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Published

2019

Journal Title

Arts in Psychotherapy

Version

post-print

DOI

[10.1016/j.aip.2018.11.003](https://doi.org/10.1016/j.aip.2018.11.003)

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Accepted Manuscript

Title: The Difficult Return: the arts and social health of returning military personnel

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PII: S0197-4556(18)30126-6
DOI: <https://doi.org/10.1016/j.aip.2018.11.003>
Reference: AIP 1535

To appear in: *The Arts in Psychotherapy*

Received date: 11 June 2018
Revised date: 23 October 2018
Accepted date: 2 November 2018

Please cite this article as: Balfour M, The Difficult Return: the arts and social health of returning military personnel, *The Arts in Psychotherapy* (2018), <https://doi.org/10.1016/j.aip.2018.11.003>

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The Difficult Return: the arts and social health of returning military personnel

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Highlights

The paper explores the following:

- Awareness: develop, implement and evaluate the impact of digital strategies in helping veterans and their families acquire mental health knowledge and challenge cultures of stigmatization.
- Motivation: increase engagement of veteran population with mental health literacy initiatives leading to improved help-seeking motivation through the development of a documentary performance featuring ex-servicemen and actors (Hassall and Balfour, 2016).
- Action: implement and evaluate The Veterans Transition Program (VTP), a psycho-educational program that used elements of role-play and enactment, in partnership with the University of British Columbia, Canada (Balfour, Westwood, & Buchanan, 2014).
- Synthesize an approach to effective interventions in arts-based practice with returning veterans and their families.

Abstract

There is a rich history of arts, mental health and military work dating back to the First World War. The article details an arts-based four-year research project focussed on work with returning military personnel and their families dealing with mental health issues. The *Difficult Return*, funded by an Australian Research Council Discovery grant, consisted of three distinct interventions: an online mental health awareness campaign; a documentary-play designed to motivate military audience to seek help; and a ten-day intensive psychotherapeutic program utilising enactments. The paper will outline key concepts used, methods, approach and the implications for further research. In the paper, I argue that arts-based mental health projects need to combine multi-disciplinary approaches that embrace complex paradigms, and that a variety of integrated arts approaches may be efficacious in building communities of interest, that in turn can interact, contribute and collaborate together to build good mental health.

Key words: theatre, enactments, role-play, veterans, mental health, Australia.

Introduction

This special issue is targeted at responding to the needs of military personnel and their families who are dealing with mental health issues and the difficult return into civilian life. Since the wide scale withdrawal of western allied troops from Iraq and Afghanistan in 2013-2015, the predicted increase of mental health issues has created what some researchers have identified as a crisis (Artra, 2014; Caplan, 2011).

Rates of posttraumatic stress are noted as being considerably higher in military than general populations (Institute of Medicine, 2014). Zinzow, Britt, Pury, Raymond, McFadden and Burnette (2013) identified a combination of issues that are specific to military populations, including: stigma (the negative professional perception and institutional response to mental health), loss of self-esteem, lack of confidence in mental health professionals, negative impact on career (both perceived and actual threat to military tasks), fear of being released from the military on mental health grounds.

Mental health issues in the Australian Defence Force (ADF) continue to exist “within a culture of stigmatisation” with veterans often reluctant to admit to having a problem (Dunt, 2009, p.14). The independent review identified poor mental health literacy rates in the ADF, coupled with low help-seeking motivation, and reluctance to draw on traditional forms of support e.g. counselling services offered by the Department of Veteran Affairs (DVA). The review identified a significant gap in knowledge of educational interventions for veterans and their families (Dunt, 2009). In Australia, the Dunt Report led to a concerted effort to create a more progressive approach to recognising the importance of mental health awareness and diverse treatments in addressing the stigma of posttraumatic stress (PTS).

Since the Iraq and Afghanistan conflicts, there has been a growth of third sector agencies and grass roots organisations dedicated to supporting military personnel post-release. In many ways, this mushrooming of grass roots activity reflects a failure of mainstream services either to fully support veterans or provide appropriate types of care. In Australia, *Mates 4 Mates*, *Young Diggers*, *Stand Tall*, are just a few of the third sector organisations to act as both advocates for veterans as well as offering a combination of evidence-based and informal programs. In the UK *Combat Stress*, *Wounded Warriors*, *Help for Heroes*, and a plethora of other small to mid-size organisations have been established in recognition of the needs of returning veterans. In the USA, advanced strategies to bring together disparate groups, ideas, and practitioners have formulated together in the *National Initiative for Arts & Health in the Military* which advances the arts in healthcare, healing, and well-being for military service members, veterans, their families and caregivers.

