

University of Massachusetts Boston

## ScholarWorks at UMass Boston

---

Critical and Creative Thinking Capstones  
Collection

Critical and Creative Thinking Program

---

8-31-2011

# Mutual Mondays, PTSD and Dialogue Process with Veterans of Armed Conflict: Becoming a Facilitator, and Healing Along with Participants

Michael Johns

*University of Massachusetts Boston*

Follow this and additional works at: [https://scholarworks.umb.edu/cct\\_capstone](https://scholarworks.umb.edu/cct_capstone)



Part of the [Peace and Conflict Studies Commons](#)

---

### Recommended Citation

Johns, Michael, "Mutual Mondays, PTSD and Dialogue Process with Veterans of Armed Conflict: Becoming a Facilitator, and Healing Along with Participants" (2011). *Critical and Creative Thinking Capstones Collection*. 158.

[https://scholarworks.umb.edu/cct\\_capstone/158](https://scholarworks.umb.edu/cct_capstone/158)

This Open Access Capstone is brought to you for free and open access by the Critical and Creative Thinking Program at ScholarWorks at UMass Boston. It has been accepted for inclusion in Critical and Creative Thinking Capstones Collection by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact [scholarworks@umb.edu](mailto:scholarworks@umb.edu).

Mutual Mondays, PTSD and Dialogue Process with Veterans of Armed Conflict:

Becoming a facilitator, and healing along with participants

A Synthesis presented by

Michael C. Johns

Submitted to the Office of Graduate Studies and Research

University of Massachusetts

Boston, MA

In partial fulfillment of the requirements for the degree of

Master of Arts

August 2011

Critical and Creative Thinking Program

c. 2011 by Michael C. Johns  
All rights reserved

Mutual Mondays, PTSD and Dialogue Process with Veterans of Armed Conflict:

Becoming a facilitator, and healing along with participants

A Synthesis Project Presented

by

Michael C. Johns

Approved as to style and content by:

---

Peter Taylor, Professor  
Chairperson of Committee

---

Stephanie Hartwell, Associate Professor  
Member

---

Peter Taylor, Coordinator  
Critical and Creative Thinking Program

## ABSTRACT

Mutual Mondays, PTSD and Dialogue Process with Veterans of Armed Conflict:

Becoming a facilitator, and healing along with participants

August 2011

Michael C. Johns, B.S., Norwich University  
M.A., University of Massachusetts, Boston

Directed by Professor Peter Taylor

After nearly five years working with youth offenders, addressing the trauma and stress of their lives in gangs and prison I was ready for my current job as a municipal Director of Veterans Services. These positions have given me the opportunity to start addressing posttraumatic stress disorder [PTSD] that has plagued me for over 20 years, since I flew in the US Navy. *Mutual Mondays* is a forum I created which brings together veterans using the Dialogue Process to empathically, intellectually, and communally address the effects of participation in armed conflict. Mutual Mondays has been a productive vehicle for veterans connecting with community, moving out of isolation, and starting to recognize, as well as act on opportunities to improve overall health. Based on my personal experience as a veteran and involvement with Mutual Mondays, I believe that the complexity of issues facing the invisibly wounded and the resistance to seek therapy underscore the need for alternative methods of helping them.

In this synthesis paper I set the scene with some vignettes, describe how PTSD as a personal and wider social problem led to the idea of mutual support that

is central to the Dialogue Process and its implementation in Mutual Mondays. I relate parallel explorations of alternative theories and practices, including my own recent Cognitive Behavioral Therapy treatment as a veteran. With a view to ongoing development, I introduce some working themes, including CANVAS, PEACE, USA, ECDT and disciplined writing and research structures, as well as the challenges of evaluating Mutual Mondays and its potential for use with other populations. To close I revisit the opening scenes.

In retrospect I see that the impetus for this project was the desire to learn if a dedicated person or group of people can start a community grassroots effort to serve populations in need that can be replicated easily to other communities if the concept is validated through experience. Going forward, I am interested to know if the wave of momentum will attract care-givers and those in need; and if it is possible to get those served to be in a position to be the care-givers, in a perpetual model of mutual support, positively influencing those giving and receiving.

## Table of Contents

### Set the Scene

- 1.Vignette – An appreciative warrior and minister ..... 1
- 2. Impetus for this Project .....2

### PTSD: A global and personal problem leads to the idea of mutual support

- 3. Nightmares.....8
- 4. Defining the problem of armed conflict – turned internal conflict ..... 13

### The Dialogue Process and Mutual Mondays

- 5. Introduction to the theory of Dialogue Process ..... 16
- 6. Developing *Mutual Mondays* .....24

### Parallel Explorations

- 7. Inquiring into alternative theories and practices .....40
- 8. Exploring as a veteran seeking treatment.....43

### Working themes for Ongoing Development of Mutual Mondays Dialogue Process

- 9. CANVAS, PEACE, USA, ECDDT and the five resiliencies .....56
- 10. Disciplined writing and research structures .....79

### Evaluation [in the sense of taking stock to keep developing]

- 11. Challenges of evaluation – New theory, process and researcher .....85
- 12. Potential for use with other populations .....91

### Revisiting the Opening Scene

- 13. In Reflection: Where are your feet right now? .....95

### Glossary .....105

### References .....108

## **Set the Scene**

### **1. Vignette – An appreciative warrior and minister**

*“Just a quick note to say thank you for the delightful conversation we had today. When I left your office, I found myself pondering over the things we discussed. I must admit I don’t recall a time I have ever been so transparent with issues pertinent to my military endeavors. It was refreshing to know that someone understood the significance of the dilemma we sometimes find ourselves in.*

*Moving on, I will indeed make every effort to join you and the others at your next meeting. As you so astutely put it, ‘you were the facilitator that received the healing from the participants.’ Thank you.”*

*~ A Vietnam Veteran Bomber Pilot and Baptist Minister*



## 2. Impetus for this Project

*“When you are inspired ...dormant forces, faculties, and talents become alive, and you discover yourself to be a greater person by far than you ever dreamed yourself to be.”*

*~ Patanjali (Dyer 2006)*

The impetus for this project is the desire to learn if a dedicated person or group of people can start a community grassroots effort to serve populations in need that can be replicated easily to other communities if the concept is validated through experience. I also want to know if the wave of momentum will attract care-givers and those in need; and if it is possible to get those served to be in a position to be the care-givers, in a perpetual model of mutual support, positively influencing those giving and receiving.

I began exploring these questions while working with highest risk [to others] and most at-risk [to self] youth offenders as part of the Maritime Apprentice Program at the Seaport Boat Shop in Boston. Working with young men, addressing the trauma and stress of their lives in gangs and prison dovetailed into my current job as a municipal Director of Veterans Services. These positions have given me the opportunity to be honest with myself about my own posttraumatic stress disorder [PTSD], and to start addressing these issues that have plagued me for over 20 years, beginning while I flew in the US Navy. *Mutual Mondays* is a forum I created which brings together veterans using the “dialogue process” to empathically, intellectually,

and communally address residuals from armed conflict. Based on my personal experience as a veteran and experimental involvement with *Mutual Mondays*, it is my opinion that the complexity of issues facing the invisibly wounded and the resistance to seek therapy, underscores the need for alternative methods of helping them.

*“The essence of rational human behavior consists of responding to each instance of living with a new response, created afresh at that moment to precisely fit and handle the situation of that moment as that situation is defined by the information received through the senses of the person. [All other living creatures respond with pre-set, inherited response patterns – “instincts.”] (Jackins 1980)*

Unlike the experience of most rational humans, the warrior responds differently, because instinctual response is by training and experience, not heredity. Like the animal, the warrior in combat must respond without hesitation, instinctually. This approach works well and is necessary on the field of battle, but at home it causes distinct sociological disadvantages with family, the law, neighbors and oneself. Coming home is a dramatic shift, like night and day, going from the protector to the protected. A wingman and weapon bring comfort and safety to the soldier. Being trained to use both means survival. What tools and skills are needed for comfort, safety and survival at home? (Grossman 2008) Preparing for battle, soldiers train in teams, learning from those who have been there before them. Similarly, veterans can work together, with guidance from others who have transitioned home before them. Dialogue process is a vehicle that provides the framework to contain

this work.

The seed for this undertaking was planted in the winter of 2008 during dialogue class with Critical and Creative Thinking [CCT] Instructors Allyn Bradford and Jeremy Szteiter. We dialogued together five nights a week, 3 hours a night for three straight weeks. I found it awkward at first, mostly reading about the early beginnings of this form of communication, and later its Bohmian wholeness potential and current uses in contemporary business. Though my intention had been to return to graduate school for a medical degree, none of the pre-med classes I needed were offered that semester. I decided to take advantage of the one hundred dollar per credit discount for being a Massachusetts Veteran and enrolled in the most interesting sounding class I could find. That class turned out to be in the Critical and Creative Thinking [CCT] program.

My reason for wanting a medical degree was to treat and help veterans. Considering my interest and experience in emergency medicine as an EMT, national ski patroller, OEC provider and instructor for the Red Cross; going to medical school seemed a natural choice to me. Although I was half way through a masters degree in business management and human behavior, the medical school advisor told me I needed to brush up in the sciences prior to taking the MCAT and making applications. The next semester, the biology course I needed was available. I sat in shock for several weeks at the stark difference between listening to hours upon hours of monotone lessons in a lecture hall holding several hundred students, and the invigorating learning experience I had just come from in the previous semester in CCT. Biology could wait; I dropped the course, dove independently into textbooks on

cancer research, philosophy, psychological first aid [PFA], surgery, neuroscience, thought and mind theory, writing and art. Over the summer I studied boatbuilding design and worked with an energetic team of apprentices and staff, building my first wooden boat. As autumn approached I decided I wanted to take more critical thinking classes and registered for three of them; critical thinking, creative thinking and seminar in creativity. Despite a lot of years in the classroom, I was enjoying school and learning more than ever before in my life. I was commuting by public transportation about three hours a day and spent all of it reading and writing.

As part of the creative thinking class, I was reading a book called *The Artist's Way*, by Julia Cameron. This was much more than a book; it was a program that included exercises fostering creative thinking and writing, part of which was *Morning Pages*. *Morning Pages* have been transformative for me, at first forcing me to write three full pages by longhand in the morning. Now after many notebooks and dozens of composition journals, I have the same withdrawals from a missed morning of writing that I used to get from a missed running and cycling workout. I might not be comfortable saying I'm a good writer yet, but I am very comfortable saying, "I'm a writer". Writing, dialogue and study of the mind have become passions and it is through these lenses that I have enjoyed the challenge of researching new ways of helping troubled youth and veterans in need.

I became convinced that dialogue would be a great communication and therapeutic tool for my at-risk youth in the Boat Shop, and later for veterans. I played with this application of dialogue process in the classroom and the shop. Early on I met some resistance in the shop, and backed away from it for a while. I kept playing

with the idea and was especially interested in Bohm and his in quantum physics transference to dialogue. It reminds me now of Albert Einstein's collected essays titled 'Out of my Later Years', where he moves from physics, and theory of relativity, into his global philosophies and social ramifications (Einstein 2005). In 2009, I was struck with theoretical encouragement regarding an idea I had been playing with for over a year, when I read of an interview with Thomas Edison. (Gelb 2007) Reporter George Parsons Lathrop, describes their 1890 conversation:

One day at dinner he suddenly spoke, as if out of a deep reverie, saying what a great thing it would be if man could have all the components of atoms of himself under complete control, detachable and adjustable at will. "For instance," he explained, "then I could say to one particular atom in me - call it atom No. 4320 - 'Go and be part of a rose for a while.' All the atoms could be sent off to become parts of different minerals, plants and other substances. Then, if by pressing a little push button they could be called together again, they would bring back all their experiences while they were parts of those different substances, and I should have the benefit of their knowledge.

While working with at-risk youth, and later with veterans, I noticed fixed views, and limited perspectives, as well as a lack of awareness that seemed self-defeating. It reminded me of classified precautions, where each person knew only part of the total picture, so that if there was a compromise, as in the Walker Spy Ring (Prados 2010), the damage would be limited. On a routine day-to-day basis though, the damage is actually in not having the 'bigger picture' and in the case of traumatized

individuals particularly, the picture and story is all the more fragmented. While Thomas Edison's rendering seems far-fetched, it is exactly what dialogue does for individuals and society; providing a vehicle for shared knowledge, for the parts to inform the whole, and for consciousness to move closer to self-awareness.

