Veteran Mutual Support:

A conceptual model built on evidence based processes to improve combat veteran health in community based groups addressing psychological stress and physiological manifestations.

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Abstract

In this research I have built a model called Mutual Mondays (M^2) which combines and builds upon research and documentation of pioneers in several areas to create a sanctuary in which veterans can mutually support each other using their own resources and proven techniques from other applications. Simply put, M^2 is a support group for combat veterans and active duty personnel experiencing post traumatic stress (PTS). The problem with overwhelming psychological stress is that it can lead to systemized delusion and paranoia. At the very least psychological stress causes worry which can lead to lack of sleep or excessive low quality sleep (Griffin 1997). Among other things the human body needs oxygen, hydration, nourishment, social connections and rest to survive. Optimally a human will get oxygen, hydration and nourishment through quality exercise, clean water, healthy foods, and the avoidance of toxins. Social connections provide support, laughter, healthy relationships in groups and with a significant other and an appreciation for positive solitude. Beings need physical as well as mental rest to stay healthy and during sleep they come in the form of phase one through four as well as rapid eye movement (REM) sleep. Phased sleep addresses physical needs and REM addresses psychological defusing of worries in the form of dreams (Griffin 2004). Trauma is an extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects leading to bodily harm (Herman 1992). It is no wonder combat veterans can be under stress, and for this reason M^2 uses positive attributes from dialogue process, group therapy, and dream understanding to create sanctuary for self and peer healing.

Without knowing at the time, I first experienced group dialogue healing, sitting in a circle around a small fire with The Chief and others, at the Deerfield River 1998. The Chief, as I affectionately call Mr. Blair, is a Native American Micmac Indian from Chicopee, who I have camped, fly fished and experienced the earth with. Around the campfire embers, my friend Jim's father, 'The Chief', had an aura of absolute 'being present', not with words or actions so much, as fully respecting others who joined and appreciated the circle. Yesterday The Chief died, but I think that he will be with us later this week at the river, because as the one who said the least, I always felt he was most aware in truth. When he spoke I learned, and when he paused, I was aware that it was important, by intention and one of the precious times I really heard the sounds of nature.

There is no word in Micmac, one of the Algonquian languages, for tree. Instead, people speak of different trees according to the sound that the wind makes when it blows through the leaves. The word for *forest* in Micmac translates as "shimmering leaves".

"…see this footprint here, that insect walking over it, that's called time. That's the closest we get to time. Micmac and Cheyenne are so totally related to this world that you call nature, we don't have a word for it, it's just too abstract."

The point of Native communication is to create an experiential interchange, one that is completely grounded in experience. Worldview behind the Algonquian language is that people must find their experiences for themselves, from the inside. Language is intimately connected to the earth. To understand, you have to "be" nature – a connection with oneself and the

world around allows a fundamental new sense to emerge (Isaacs 1999). The connection I felt to all around me through the silence, the sounds and the company in winter dialogue class of 2008 was reminiscent of being present in the circle with the Chief.

Framework

In the treatment of post traumatic stress disorder (PTSD), most cognitive methods require traumatized victims to face their terror repeatedly. Prescribed medications may ameliorate symptoms, but generally don't address root causes and often have side effects. Alternative methods such as yoga, meditation, art, music, dance, movement and relaxation techniques are aimed at easing stress, and although helpful, are supplemental to other therapy

"Most of us believe at some level that we must fix things or change people to make them reachable. Dialogue does not call for such behavior. Rather, it asks us to listen for an already existing wholeness, and to create a new kind of association in which we listen deeply to all views that people may express. It asks that we create a quality of listening and attention that can include – but is larger than – any single view." *- William Isaacs*

Dialogue is not new, and in fact has been a way that many people have lived and thought together in villages for as long, I imagine, as there has been spoken word. Less common I would propose is the use of meaningful dialogue in modern and industrialized nations. In the modern day, it was quantum physicist David Bohm who advanced and advocated the social and philosophical benefits of the dialogue process in the modern world,

more than any other single person. 'Bohm dialogue' emphasizes the importance of equal status, free space (physical space and time) and appreciation of differing personal beliefs in communication. Bohm suggested that wide scale dialogue groups could help overcome inherent isolation and fragmentation in society (Kegan 1996).