The Difficult Return

This paper is informed by work on a 4-year interdisciplinary project funded by an Australian Research Council Discovery grant, entitled *The Difficult Return: arts-based approaches to mental health literacy and building resilience with recently returned military personnel and their families* (2011-2015).¹ The research team included military researchers, arts practitioners, psychologists, and public health experts. The aims of the research were:

- a) Awareness - develop, implement and evaluate the impact of digital strategies in helping veterans and their families acquire mental health knowledge and challenge ‘cultures of stigmatisation’ (Dunt, 2009, p.14);
- b) Motivation -increase engagement of veteran population with mental health literacy initiatives leading to improved help-seeking motivation through the development of a documentary performance featuring ex-servicemen and actors (Hassall and Balfour, 2016);
- c) Action -implement and evaluate The Veterans Transition Program (VTP), a psycho-educational program that used elements of role-play and enactment, in partnership with the University of British Columbia, Canada (Balfour, Westwood, & Buchanan, 2014).
- d) Synthesise an approach to effective interventions in arts-based practice with returning veterans and their families; and
- e) Engage in consultation with relevant stakeholders involved with the care of veterans and their families and develop policy recommendations for further support.

Lande, Banks Williams, Francis, Gragnani and Morin (2011) discuss how clinicians have been able to identify specific therapeutic interventions that appear helpful in reducing the PTS triad of avoidance, hyper-arousal and intrusiveness, recognizing the importance of: the therapeutic value of consolidating memories, progressive exposure, externalization, arousal reduction, and emotional self-efficacy (Spiegel, Macchiodi, Backos and Collie, 2006).

The *Difficult Return* explored the benefits of incorporating different arts-based approaches, drawing on examples from earlier arts practice with Vietnam veterans that integrated drama and theatre with visual arts, music, and poetry (Blake & Bishop, 1994; Dintino & Johnson, 1996). A key area we aimed to address was the length of time it took veterans to seek help from a medical professional or support organization. There is consistent evidence that the current generation of military service members and veterans are often reluctant to seek mental health care (Burnam, Meredith, Tanielian & Jaycox, 2009). With the gap between first experiencing issues to seeking help being on average about 7-10 years. Burnam et al. revealed widely held attitudes that can inhibit the use of mental health services, for example concern that admitting a mental health problem is a sign of weakness, and fear that use of mental health services will have negative career repercussions (ibid).

An area of difficulty with mental health support initiatives is once personnel leave the defence force they are difficult to track. To compound this if the individual is experiencing mental health issues the tendency is to withdraw (depression, anxiety) and/or self-medicate. The starting point for the research project was a pilot project that identified that ex-military personnel connected remotely with their peers via closed and specific social media sites like Facebook and that these virtual networks seemed to be operating as informal support environments. The reality of engaging with a potential user group who are actively suspicious of 'civilians', or who are experiencing PTS (withdrawn, depressed, anxious) cannot be underestimated. The time it takes, even with buy in from stakeholder groups, to build up trust and encourage participation has been one of the very large challenges of the overall research project. What eventuated was a research process that started with the third intervention, the VTP, a well-established and successful alternative approach to working with ex-servicemen in Canada, as there was clear interest from ex-service individuals in attending a support program. This helped the research team to develop and build relationships that led to interviews, consultations (and in one case active participation in) the devising, writing and staging of a documentary theatre performance, staged for military, veteran and general audiences in June 2014. Alongside this we developed the short *YouTube* films that both promoted the work as well as highlighting the possibilities and need for seeking help. To summarise what was conceived of (rather naively) as a linear and delineated set of projects (awareness, motivation, support program) became integrated with one another leading to ongoing collaboration and an online/offline community of interest.

Methods

The *Difficult Return* was an integrated mixed method qualitative research project. Overall, the research sought to understand how the arts can build capacity in veteran mental health through developing innovative online literacy projects and then engaging veterans in arts-based resilience work in order to produce positive mental health outcomes, such as encouraging a sense of control over situations, developing relevant skills, and maintaining optimism and confidence to undertake positive challenges (Sarig, 2001).

The online engagement was analysed through analysis of YouTube data, and the administering of the World Health Organization Quality of Life-BREF (WHOQOL-BREF) survey to users who accessed the *Difficult Return Facebook* site. On-line engagement was developed through establishing an online community via a project *Facebook* site, collaboration and sharing of news

and posts with other online veteran forums and groups (Young Diggers, Mates4Mates, partners of veterans, Picking up the Pieces), as well as hosting community building events locally (forums and workshops). Specific YouTube initiatives were also circulated through military networks, facilitated by our research team, and buy in from Department of Veteran Affairs, and the Australian Defence Force. In addition to the survey of users, there was follow-up interviews with a selection of the participants who featured in the online videos.

The documentary performance involved semi-structured interviews with 20 veterans and/or family members dealing with mental health issues. The recruitment of interviewees was established through either face to face, or skype, interviews following a call out via the project *Facebook* page. Interviewees were also recruited from graduates and their families from the VTP. We also had interviewees who were nominated by DVA and/or local agencies working with veterans. These interviews were used as the basis of developing the play, written by Linda Hassall. Interviewees and other veteran stakeholder groups attended two creative development rehearsed readings (30 participants in 2012 and 55 participants in 2013), and provided feedback on the play, corrections, and suggestions which were then incorporated into the next stage of the plays development. Formal evaluation of the play took place during the public performance in June 2014. The play was watched by 490 people, and 219 questionnaires were completed.