Through the CCT Masters Program I have advanced my problem solving abilities. Through this program, as well as personal initiatives, I have developed disciplined research and writing structures. More to say about these in chapter ten, but for now, the reader should know that one of the four daily writing disciplines I have developed and maintained is my *Morning Pages*. In short, *Morning Pages* (Cameron 2002) are three hand-written pages that have jump-started my day for the last two and a half years. Sometimes my *Morning Pages* composition book entries are fresh recollections of nightmares, other times rambling to get the clutter, negative self-talk, and pessimism out of my mind and yet at other times creative or reflective thoughts for inquiry and research flow onto the paper. The other three writing structures will also be introduced in chapter ten.

## **PTSD: A global and personal problem leads to the idea of mutual support**

### **3. Nightmares**

*“With a sandbag for a pillow,*

*I chase a distant memory of a thing called sleep,*

*I whisper in the dark and pray God my soul to keep.”*

*~ James Adam Holland, The Freedom of a Soldier*

*(Grossman 2008)*

[3/14/2011 Morning Pages] “There was a big rush to get going out onto the street on our vehicles and off we went with Mark leading, me in the middle and someone distant behind *[Mark Wood, who is in my dream, was a teammate and running buddy from high school track and field]*. They both had lights, but I did not. The travel was dangerous, the roads meandering and un-maintained. It seemed we traveled forever and there was a pressing need for us to be faster than normal, in fact there were safety precautions we normally we would be taking that were cast aside on this particular trip. I did not know why everything was such a rush and haphazard. For some reason we suddenly stopped on the way back, Mark got off, climbed down the embankment and out onto the rocks and logs. I had spotted a giant crocodile down below, just the snout of it, and he must have seen it too. He went down and tormented it; I yelled and pleaded with him to knock it off and get back up, but he wouldn’t listen. He was reckless and I was fed up with his antics. The croc came out

and then went back out of site. I had hoped this was the end of it and I told Woody it was time to go [*Rob Wood, call sign “Woody”, my friend and co-pilot was killed on deployment to the Persian Gulf*]. Assuming he was coming too, I started off slowly, with someone else, I don’t remember who it was. After just a moment or so, we stopped, looked back, and not seeing him, I yelled back to get him moving. We turned around and I was pissed, but headed back to see what was holding Woody up. I was surprised we didn’t immediately see him.

We stopped back at the edge of the embankment and there was no Woody in sight. I yelled and searched but he was nowhere to be found. Somehow, I knew that the crocodile had gotten him; in the back of my mind I was thinking that maybe it was just holding him under water until he drowned, and I considered going down into the water to see if this was the case. It was a long shot, but just maybe... I was really quite shocked at myself that I decided against going into the water. Maybe I figured that it was an undue risk and that I could be killed or we all could be. Woody had taken undue risk and I was a witness to it, and now I was deciding that I was not doing the same thing myself, as I had already been vocal against being risky for no reason in the first place.”

In writing about this dream I think I have figured out a few things about my thinking and aversion, as well as avoidances over the years; Woody’s crash made great impact on me. Reflecting and writing about this a lot, I have applied the Expectation Fulfillment Theory [EFT] to make sense of it. I’ll say more about EFT and metaphorical dream analysis in chapter seven. In my nightmare I’m mixing my high school running



partner Mark Wood with my flying partner Rob Wood. In the dream I was the only one who “didn’t have a light” and I think it was because I was seriously ill, grounded from flying and in bed at the time when Woody and twelve others crashed on the way back from a SEAL extract mission. I was in the dark about it until I was awakened to help coordinate rescue efforts.

“Cast aside safety precautions and tormenting a crocodile” represent my mixed feelings towards my friend, who was also my reckless cowboy co-pilot. In flight school, I was told by my on-wing instructor, Captain Mena that, “There are old pilots and there are bold pilots, but there are no old, bold pilots.” I was old, and Woody was bold, a project unfinished...another friendship lost. “Yelling and searching” in the dream is likely metaphor for the search and rescue. “Witness” is metaphor, I think, for co-pilot and friend, and being “vocal against being risky” directly links to me taking the controls from him previously, and recommending the commanding officer ground him.

The following quotes are from a veteran I recently worked with:

*“While in a high hover...over the jungle canopy, as we were hoisting a survivor, we drew heavy small arms fire. Our cockpit was shot out and forced us to abort hoisting. I put my [helicopter] down. A Cobra gunship...took out the small arms. My aircraft was badly shot up but flyable, so we loaded the survivor and took off. Survivor had a bad sucking-chest wound and my medic insisted he go to the field hospital and not an aid station, so I flew him directly there. I don't know if he lived or not. I still wake up screaming, 'don't shoot me'.*

*On another day while taxiing back after a mission I saw my crew chief cut in half, as my rotor blades meshed with a stationary aircraft he was working on top of.*

*I went on another mission to retrieve a pilot who had been shot down. When we got there he was dead. I didn't know it was my buddy from flight school until after.*

*Memories of these and other missions still haunt me at night, with sleeplessness, flashbacks and nightmares. All of this affects my relationships, led to one divorce, is ruining my current relationship, and I know I drink too much, all the time to numb the pain and try to escape the memories.”*

*~ Vietnam Veteran*

[11/9/2009 Morning Pages] “Out of breath, confused and scared, I sat up in bed with a jolt again. The nausea, sweaty panic and clenched rigidity are a familiar and unwelcome trespasser. As I scan the bedroom I see there is no immediate danger and now it’s okay to cry, be ashamed that I’m so scared again and seek comfort. I wake my best friend and ask her to hold me. For two decades my wife has faithfully been by my side through the nightmares. In this time, I have shared little of why I’m troubled; because I’m afraid no one can understand this.

As our oldest son approaches a year in Iraq and prepares to come home later this month, I wish him better rest, peace and sleep than I. This morning, waking from a fog at 0420 and taking the phone from Janis after she’d talked to him, I struggle to clear my mind from a restless night of nightmares, to learn that Mike’s buddy Walker was killed over there. I met Walker, who like most soldiers was known affectionately by comrades as either a call sign or last name, one in the same for him. Walker was a polite, slender, young man who I met quite coincidentally with my son outside the base exchange, where I was having a great conversation with an outgoing, charming gentleman and his wife, who turned out to be Walker’s grandparents. I liked Walker instantly, just as I did his grandparents. While trying to comfort my son, I struggled with my own feelings of emptiness and loss again.”

#### 4. Defining the problem of armed conflict – turned internal conflict

*“There’s a lot of prophesy in these Dionysian doings and in their hysteria, and when that God gets deep in a man’s head, why he can make you tell the future.*

*~ Euripides (Shlain 2007)*

Combat veterans in this country are suffering from a wide range of maladies as a result of un-remediated invisible wounds at epidemic levels, as well as higher unemployment rates than the national average. Veterans with combat PTSD have higher rates of domestic violence in relationships compared with non-veteran PTSD couples (Sherman 2006). The suicide rate for veterans in 2005 was 1.6 times greater than the general populous for men and 2.3 times greater for women (Peake 2005). According to recent US Department of Labor statistics the unemployment rate was 9.0%. During the same period the rate was 16.1% for 18 – 24 year olds and 21.9% for veterans of the same age; and another 2% higher for national guardsmen and reservists.

I see a connection with isolation, escapism and avoidance in some of my elderly veterans [especially widowers who saw action in the war]; and in younger veterans with PTSD. It’s not that people want to be alone, escape, avoid or contemplate suicide. And substance abusers with a history of trauma are not necessarily looking for the same drunk or high that many people in society do on a weekend night; it’s about eliminating the pain, torture and suffering (Morse 2001).

Isolation is more expansive and intrusive than most people realize. In a way, a traumatized person has two selves, the pre and the post trauma self. Reality is in the present but the desire is to be the whole self that existed previously. The invisibly wounded self looks like the old self and wants to feel like it too. Veterans with obvious wounds can have it doubly bad, because internally and externally they are not what they previously were. One difference is that someone with bad invisible wounds often carries guilt that they look fine, which creates an internal conflict. There have been many studies looking into the relationship of PTSD incidence comparatively for previous trauma and mental health issues prior to deployment with mixed results (Knox 2008). Some research has shown a correlation between prior issues identified on pre-deployment surveys and higher rates of PTSD after traumatic conflict (Sandweiss 2011). It appears that trauma residuals are cumulative and early identification and intervention is beneficial (Krysinska 2010; Sandweiss 2011). Invariably, un-remediated mental health will lead to obvious and not so obvious physical health maladies (Henry 1991; Mancino 2006).

*“We have to give soldiers a vocabulary to talk through emotions  
and teach them not to be embarrassed by troubling feelings.”*

*~Lt. Col. Dave Grossman (Elizabeth 2007)*

In my limited experience, I have observed that when a group of people like me gets together, although inherently different, there are connective threads and existing mutual understandings. In addition to things that cannot be spoken of, there are

others we don't know how to address. Memories, experiences and emotions that are ugly and uncomfortable get shoved into our metaphorical bottom cabinet drawer and slammed shut. Often we want to rip this drawer out, but even if we knew how, we couldn't because it is connected to our whole being. Every veteran with PTSD who I talk with has a place to lock their pain away and most handle it in similar awkward ways. I suspect the same is true for sufferers of other types of trauma as well.

In a veterans outreach and training seminar I hosted on April 6<sup>th</sup> of 2011, Father Philip Salois, Chief Chaplain for the Boston Regional Veterans Administration, himself a highly decorated marine infantryman, shared two important metaphors relating to invisibly wounded veterans. "We are a jigsaw puzzle", he said, "able to be put back together, but always showing the lines of the pieces. And it's like that for all people, the lines show the character, tell the story, make you who you are." Remember, people might not have all the pieces together yet, but that's how we help one another. The tougher puzzles, the ones with thousands of small pieces take longer, but all the pieces are there and can be put together again. Father Salois went on to say, "the 'onion' has many layers that need to be peeled and much crying to do before getting to the center, but remember, the core of the problem and the person are there, in the middle."

## **The Dialogue Process and Mutual Mondays**

### **5. Introduction to the Theory of Dialogue Process**

*“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*

The words dialogue, conversation and discussion are often interchanged, but in fact they are very different. Discussion is to talk over, examine or debate, while conversation is to transform or turn around and has evolved into the act of associating with others. The focus in this paper is dialogue as a vehicle of reflection, listening, and sharing to facilitate wholeness and healing.

Dialogue is not new, actually it has been a way that indigenous and Native Americans communicated and lived when they gathered in circles at the fire or council. Less common I 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 (Bohm 1991).

Dialogue is the art of thinking and reflecting together toward a shared meaning; ultimately coming to greater understanding and truth. Practice and patience in the process improve the quality and overall experience of a dialoguing group. Since communication is the lifeblood of any organization and any community, it follows that high quality communication such as dialogue is worth learning about and experiencing, to share common understanding in society.

In the way that removing clutter makes a storage space useable; clearing thoughts and judgment prepares the mind for shared meaning in partnership with others. In dialogue we are asked to leave the past and the future in their place, as well as to bring and expect no agenda (Bohm 1991). “If two people in the same room think alike, one is unnecessary”, said philosopher Ernest Holmes. As such, wider diversity allows more opportunity for discovery and learning. Psychologist Carl Jung said, “the greater the contrast, the greater the potential. Great energy comes from a correspondingly great tension between opposites.” Frustration is normal in early stages of dialogue with a group, but in time and through understanding, breakdowns turn into breakthroughs and problems into opportunity (Isaacs 1999). It is important for new groups, and newcomers to understand that dialogue is a thought exploration process, without product, and is not therapy or social group. The rewards from dialogue are intrinsic and come from awareness of thoughts and feelings in



nonjudgmental observation of meaning. Ideally, in the process of communication in the dialogue circle, the listeners will speak and the speakers will hear. In listening to diverse thoughts and viewpoints, the group will dialogue through differences and eventually begin to notice the emerging meaning.

David Bohm, professor of theoretical physics, researcher in thought, and developer of the dialogue process, was the first to officially apply quantum theory to thought between people. In 1990 Bohm spoke of interconnections in thought, societal and physiological processes that determine our perceptions. He theorized that feelings and thoughts within our brain communicate through nerve bundles that result in thoughts remaining even after we believe we have stopped thinking them. Furthermore Bohm reasoned that a thought channel is left that will continue to act automatically every time it is triggered.

In his four-day seminar in California, Bohm discussed at length his theory of *Thought as a System* and spoke of the difference between pain, and fear of imagined pain (Bohm 1992). He observed that most people thought and lived in the past through memories and in the future through imagination, generally avoiding the present. Bohm and Isaacs both spoke of people all coming into the present together in thought, not only reflectively, but generatively as well (Bohm 1992; Isaacs 1999). Isaacs saw the essential purpose of dialogue as building a “container” in which individuals could collectively pursue an exploration of ideas, attitudes, predispositions, assumptions, and meaning (Isaacs 1999). As C. Otto Sharmer, of the Society for Organizational Learning envisioned it, this container would be a place of presence and stillness, allowing participants to connect with a deeper level of

knowing. “Co-presencing: go to the place of individual and collective stillness, open up, to the deeper source of knowing, and connect to the future that wants to emerge through you” (Scharmer 2000).