*"Truth is a pathless land". Man cannot come to it through any organization, through any creed, through any dogma, priest or ritual, not through any philosophical knowledge or psychological technique. He has to find it through the mirror of relationship, through the understanding of the contents of his own mind, through observation and not through intellectual analysis or introspective dissection…Thought is time. Thought is born of experience and knowledge, which are inseparable from time and the past. Time is the psychological enemy of man. Our action is based on knowledge and therefore time, so man is always a slave to the past. Thought is ever limited and so we live in constant conflict and struggle…. -Jiddu Krishnamurti (*1968)

Bohm's scientific and philosophical views were interwoven. He was heavily influenced by world renowned thinker and teacher Jiddu Krishnamurti and also by Dr. Patrick DeMare, as we will see (Bohm 1996). I find it interesting that like Bohm, who was instrumental in the Manhattan project which created the world's first atomic bomb; Army doctors whose work prepared soldiers to return to combat, may have discovered important tools and techniques to bring both mind and world peace.

Groundbreaking work in group therapy and group analysis was done during World War II at the Northfield Hospital by the Royal Army Medical Corps. Doctors Patrick DeMare and S.H. Foulkes, who both regarded groups as basic to human existence and encouraged mutual support, were trained for Army psychiatry at Northfield (Foulkes 1996). Interestingly, David Bohm later underwent psychotherapy for depression with Patrick DeMare and was heavily influenced by his group work (Peat 2000). After the war, Foulkes founded the Group Analytic Society (GAS) and the Institute for Group Analysis (IGA), which continues to use peer support and analysis for individual and group recovery (Foulkes 1975). Dr. Wilfred Bion was a highly decorated World War I Royal Tank Corps commander in France, who had seen heavy fire in combat and later, trained and worked as a Psychiatrist and psychoanalyst at the Tavistock Clinic (Bion 1962). During World War II he was re-commissioned into the medical corps to oversee military training and rehabilitation wing at Northfield Hospital. At Northfield he, DeMare, Foulkes and others, used 'group dynamics' with hundreds of Royal Army soldiers suffering from traumatic stress (then called combat fatigue or shell shock), and prepared them to return to the line (Stuart 1997). It is my impression that Dr. Bion was really using dialogue with groups of combat veterans with PTS, similar in many regards to M^2. Bion was a psychiatrist and clearly his group was more clinically focused than what I plan; he wrote of the analytic hour, which was the time in group and talks about "the emergence of truth and mental growth…" (Symington & Symington, 1996). He developed a model using a grid with alpha and beta elements and linkages between them, where neither element is real, but representative. Alpha elements are produced from impressions of an experience, where Beta elements are undigested facts, impressions and sensations. Beta functions are not suited for dream thoughts, but Alpha-

function can transform sense impressions (Beta) into Alpha-elements which resemble the visual images that are familiar in dreams (Bion 1962). Bion's model is well suited for research and analysis into dreams, thoughts and emotions in those affected by PTS and weaves well into other analysis presented here by other researchers.

Personal Background

I am interested in dreams, specifically nightmares, because my theory is the more I understand them, the less they can rob me of physical and emotional energy. Having been a career aviator, I saw multiple combat deployments and think the cumulative effect without therapy in between increased each subsequent exposure to trauma, even after military service. For example, when I lost a friend who piloted the space shuttle Columbia I reverted to all the isolation and deleterious effects of previous deployment trauma, and the same occurred after the 9/11 attacks. Initially I re-experienced prior trauma and nightmares worsened. The day after the attacks I learned someone I knew was killed in that terrorist attack on the Twin Towers, which exacerbated the effects. I mention these personal points because I suspect the same to be true of many others with PTS, particularly those returning from Iraq and Afghanistan, who now are subject to more combat deployments, and longer extensions. Long ago I wish I had someone to guide me back home and into society, but I suppose I was isolating and insulating myself away from people and society. I have an insight where the returning veterans are coming from and realize it is going to be an ongoing process of making associations, sharing myself with others and showing they are not alone. As I think back, I would have been very weary of a stranger approaching me to offer help for something that I