Each VTP has a comprehensive research package administered immediately before, after and at 3, 12 and 18 months following the program. The research team worked to develop a program evaluation that assessed the myriad of constructs that have been linked with veteran transition. These included indicators of quality of life (e.g., life satisfaction, work satisfaction), interpersonal well-being (e.g., relationship satisfaction, social support), and ability to cope with life stressors (e.g., emotion regulation, problem solving). We also included measure of psychological and psychiatric distress, ranging from general measures of psychological/emotions functioning (e.g., Outcome Questionnaire-45) to measures of specific psychiatric symptoms (e.g., PTSD, depression, suicidality). The results were included in the larger data set from the Canadian VTP. A link to a summary of the outcomes are available here: <https://vtncanada.org/research/>

Awareness – Online songs, posts and stories

The aim of the online mental health awareness project was not to create a general campaign that would go ‘viral’, but to create content that would target a specific group (e.g., veterans, serving personnel and their families). Kaplan and Haenlein (2011) outline the three basic criteria that projects need to meet: giving the right message, to the right messengers, in the right environment. Our learning over three years of activity is that online communities do not just happen; they need to be nurtured. Trust needs to be established through regular posting, consistent exchanges of information, dialogue, and also, if possible, real time events that encourage deeper involvement. Calibrating the ‘right’ message is always going to be hit and miss; some material will appeal to some members some of the time, so the quality needs to be good, but experimenting with diverse styles and approaches is also important.

The key issue with veteran related communities is that of trust, particularly if the project/community is part civilian (an arts project in a university). Therefore, the development of trust in the quality and worth of the ‘messenger’ is bound to be a long slow process. Community stakeholders are key in helping to validate the authenticity and reliability of the network. The importance of partnering with credible grass roots organisations was key in helping us to dialogue with the community through the gatekeepers.

Going Home was an attempt to use the efficacy of music to raise awareness of the affective issues that military personnel may be facing on their return. The combination of working in consultation

with military stakeholders and developing web initiatives (*Facebook* communities, *YouTube* films), gave us the initial starting point. In 2012, the research team uploaded the first digital film, focusing on a veteran's partner and her life in Australia with her family, and the challenges, respect and love she had for her partner who was serving in Iraq. The film was short. It engaged with the target audience. It was created in partnership with the partner and family, and was emotive and (we thought) inspiring. It received 56 hits, two comments, three likes and one favourite. And then everything went silent. As the research team became more familiar with the research about online behaviours, it was clear that we had been naïve about the efficacy of uploading material and hoping for the best. The sheer density of online material (for example YouTube has 48 hours of content uploaded every one minute) means that it is very easy to get lost in the sheer scale of data circulating the web. As we found, there is a lot of intelligent, informative and creative content on the web (as well as plenty of professional Youtubbers, cute kittens and funny videos), and not all of it gets the attention it deserves.

Over the three years we built a strong community via the projects *Facebook* and *YouTube* channel (<https://www.youtube.com/user/difficultreturn>) (cumulative total of 40,000 hits from eight short films). By far the most effective film in finding its military audience was the *Going Home* campaign, which consisted of a commissioned song by diplomat and songwriter Fred Smith, with a video shot in Afghanistan and Brisbane. The research indicated that there were a number of strategies that were worth exploring when trying to connect to an online audience, but by far the most effective forms of popular sharing was for music videos. It did not take too much research to deduce the importance of commissioning a song to connect. However, we needed the song to be relevant to the target group, to highlight an awareness of the difficult return theme, and be authored by a credible 'tastemaker' within the military and ex-military community. Fred Smith's background was perfect, as he is an Australian diplomat for the Foreign Office and a singer. He has spent the last 15 years working on peace keeping missions in Afghanistan and the South Pacific, touring in America and traveling the Australian festival circuit. He was the subject of the film *Bougainville Sky* (<http://www.roninfilms.com.au/feature/697/bougainville-sky.html>) about his time in the war-torn islands of the South Pacific, where his work as a musician and radio broadcaster contributed to the efficacy of the world's first unarmed peace keeping force. Fred was the first Australian diplomat to be posted to Uruzgan in July of 2009, and wrote a powerful collection of songs about the realities of life for soldiers and civilians in the war that was released as *Dust of Uruzgan* (<http://www.fredsmith.com.au>). At the time of the research, Fred was about to return in his role as a diplomat to Afghanistan to help with the transitional period as Australian troops withdrew from the region.

Going Home was born of this serendipity. Smith took three months to work at the military base before starting to write. And while he was interested in the commission, he would not commit to it unless the right song emerged from the process (in fact he claims he forgot about it until he finished writing it). The song took four months to write as Smith worked alongside the military personnel on base:

The problem isn't conspicuous when you are there. You are living in a tight community with clear tasks to do. Obviously, you hear difficult conversations in the communal telephone area but largely the problems start to occur when everyone goes their separate ways when they get home.

