean War Veteran Copes with Change

Reviewed by Emmett Early

When I was stationed at Thule Air Base in the winter of 1961, we had a base-run television station that played re-runs of 1950s TV series. *Rawhide* was my personal favorite. There wasn't a lot of competition. I watched a character named Rowdy Yates, who had a rough kind of rawhide charm. Rowdy was played by Clint Eastwood, who then went on to stardom via westerns made by an Italian director in Spain, the so-called Spaghetti Westerns, in which the emotionally numb heroes spoke sparse dialog, and in which violence was interspersed with menace.

Since then, Clint Eastwood has pursued steady employment as a movie actor, capitalizing on roles that tended to appeal to the alexithymic stereotype of the tightlipped man of few words, vicious and dominant—a man who cares not what you think of him. He began directing films with the 1971 California thriller *Play Misty For Me*, in which he directed himself as a victim. *Gran Torino* is his 29th film as a director. Here he plays Walt, a retired auto worker, just widowed, who has difficulty adapting to change. Walt is a Korean War veteran, who served with the First Cavalry in Korea, the first Army division sent to Korea and the hardest hit by the Chinese entry into the war. Walt lives in a Detroit suburb that has transformed from ethnic European, predominantly Polish, to Southeast Asian, predominantly Hmong.

Eastwood has a tradition of politically incorrect humor, particularly satire. At age 78 he expands that character. Walt sits on his front porch smoking cigarettes, drinking *Pabst Blue Ribbon* beer from crushable cans, and spits out insults at his Hmong neighbors. His prized possession is a 1972 Ford Gran Torino, which is parked pristine in his garage, frozen in time like an insect caught in amber.

Gran Torino begins at a Catholic funeral mass that is conducted by a 26-year-old red-haired baby-faced priest (Christopher Carley). The contrast is immediately captured in cuts between the grizzled Walt scowling at his wife's funeral, and the boyish priest. In a surprising way, the priest becomes a strong character who confronts Walt repeatedly with his late wife's wish that he return to Confession.

Walt's war record is revealed in two stock ways: when he confronts the Hmong gangsters with his rifle, he shouts that he shot (insert ethnic slur) like you and used the bodies for sandbags. He later admits that he killed 13 enemy for sure. Kids going through his trunk in the basement after the funeral discover his medals. He later pins his Silver Star on a Hmong neighbor, Thao (Bee Vang) whom he befriends. He tells him about his horror killing enemy soldiers who were trying to surrender. And the movie is driven to its conclusion when he acts out his guilt in a final gesture of self-sacrifice.

Critics have suggested that Eastwood is using his old Dirty Harry stereotype and taken it to its conclusion in Walt. African-American movie director Spike Lee in a recent *New Yorker* inter-

view criticized Eastwood as a racist for not casting any African American actors in his Iwo Jima films. It is an undeniable oversight in a film like *Flags of Our Fathers*, which gave a great deal of care to achieve period authenticity, to have neglected the racial makeup in casting, and it was Eastwood who had the final say. *Gran Torino* is a critique of racial and ethnic prejudice. Walt in one long scene stops his truck to confront four African-American toughs who are molesting his Hmong neighbor, Sue (Ahney Her), and humiliating her Caucasian friend. Walt rescues her and dominates the toughs with the aid of his semi-automatic pistol, an undeniable reference to his famous *Dirty Harry's* "Make my day" scene. So, while *Gran Torino* is a satiric critique of ethnic prejudice, the only African-Americans of any prominence are portrayed as gang-bangers who are chased off by Walt in a furious exchange of racial slurs.

Eastwood makes a joke out of exchanging ethnic barbs with his Italian barber under the pretence of teaching Thao to act like a man. The joke runs thin, however, and ends up being unconvincing. It is extended later when Walt takes Thao to a construction site to get him hired by a foreman friend. Thao wins the job by mimicking stereotypical man-talk.

Gran Torino was shot in 32 days. (Remember Eastwood was 78!). Director of photography was Tom Stern. Story by Nick Schenk. Eastwood only bought the script in February of 2008. It did not have the polish of his more carefully done work, such as *Mystic River*, and scenes like the barbershop banter would have benefited from some additional takes. The final denouement, in which Walt acts out his war-time guilt, could definitely have been improved to be convincing. For all his skill and craftsmanship, Eastwood is a Hollywood product who has a penchant for blazing finishes.

One poignant aspect of *Gran Torino* is the alienation and antipathy that Walt shows toward his sons and their families. Eastwood gives the characters no sympathetic depth. Family therapists would wonder if PTSD wasn't a factor in Walt failing to provide a more accessible father. Survivor's guilt, which Walt definitely carried, has as one of its syndromes the tendency to drive away love and avoid affection. His two sons turn out to have values that are a statement about alienation. One son, Mitch (Brian Haley), in an apparent ploy to get possession of his father's house, tries to convince Walt to consider entering a retirement community. Walt and his son have no emotional rapport. But Walt does allow himself to feel again through the Hmong family whom he comes to protect. They are grateful. Neighbors feed him and bring him gifts that open his closed heart with their abundance.

(Continued on page 11, see *Gran Torino*.)

Gran Torino, Continued from page 10.**Survivor's Guilt**

The problem of survivor's guilt, often found in combat veterans, is the kind of thing that Walt referred to in *Gran Torino*, shooting enemy who are surrendering. Usually the context of such events are blurred and forgotten. Like a lot of problems connected with PTSD in veterans, survivor's guilt has become a cliché. But when Walt commits suicide in a variation of Suicide-by-Cop, in this case Suicide-by-Gangsters, we really have to pay attention to the problem that some combatants survive at the expense of others, traumatized in violent acts that can only be explained in the context of combat.