was in denial of, or didn't even realize I was fighting. I doubt I would have opened myself to exposure by showing my inside pain; likely I would have retreated. I'm not suggesting this is the right or very healthy way to handle the situation, but the reality is that that is how many returning, hurting combat veterans deal with it alone. As a veteran who has and does experience post traumatic stress from combat exposure, particularly close loss and devastation, I found I was able to open up and feel comfort in dialogue on several occasions.

Operational Model

I will prepare to launch a veteran support group at UMass Boston to address PTS. Under the umbrella of PTS, I include PTSD and complex post traumatic stress disorder (CPTSD), sometime also referred to as chronic post traumatic stress disorder. Studies in 1999 found that mutual support groups were generally just as effective as trained therapists in cognitive-behavioral therapy (CBT) at alleviating moderate levels of depression (Bright, 1999). While mild depression is not the same as PTS, there is a relationship, and I speculate these results could be indicative of M^2 results versus CBT if the study were broad enough in length and breadth. The effectiveness of mutual support groups in general and for PTS veterans specifically, is important because for some they can be more approachable, affordable, sustainable and with the volume of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans returning home now, support groups can also be more available, as dwindling government resources get inundated.

Dialogue, unlike one-on-one discussion or consultation allows the unsure participant time to participate in the circle, without actually speaking or engaging until comfortable and ready. Combat veterans, who often feel isolated and misunderstood, can find through dialogue and mutual support they are part of a larger group that can give to and take from each other. In this way dialogue is unobtrusive, yet engaging and meaningful through actively listening, speaking or just being present at first. In dialogue as in council gatherings of Native American Indians, you talk and talk until the talk starts (Isaacs 1999). It is theorized that it is the initial talk phase that helps get out the uneasiness, without feeling pressure. Memory is a great function and a useful tool to avoid re-thinking the routine or regular when it works properly and its recording of the past is applicable to the future; but when a memory is contextually out of accordance with new situations, then thoughts and responses can be inappropriate. In business and government, dialogue process is successfully used for conflict resolution between labor and management, and between disagreeing parties from the community up to the national level, and so it makes sense to take the next step to use dialogue to resolve conflict between perception and reality, between expectations and actuality (Isaacs 1999). In realizing we don't have all the answers, dialogue harnesses the collective intelligence (CI) of the group. Together the group can become more aware and smarter than individuals. The goal of many approaches believe is to fix people in order to make them reachable; in dialogue however we recognize wholeness already exists, but is larger than any one voice. In dialogue we are asked to listen and be attentive for this wholeness, as meaning emerges (Isaacs 1999).

Quantum physicist David Bohm, explored how physics might apply beyond physical to the mental and a wide range of human experience in an approach he called 'the implicate

order' (Bohm 2000). Bohm noted that most people avoid the present and instead live in their memories and imagination of the future. His research focused on breaking through the barrier of attention by coming into the present together to possibly release untapped or repressed energy. Although they were only about a generation apart, I found no indication that Bohm and Bion ever collaborated or even met, but if they had, there is no doubt they would have found common ground in their philosophy and scientific approach.

Discovering Bion's alpha and beta grid model provided the connection I had theorized was present, but until recently had not formulated or found, between the work of Bohm (implicate flow in thought and dialogue), Isaacs (Dialogue, thinking together and conflict resolution), myself (socially connected group thought, support &dynamics), Joe Griffin (metaphor), Ivan Tyrrell (dreams, worry, poor sleep, self control and internal resources), and Step Programs such as AA and Circle of Parents (regaining control through sequenced steps, mentoring and supportive community). Bion did not intend for his model or clinician's reflective process to be used during what he called the 'analytic hour'. During this hour he taught and practiced engaging without memory, desire or understanding (Symington & Symington, 1996). This approach to group interaction without memory or desire is about as close as I've seen to dialogue, without calling it such.