The song wrote itself quite slowly over the summer of 2013. I was working on the base, different things were happening with the closure of the base. I wrote it over the course of four months. We performed it in a concert on the base. And it was well received. I realized it was an important song. (F. Smith, personal communication, January 14, 2015).

The song was recorded quickly and, working with the research team, a CD and video were produced (the song was also available on *itunes*). What was important from the mental health awareness perspective was that the publicity and shares of the song connected people to the issues, and that there was a direct relationship with support organizations who could provide help and advice. Therefore, the campaign was coordinated with *Mates 4 Mates*, a relatively new veteran support organization that was designed specifically to help and support military personnel. *Mates 4 Mates* were central to the awareness campaign, and collaborated on media interviews and sold CDs at local events. The link to a veteran charity was critical to connect the impact of the song to a support service that could provide the appropriate help. This single charity model has been well used since the days of 'Live Aid', but not targeted to this community. The release of the song coincided with Fred's return to Australia, and a significant media campaign and a national tour in which Fred sang *Going Home*. There was a very strong response to the song, and the research team received considerable feedback from veterans and their partners. The song is deceptively simple, using detailed references and images to embed and evoke the feeling of Afghanistan. Smith explained:

For me in song-writing it's always the details that are most evocative. The details were very much part of everyone's daily life there. So, it resonated when we played it. People's imagination works through images. People picture things. It's hard for people to imagine an abstract noun or a concept, but if you deal with people, events or actions they can picture that in their mind's eye. (F. Smith, personal communication, January 14, 2015)

One of the benefits of YouTube films is that you can draw out quite precise data about how people are engaging with the films. During the period of the research, eight films were produced with a combined viewing performance of 40,000. Of the eight films, *Going Home* scored 28,700 with the next closest film, the VTP mini documentary, receiving 2,400. In terms of playback locations, 73% were from shares of the video and access via the YouTube page, 22% came from embedded players on other websites, 5.3% were from mobile devices, and a further 1% from other sources. The geographical spread of the films was interesting, with views in over 25 countries. The top five regions were: (unsurprisingly) Australia (58%), Canada (24%), United States (9%), United Kingdom (4.1%) and New Zealand (2.2%).

The level of precision is fascinating for understanding the impact of how audiences engage in a piece of music, with further data defining how long audiences listen to a song (when they click off) and the gender breakdown. In the case of *Going Home* the average viewing time showed that most viewed the film until the last 30 seconds, and the gender split was 54% male and 46% female. The length of time is interesting, as we learned from the other films that people tended to engage for a maximum of four to five minutes.

The benefits of projects like *Going Home*, is that they allow participants to access content in their own time. Smith talks about the current cohort of military personnel as the 'laptop generation', because he saw that leisure time was spent sitting in groups or individually sharing online material, swapping links, using *Skype* and playing video games. The Internet, even when on deployment, is a link back to normality. These habits continue on return, and are therefore an important access point for health professionals if they can tailor the message in a way that appeals to a target audience. The research team also learned that it is often the partners who are accessing mental health sites and information, as a way to try and understand and seek help for people experiencing the difficulties of return and transition.

The particular characteristics of the Internet mean that users feel anonymous in accessing information, as opposed to the stigma of going in person to a doctor. Therefore, the Internet can be used as a first step to provide information and early motivation for identifying issues that are important. The use of music via the Internet provides a way of communicating that can create an intimate and affective response, which is important in contributing to motivation for help seeking. One of the anecdotal responses we received was an ex-military individual who showed the song to his children and his partner as a way to communicate things he couldn't about how he was feeling. It initiated a conversation and a discussion. Perhaps this small change was significant or maybe it was just a ripple that subsided. It does however point to possibilities of how to use music in a targeted way.

Motivation

Documentary and verbatim theatre have an extensive history, dating back to 492 BC and the production of Phrynichus' *The Capture of Miletus* a play about the Persian War (Favorini, 1995). The plays are based on interviews that are then collated and edited together with a focus on 'real stories' performed without too much artifice as a way to get closer to the truth. Documentary work often becomes a popular genre in periods of excessive oppression or in which subjugated knowledges are marginalised or silenced. They often surface in period of dramatic societal change, or in moments when there is an excess of fiction in public discourse, and audiences became more intent on hearing factual accounts, in order to understand and process complex issues.