In dialogue we are asked to listen and be attentive for this wholeness, as meaning emerges (Isaacs 1999). Bohm’s research focused on breaking through the attention barrier by coming into the present together, to release untapped energy.

Isaacs writes of the four pathologies; abstraction, idolatry, certainty and violence; all of which lead to fragmentation of the whole. In dialogue it is important to note that the whole is always present, but requires presence to appreciate and behold (Isaacs 1999). Abstraction prevents us from seeing the wholeness that exists, when we are focused on separate parts. Idolatry prevents facile minds, thereby limiting us from seeing other possibilities. Certainty keeps us from considering alternative perspectives and violence makes us prone to defensiveness before considering other options.

William Isaacs, founder of the MIT Dialogue Project and follower of David Bohm’s theory of Thought as a System, gives us structure to allow our dialogue process to flow freely, and suggests we mutually explore how we can engage in generative thinking together, using these practices:

- Voicing – Speaking the truth of one’s own authority, what one really thinks
- Listening – Without resistance or imposition
- Respecting – Awareness of the integrity of another’s position, and realizing the impossibility of fully understanding it
- Suspending – Letting go of assumptions, judgment and certainty

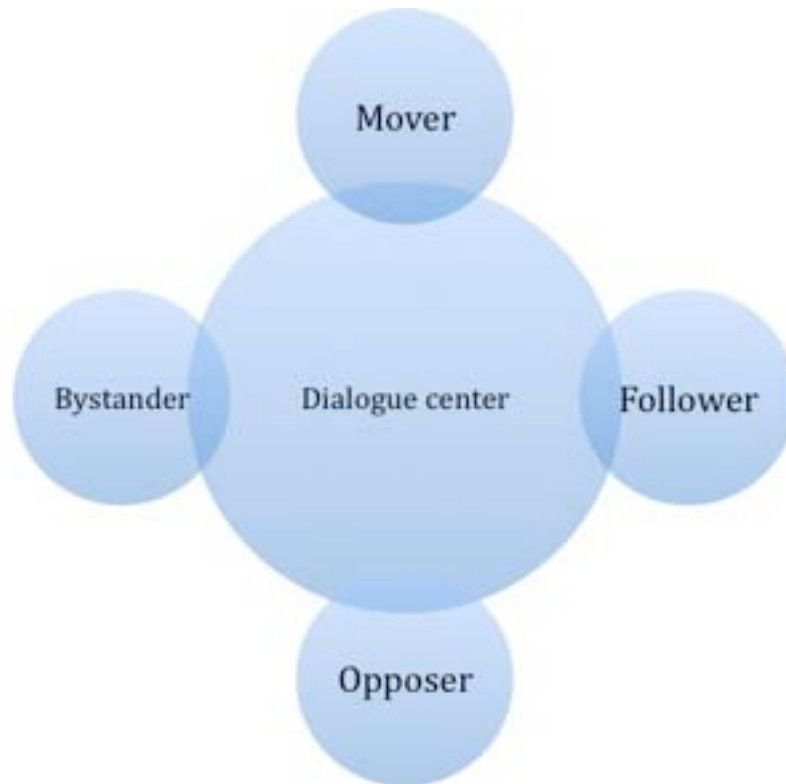
The four practices are summarized below:



Isaacs' New Capacities for Behavior

The key is that growing, learning, healing and innovation are allowed to emerge from the openness in the *stature leveling structure* of the circle. Unlike the patient or learner arriving with expectations of receiving from the teacher, in dialogue we are invited to be an active creator and have a voice. The teachers become the students and the students become the teachers.

The roles we take in a dialogue group [shown below], move through *Kantor's four player model roles* of follower, opposer, mover and bystander. David Kantor's Four-Player System of Dialogue (Isaacs 1999) also introduces tools for navigating the invisible structure of the circle:



- Without movers, there is no direction
- Without followers, there is no completion
- Without opposers, there is no correction
- Without bystanders, there is no perspective

The four-player role in dialogue allows flexibility and balance, working within what Isaacs termed the *architecture of the invisible* (Isaacs 1999). In dialogue everyone teaches and learns, but growth isn't over when dialogue closes; it continues during checkout and through reflection. In the space between sessions, the innovative mind continues to unfold and enfold (Bohm 1982) new ideas and experiences from the group, allowing them to intersect in thought, reflection, and rest. Rest, which I also call 'space' is an important part of the dialogue. Growth of muscles

occurs between physical workouts, which are designed to stretch fibers so that they may tear and then gain strength by reconnecting through rest. Likewise the emergence of group meaning and themes can be appreciated in rest, listening and reflection.

Dialogue can be thought of as a verbal dance; moving toward and moving away in a flow of connected moves. Early and inexperienced dialogue, like dance, involves some level of discomfort and stepping on toes, but with practice and developed coordination, a smoothness and beauty of flow emerges and eventually even unfamiliar music and moves are welcome and enhances the art form.

Bohm's Principles for Dialogue are exhibited in this diagram:



- Unfolding – There is a constant implicate unfolding in and around us
- Awareness – Self-perception; I am aware of many different voices within myself
- Participation – I am in the world and the world is in me
- Coherence - Everything and everyone is whole; I must look for how they are

Bohm's principles of dialogue help prepare us for change, uncertainty and differences. We are also invited to search for meaning as new ideas and perceptions are continually being revealed. In the structure of the dialogue circle lays the stability to uncover wholeness and coherence in sometimes apparent disarray, incongruence and difference.

## 6. Developing Mutual Mondays

*“Dialogue assumes interaction between differences. It permits contradictions, conflicts, sudden shifts, vital exchanges, and there is no need to follow a single thesis.”*

*~ Shaun McNiff, Author of Art as Medicine*

As illustrated early in this paper, combat veterans often return laden with the baggage of conflict, and voids left from inhumane experiences. Many veterans suffer a lifetime of pain from the incongruity of the place they fought in, and the world from which they seek peace. With this conflict in mind I have explored options to help transition people who have been literally plucked from one world and deposited into another. While this synthesis focuses on veterans returning to the United States, keep in mind that it applies to veterans of any nation returning home, just as it applies to trauma zones on the street, in violent homes, in the aftermath of natural disasters and in the violated souls of those who have been abused or mistreated by people they know or who are strangers.

In a group called *Mutual Mondays* I have used the dialogue process with veterans suffering from posttraumatic stress to address isolation and other psychological manifestations, which can also lead to physiological health issues (Griffin 2004). During 2010 and 2011, I have been meeting with and building a small community of mutually supportive peers.

In the spring of 2010, I recruited John MacDonald, a personal friend through

Scouting and a social worker who runs the men's emergency services of the Pine Street Inn, a homeless shelter in Boston. I shared information and discussed the concept with John, but soon realized he needed to see inside of what I was describing if I could pull him into the active model that existed only inside my head. We set up a dialogue session and although we were expecting to kickoff with five people, we did fine with three. I explained the concept to the other two, its applicability to veterans, shared some dialogue guidelines I had learned from CCT and we began. Being a counselor and long-time social worker, John found it tough to hold back from direct connection and response to arising challenges, and I could well understand, having had the same struggles when I first started to dialogue in a group. The veteran, who had just returned from deployment in Iraq, seemed to take easily to the platform of putting his thoughts and emotions out to the center and leaving them there to hang or fade. Interestingly, in dialogue the intent is to make no judgment on thoughts and words spoken, even your own. The veteran seemed to have things he wanted to release and appeared at ease not having to defend or justify, just putting them out there.

We were off to a good start, and next we were ready to debut at UMass Boston. As a full-time employed, mid-career professional, attending night school; I had difficulty making a schedule work that was amenable with UMass students. Although there was some interest in the program I was promoting, it never got off the ground for several reasons. The only time I could schedule the group was five o'clock in the evening, due to my tight schedule. I also was not able to make it to the monthly Student Veterans lunchtime coffee gatherings, again because of work. Another



difficulty, even if my schedule was easier to work with, was the fact that I hadn't laid the ground work of getting to know the other veterans well enough, and established solid trust bonds. While I think some veterans who didn't know each other might have become involved, trust and confidentiality with the inviting facilitator is an important factor.

In August of 2010, I started a position as municipal director of veteran services in my hometown. Immediately, I was meeting with veterans, and many were in great need of the service we attempted months earlier. Through my new position, I was able to establish trust with these veterans and invite them to our new *Mutual Mondays* dialogue group.

Two symptoms of PTSD are numbness and lack of empathy. I had a very encouraging situation early in 2011 following a Mutual Mondays session that involved a severely depressed individual. During the dialogue session, he was drawn into the life of a fellow veteran when he felt a connection with someone in a situation similar to his own, even though it affected the other veteran quite differently. Bearing witness to the mutually supportive relationship these two veterans have built out of empathy for and understanding of each other, gives me even greater optimism about the potential for mutual support through dialogue transcendence.

The group meets every other Monday in a small community school. Members mutually care for each other, despite the large degree of disparity and diversity, considering age, gender, ethnicity, war era, service branch, trauma and stress type/cause, economic status, physical and cognitive ability, independence and employability status, openness to new ideas, level of education, and finally range and

type of intellect.

Through my research I have not found any evidence of dialogue process specifically with veterans. During WWII, in Northfield, UK there was group doing analytic research (Foulkes 1975) and psychotherapy for veterans, but it bears almost no resemblance to dialogue process. Additionally, I have found no evidence of dialogue process research or practice that involves empathy, with the closest exception being Bohm's fear effect on concepts and memories (Bohm 1991). I did, however, find evidence of mutual empathy being used in healthcare. Dr. Judith Jordan (2000) of Harvard Medical School states:

Central to the notion of healing in connection is the power of mutual empathy in the therapeutic relationship. Isolation is a major source of human suffering and is often accompanied by immobilization. Healing is seen as occurring in connection with others...expecting that others may respond empathically...to be more whole and authentic."

While this article focused on professional therapy for women after troubled relationships, the qualitative results apply to combatants struggling to find their place at home and in themselves. Jordan recommends the therapist allow and honor distance and disconnection in early treatments to not increase terror and sense of danger in the patient by pressing the patient to be more open and responsive. She additionally says, "Mutual empathy is a process of flowing back and forth, of being moved, of feeling safe in sharing one's own vulnerability and of disclosing the impact."

As a result of my own service, my empathic involvement in the nature of my

work, problems emerged, that I had to finally be honest with myself about; facing my own PTSD. To be able to fully focus on completing this synthesis, I needed to address these issues that have plagued me for over 20 years. I am on my fourth career attempt, third since discharge from the service and issues related to PTSD and the details leading up to my own onset have been major areas that needed attention, but didn't get it each time because of continued deployments and long term avoidance.

[1/14/2011 Morning Pages] "Tonight, as I write in the midst of January 2011, I am realizing more fully, the importance of this work for me personally and others who are affected in this way from combat." The same week I had a veteran, who I had been working with since August, in my profession as a veteran service officer [VSO], who handed me twenty dollars that he wanted anonymously donated to the animal control officer, to help cats. This would not be such a powerful moment, except that as VSO, I knew he rarely had two nickels to rub together and had just put one of his aging cats to sleep. His cats were his reason for going on, "because they need me", he had said. He had consternated over getting another cat, and had held back, because it meant a commitment to keep going on, once his other aging cat died. I knew his sudden donation to help cats meant he was checking out permanently.

[1/17/2011 Morning Pages] "We found out today that my son's friend died this morning, and although he and his death had no service connection, my mood and body ached with the familiar pain I experience with every exposure to death. I got my cat friend help and am doing the same for myself."

I have participated in twelve weeks of one-on-one cognitive processing therapy

[CPT], which is the type of cognitive therapy the Veterans Administration offers. It has been helpful, and I'll write about this in chapter 8, but one of the big disadvantages is being the only veteran in the room. On the other hand, when I participate for two hours every other Monday in our group, I usually have the feedback and support of five to seven other veterans, who not only bring their own thoughts to share, but are also invited to listen to and consider experiences, perspectives and alternatives of mine. From my offerings, after reflection, someone else can build on them, diverge or offer a new emergence. I have the benefit of not only six views, but also the others that are created in the space allowed by the structure of the group.

There are weeks, occasionally, when having more participants in the group container is tougher. During the first and sixth sessions, it was strategically a chore to keep sight of the play within the container and tactically a challenge to keep the group from imploding when levels of traumatic stress and depression were more pronounced and challenging than usual. Fortunately, we've had two facilitators, especially on these nights. We've used a light touch in facilitation guidance, until the group started to flow, but there were times when more directed guidance was needed initially because of the volatility and diversity of the group. Eventually, as the group continues to stabilize, I plan to become less the facilitator and more the participant, creating a circle of equals.