Another form of analysis integrated into M^2 also stresses the importance of the present and demonstrates difficulties that can occur in over emphasizing the past or future, particularly when it comes to worry and anxiety. Joe Griffin's expectation fulfillment theory (EFT) looked into why certain emotionally arousing introspections are not acted out during waking and showed that the brain experiences arousal and expects am imminent means to discharge it.

The autonomic nervous system cannot distinguish between past, present and future events and therefore responds to what's on the mind now (Griffin 2004). In the research of his theory Joe found that arousals not discharged in the waking hours will be discharged during sleep, which defuses emotions, but burns caloric energy. In small to moderate amounts this discharge is psychologically healthy and physically tolerable, but in excess can be detrimental. Through elaborate examination and extensive analysis of self and others, Dr. Griffin demonstrated that the majority of emotional release occurs during REM sleep in dreams that are played out through metaphor. By recording muscle action during sleep with electromyography (EMG) and eye movements with electro-oculograph (EOG) and brain waves by electroencephalograph (EEG) researchers showed peculiar patterns of electrical signals in certain parts of the brain. The signals are called PGO spikes and stand for pons-geniculate-occipital (PGO). The spikes synchronize with tonic (passive) and phasic (bursts of activity) components. These discoveries and phases of research done by many scientists on both animals and humans are built upon by Griffin. Although I can't even pretend to understand all the science behind it, the important thing I gained from all of this is that Griffin discovered that dreams are played out through metaphor in discharging unfulfilled expectations during REM and pre-REM sleep in people with depression and anxiety and can be remedied. Griffin, along with fellow researcher and therapist Ivan Tyrrell established techniques to work on the dreams themselves as well as the emotions and thoughts that produce them, such as focusing on personal positives, realizing one's own resources for help, guided imagery and hypnotherapy. While I am not a trained therapist, I can offer help as a lay person by sharing some of the common sense remedies Griffin and Tyrrell offer to suffering people, such as focusing on the present instead of

projecting into another time, using social support, adjusting sleep patterns and understanding that dreams are metaphor which often represent worries that are not literal.

(I had planned to discuss some of my own dream analysis here, that I did using EFT in January 2010 for three weeks, but need more time and space to further develop and will consider for action research and synthesis).

The engagement part of this project is intended to be UMass veterans getting together on Mondays to listen to, support and share with each other in meaningful dialogue that is paced and steered by participants. During this phase of research the ground work has been laid and active engagement will occur in 2010-2011. Semi-transparent facilitation by a veteran will support individual efforts and validate a new approach in helping those affected by PTS. The letter 'D' and term 'disorder' will purposely be left off the end of PTS during introduction of Mutual Monday's dialogue and support for several important reasons. Often the word disorder comes with a stigma, which inhibits getting people to open up. The label PTSD comes with the assumption that a patient has been clinically diagnosed, by a mental health professional. There are people who have traumatic stress, but were denied diagnosis and others who have not pursued help. This research addresses veterans in the margin, regardless of diagnosis. Many of the professionals and lay persons I have talked with and interviewed have drawn parallels with this body of work and programs like Alcoholics Anonymous (AA), with its grass roots mutual support, as well as others that use stepped processes. From the twelve AA points the following two have been adapted for use: 'the only requirement for M^2 membership is a desire to improve mental health' and 'M^2 has only one primary purpose – united support for

the PTS veteran who still suffers'. The Circle of Parents support group also has some elements that have been adopted and modified: for example the core values of trust, respect, shared leadership, non-violence and living in present. M^2 will always be free, confidential, and non-judgmental, and promote positive mutual support and mentoring. Unlike most groups, there will be no leader, but a facilitator may guide the process initially. Group members are assured of confidentiality in a non-judgmental environment.