In *The Return*, staged in Brisbane 2014, the principle was to create a long creative development process in which the playwright Linda Hassall interviewed military personnel and their families, and then blended the transcripts with her own poetic insights, based on her observations (and her experiences as a daughter of a Vietnam veteran). This hybridity was important, not to distort or misappropriate verbatim testimonials, but to use the testimonials as a way to get closer to the emotional silences that existed between the lines. Silence and rhythm were a strong element in her re-presentation of material. The process here was very deliberate. There was a two-year creative development process commencing with the interviews, and then rehearsed readings of the play, with invited audiences (interviewees and their families, military stakeholders and psychologists), and then a period of intensive re-writes. This was an important process of checking in with the key stakeholders to ensure the play was 'getting it right' but also that the representations remained ethical and true to the essence of the testimonials and research. After two rehearsed readings, the play then went into final rehearsal. The potential of research-based theatre projects like *The Return* is to provide a safe and supportive space in which the stigma of mental health could be addressed. In *The Return* these experiences were facilitated by utilising elements of qualitative interview, oral history, narrative inquiry, ethno-theatre, applied theatre, creative development, verbatim theatre and contemporary performance methods to scaffold the richly textured PTS narrative into a performance text. Text and performance aimed to effectively unify verbatim narratives with the integrity of a creative process that sought to capture the essence of some of the thoughts and feelings that lay betwixt and between the 'data'.

The play

The play consists of a series of short vignettes that capture different aspects of the difficult return, including military experience, family relationships (with fathers, mothers, daughters), bureaucratic hurdles to getting help and support, self-hatred and destruction leading to self-medication, and attempts to break through the comradery of military cultures to articulate the need for help.

We realised early on from the creative development feedback workshops, that unless you had an exceptional cast with experience or relevant training then military audiences would be hyper critical of civilian actors portraying soldiers. How they walk, how they interact, how they put on a

uniform, how they code and re-code experiences, are specific and identifiable. In creating the ensemble for the performance, we combined the cast with four ex-military personnel and four actors. Some of the soldier actors were part of the original interviews, and one had also been part of the Veterans Transition Program (see below). The ensemble process involved intensive boot camps, in which the actors were taken through drills, an extensive exercise routine, and briefings on military language. The learning was not just one-way. The actors were able to show how to get to emotional vulnerability, and were able to set the tone of a scene, that would demand more from the soldier-actors. We were careful that any of the soldiers involved did not tell their own story, as we did not want to create a space in which unresolved traumas were potentially performed, repeated in a way that might create re-traumatisation. This enabled a deliberate fictional distancing for anyone involved in the performance. In spite of this, one of the soldier-actors whose story was used in the play, did initially help to direct an actor who was portraying him. He sat and talked about the experience, and would stop the actor, to tighten up on a point. After several days of rehearsal, the soldier-actor said that he wanted to play the role. He *needed* to play the role, to do it justice and to honour the story of his dead comrades. We spent considerable time negotiating and asked him to consult with his counsellor and family, but he felt it was important, and was determined.

The following excerpts from the performance text focus on the contribution of one cast member to the research, development, pre-production and production phases. Dean had been involved in the VTP and had then contributed an interview and an on-going dialogue about his experiences for inclusion in the play. Dean lived with PTS for seven years before he sought help. He was afraid of what the military, his family, and his peers would think of him if he admitted his condition—afraid they would think he was either a coward or crazy. Having survived a horrific accident that killed five of his company, including his best mate, Dean continues to experience survivors' guilt. His failure to save his best mate continues to haunt him and his PTS is directly associated with this event. Dean's contribution and willingness to participate at all stages of the project made him an invaluable member of the cast. His early contributions about his own experience and the resonating effects of this experience on his family and friends provided me with rich data that informed key sections of the script:

Dean's Story - EPISODE 5: SURVIVORS GUILT

(Projection: Jungle landscape across which the words Survivors Guilt - are written)

(A truck is travelling down a road. There is a company of soldiers' riding in the back. One of the soldiers jumps from the back of the truck and joins his wife downstage. They sit and talk directly to audience - perhaps using audience as 'counsellor').

EX-SOLDIER

Ya s'posed to look after each other. Protect each other. Ya don't speak of it. Ya just do it.

WIFE

His best mate was crushed between the bus and the truck. His best mate - burnt to death. Under the truck. He didn't know he was there. He didn't know.

EX-SOLDIER

He was my responsibility! He relied on me to keep him safe!

(Sound of a vehicle exploding. Men yelling and screaming)

(Projection: Engulfing flames and black smoke) (There are soldiers lying amidst the chaos. Some are trying to assist the wounded. One man is trapped under the truck).

EX-SOLDIER

I was tryin' to help. But I was slidin' in blood and...Kept fuckin' slippin' back down the back'a the bus. In blood and...Two'a me mates sittin' either side'a me died.

WIFE

Five of his mates all up.

(In the background there is general chaos. Those who aren't too badly wounded are giving CPR to the severely wounded).

EX-SOLDIER

We kept trying to resuscitate them. They were dead but we kept trying. Me best mate - he was trapped under the truck. I didn't save him. Sorry I get emotional.

WIFE

He gets very emotional.

EX-SOLDIER

It got way beyond the golden hour. No-one...no help came. Fuck it - we hijacked some civilian trucks, got them to take us to a medical facility. What a joke. What a fuckin' joke.