Volatility has decreased as individual trust and familiarity within the group increased. One week I brought a new veteran into the group and although he had served in combat, he was an administrative support person and his struggles were different from most of the direct combatants. The group welcomed him, but soon I

worried I'd made a terrible error in judgment as things were starting to break apart. After he preached to the circle "that through taking responsibility of thought one should control one's own emotions and not be stuck in depression", my co-facilitator came to the rescue. John started softly and offered his comments to the center and not as a direct response fortunately, but made no mistake that he was coming from a different perspective. This was where John's empathic, personal style, as well as his speaking from the heart, spoke loudly, as he said, "its important to not invalidate the perspective from where another is coming; we'll do better to acknowledge the trauma and emotions others feel". I relaxed as we worked through what I thought was going to be detrimental to the trust we'd built over nearly three months. The newcomer needed the group's inclusion and really did have a lot to give. John and I reflected after the session, capturing lessons learned and both sighed in relief. Taking cue from Wilfred Bion, the WWI tank commander, turned WWII psychiatrist who practiced the 'analytic hour' (Bion 1960), I have made it a point to stay focused on dialogue while in the container, and wait until later to reflect and plan future research evaluation.

The following session we had every member return and it was a good sign the group and container had that kind of resilience. It was important for the group and for me to see opposing play successfully used without disaster. It was also a good stress test of our diversity and volatility as a group. I knew all of the group members before we gathered, as I had personally invited them to join, so I made brief introductions, but kept them short enough to allow members to each have a check-in opportunity. I mention this because when I first introduced John, I was clear that he

was the son of a Korean War combat Marine, but not a veteran himself. I also made it a point to let folks know he was a social worker from the Pine Street Inn, but was not with us in that capacity. Choosing a co-facilitator with clinical experience while starting up this group was a concern of mine, since the theory was based on mutual support. My initial concern was soon alleviated, when I saw that John was willing to learn a new way of helping people, which was very different from his professional work and education. Looking back, he was the perfect fit for our work; and was accepted, I think because he was part of the veteran family, and respected because of his personality and character. I noticed veterans often engaged him in one-on-one conversation before and after dialogue. I could not have hoped for a more perfect match between co-facilitators. For VSO's starting a dialogue mutual support group, I highly recommend carefully selecting a co-facilitator. From the beginning I stressed that everyone, including facilitators, must benefit from the group and through personal transformation I believe this even more strongly now. I have learned, grown and have been supported by the group, which has truly made it mutual.

*Mutual Mondays* begins at seven pm on the first and third weeks of the month in a historic one-room schoolhouse. I arrive 30 minutes early to turn up the heat, turn on the lights, put chairs in a circle and set up a small low table for a stack of playing cards. The cards are used to sequence speaking turns without disrupting ongoing dialogue. Next to one of the chairs I put the original cast iron school bell. Then I set up a small table for soft drinks and snacks that I, or a volunteer bring. I make reminder calls the same morning. Next I travel around town to pickup a few veterans who don't drive. By the time I return there are usually a couple people gathering in the

school with John, my co-facilitator. Logistics is another reason that a co-facilitator is essential. Once everyone has settled into a chair with a snack and beverage, one of the veterans directs our attention to the American flag next to the chalkboard for the Pledge of Allegiance. This was suggested on our second gathering by one of our regularly attending Vietnam Veterans. For this group, the Pledge of Allegiance has been a very important ritual, opening the circle and establishing the container that will hold us tightly from the start of our session. Every week, I am reminded to do the pledge, as I am jumping into check-in. Each person is invited, during check-in, to briefly share a thought or experience [Note, after the first few weeks experience, I've become a little heavy handed in guiding the check-in, making it brief and keeping it positive and person-world related...i.e. avoid externalizing repetitive complaints about the VA for example, or lecturing to others on what will solve their problems].

Below are the guidelines we use:

- Believe each of us has a voice that matters
- Realize every person can impact the world
- Build trust
- State your assumptions
- Suspend judgment
- Actively listen
- Be present
- Respect yourself, others and our container
- Keep an open mind
- Balance advocacy with inquiry

Note: These are *Mutual Mondays* guidelines, and they are similar to, but not exactly what many other groups use (Bohm 1991; Blake 1995; Bradford 2004; Isaacs 1999; Scharmer 2000)

For newcomers, I use the chalkboard to point out guidelines we have agreed to for our veteran dialogue and then I explain the pizza diagram.

*Graphic representation of our dialogue group with space for growth and emergence:*



Pizza diagram: I draw 8 slices, with spaces like an exploded schematic, and explain that by using the space between us, we can make the whole pizza greater than the sum of the individual slices. I point out the parallel between the slice and each individual veteran, which leads to the analogy between the whole pizza with larger eventual slices and the goal of us as a supportive dialogue community growing more informed and resilient together than we could have alone.

So far, the writing on the chalkboard has remained since September, which is



nice because it makes it easy and efficient, but more importantly, I think it adds to the feeling that this is our own container. This is more important for newcomers, who are generally very concerned about privacy. It helps that I have started with a professional and personal relationship with each of these veterans first. Through the trust they have gained in me, it is my observation that they feel I am bringing them to a safe place, a worthwhile experience and introducing them to people with whom they can trust. As a Veteran Service Officer [VSO], I have this opportunity, without which it would be much more challenging to bring in isolated people.

We do a brief check-in and everyone has an opportunity to share something before we open the container. At this point I ask the person sitting next the school bell to ring it and start our dialogue. Each week I have a theme for our dialogue, and make it a point to invite others to contact me during the week to suggest any new themes. Four months after we started was the first time a veteran offered a theme; it was community service and a project that we, as Mutual Mondays could do together. Other themes we have broached have been community, empathy, compassion, service, trauma, helping each other, mutual support, reintegration, container, sanctuary, depression, PTSD, wholeness, the path home, purpose, appreciation, positive attitude, self worth, community within a community, serving our nation/community in a new way, connections, looking out for each other, nightmares, respect and trash on the road [yes really]. It is important to understand that themes are the catalyst for our dialogue and there is no way of knowing where dialogue may travel or meander, nor should the path be directed other than by the emerging thought paths of the collective group.

Our first several sessions were about three hours long, but later we agreed to meet for two hours, which helps the process finish on a positive note, leaving the group wanting more and looking with anticipation to our next gathering. After ringing the closing bell we go around with a brief checkout and ask people to share something they are taking away, or a theme they noticed emerging as we dialogued [a common thread we gravitated toward and built upon]. Usually it was close to an hour or so before I would notice significant themes emerging and connections building.

I have a simple metaphor to describe growth with Mutual Mondays. Imagine if you will, a piece of writing paper. In draft form the double spacing leaves room for editing and building onto ideas previously written. Leaving *space* between is an important part of the process in allowing veterans the room they need to *work things out* and make sense on their own, while contributing and gaining from the others. Mutual support dialogue is a group process of inspiring important personal, individual growth. Imagine also, the side margins of the paper, where shift in framing and broad ideas can be written. Similarly the facilitator can use the *margin* area inside the container through guided discovery and outside the container through one-on-one dialogue. *Margin work* can open doors and overcome perceived roadblocks. Some of the most significant growth and development of the individual and group occurs in the spaces and for this reason, the invisible structure of the dialogue container adjusts, in the way that lungs expand and contract to accommodate the changing volume of air in and out of the body.

Pair and triad work is especially useful with a larger dialogue group, to engage

a theme or subject in multiple groups before blending and sharing from mini-groups to the whole group. Using *think-pair-share* is a way to pose a question or theme for dialogue that is first addressed between two people, and then folded into the larger group. It is a good method to give people more airtime and empower them to more closely co-counsel each other with active listening, before moving back into the larger dialogue circle. This method of dialogue introduction is especially effective in building comfort with active listening and confidence in sharing. Structurally there are two main elements co-existing, which could seem to be in contradiction, but in reality support each other. First, the carefully designed framework with guidelines and procedures in place during Mutual Mondays sets the possibilities and boundaries of our process. Second, and completely in contrast, is a free flow of thoughts and ideas that can navigate through the structure in any manner.

Overlaying the designed framework with fluidity of thought and the ability to thoughtfully use *space* and *margin*, allows intelligent expansion of self and others through an upward spiraling and expanding growth experience likened to the shape of a nautilus shell and many other naturally occurring growth cycles in nature, as depicted on the book cover - *The Curves of Life* (Cook 1979):



In the life of *Mutual Mondays*, one important connecting thread we have found between us is a desire to serve others. The desire to serve is what inspired many of us to join the military, and that spark seems to be still glowing. A new means of serving needs to be found and has been an underlying theme that has been revisited and has emerged many times over the course of the year. This was not originally part of the plan, but I have included it because it has been a persistent positive thematic thread.

Empathic persistence is a term I use often, both in and out of the dialogue container, when referring to the attitude participants, including facilitators, should embody. Having empathy as a therapist or facilitator is a double-edged sword. On the one hand, being able to share emotion, feeling and experience can pave the way to trust building and real healing in a compassionate setting. On the other hand, empathic connectivity can sometimes draw the caregiver or co-counselor down into the troubles of the other instead of the intended meeting in the middle or emotional lifting up of the other. Connecting of hearts and minds in a dependent relationship works well when the mutual needs balance, but can be self-defeating if needs are too far skewed. One of the problems that can occur is that one person sees their problems and issues as the only important ones, overshadowing and overwhelming the others. This is where the part of the facilitator is to keep the flow moving and make sure that everyone has a voice. Just as in co-counseling (Jackins 1980) my hope is that all participants will eventually see themselves as co-facilitators and co-participants. I anticipate this will strengthen the process and in turn the members.

In *Mutual Mondays*, combat veterans carrying the baggage of conflict can share or begin to drop the weight of past trauma through dialogue in the here and now. Likewise, sharing another's load allows them to experience the feeling of helping another and at least for the present, letting go of past memories of losing or hurting others. Speaking from the personal experience of being evacuated from a combat zone and landing in the United States less than forty hours later, I can say the abrupt change in place and circumstance was shocking beyond comprehension, to the mind and body. Not ever knowing what I had been avoiding for fifteen years, I realize now it

was the present, and *Mutual Mondays* has started to make presence feel welcome and comforting. Things suddenly happen in the present, unlike the past that's behind and future that hasn't arrived. In my past, bad things remained present in the *now*, but in mutual dialogue great things are emerging in the present. The best way I can describe it is; in the past I had arrived stateside, but hadn't come home. Through dialogue I am coming home with the others, from another world, a surreal place and time. I am learning to live my life again, allowing the puzzle pieces to be fit together, and honoring the lines that remain.

In the development of *Mutual Mondays*, I learned some things about myself, and others who yearn to put the past behind; about research others have done, and have explored how they fit into my own research, work and personal life.

## **Parallel Explorations**

### **7. Inquiring into alternative theories and practices**

*“The artist is always engaged in writing a detailed history of the future because he is the only person aware of the nature of the present.”*

*~ Wyndham Lewis (Shlain 2007)*

Thinking flexibly in order to appreciate what others have done in the past and are doing now to address veteran PTSD and isolation, I have looked at some of the alternative methods used, including the widely used practice of cognitive therapy and pharmacologic remedies. Prescribed medications may ameliorate symptoms, but often 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.

PTSD in veterans is most often treated with Cognitive-Behavioral Therapy [CBT], a family of psychotherapies that focus on thinking about how we feel and what we do. In the treatment of PTSD, most cognitive methods require traumatized victims to face their terror repeatedly. CBT includes Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Processing Therapy [CPT], Cognitive Therapy and Dialectic Behavior Therapy. CBT theory assumes that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. CBT is brief, time-limited and claims the fastest results

obtained. The average number of sessions is only sixteen. CBT contrasts with psychoanalysis, in that psychoanalysis can take years. CBT can be briefer than some therapies because the counselor teaches skills to use on a daily basis along with doing daily homework assignments. From the beginning it is stressed in CBT that the process is time-limited and that there will come a point when appointments end. This is both a strength and weakness in the model. At the end of the CBT sessions, the person is expected to remember and employ the learned skills. CBT is not an open-ended, never-ending process. CBT is structured and directive, teaching how to do and think in situations. In the sessions CBT focuses on teaching rational thinking, and is collaborative, but not mutual. CBT emphasizes stoicism, teaches the benefits of feeling calm when confronted with bad situations, and reiterates that undesirable situations exist whether we are upset about them or not. CBT uses the Socratic method of challenging the individual's assumptions, beliefs and reactions, which is of course different than group inquiry (Paul 2001; Plato 2002). CBT is based on the theory that most emotional and behavioral reactions are learned. It is my observation that CBT is more about quickly teaching, than giving time to talk. Cognitive Processing Therapy [CPT], described below, is the form of CBT used by Veteran's Administration [VA] counselors in one-on-one treatment and therefore will be most often referred to.