While participation by members is expected to provide self-help, as well as extended help and support to participants, it is thought that efforts can also extend to the greater community of veterans and active duty military members, as the M^2 model extends beyond the group starting on campus. With military and veteran members returning to school using their GI Bill educational benefits after multiple extended deployments in combat zones, making an alternative accessible, affordable and approachable mental health option is a priority in helping veterans help themselves and each other to keep PTS from reaching epidemic proportions.

Since EFT has proven effective for depression and schizophrenia (Griffin 2004); organizational dialogue has been effective in conflict resolution (Isaacs 1999); and group analysis worked as social therapy for combat fatigue (Lipgar 2003), by extension it is theorized that mutual support including dialogue will be effective in breaking down barriers, addressing post traumatic stress (PTS) and re-integrating soldiers to home and school life.

In EFT, dream analysis through the use of metaphor is used in getting to the root of problems, and while this is intended with Mutual Monday participants, it will be introduced when the need arises, to alleviate clinical fears from the outset. Veterans in mutual dialogue will be able to listen to familiar issues, speak comfortably amongst comrades and begin to take ownership

of their own healing, without feeling isolated. In taking ownership, veterans will be less reluctant and more motivated to try new methods and suggested approaches.

Veterans who are not seeking help for the difficulties they are living daily, due to stigma, fear, denial, white coat syndrome and other reasons, may be more open to an alternative approach that is within a circle of peers they build trust with. Isolation and the feeling of being all alone with their problems may be alleviated to some degree when it is realized that there are others out there just like me going through some of the same issues. I don't see this approach as a replacement for other traditional therapeutic methods but rather another option that may work better for some at a lower cost and better availability.

Traditional cognitive methods may be a viable approach for some veterans, and M^2 can be the key to getting them in or the impetus to help a veteran realize there is a problem that can't be handled alone. In either case M^2 is a worthwhile approach to support veterans struggling with post traumatic stress (PTS) and will improve reintegration into normal life and the home front.

Summary

While it was the intent of this researcher to conduct an active a veteran dialogue and support group during this semester, the writing of this report fortunately was not dependant on active engagement now, although it was the desire and will be helpful for theory validation next semester. Plenty of research has been done and will lay the groundwork for future synthesis exploration and analysis. Many of my early concerns of not being a licensed profession in the field of social work, counseling, psychology or psychiatry have been alleviated as I have settled

into the role of an active community resource and social change agent. I now see this concern as an opportunity to more easily gain the trust and respect of participants. The protective armor military folks put up; particularly those who experience PTS will be lowered because M^2 is a welcoming, yet voluntary process of peer support and self ownership of care.

While intervention is not the point of the Mutual Mondays support group, there will be reference material available near the snack table so that participants can browse and take what they need. It is an expectation that relationships built in the dialogue session will extend beyond Mondays and become a sounding board for mutual help. An outside network of contacts and resources will be needed in the Fall of 2010, and will be built on advisement of (experts in counseling, sleep improvement, UMB student veteran center and local veteran agents.

Perseverance will be important for the veteran participants in the dialogue group. When no participants show up other than the facilitator and assistant, the intention is to keep showing up, so the word gets out and we can be counted on when people do need a place. My assistant John MacDonald and I persisted for four weeks after pilot studies and although it was just the two of us, we kept the word out there and continued to plan and make notes. John has a masters degree in social work (MSW) and is the director of the men's program at the Pine Street Inn and although not a veteran himself he has twenty five plus years experience working with PTS, homeless, veterans, violence and is the son of a late Korean Conflict Marine. Nightmare and dream analysis through metaphor are part of the support and will be introduced when it naturally emerges, in congruence with the M^2 participant philosophy. Organic idea

generation and creative participation is expected to result in greater personal and group ownership resulting in participant follow through.

An expected challenge is getting word out so the group attracts people who need PTS help and connectivity, without attracting folks who may just as well be served in other existing national or campus veteran organizations. One difficulty I have had in being a night graduate student is my connectivity with other veterans. Another concern is in hoping to provide a service to veterans and not have them feel like they are lab rats in this experimentation. I am concerned with starting the campus group and not keeping continuity when I have to be away. This concern gave birth to a mentoring process suggested by class peer group members, Kim, Alison and Gina to select and groom participants to continue facilitation of the group, although theoretically the group should be leaderless, it will need a coordinator to maintain outside contacts and a meeting place.