Pause

We kept trying to resuscitate our mates. As ya do. Like ya *trained* to do. My sergeant's brains were on me. Fuck.

WIFE

There was no morgue. They had to buy ice to keep the dead bodies cool. A complete cluster fuck.

EX-SOLDIER

It was stinking fucking hot. When the ice melted the body fluids'd drain away in the water. We kept packing more and more ice. We kept trying to... Just kept going. No-one came. Fuck. The young Lieutenant attended the autopsies. Poor Bastard. Had to watch his mates be autopsied. The ones we'd tried to resuscitate. He had to fuckin' watch it.

WIFE

A chopper was eventually flown in, diverted from some air show in Japan or Singapore or somewhere over there.

(In the background the injured are being stretchered out)

(Sound effects - Chopper)

EX-SOLDIER

I had a broken back, burns to the face, lacerations. The Sergeant, whose brains I had on me, had broken ribs. He got rolled off the stretcher and when he rolled off they pierced his lungs. In the chopper I'm trying to stop him choking on his own blood. His blood was all over me. I had his blood and his brain matter all over me. Fuck. Me best mate - he burnt to death. Under the truck. I didn't save him. He burnt to death. I didn't save him.

Pause

Sorry...I get emotional.

(The wife exits. Sound effects are fading out. The smoke is clearing. The ex-soldier approaches the truck. He pulls the debris off his mate, freeing him from the wreckage. His mate gets up. They embrace. They exit the space together).

(Hassall, 2014, p. 10)

The Return was staged in a full production in Brisbane 2014 with invited stakeholders, including senior members of the *Australian Defence Force, Department of Veteran Affairs, RSL, Legacy*, as well as family members, ex-military personnel and counsellors, psychologists. The sell-out performances were also open to the general public. After every performance, there was a break and an opportunity to engage in a facilitated discussion with key local agencies and ex-servicemen. This was key for audience members who might be needing help to identify next steps for themselves, and an important element of the motivational rationale for the show. The attending service providers reported a marked increase in referrals and enquiries in the four weeks following the performances from people who had attended.

In the analyses of the audience evaluation the key areas of impact were the authenticity of the performance, in particular having soldier-actors performing in the play. This not only added to the authenticity of the military culture, but as performers, they modelled the leadership qualities of demonstrating vulnerability and achieving the telling of difficult stories. As one audience member wrote: 'Just seeing you on stage, and seeing that a life with PTS is possible, gives me the strength to keep going with my treatment'. Other feedback evidenced that another aspect was that the performance gave them insight into understanding why relationships had failed, and 'while I cried from beginning to end, I also understood for the first time'.

The performance was also constructed to engage with senior military personnel in showing how PTS and institutional responses might undermine the treatment of individuals. The original interviews repeatedly evidenced the detrimental impact of bureaucratic procedures that seemed designed to frustrate and alienate. The performance provided an opportunity for a critique of the system, and the forum at the end, an opportunity for specific and constructive lessons to be witnessed and heard. To their credit, the senior levels of the ADF and DVA were present, and part of the panel discussions. Following the performance forums, there were follow up actions and a

Mental Health working group was set up comprised of key members from a range of veteran organisations.

The Veterans Transition Program (VTP)

The VTP was first designed and delivered as a research project in 1997 with the intention of investigating new methods of helping Canadian Forces veterans to reduce and cope with symptoms of operational stress injuries and transition more effectively into civilian life. The VTP has now grown to be a substantial Canadian wide network for veterans (<https://vtncanada.org>). The Australian study was part of an early scoping to investigate if the program could be applied in different cultural and geographic locations.

The VTP is a structured 10 day program which in Canada runs across three weekend retreats over six weeks. In Australia, the program was run two times but in two five day blocks. The quality of a private retreat is important. The group building recreates the barracks, and reinforces the need for individuals to support each other, and to create a feeling of community:

Westwood (interview):

The participants work together, eat together, they share dorms that are like barracks. They have their own time and often end up talking to each other until 2am in the morning. Soldiers know how to help soldiers, so the program takes advantage of that. It's a rebuilding of a community.

The program provides a clear structure that has been developed over the last twenty years. Research and collaboration with graduates of the program have helped to hone the balance between the themes of connection, communication, self-maintenance and strengths-based future planning. The groups are kept deliberately small with 5-6 veterans at a time, and through techniques such as life review, scaffold the communication of vulnerability while offering a structured context of confidentiality, being respected and understood.

The VTP has also deliberately focussed on work with veterans, although first responders have occasionally joined the groups. In the Australian VTP, we had a police officer, a peacekeeper, as well as ex-serving personnel. The directness of military language often does not translate well to the civilian world, and the VTP groups accept 'direct' military speak, enabling the groups to feel comfortable in the military vernacular. However, the process also covers how to bridge this gap in communication, building skills to improve relationships and show how to be understood the way that participants want to be.