CPT involves education about specific PTSD symptoms and learning to be more aware of thoughts and feelings, and differentiate between them. CPT uses worksheets to challenge thoughts and learn the effect of belief system changes as a result of trauma. Therapy meets regularly for 8-12 sessions and focuses on improving balance between ones beliefs before and after trauma.

CPT teaches about thinking processes and adjustments we make, such as the just world hypothesis, avoidance, assimilation, accommodation shift, and over accommodation, which can lead to primary and secondary [or manufactured] emotions, as I learned during VA treatment sessions. Cognitive clinical treatment therapies are used extensively in Western medicine and are fundamentally different from the dialogue approach featured in this paper. In the following section I describe cognitive processing therapy from my standpoint as a patient and how I came to be involved in it. I will introduce several other popular treatments and theories that have interested me. I do not attempt to cover all of the practices in use nor pretend to have extensive knowledge of or experience in them.

## 8. Exploring as a veteran seeking treatment

*“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 [1929] (Krishnamurti 2008)*

Over the past couple years, my two sons, who are both in the Army, have lost friends in combat and whether it was through familial empathy [secondary trauma], reminders of my own past [through flashbacks] or unresolved conflict that was just exacerbated, I ended up in a tough place in December of 2010. Coincidentally, at this time, I was seeing my primary care physician for my annual physical. As we went through the standard required questions for every veteran appointment, a couple questions that I hear every year caught me at an especially sensitive time. The emotions I usually kept under wrap were exposed. I was referred to screening the same day at the National Center for PTSD, which is located in the same VA hospital in Jamaica Plain. I was hesitant and the therapist said I could give it some thought.

Since the issue surfaced after 20 years of avoidance, he favored addressing it. On the other hand, he did say that after 20 years of waiting and avoiding, another 6 months wasn't likely to make all that much difference, unless I continued to put it off for longer.

After thinking about it for a couple minutes, I decided to move forward while I could get right into therapy. Later I thought of my research and how this therapy, and my role as a patient in it, would have greater meaning to me and bring another perspective to my synthesis and my own understanding as a researcher.

Interestingly, when I first had started down this path with *Mutual Mondays*, one of my goals was to find an alternative to cognitive therapies because they required continual re-exposure to the trauma[s], which were already bad enough. I imagined it was like repeatedly sticking a kid's hand into a hot frying pan, to teach the lesson why it shouldn't be done in the first place; as it turns out, I underestimated the pain. Here I was, entering into one of the type of programs for which I was trying to find an alternative. It made sense to me to at least learn more about the therapy in the first person, if I was to have any understanding of it.

PTSD has existed for as long as people have engaged others in conflict, under many names, including shell shock and combat fatigue. During World War II, amid growing conflict and shortages of Royal Army troops, the pressure to return combat fatigued soldiers to the line was immense. Groundbreaking work in group therapy and group analysis happened at Northfield Hospital by the Royal Army Medical Corps (Chickering 2003). 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 1965). 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).

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 the 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 and prepared them to return to the line (Stuart 1997). It is my impression that Bion was really using dialogue with groups of combat veterans with traumatic stress, similar in many regards to *Mutual Mondays*. Bion was a psychiatrist and clearly his group was more clinically focused than what I have undertaken; he wrote of the analytic hour, which was the time in session, and talks about "the emergence of truth and mental growth..."(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 resembling the visual images that are familiar in dreams (Bion 1960; Bion 1962). Bion's model is well

suited for research and analysis into dreams, thoughts and emotions in those affected by PTSD and weaves well into other analysis presented here by other researchers.

Approaching the confluence of theories from three different vantages and periods in time Bion, Bohm and Edison all touch on principles of connective thought being able to be everywhere and all encompassing. Bion's alpha and beta grid model, Bohm's Implicate Order [enfolding space and time], and Edison's near science fiction inquiry, which he left unfinished, all speak to a wholeness of presence in time. With the number of times I have read about and personally observed the importance of presence and awareness, it's no wonder that meditation is being explored in veteran research studies (Carter 2001). 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 1996). This approach to group interaction without memory or desire is about as close as I've seen to dialogue, without calling it such.

A form of analysis, which happens to also be integrated into *Mutual Mondays*, stresses the importance of the present tense and demonstrates difficulties that can occur in over emphasizing the past or future, particularly when it comes to worry and anxiety. In his expectation fulfillment theory [EFT] Joe Griffin looked into why certain emotionally charged feeling and events come out in dreams (Griffin 1997; Griffin 2004). He states:

...our expectations are not just concerned with the here and now. Even when we use our imagination to think about an emotionally arousing event that occurred in the past, or that might happen in the future, the effect is just as real [we have probably all experienced the pumping of anger when we recall an old injustice or the tingle of trepidation, when we think about a test to be taken in two weeks' time]. The brain experiences arousal and expects an immediate means to discharge it. This is because the autonomic nervous system cannot distinguish between past, present and future arousing events. It responds to what is on our minds now. Clearly, however, the expectation cannot be discharged in such circumstances, either because the event is long in the past or else it is still in the future.

When we spend time imagining how an anticipated event might turn out, the emotional arousal caused will necessarily remain un-discharged – we can't experience the scenario we are imagining, again because it is in the future.”  
(Griffin 2004)

The complexity of nightmares and daytime flashbacks from PTSD causes them to cross tenses. That is to say a stimulant in the present is arousing terror from the past and being displaced into an uncertain outcome in the future. In lay terms, we have a psychological back to the future situation. This is essentially the dilemma causing the fight, flight or freeze response. As Griffin points out (Griffin 2004), the playing out of dreams “completes the emotional circuit and thereby deactivates the

emotional charge.” While I understand the theory, the difficulty many times with PTSD is sleep deprivation from fear of or inability to sleep again after nightmares so terrifying that adrenaline has prepared the body to fight during the night and has left mind and body depleted, essentially immobilized, during the day.

Joe Griffin found that arousals not discharged in the waking hours are discharged during sleep, which defuses emotions, but burns caloric energy. In small amounts this discharge is psychologically healthy and physically tolerable, but in excess can be detrimental.

In my research I have found corroborating indications that sleep deprivation is a contributing factor to abnormal adjustment and reintegration after trauma (Griffin 2004; Tyrrell 1998). I am encouraged that after a single mutual veteran dialogue session [with three of us in my office], the Vietnam Huey pilot called me the next day and reported “I slept better last night for the first time in years”. We cannot reverse the trauma, but through continued mutual dialogue support I am confident that veterans can help each other get resolution and sleep better, thereby reducing stress levels and restoring psychological and physiological balance.

Through elaborate examination and extensive analysis of self and others, 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. The spikes synchronize

with tonic [passive] and phasic [bursts of activity] components (Griffin 2004). Griffin built on the animal and human research of many scientists and discovered that dreams use metaphor to discharge unfulfilled expectations during rapid eye movement [REM] and pre-REM sleep (Griffin 2004). Through awareness of present expectations, counselors, co-counselors and sufferers of depression and anxiety can find relief through many of the alternative methods in this paper.

Griffin, along with fellow researcher and therapist Ivan Tyrrell (Griffin 2004; Tyrrell 1998) 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. Even though I'm not a trained therapist, I can help as a lay person by sharing some of the common sense remedies Griffin and Tyrrell have published, 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.

Emotions have three components and this is important for us to understand because trauma is heavily influenced by emotion (Grossman 2008). Emotions have a cognitive component; what and how we think. They have a physiological component; how we feel physically. And emotions have a behavioral component; how and what we do. Cognitive Processing Therapy [CPT] focuses heavily on the thinking, or the cognitive component, based on my experience as a patient, while Cognitive Behavioral Therapy [CBT] focuses on both the cognitive and behavioral components (Reisberg 2006). Mutually supportive veteran dialogue in *Mutual Mondays*, on the



other hand, is more holistic, affords the freedom to share, and be a part of all three components [cognitive, behavioral, and physiological] in ourselves, as well as the other participants. Part of the difficulty with combat experience involves thought and value incongruence – belief in oneself as a good person, yet charged with the duty to kill enemy combatants and forced to witness the deaths and injuries of friends – which produces internal distress and self-defeating thoughts and behaviors. So while it might be more logical or theoretically elegant to affect certain components of the trauma symptomology, human nature, combat experience and its residuals, are far too complex for narrowly focused solutions.

*“...even though our internal thoughts are often fragmented, clumsy and imperfect, they are highly symbolic. Raw ideas represent a highly condensed language of thought...manifold ideas.”*

*~ Thomas Edison (Gelb 2007)*

The richness of Edison’s drawings throughout his works is similar to those described by Dr. Griffin in the metaphors of which dreams are made. Before learning to analyze dreams through metaphor, my nightmares were jagged fragments; terrifying and encrypted. The richness mentioned in Thomas Edison’s sketches is also what illuminates all the detail in nightmare analysis through metaphor as Griffin describes. (Gelb 2007)

I think there is shared nature at the quantum level – thus interconnectedness of all things. Years ago no one would ever have dreamed that telephone signals would have ‘floated’ in the air, unseen by the human eye; not to mention the Wi-Fi

capabilities that allow us to communicate globally and instantly. This was the stuff of science fiction. Based on capabilities that have always been present, awaiting discovery once human intelligence and technology was advanced enough to realize it, I hypothesize that the human brain is far superior to any of the technologies of the present day, because it was the brain itself that conceptualized, discovered, and developed these capabilities. Signals travel throughout the human body electrically (Moore 2006) and electricity is conducted and transferred through many solid, gaseous and liquid materials. Based on this, we are much more deeply interconnected to all peoples, nature and the universe than most realize. The problem is lack of awareness, especially by those who refuse to be open-minded to other people and ideas that are outside the purview of their own living existence (Elizabeth 2007).

Our focus in *Mutual Mondays* is the present and trying to stay in it, allowing the emergence of awareness of our interconnectedness. CPT continually forces you to reach into the depths of the past and change your thinking about it to move into the future. CPT attempts to point out how individual world-views are altered. Continually getting closer to the trauma alone is supposed to make it more familiar and bearable. Dialogue, on the other hand, helps us to bear witness to people's trauma, and offer support in the present for the present, by allowing what is unspoken to be voiced in a safe and empathetic setting. Reliving the trauma itself is not necessary in our group. The impact of the trauma on the individual's current life circumstance is heard and honored. *Why am I having flashbacks? How can I move forward and stop getting pulled back into a past I can't escape from? How do I get unstuck?*

A major difference between cognitive therapy and mutual dialogue support is the focus on tense. In cognitive therapy the premise is that through revisiting and re-experiencing the worst of all the trauma experiences and learning to reshape personal world views that affect the current thinking and emotional response in daily life, new thinking approaches will manifest the emotional response differently. This transformation is expected to take place in ten to twelve weeks.

I propose there is, however, a relationship between the individual's experience of tense - past, present or future - and the level of tenseness or stress. Expectations for the future breed anxiety; recall of trauma submerges the individual in the past; healing integration occurs only in the present.

Cognitive psychologists use the term *stuck points* referring to conflict between pre-trauma beliefs about the self and world, and post-trauma information. I think *flashpoints*, a more dynamic term I have used, more accurately begins to describe the problem, without oversimplification. My definition of flashpoint is complex neuro-psycho-physiological perceptions involving the combination of past memories with any of the five basic senses and emotional input connected with current or future behavioral manifestations.

I feel that the term *stuck point* oversimplifies the issue into a two dimensional problem that can more easily be dissected and reassembled, such that future experiences will be played through an adjusted cognitive field, thereby overlooking the problems complexity. This thinking falls short of reality, because the mind processes more than just thoughts and emotions. Sensory input is a constant and is often a trigger of unwelcome emotion-laden memories and responses. Moral or value

incongruence continues from the point in the past that initiated the trauma to reactions in the present that compile the suffering. The past is being overlaid on the present through constant neurological, psychological, and physiological input, not just cognitive understanding, adding to the complexity of coping with the here and now. Giving credit to the mind to formulate truths and images, we must find the truth through understanding the multi-dimensional wholeness of the individual's infrastructure. Rather than dissecting personal cognition until we find what we hope to eradicate, a short cut, as it were, we need to embrace the whole person and the many ways in which trauma is experienced and allow healing to occur and be celebrated through a holistic process. Dealing with trauma after the war zone, and re-experiencing it through cognitive modification, we cannot see the whole, because it takes movement and feedback from multiple fields to understand what is at the root of the problem; a process that, from my experience, can be created with supporting peers in mutual dialogue.