The emotion we see in Walt is a wake of years of emotional withdrawal, with perhaps the exception of his relationship with his wife. Walt apparently gave way to his passions in Korean combat. We would all forgive him that, but our judgments are not relevant. He judges himself. He believes he is the only one who knows what happened, although we know from many studies, witness testimony is highly biased and hardly a recreation of what actually happened.

All that finally matters is the wake of all the years since combat when veterans like Walt have piled proverbial sandbags around their existence, creating bunkers and perimeters around their conflicted emotions. What surprises viewers of *Gran Torino* is that when Walt finally does confess to the priest, he confesses the most mundane sins. The priest, anticipating more, asks "is that all?" and then assigns 10 *Our Fathers* and *Hail Marys* as penance. Walt doesn't mention his killing in combat. Perhaps he doesn't regard it as a sin against his Catholic faith, but it is certainly part of his soul wound. He believes that he killed men he didn't have to kill. No one else is judging him. He is judging himself and it drives him to sacrifice himself when all his cards are played.

Pardon the card game analogy, but *Gran Torino* presents a dilemma to health care professionals. When someone with survivor's guilt is in mourning for his late wife, when his culture and his neighborhood have changed causing him an increasing sense of alienation, and then he is given a terminal diagnosis of lung cancer and he sees a way that he can achieve a final outcome that helps his neighbors survive, is it alright that he sacrifices himself, drawing fire, provoking a gang killing? The gang is put in jail and the pressure on the family relieved, but what we have seen on the screen is a violent version of assisted suicide.

There is a ring of a novice psychotherapist in the character of Father Janovich. When brutality strikes, when the gang beats and rapes the Hmong neighbor, the priest is drawn to the idea of revenge, even though he doesn't go there. For Walt, the situation is that he has what seems to be a terminal lung cancer, and he carries with him a fifty-five-year-old psychological trauma that involved shooting and killing. He acts out his trauma guilt as the victim of violence.

The killer of war veterans is the traumatic imagery of death. Hyperarousal and trauma memory combine to foster symptoms that lead to emotional isolation, which is experienced even in socially active veterans. Walt is an example of a war veteran who adjusted fairly well to a life of peace. He worked until retirement. He took obvious pride in his work, as the film's title suggests. But the nature of PTSD pathology takes its toll. He has grown alienated from his relatives. His wife, whom he evidently loved dearly, has died. He lives alone with his dog and is alienated from his neighbors. He finds himself surrounded by people who look like his old enemy at a time when he has aged to infirmity.

The scene of suicide by a hyperaroused enemy is suggestive of what Walt described to Thao as the scene of his trauma in Korea, killing enemy soldiers who are trying to surrender. The priest and the psychotherapist are confronted with the same problem of understanding the combatant's trauma imagery and translating that knowledge into customized guidance. We therapists are as lame and pedestrian as Father Janovich when we offer the little tools we have, (group therapy, substance abuse counseling, meditation). Father Janovich offered the Catholic sacrament of Confession, but Walt didn't confess the traumas of Korea, although paradoxically, the confession, absolving him of sin, cleared the way to suicide.

All a therapist can do is take the time to see the situation through the veteran's eyes. Walt is not a very personable man. He doesn't disclose much. He has so closed himself off from his sons that they are not like him at all. Father Janovich finally sits down with Walt and drinks beer with him, but he can't fathom the nature of Walt's trauma, because Walt hasn't disclosed it.

Walt makes humor out of hostility. People around him regard him as a curmudgeon. Only his dog seems to warrant his endearment. Thao, who is an American born Hmong, is raised in a family of recent immigrants. He must make a cultural leap if he is to adapt. A piece of irony, pointed out early in the film noted that the Hmong immigrated in large numbers because they were allies of the American forces in the war in Vietnam. Walt, in his closed mind, lumps all Asians into a stereotype, but the distinction was not lost on him. The Hmong gang members ridicule Thao for gardening, which in their old culture is considered women's work. Walt is quick to point out with derision Thao's mannerisms as feminine.

In the final scenes, as a kind of postscript, Walt's will is read to the assembled. Thao and the priest are there and it is declared in Walt's salty language that his house is to go to the Church and his *Gran Torino* is to be given to Thao. It has been established early in the film that the car was a desired object in both cultures. Walt gives nothing to his family. He never forgave his auto sales son for selling "rice-burners". That cultural divide cannot be bridged. The veteran cannot relate with intimacy to his family and they move so far away they no longer share anything. ##

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King County Veterans Program, provides vocational guidance, and emergency financial assistance. The office is located at 123 Third Ave. South, Seattle, WA ... 206 296 7656
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Special Programs:

Community College & University Outreach to war veterans. Peter Schmidt, Psy. D. 425 773 6292

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WDVA PTSD Program Director:

Tom Schumacher, M.S., LMHC, NCC, CTC...
 .360 725 2226 Cell 360 791 1499

The PTSD Program is committed to outreach of returning veterans of our current wars. We work closely with the National Guard, military reserves, and active duty members and families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call Tom Schumacher for additional information, or if eligibility is considered a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Some of the program contractors conduct both group and individual/family counseling. ##

Other Veterans' Mental Health Services offered by the Federally funded VA or at www.dva.wa.gov "PTSD Program"

Seattle Vet Center 206 553 2706	Yakima Vet Center 509 457 2736	Seattle Puget Sound Health Care
Tacoma Vet Center 253 565 7038	Spokane Vet Center 509 444 8387	System (VA Hosp.) 206 762 1010
Bellingham Vet Center 360 733 9226	Spokane VA PTSD Program 509 434 7013	Gulf War Helpline 800 849 8387
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