Three of the combat veterans who participated in pilot studies for this are active duty and did not want anyone to know they were seeking help for fear of losing duty status. PTS can be a tough cycle to break, as it can involve sleep interrupting nightmares, anxiety, substance abuse, isolation, depression, negative thoughts and suicide (Newhouse 2008). Even if some of these were remedied, the remaining ones can keep the ever tightening downward spiral moving. In this case, the idea is to keep motion in a cycle, but to make the progress expanding and upward. Up until very recently veterans were denied PTSD diagnosis and help until they were sober for a set period of time. I see the sobriety as an issue with several of the veterans I am talking with, but am very glad the VA has reconsidered its longstanding position and now

will deal with both PTSD and addiction; especially because evidence exists that there can be a causal link between them.

Contact with veterans on campus has been both promising and challenging. The three guys I talked with last week at the veteran center were somewhat guarded. The first two were tight with each other and I seemed to be invisible to them until I introduced myself as a veteran. We then had some common ground. When I told them about Mutual Mondays, one was very interested and the other was listening but non-reactionary. After they left, another veteran came into the student veteran center and was very outgoing. When I told him what I was up to he said "that's just what we need since we can't talk about real stuff here because there are too many people around and they don't understand". Last week when I was in the veteran center I connected with a couple other active duty guys who seemed interested in connecting informally. I've realized the key to unlocking the PTS issue is going to be personal and real connections, one by one. I'm going to have to pound the pavement and be persistent to make this work.

Veteran mutual support integrating is a promising area for mental health healing and should be considered seriously as either stand alone or supplemental therapy. The stress of re-integration after combat trauma is already overwhelming without the additional stress adjusting to campus life and college classes where focus and relaxation are required for quality learning. The proposed process will help the individual, the university and both the local and wider the community.

Future Research

More research is needed in the area of mutual support for PTS from other trauma sources like natural disasters, rape, child abuse, terrorism, civilians caught in war zones, witnesses of combat, domestic violence, gang violence, abandonment, witness of mass casualty, fear of death and witness to murder and tragic accidents. I expect there will be a great deal of transferability from one PTS situation to another. I wonder if the PTS reality is worse now that medical technology is improved, combat first aid is better? Many more serious injuries in the past would have been fatalities, are now living casualties, head and torso trauma, as well as amputations to name a few. Modern warfare has changed the ratio of disabilities to deaths, particularly head injuries and amputations, which certainly all impact mental health. Research from prior wars is important but due to the vast differences there needs to be more that is focused on current conflict and its victims.

Although the regular gatherings have not taken traction yet, and will be addressed next semester, there were other significant unexpected byproducts worthy of mention. From the very conception of this project, one of the key areas of importance was transferability of results, concepts and practices from work with veterans to practice with urban youth living in the fringe, which is a vocation I have dedicated my last four years to. Initially, I had great success applying my mutual support model into the boat shop; receiving positive vibes and reassuring feedback from my apprentices and most of my co-workers. Unfortunately my closest confidant and colleague at work, who happened to be working at court the day we first introduced dialogue process, was very uncomfortable, when he heard later, and felt I was risking opening up an atmosphere that was too clinical and potentially could stir too much past

trauma in the shop. Fortunately I was able to dedicate three hours of professional development time later to introducing my colleague and our executive director to my proposed mutual support model and the dialogue process, which turned out to be good for our staff, apprentices and the program. Secondary trauma with our staff, like others who work directly with severely traumatized youth, is a problem. One of the great byproducts of this project was staff awareness, intervention and training in self and mutual care.