[Morning Pages 2/26/2011] "In reality, when I go into CPT session for an hour each Friday, there are two perspectives, the altered one I bring with me and one the therapist is trying to bring me to. Cognitively, what he is working to bring me to makes sense, but as of this writing I am not yet personally bought into it, although I am trying, and want to be. I am trying very hard to be fully focused on and dedicated to the process, and not distracted by the fact that I am simultaneously working on developing this alternative therapeutic process using mutual empathy of peers."

[Morning Pages 3/17/2011] "Part of the problem I feel is the great distance between the therapist and myself. He knows my trauma from a book and the way it's

broken down in charts and worksheets. I know my trauma because I live it, everyday. He doesn't want to [or can't] get too close to my world and I would rather open up with people who know, understand and feel this pain. Instead of saying it's not ok to think or feel that way, they actually say, you are doing amazing right now, and I know how hard that is, I'll be here for you."

In CPT, I usually do not feel in control of the time, content or conversation, which is worthy of note because one of the most disabling factors regarding invisible wounds is loss of control. In contrast, Mutual Mondays provides a lot more freedom and sense of control for all members, especially non-facilitators because every time they come it's by free will and not having to attend. Another stark difference is that each week I know how many weeks I have left in CPT to get 'fixed', as opposed to Mutual Mondays, which has no pressure of deadline; improvement can take place, as it happens. Mutual Mondays is free and although CPT has little to no charge to the veteran whose PTSD is service-connected, [as mine is], there would be a huge price tag for all tax payers if therapy were never ending. By limiting the length and scope of cognitive therapy, costs are contained; unfortunately, in my experience, effectiveness is limited as well.

Throughout this body of research I have tried to keep an open-minded attitude and in doing so have found that contrary to my earliest general hypothesis of "dialogue is good and cognitive therapy is bad", I resolve that some basic concepts from CPT have value. It may be worth looking at the effect of combining elements of CPT with other methodologies. More specifically, I theorize that separation of perception and reality [from CPT], in combination with peer dialogue process could

prove to be a therapeutic step forward. Moving forward, contemplation of new and innovative methods and combinations thereof should be explored. As war on multiple fronts continues to bring back an unprecedented number of invisibly wounded veterans, not only do we have a responsibility to provide them with the best care that technology and innovation can provide, but we also have the opportunity to continually monitor progress, as well as new treatment and analysis methodologies (Duff 2011).

Although significant time has been spent researching a wide spectrum of theories and methodologies, it has been the reflection and contemplation of my theories and the practices of others that have advanced my thinking and innovative spirit.

## **Working themes for Ongoing Development of Mutual Mondays Dialogue**

### **9. Ongoing Developments Resulting from this Research**

*“No one of them has any being just by itself...but that it is in their intercourse with one another that all arise in all their variety as a result of their motion...For there is no such thing as an agent until it meets with a patient, nor any patient until it meets with its agent. Also what meets with something and behaves as agent, if it encounters something different at another time, show itself as patient. The conclusion from all this is...that nothing is one thing just by itself, but is always in process of becoming for someone...the pair of us – I who am acted upon and the thing that acts on me.”*

*~ Socrates in Plato's Theaetetus (Hamilton 1961)*

Research and development, like reflective practice, is an investment now, that learns from the past and projects into the future for the advancement and success in any field. With the goal of advancing art and science, this section is presented to enlighten the reader with developments and themes discovered through flexible thinking and innovative drive in keeping with the spirit of research and development for the benefit of those who continue to suffer from invisible wounds. These ideas are still under development, half-baked, and that is exactly the idea; to share my progress to date, in hopes that others may build on my work or reach out to collaborate.

This is the section of the research I classify as a work in progress and if I were to give this as a presentation to an audience I would want feedback especially on the following questions: Does this make sense? Have other researchers and caregivers

noticed similar themes? I invite participants [anonymously at each meeting], readers, care providers, and researchers to share feedback with me on a plus/delta survey, like the one below:

Plus - _____
Delta - _____
Develop further - _____
_____
Questions? _____
_____

On the form above, *plus* refers to something the respondent thinks is positive or a value added, and *delta* refers to something the respondent thinks could be changed. My goal in Mutual Mondays, in this body of research, as well as that which follows in the future, and in this synthesis presentation is not to possess the first or best theories and methodologies, but rather to support the best possible care to our returning wounded.

As themes emerged during the course of months in dialogue I have kept journals that showed recurring trends and ideas that carried significance in three populations: Mutual Mondays members, veterans in my office, and researchers published results. I have grouped the thematic products of these into the following acronyms; CANVAS [veteran concerns], PEACE [veteran feelings] and USA [veteran needs].



CANVAS themes of *Mutual Mondays* dialogue process [Veteran Concerns]

- C - Care
- A - Awareness
- N - Nightmares
- V - Voice
- A - Adjustment
- S - Silence, Startle Response

These significant themes were the ones I think were ground breaking and drew comments during checkout like:

*“This is the first time I’ve felt cared for in 20 years.”*

*~ US Marine and Army Veteran*

From my earliest experience with the dialogue process, my impression was that it gave people voice and they felt heard. UMass Boston Critical and Creative Thinking Instructor Allyn Bradford would say he couldn’t advise and “I can’t teach you anything.” What an unexpected approach for a facilitator. With this kind of approach, the teacher/facilitator made the whole process very welcoming. In these statements the facilitator was turning over the responsibility for voice to us the participants. Since then, in my experience as facilitator, I’ve been mindful to turn over the opportunity for voice to veterans in *Mutual Mondays*. In my observation and personal experience, dialogue has been refreshing to those who need voice and a forum to be heard. In

the dialogue process, unlike at the podium and at the boardroom table, the communication isn't directed one-way. It is, in fact, two way and directed inward to self, group, and the circle that holds the group. There is no limit to the number of connections and meanings made.

In our veteran dialogue we are a very diverse group, in nearly every way imaginable, importantly though, all members have found a way to leave behind ego and become an integral part of dialogue. We have been aware that the container is a special place where we can be more aware of our surroundings and ourselves.

Nightmares are well documented (DSM 2003) as one of the prominent symptoms and problems of PTSD, along with hyper-vigilance, avoidance and startle response, to mention a few. Two things that come up all the time, but I have not seen in any of my research are the intolerance of silence, and difficulty adjusting in almost any facet of daily living. Adjustment and silence often come up together as a problem or concern. One thing I stress is taking time between people sharing in the dialogue container. Taking time between speakers is what led me to emphasizing space between the pizza slices in our diagram. In research, in *Mutual Mondays*, and in my professional role as VSO, I read, experience and hear more about nightmares than almost any other symptom. Re-experiencing trauma through flashbacks, nightmares and exaggerated startle response are common.

While we intended to stay loose, as much as possible, and guide or advise only as minimally necessary to sustain the group, allowing members to take ownership and mutually and individually gain voice, my co-facilitator and I found that more guidance was initially required during the early sessions than I had anticipated.

Fortunately, as the group matured and grew, we as facilitators were able to move more and more into the participant role with each passing session. As we progressed, I asked for input on the themes for upcoming dialogue in an effort to hand control to the stakeholders [the veteran participants]. I didn't receive any theme feedback during the first four months, but since then ownership has spread and the theme quality and diversity has increased proportionally.

Two major points I have emphasized throughout the design and development of *Mutual Mondays* have been voice and ownership. In creating ownership it has been important to welcome feedback and be open to suggestion. In creating a forum for voice development, it has been essential to give everyone the opportunity to speak, be heard, and listen to oneself.

There is a big difference between listening and hearing. Hearing is a passive process that can happen without even trying. Listening on the other hand is a deliberate, focused process. Active listening is an even more intentional act. This is not to say that words and interpreted meaning should be over analyzed, but just taken at face value, initially at least and paid attention to.

While seemingly simple, this is an increasingly difficult thing to do, especially as we expect and demand more of ourselves in a time capsule we cannot expand or compress. Time needs to be taken at face value, literally, look at the face of an analog watch and be realistic about what can be done during that time. The buzzword of the last couple of decades has been multi-tasking; on job descriptions, resumes and award citations this is recognized as a positive thing. Turning this concept of multi-tasking inside out, I want to analyze both the downside of it and the upside of

doing the opposite, not multi-tasking, but instead focusing on one thing at a time, fully and undistracted.

While a great number of things can be accomplished at the same time by multitasking, we have to ask ourselves to what level of completion or understanding are these things happening. Take for example the father who is watching his son's soccer game from the car in the parking lot overlooking the field, while checking e-mail on the laptop and making project management follow up calls on the cell. Technically he is accomplishing three things at the same time, and with practice can even get good at it. In actuality, though, the attention and emotionality is divided between the three tasks. We can only give our full attention to one thing at a time. I propose that a better use of time is to dedicate ones mind and focus to one thing at one time and then devote another time to fully participating in another thing. This runs counter to current business, government and military expectations of getting things done. If I have a brain surgeon operating on me, I want all of his being focused on the part of my brain he is there to fix. I don't want him thinking about his golf game, or other patients. Likewise, I owe it to my family, veterans, co-workers and friends to clearly focus my energy on the person or task I am involved with. In the case of dialogue during *Mutual Mondays*, assisting a veteran in my office, or co-counseling, I am talking about active listening (Jackins 1980). Active listening requires a singular focus; one cannot actively listen and be mentally multi-tasking at the same time. Active listening shows respect to the person or people. It is an empathic way of communicating without saying a word, other than feedback as appropriate. Active listening also opens the mind to the subtle human language that goes beyond words

and opens new paths of understanding.

The PEACE plan for citizen soldiers who've brought war home [Veteran Feelings]

P     purpose, passion

E     empathy

A     affirmation

C     community service, connections

E     encouragement

Through close observation I have noted that purpose and passion are often missing; things that used to bring the veteran fulfillment are no longer a motivating factor. Like anyone else, veterans need a reason to get out of bed in the morning; empathetic dialogue has been instrumental in motivating several members to get involved in community service. For someone who is retired or incapable of working, community service can bring a sense of purpose and provide a motivating goal and dialogue is a vehicle for connecting and mobilizing the individual toward the goal. Witnessing and affirmation are well-documented social working tools (Truax 2008; Wicks 2003) and have been instrumental in building and bonding our empathic community. Every facet of *Mutual Mondays* has started and ended with encouragement; for showing up, sharing, getting up and trying again after failure and traumatic experiences. The amalgamation of social counseling, pastoral care and empathic people skills has been instrumental in serving and interacting with veterans thus far in the group setting and the office.

From all the roles in which I have served, I have acquired subsets of skills that have informed my current work. The greater personal synthesis has been ongoing and I hope to be able to do it justice as I put it into print.

*“I got a new cat after my old one died, because it gives me reason to go on.”*

*~ Anonymous Veteran*

*“The only time I felt this kind of trust and connection was when we were being shot at and mortared and we watched each other’s back because it’s the only thing we had left, we lived or died together.”*

*~ Anonymous Veteran*

No one can be “on” 24/7, without paying the price of fatigue, psychological, and physiological maladies (Ross 1994). Part of the trust building and empathy is in knowing that each of you [the VSO and the veteran, co-counselors, mutual warriors, broken soldiers, etc.] understands, why we were expected to be “on” and that being broken down is not a sign of weakness, but the reality of being human. In reference to the aftermath of 9/11/2001 Jihadist attacks on innocent civilians, Dave Grossman, psychology professor formerly teaching at WestPoint Military Academy, frequent lecturer, and author of two books on the human effects from armed conflict, using the analogy of the sheepdog [meaning one who chooses to watch over the security of the flock] writes,

Remember how many times you heard the word hero? Understand that there is nothing morally superior about being a sheepdog; it is just what you choose to be. Also understand that a sheepdog is a funny critter: He is always sniffing around out on the perimeter, checking the breeze, barking at things that go bump in the night, and yearning for a righteous battle. That is, the young sheepdogs yearn for a righteous battle. The old sheepdogs are a little older and wiser, but they move to the sound of the guns when needed right along with the young ones. (Grossman 2008)

It is worthy of note that “sniffing around out on the perimeter, checking the breeze, barking at things that go bump in the night” and other actions that are both taught and self-learned through experience in the combat zone are a necessity to mission and life in armed conflict. These same actions and characteristics in another setting [i.e., back home] can be mistaken for paranoia, craziness and instability.