After establishing the main framework of what the group often call 'the course', the facilitators ask the group members to share life-narratives through a group based life review process (Birren and Birren, 1996). Group members are asked to write about a branching point or significant turning point in their pre-military life as well as one from their professional life, then read these out aloud in the group. After each story, the other group members respond to what they have heard, without interpretation, to acknowledge what was said and understood. This active listening and responding has been demonstrated to reduce and normalise feelings of anger, guilt and shame, while at the same time promoting trust and greater group cohesiveness (Westwood, McLean, Cave, Borgen, and Slakov, 2010). Although this is a straightforward sounding process, the level of engagement is very high. In the Australian groups' it was clear that this was, for some, the first time they had told their stories, or more pointedly, the first time they felt they had been listened to, without prejudice or the rush to clinical judgement. The stories often resonate with the other group members, so the expression of difficult or shameful emotions, becomes legitimised within the

culture of the group. In the evaluation of the Australian VTPs there was consistent feedback that the structured listening process also demonstrated for the group a different role of the psychologist. The psychologist while facilitating the group, was also an equal contributor and listener in the process. This was a revelation for some in the group, who had not experienced a psychologist giving up the power dynamic that can often dominate practitioner-client relationships.

The process of group building and life review takes two-three days and builds the social foundations of the program. Following the life review process the group move on to enacting critical life events through a therapeutic enactment. Westwood is clear to distinguish that the process of enactment is not about a re-enactment, re-exposure or reproducing a traumatic event, but rather creating a ceremony that seeks to externalise and make concrete what has become an internalized script. It's a way for the member to *see* or *look* at the event from a distance. The aim of such a process is to create "an interplay between the internal world and the external here and now in public, to create an "as if" scenario that truthfully reflects the participants' present needs and awareness" (Westwood and Wilensky 2005, p. x):

Therapeutic enactment (TE) is the group intervention by which individuals begin to integrate the trauma event into their life. TE is a highly structured intervention in which participants are able to externalize internal processes of trauma by enacting specific trauma narratives. The soldiers refer to this process as "dropping the baggage." Through the enactment process group members are able to learn about their triggers, stressors, and patterns of activation, relapse and regression. They begin to understand that their reactions of numbing, shame, and helplessness are normal responses to abnormal events that prevent emotional release (Herman, 1997). They come to recognize that the experience of letting "baggage go" through TE in a structured, safe environment is highly therapeutic as trauma symptoms begin to lessen (Westwood, McLean, Cave, Borgen, and Slakov, 2010, p.49).

Drawing on techniques developed in psychodrama, but adopting a more structured approach TE emphasis the safety and self-regulation of the individual to ensure that they remain grounded throughout the process.

By attending to ways of regulating the client, the therapists work to keep them within the window of tolerance (Ogden & Minton, 2000) between these two states of responding. Active expression of emotion (verbally, emotionally, and somatically) while describing the event for the group integrates the trauma reactions, helps make sense of what occurred, and promotes cognitive re-integration. Thus, participants are able to more successfully integrate their reactions at a thinking, feeling, and experiencing level, thereby promoting a story of coherence versus confusion and reactivity (ibid, p.49).

Even before the TE commences, there is considerable work done with the individual to block and plot out the story, and decide which of the other group members will be part of the enactment. The process is designed to enable the individual to have agency in the story telling. The planning of the enactment is precise, well-structured and considered. The group leaders use various techniques to facilitate the TE, including doubling, role reversal, mirroring and coaching. Following the TE, all the group members debrief, and share their responses, observations and

feelings in the group. The debriefing is a critical element of the TE as it enables the discharge of reactions experienced by all the group members. Follow up individual counselling and support is provided for group members if the TE activates other issues.

In the Australian VTPs a further step of analysis was piloted. All the enactments were filmed, and then one-two days after the participants would review the video session with a researcher. The participants viewed the filmed enactments and using interpersonal process recall (Kagan, 1984) explored significant and critical points in the enactment, and were encouraged to reflect on the meaning of their response or interaction, to recall feelings and interpret their behaviour and responses cognitively. These review sessions were also filmed for later analyses. With this approach, it was hoped to better understand the nature of the enactments and to provide participants with a deeper level of insight and reflection on their experiences. Many of the participants found this stage of the process highly insightful, as the enactment itself, was felt to be 'experiential', while the IPR enabled them to stop and start the video and reinforce and unpick the emotionality of the TE experience.

The final group sessions focus on self-maintenance and future planning. Group members receive career counselling, assistance with the recognition of transferable skills, interviewing tactics and the development of a pathway goals and objectives. Considerable post-program activities occur beyond the finish of the ten days. In the Australian programs this involved informal networks of alumni, regular contact with the research team, opportunities to consult on future aspects of the research, and connection and introductions to key veteran organisations and stakeholders.