Another byproduct was refining of dialogue introduction to make it understandable and applicable, yet easy and quick to get started. I have found the need to customize the introduction depending on the group; for instance, with my doubting attorney colleague and the executive director I used an evidence based approach, explaining the theory and showing the research and documentation from Bohm and Isaacs, as well as Griffin and Tyrrell.
On the other hand when first using dialogue with apprentices I focused on getting into the activity quick because of attention span concerns. One significant difference in using dialogue with apprentices versus veterans was that I already had a trusting relationship. The few pilot studies I have done with veterans also deserved a unique approach, since my concern was building alliance and trust quickly and most importantly making the experience non-clinical. With veterans and apprentices I was sure to have no writing or recording material present to assure them of confidentiality and build confidence that names and personal identity would be protected. Although it created a little noisier atmosphere, I used poker chips instead of cards to visibly and audibly indicate who would speak next. In this way, the guys were immediately engaged with the idea of gambling and got into the process. Also, from the start, any periods of

quiet were visibly uncomfortable for them. This group process seems to be taking hold very well, but we are not yet at the point of using metaphor to analyze dreams and nightmares.

About one third of the apprentices became more actively involved in dialogue when nightmares and PTSD was the opening question, but I did not yet offer metaphorical dream analysis, as I plan to hold this part of the mutual support until more of the group seems to be actively engaged in the process. My reasoning was to leave them wanting more and become eager for upcoming opportunities to engage in dialogue and think about if they are ready to talk about nightmares. I have talked with many veterans who have an interest in M^2 and a desire to be with others who have experience in combat trauma and isolation. I have facilitated dialogue with a small number of active duty OIF and OEF service members who are very interested in support and help, but so far they each want to be assured it is off the record, which of course it would be. Two service members in particular have repeatedly expressed interest in participating in M^2 but despite continual communication have not shown up, even after confirming several hours before.

Based on recommendation during interview with Dr. Robert Macy of the Center for Trauma Psychology and special consultant for the National Center for PTSD, I plan to consider adding narrative redemptive writing as a primer to dialogue for helping the traumatized veteran to make linear sense of confusing events. Dr. Macy was very interested and excited about M^2, appreciated its value, but did very highly recommend three weeks of writing, at three days a week about the trauma event before group dialogue (Macy 2010). I can appreciate the reason for writing first, but plan to research this more thoroughly first, as much of Dr. Macy's work is immediately after big traumatic events, and not quite as much about prolonged

repetitive trauma that isn't necessarily linked to one event. Anxiety, isolation, anger and self-medication have been part of the larger picture with these two; experience and research suggests these problems extend to the wider community of PTS sufferers. Time with these two combat veterans reminds me that mutual support in this area will be a long-term commitment. In pilot studies and M^2, creating a sanctuary of trust is the goal.

Post Mortem

What have I learned in this process? For starters I re-learned that I'm stronger at openings than closings, meaning that I dug deep into this research from day one, knowing all along that I in the past I have usually waited until the very end to wrap up a project and come to completion. Having followed the phases of this course was a great process for me and forced me to look at presentation and final write-up many weeks before the due date. This was progress, yet I still found myself digging and researching, taking more pathways and making new discoveries well past the point where I should have been polishing the final product. The process this course brought me through was fantastic but I need to reflect further on what else I can do to discipline myself to focus on picking crops at harvest time and stop turning over the soil for planting when the first frost is imminent. I will reflect and write on this in the summer, as it will be especially important to get a handle on this before I move on to courses in action research and synthesis. During this time I will also look at ways I can bank new thoughts,

contacts, pathways and references for future research, but do not become obstacles for completion of the task at hand. Possibly the last section in my research journal, or a separate one could be dedicated to this purpose.

As I write this today, during finals week, I have 8000 words typed for my research and engagement final paper but need to condense it down to the 4500 words it should be. People have been coming out of the woodwork especially of late, with references and contacts for me, as their interest is peaked with my project. It is possible that I am noticing it more recently because instead of continuing to chase all these leads, I am noting them and keeping them on ice until the close of this semester. Although I would like to have done better with this paper product, I am very satisfied realizing that I gained enormous insight into research and engagement through phase-work, process focus, community and group level action, problem based learning in Scientific & Political Change; as well as a more truthful reflection on my own strengths and weaknesses in these areas.

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