I’m well aware that I’m different in some respects, from those who have not seen the ugliness of conflict, but I have worked hard at fitting back into family, community and society. For more than a decade I have felt the need for reconnection with other veterans and with the wider community; and suspect the need extends to many veterans. Observations of continued attendance and interest in community service by the majority of *Mutual Mondays* members have validated my predictions of the need for connection. It is hard to put a number or percentage of people in need of reconnection, but in my personal and professional observation, no one returns from military service unchanged (Grossman 2008). An important aspect of adjusting back to a semblance of normalcy is self-affirmation that despite the heavy price, service in

national defense was and is a worthy cause. Part of the self-affirmation process starts externally with affirmation from the government, media, and community. As we consider past conflicts, it is easy to see which wars affirmed returning soldiers that what they did in answering the nation's call was right and justified, and which conflicts placed blame on those asked [or drafted] to serve. Having considered the conflicts, now reflect on the general effects on those generations involved and try to appreciate the role that affirmation plays in bringing peace to individuals and the effects of affirmation withheld. On a daily basis, I have veterans walk through my door in need, and more often than not, the onion layers of need are greater than initial disclosure or veteran self-realization. Often the other needs relate to trauma and may be appropriate for *Mutual Mondays*. As one VSO serving nearly two thousand veterans, I am confident in predicting that there are needs of which I am unaware, especially in light of the transient nature of the traumatized veteran population. Often I make one-on-one connections in the veteran services office, identify needs through active listening, and invite individuals to *Mutual Mondays*.

Reconnecting with veterans, in any way, *Mutual Mondays* included, is a transitional process that takes time, adjustment and patience. I have found that encouragement for progress has been motivational and leads to more and bigger incremental positive changes. A significant part of setting the container for dialogue had to do with letting go; withholding judgment, leaving behind prejudices, and releasing strongly held preconceptions, and engaging in actively listening. Otto Scharmer and others speak of *letting come*, which integrates nicely with the concept of emergence (Bohm 1996; Bradford 2004; Isaacs 1999; Scharmer 2000). It is in the



tightly packed interwoven emotions [tense] and individuals [wound up, hyper-vigilant] that it seems letting go is most difficult but most critical to make *space* for emergence. Working in the *margins* is an important part of my theory and *Mutual Mondays* has been both a window and lever for realizing, as well as capitalizing on opportunities [often created, or at least made visible in *space* and *margin* area] to connect with community and self.

Imagine a dialogue group as a soccer team, with five and six year olds playing what I call bumblebee soccer, where the ball is swarmed by many of the youngsters and watched distantly by others. With each higher level of expertise, from high school to college on up to professional soccer; the speed, number, efficiency and effectiveness of passes, plays and shots increases. The players begin to function as a team, relying on each other and functioning as a whole. The dialogue group excels with experience, practice, connection, and focus on task. Chemistry between people is often credited in relationship success, but I think the sharing is on a quantum level, which means there is an energetic transfer on an intellectual, intuitive, sensory or emotional level. The container of the dialogue circle holds that energy and allows it to be shared among the participants. Like soccer, connections, focus, and practice have led to a better functioning and more satisfying dialogue process in *Mutual Mondays*.

*“In the [unnamed] construction union you hear people all the time calling each other brother, but don’t mean it because they talk behind their backs, and people always say we care about you and we’ll do anything for you; but here it’s different because I feel like I’m*

*really heard, and I say things here I've never, ever told anyone."*

*~ Mutual Mondays participant*

The USA principle – [Veteran Needs]

U     understanding

S     support

A     acknowledgement

This principle first belongs on the shoulders of the veterans, and then equally on all others who enjoy the luxury of free and democratic society, paid for by the sacrifices of many. Why do I say the burden should be on the veterans first? To expect understanding, support and acknowledgement from the wider community is unreasonable until, like love, we are able to first have it for self. Veterans need to understand what makes them different, particularly traumatized combat veterans. Understanding the differences also means realizing the differences don't make the veteran better or worse, just different. There is a paradox amongst combat veterans, and all victims of trauma, in my opinion, that there are some things that can't be talked about, yet need to be. *Mutual Mondays* exists for the unspeakable to be spoken amongst others who can understand, support and acknowledge the traumatic experience of military service and the on-going struggle to re-integrate at home.

In a recent dialogue session the theme mostly centered on the intensity of boot camp and the steep learning curve. Interestingly, this dialogue quickly got right to the heart of the need I saw initially for *Mutual Mondays*. I was first interested in the symptoms of PTSD, and the disconnection and social isolation of veterans who had

served in combat. Soon, however, I realized that some non-combat veterans displayed some of the same symptoms, albeit sometimes to a lesser degree of intensity. This line of thinking had drawn my focus back from combat PTSD to a broader view of veteran stress, which I also referred to often as PTS, or posttraumatic stress (Newhouse 2008). This label didn't quite fit perfectly, because the missing piece was the trauma, although the symptoms were present. Through reflection I found that I was making a false assumption, that trauma had to be from combat, or an intense fearful life threatening or life-altering event (Herman 1992). The *event* was the part that was throwing me for a loop. Substituting the word *experience* for *event* helped explain the symptoms.

Based on an experience, regardless of whether it was a shock, repeated shock or something like extreme culture shock, which is what indoctrination into the military is, anxiety at the very least is not surprising. When thinking or speaking of the military, no other image is more universal than boot camp. Boot camp and it's equivalent for officer indoctrination is the quick and intense introduction into the culture of the military, lasting sometimes as short as 12-16 weeks.

Transition in and out of the military is challenging under any circumstances. Induction into the military is carefully structured and highly supervised with goals and metrics for individual and unit performance, measuring at least daily in many areas of a recruit's life. The basic transition alone is a minimum of eight weeks, done as a unit or team, and followed by other levels of training and transition depending on the type of service to be performed in the specific branch. Considering how little this process can actually prepare an individual for the horrors of combat, (Grossman

2008) the transition is robust compared with the almost non-existent preparation to transition home and also out of the military service. Lacking a sufficient transition mechanism, *Mutual Mondays* is a practical, useful, therapeutic program that provides opportunities for camaraderie, shared support, and connections with veterans in similar situation. The dialogue group can mimic the military unit, allowing the healing process to proceed as a team, with each person's welfare dependent on the presence of his teammates.

There is also an introductory program for members to change cultures from military to civilian life and it is called Transition Assistance Program [TAP], which is 1-3 days long. A transition program out of the military is less intense and only about two percent as long as the transition into the military. This rapid transition program assumes that because someone used to be a civilian, the transition back is easier and quicker.

After spending a fair amount of time reflecting on this assumption, there are some flaws that need further evaluation. First, the goal of boot camp is full indoctrination into military life and leaving those 'slimy civilian habits' and ways of thinking behind you. If then, boot camp is largely successful, the old ways have been unlearned, replaced with ways that accommodate the tasks ahead. Compounding the intense process of change, is the culture shock and horror of combat, where killing is expected and required, as is seeing comrades die and pressing forward with mission, without an individual's customs of mourning; all of which is beyond one's ability to prepare for (Grossman 2008). Prepared or not, the process culture shock happens again, except this time with an intensity unknown except to those

who've experienced trauma's stomach-turning intensity and fierceness (Grossman 2008). Indoctrination includes mental preparation for killing and dying [to a degree], but doesn't prepare one for losing friends or seeing them maimed and having to go on.

There now are mandatory checkpoints for out-processing from a combat zone back to home (Army 2003). The out-process includes briefings before and after returning to the United States, from commanders, clinicians, chaplains and the opportunity to visit and open up to help at appropriate levels. After deployments, the turnover rate is high, with people completing their contracted enlistment, so for those opting out it is a double exit, from combat and from military life. All this can happen very quickly, after years of accumulated training and indoctrination, then combat action, all acting like a compressed spring that is either going to bounce, or stay compressed, not knowing when to spring. In either case, family, community and peer support in the form of understanding and acknowledgement are basic ways all people can help a returning veteran during transition. Understanding in this context doesn't mean saying or pretending that you understand what the person has been through or is struggling with; rather it means being there, acknowledging and appreciating the service given, compassionately offering sincere support, asking the veteran how you can help and accepting that sometimes the best way is by giving space, if asked, or sensed.

#### Empathic Community Dialogue Theory [ECDT]

ECDT is a working theory I am developing that encompasses the aspects of dialogue process, community building and healing through empathy for the invisibly

wounded veteran. Although I feel even more strongly now that the theory and process has potential to help those in need, I was surprised not to find anything closer than the work of Dr. Judith Jordan (2000) of the Harvard Medical School on the use of empathy in health care and counseling:

Central to the notion of healing in connection is the power of mutual empathy in the therapeutic setting. Isolation is a major source of human suffering and is often accompanied by immobilization, which prevents movement back into relationship after disconnections.

Jordan's article in the Journal of Clinical Psychology, titled 'The Role of Mutual Empathy in Relational/Cultural Therapy' is specifically geared to women in one-on-one counseling with a therapist regarding relationships (Jordan 2000). Despite the obvious differences in this situation and combat veterans in *Mutual Mondays*, the parallel in mutual empathy is worthy of examination and translation. Jordan (2000) asserts that the counseling relationship must have:

...a sense of relational efficacy, of having an impact on the other person. This happens when the therapist is emotionally present, attuned, therapeutically authentic, and working with the connections and disconnections in the therapy relationship itself. In this way, people begin to move back into growth-fostering relationships, expecting that others may respond empathically and finding they can be effective in shifting and moving relationships in ways that allow them to bring themselves more fully into relationship, to be more whole and authentic.

*"Western science is primarily based on Baconian notions of mastery over*

*nature...this contrasts with other epistemologies that depend more on knowing through joining...empathic knowing, seeking harmony with nature” (Keller 2001)*

In contrast to ECDT, I found cognitive processing therapy to be rigid, scientific and from the therapist’s manual, with cumbersome worksheets and daily rituals, bringing pain and misery, not relief, recovery, rest or sleep. Cognitive therapies *alternative thought process* methods make sense in therapy, but are difficult in reality. My experience has been that when physical signs from emotions take over, logic disappears. Bohm in his theories of implicate order (Bohm 2000), thought as a system (Bohm 1996), and Enfolding (Bohm 1982); and Einstein (Einstein 2005) in his philosophies on keeping nuclear weapons out of the hands of unstable governments are more clear in helping my understanding of relational wholeness and thinking through conflict than therapists with diagnostic manuals and medical models for identifying pathologies of the traumatized individual.

Empathy comes with a price, the helper has to literally offer oneself and absorb another’s needs; or be ready to give part of oneself. Either way, the facilitator and any other person in the empathic role has the risk of increasing their own stress level through this process of taking on someone’s bad energy or giving away one’s own good energy. The facilitator is compelled to learn how to allow emotions to be contained in the empathic space; to be shared and released; exchanged but not absorbed. It is important to have care for the caregiver. Facilitator’s often face the duality of past trauma of their own and serving others who do as well, and for this reason it is important to consider a mechanism; possibly dedicated dialogue for

facilitator's.

It is a fairly well accepted notion that the larger the committee, the longer it takes to come to decision, henceforth it is often the choice of decision makers to make small committees of an odd number, getting to the decision making point more efficiently. Efficiently in this context translates to time, and less of it. This speaks nothing of the correct path or the truth, just getting to decisions efficiently. After all, business is not so much in the business of truth as it is profit. Facing facts, there is money to be made and pockets to fill in the business of making life easy, or comfortable, trendy, warm, cool, refreshing, fun, exciting; while there is not much to be made in pursuing the age old philosophical question, 'What is the meaning of life'? Both are issues of life, the difference of course being the pursuit of profit versus the pursuit of truth. It is not the intention here to make a judgment on right or wrong, but rather to illustrate the different paths and results of direct answers versus direct inquiry. It has been the experience in *Mutual Mondays* and in this author's research and writing that substantial growth, learning and therapy occurs in the space between the planned and existing paths, in the empathetic space between people, and in the space allowed for themes to emerge.

*Mutual Mondays* is all about making connections and following pathways, but it dawned on me that despite all the time and effort in this area, there are many more veterans making connections elsewhere in the community. I came to this realization by noticing invitations to join *Mutual Mondays* always follows a veteran coming to my office in pursuit of something else, for example food, heating oil or prescription copay benefits. I started to wonder what are the other likely places that veterans in need will



be showing up. I found that churches, food pantries, the council on aging, the hospital, the police station and even the local schools were frequent stops for veterans. Future work will need to include staying connected to other places to make connections.

About the same time I started CPT, I met with a VA chaplain Father Philip Salois, a highly decorated Vietnam Veteran Marine Infantryman. Father Salois who is the head chaplain for the Boston Regional VA System, intrigued me with an outreach program they offer. On April 6<sup>th</sup>, 2011, I hosted Father Salois, and his team of presenters to share information and techniques for reaching out to returning veterans from current wars with local clergy. I also invited social workers, council on aging employees, surrounding town VSO's, and leadership of local veteran organizations. Capt. Jeremy Pickens, US Army National Guard Chaplain, shared the following five resiliencies: family, social, emotional [which includes psychological], physical and spiritual. In Mutual Mondays we directly address three of these, which also indirectly address the other two. None of the other programs I have researched so far address such a broad range of the resiliencies.