Since its introduction in Australia, the VTP has continued to grow in Canada, and attract major support and funding. The Australian work was limited to the initial research project funding which concluded after the second implementation. The evaluation of the program was very positive, but finding on-going funding has proved more problematic. One of the major issues has been a lack of historical professional investment in group work as a modality in psychotherapeutic work in Australia. Relative to Canada, USA or even the UK, a minority of therapists' report that other than family work, group work is done only to a limited extent (Maloney, 2016). As part of the partnership an Australian psychologist was trained in the VTP program, and while we attempted to secure on-going funding, it was also difficult to find other professionals with a relevant background and/or interest in this area of work.

Implications

The *Difficult Return* was an integrated multi-disciplinary research project, that aimed to work with a wide range of stakeholders to address key areas of need for the support of transitioning veterans with mental health issues. The three interventions were constructed from evidence based work in distinct areas: public health awareness, a documentary performance intended to motivate, and delivery of a psycho-therapeutic program. While constructed as different phases, each of the interventions intersected with one another in ways that we could not have planned for. The research commenced with the two VTPs, and several of the 'graduates' of the program became involved as advisors or interviewees for the play, and also in some examples became involved as the actors in the final production. Many of the VTP participants got involved with the Facebook campaign, posting details of events, sharing advice and others comments with the growing network. The long tail of the project still has nearly 400 members of the Facebook community two years after the research project officially completed. One of our insights from the project was the significance in building up online and offline communities of practice, that could get involved with the various elements of the overall research interventions.

It highlighted for the research team, the importance of on-going long term work, and how developing the different creative projects led to closer collaborations with the veterans acting as consultants, advisors and active participants. The original impetus was the realisation that in order to effectively promote the mental health of veterans in an online public health campaign, we needed to first build trust and social capital with key tastemakers and gatekeepers. This involved posting relevant information, creating interactive discussions, making links and hosting live F2F events such as mental health seminars. When the VTP sessions were organised we were then able to put out a call on our Facebook community, as well as approaching other stakeholders to share the news of the program. This was in a context in which existing DVA and 'official' programs were not able to reach these new returning veterans, but who were, of course, very conscious of the importance of early intervention. The integration and impact of videos through the Facebook and YouTube films were key in attracting comments, participation and engagement with the veteran community. The research generated considerable insights about the nature of a target audience, how Facebook and YouTube worked as a medium, and what kinds of films were ultimately shared. The VTP documentary was comparatively short at 11 minutes, but the YouTube data indicated that the majority of viewers only watched about 8 minutes. In comparison, the Fred Smith song, was 3 minutes and 98% watched the full film and many more comments were shared. These are perhaps now fairly widely accepted facts about online public health engagement but in 2012-13 there were few governing principles available. The online public health campaign was more than just a social marketing. In order to be effective it had to create an authentic community of interest that could actively engage, interact and participate. It was the basis from which the F2F interventions of the documentary performance and VTP were made possible, and it has continued to sustain albeit at a lower rate of engagement.

The performance had intra- and extra- benefits. For some of the participants *The Return* provided a way to re-integrate with the community – enabling them to share their personal PTS stories in a public forum. This had the impact of validating their stories, but for Dean, for example, he felt that in the VTP the telling of the story was for him, and in *The Return*, it was to honour his dead comrades, and 'enable others to see that while living with PTS is hard, it can be managed'. The process of working in a 'company' while initially foreign, was also deemed by the soldier-actors to recreate a sense of comradeship not experienced since leaving the military, and the close work with actors encouraged a greater precision and acuity in expressing emotions and feelings. This was particularly the case in scenes involving wives and daughters where the tensions in the writing surfaced difficult moments of intimacy, and the veterans reported the challenges but also the benefits of workshopping and rehearsing these moments. The script whilst based on interviews were not often (except in Dean's monologue) generally 'their' stories. This meant that as with any dramaturgical process there were decisions and interpretations to be made, but the safety lay in the attempt to get as close as possible to the essence of the text. In other words there was a fictional distance between any personal connection and the realisation of the play.

The extra- benefits were that the play was performed to senior ADF and DVA stakeholders as well as other veterans who were making the transition. In one of the post show Q and A's a veteran reported that Dean was a 'role model' showing that someone could in fact 'go to hell and come back'. The play and the ADF's engagement with the public showings led to further discussions, and eventually the development of an on-going Arts for Recovery, Resilience, Teamwork and Skills program (<https://www.army.gov.au/army-life/wounded-injured-and-ill-digger/adf-arts-for-recovery-resilience-teamwork-and-skills>). *The Return* may be viewed then as part of an effective soft diplomacy contributing to a broader interest and acceptance in the arts being integrated into supporting mental health transition of veterans.

The *Difficult Return* research project contributes a small example of how the arts might be used to support returning veterans with mental health issues. Group work psychotherapy is an important aspect of this work, and as demonstrated by the VTP, can provide an important opportunity and process for support. However, it might also be useful for arts practitioners to consider other creative strategies and modes of engagement that integrate with this important work. Veterans need more than just one type of program to support better mental health. Perhaps the indices of hope lie in the possibilities of integrating different modalities and approaches, and importantly trying to maintain a common community of interest, that can collaborate, interact and learn from one another.

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