Otto Scharmer writes about blind spots (Scharmer 2000); cognitive processing therapy [CPT] focuses quite a bit on stuck points, and while they are a bit different, there is a common thread that connects them. I have noticed a slightly different inhibitor than both of these, and I call it a *mind block*. Mind blocks can be thought of as the inability to gain a certain perception that may be helpful to improve the health of the individual. In a way, *mind blocks* might be thought of as cognitive barricades at first glance; but the blocks I'm referring to are more emotional than intellectual,

although there certainly is a connection between the two.

*Mind blocks* prevent seeing or feeling things in a way that may be helpful (Grossman 2008) and are present because energy is focused and devoted to certain other precepts. *Mind blocks*, I have noticed through our *Mutual Mondays* sessions, can be affected by the way something is said, as well as who said it. For example, in our group, one member has never been bashful about presenting his thoughts, beliefs and philosophies as a matter of fact, and I know when he joined our group in December, I found myself sometimes dismissive of his offerings, even before he finished speaking. I sometimes saw on the face of others, what I was trying to conceal from mine. Interestingly though, I noticed that I still had a *mind block* when he spoke, when others seemed to be more open to his words. This was a lesson for me, that even as the most experienced dialogue person in the group, I was not immune from *mind blocking*. Other *mind blocks* I noticed were relative to ones own thinking and speaking. Early in the formation of the group, some were trying to make points of showing their understanding, knowledge and experience, which created and reinforced *mind blocks*. For the purposes of improving the health of traumatized veterans through empathic and compassionate dialogue, I think the term mind block is more accurate and inclusive of the different presentations observed in *Mutual Mondays* than the previously mentioned stuck points and blind spots. During one of our sessions we spent time actually tracing the roots of the words empathic and compassion, finding that the roots path and passion were integral and appropriate. While it is acknowledged that passion itself can lead to *mind blocks*, an awareness of this very phenomenon can avoid such a trap.

Considering the experience, training and leadership opportunities that most veterans have had and been exposed to, they are by definition a value to society. Realizing and utilizing this value is a benefit to health. Isolation in and of itself blocks many of the positive traits that veterans might otherwise bring forth; for example effective communication, social demeanor, skilled trainer and experienced team player. The aforementioned traits bring value to the community, employer and other organizations. In an effort to alleviate blocks and help veterans be more productive and attractive in the job market, mutual support through dialogue process can open minds, build confidence in oneself, and gain trust in other individuals and organizations.

Mutual Mondays is a pilot program, whose formative evaluation process is still in its infancy and has thus far shown promise, at least in the limited time since inception and number of people involved. Not only have we found that the primary objectives mentioned above have been met, but secondary benefits of reduced need for health care in resource, cost and time on the part of system providers and veterans themselves have been realized to a limited degree; but are worthy of further study. Providers increased availability can therefore be applied elsewhere and savings in time and cost to the veteran can be applied toward goal attainment in other areas, such as, quality time with significant others and quality of life enhancing activities.

Other opportunities that are foreseen to be opening up as a result of this research include applicability of the results to other community based programs in other municipalities and the possibility of applying these programs to victims of other

types of trauma, for example natural disaster, violent crimes, chronic conditions and life changing situations that negatively impact health and welfare.

The urgency to return the combat fatigued back to the line has been noted in many publications (*Bion 1960; Grossman 2008; Newhouse 2008*). One type of impediment is previously experienced trauma that has not yet been resolved (Griffin 2004; Jackins 1980). It has been indicated with research that trauma troubles are cumulative and whether it is a soldier returning to the front lines after only hours, days or weeks or to repeated deployments without resolution between, there needs to be methods to alleviate or lessen the negative affects of built up trauma symptomology (Grossman 2008; Herman 1992; Peake 2008; Prigerson 2001).

In mutual veteran generative dialogue, the opportunity exists to employ many helping methods in a supportive community of peers, where empathy and understanding is fertile. Since many alleviative methods can be effective, we are continuing experimentation in mutual dialogue, employing a multitude of ways to best give people tools they can use to help them to address their own concerns. It should be noted that evaluation of single processes and alleviation of PTSD symptomology, for myself and the veterans I work and associate with, by best means available were often in tension. In other words, my interest was not purely research without regard for altering methods if it was in the best interest of the health and welfare of veterans at the time. An example of this was engaging in dialogue in my office instead of waiting until Monday. Choices like this were in the best interest of the veteran at the time, but not as conducive to consistent research, although it did lead to the discovery of the value of two and three person dialogue in some cases.

The tensions of criticality and creativity learned early in graduate studies were invaluable preparation to be able to handle the juggling act of performing professionally as researcher, facilitator, veteran service officer and patient simultaneously while working and writing through this synthesis. Just as dialogue has been the communication vehicle of Mutual Mondays, the vehicle for the advancement of my organization of thought and garnering of new and synthesized practices has been a discipline of structured reflective and generative writing.

## 10. Disciplined writing and research structures

*Art is not about thinking something up.*

*It is the opposite - getting something down.*

*~Julia Cameron (Cameron 2002)*

CCT has been a completely different experience from my undergraduate studies; it has been exciting and admittedly, nerve-wracking at times. Most of my previous studies and professional work were technically oriented, so adaptation to the different writing style was a concern for me. I was enthusiastic about philosophy, cognitive psychology and appealing electives that looked challenging, but fun, in addition to the core critical and creative thinking courses. Not only did I find out how much I enjoyed writing through this master's learning journey, but came to realize it was the glue that brought all the moving parts of CCT together for me. As I mentioned in chapter one, my morning pages on the commuter rail to Boston everyday, became the equivalent of the morning jogs of yesteryear. As a younger runner, I used to enjoy clearing my mind, in order to open it to new thinking and concepts, synthesizing the workout of my body, mind and spirit. Morning pages (Cameron 2002) became the foundation for what would eventually become my daily four stage writing process.

[Morning Pages 5/20/2011] "This morning is particularly rough. Yesterday I paid a visit to the mother and grandmother of a young local marine who was seriously wounded in a rocket attack in Afghanistan a couple days before (Mortimer 2011).

Today as I prepare to give the oath of office to my middle son Brian, as second lieutenant in the army infantry, my hands are trembling. My oldest son, Mike, a combat wounded infantry sergeant will give the first salute. To look at Mike's dress uniform is impressive, but as someone who well knows the price paid for several of the many decorations on his chest, I pray to God that Brian will return home safely, as well. Last night was a near sleepless night, with nightmares worse than usual. I don't want to think about and, will never talk about the horrific scares and tremors of last night. Yesterday as I put on a strong, but soft and reassuring face for the mother of a seriously wounded marine who was just evacuated out of a hot zone in Afghanistan, I know all too well the feelings going through her mind and body. I wish all of them Godspeed."

While I continue striving to become a "good writer", I'm confident now in at least saying "I'm a writer." In earlier years I would have considered a writer to be a professional who creates novels, biographies, poems and other works sold for profit. I have been true to my morning pages ritual for over two and a half years, even if through sheer willpower. Certainly it didn't start or even end in high quality, but the stack of ink filled composition journals in my offices at work and home are proof that I can write in quantity; my goal through continued discipline is to now improve the quality.

The second part of my daily writing routine is free writing (Elbow 1998), which is used to clear the mind and get present, get words on paper and help with writing when you don't feel like it or can't get started. Morning pages and free writing are similar but I use them differently. For me the difference is that the first is a regularly

scheduled workout at the start of the day aimed toward productive thinking and writing for three longhand pages; while I use free writing at any time to get the ball rolling and put ink to paper.

The third part of my writing processes, thematic writing, is a process, recommended by Professor Taylor, of dedicating 15 - 30 minutes writing new words on a preplanned daily topic. The idea is to consistently write and make goal progress toward a paper, book or other product as a better alternative to binge writing. Practice for improving writing should be repetitious, and challenging. The writer should be self-motivated, get feedback, and practice at an appropriate ability level (Elbow 1998; Eriksson 2009).

The fourth part of my daily routine is reflective writing in the evening, just before bed. My reflective writing has been important this year in taking stock of the days writing, research, *Mutual Mondays* development, and other lessons to use in formulating a plan for moving forward. Writing has not come easily to me, but with the aforementioned routine, four semesters of attending the CCT writing support group, and the use of available resources (Cameron 2002; Elbow 1998; Ericsson 2009; Eriksson et al 2009; Hacker 2009; Strunk 2000; Zinsser 2008), I have developed long-term strategies and tools I will continue to use in my personal and professional writing development.

Throughout my graduate studies at the University of Massachusetts, I have been involved in several professional and political movements that required getting the attention of youth services, veteran services, potential funders, and community members at large. By publishing newspaper articles, news bulletins, and letters to



stakeholders and people of influence, I have found writing to be a meaningful method of getting the message out. Through writing improvement, I am developing a voice that matters.

In a group, opposing sides or multiple viewpoints can avoid the downward spiral by engaging in generative dialogue (Isaacs 1999). Having the floor and offering it out to an audience makes a critical difference in being productive, expanding, spirally upward and avoiding the circular tail-chase. Even though my free writing and reflective writing, not to mention my morning pages, are rarely shared with anyone, somehow putting it out and down assimilates speaking to an audience.

There seems to be an important relationship between speaking and writing and I have attempted throughout this synthesis paper and my daily writing discipline to find my true voice. I have found that I have a strong voice when I speak publicly and I continue to work on refining a strong, comfortable and true voice in my writing. I have attempted to follow Peter Elbow's advice, when he encourages writers:

*"If you want the reader to experience your thinking...feel your thoughts...hear the music of your ideas-then you must experience your thoughts fully as you write."*

*(Elbow 1998)*

Throughout the last couple years of study in CCT, and through self- exploration in other areas where I have had the opportunity to write, dialogue or speak publicly, I have found parallels that I hadn't been aware of before. In public speaking, I am referring to the creative type where I have a formative hand in the outline of what I will

say. The speech emerges from the heart and soul, either during original creation, or ad-libbed during delivery. In this way, my own voice is heard within the message that I need to convey. I often find that there is a certain amount of structure that I need to give myself through preparation and also a certain amount of freedom I need to leave, space if you will, to allow for freedom of movement during the creation/delivery. I will most often start early in the process, sometimes weeks or months ahead of the speaking engagement with writing in many phases, usually in longhand, cursive in a bound writing journal, the ninety nine cent kind available at the office supply store. It is not uncommon for me to write thirty to sixty pages handwritten, in preparation for a twenty, thirty or forty-five minute presentation. I hesitate to use the word presentation, because for me it really is more of a sharing of myself, and my mind-works of thoughts. I like to engage with the audience and adjust according to the actual group that attends, as compared with those who I, or others had anticipated. In engaging the audience, I enjoy a two-way exchange; I think this is an important part of the freedom of fluidity in communication and sharing. This freedom is imperative for me; if I am tied to a script I feel handcuffed. With hands and mind free however, with space and latitude to move loosely, I have room to create and engage. Even if the words I deliver are exactly as I may have written them days or weeks ahead of time, it is important to me to move freely with those words and thoughts, using body language, eye and hand gestures to emphasize and fluctuate in the delivery.

Based on a recommendation during an interview with Robert Macy, Director of the Center for Trauma Psychology in Boston and special consultant for the National Center for PTSD in Jamaica Plain, I began to consider adding narrative redemptive

writing as a primer to dialogue for helping the traumatized veterans to make linear sense of confusing events. Macy was interested Mutual Mondays, appreciated its value, but recommended that group members write three days a week for three weeks about the trauma event before group dialogue (Macy 2010). Much of Macy's work is in the immediate aftermath of big traumatic events such as school shootings and natural disasters. Similarly, in my experience in Cognitive Processing Therapy [CPT], the focus was on the singular traumatic event. A broader approach to personal trauma through dialogue might eventually be benefited through a daily writing regimen to make peace with the memories and put them into an appropriate past context. In chapter 10 I will explain why writing about trauma became unfeasible for this group.

With research as the main focus of the CCT synthesis, writing has been the exploration tool for my thinking about research, as well as vehicle for sharing it with audiences. The importance of the marriage between research and writing was not obvious to me at first, but turned out to be one of the more important lessons I've learned that will impact my future endeavors.

Moving forward I hope to further experiment with some of the newly learned skills and processes I have engaged in and more comfortably bring them into the fold of my repertoire of research tools. Specifically, I plan to apply the raw skills of evaluation in a disciplined and meaningful way as I meld analysis processes into my writing regimen.

## **Evaluation [in the sense of taking stock to keep developing]**

### **11. Challenges of evaluation – new theory, process and researcher**

*“True genius resides in the capacity for evaluation of uncertain, hazardous, and conflicting information.”* ~ Winston Churchill

This chapter is representative of an anticipated research product that, more importantly, transformed into one of its processes, which has carried over and changed the way I perceive the value and significance of qualitative and quantitative research results.

Early in the development of *Mutual Mondays* the plan was to gather data directly from the participants at each gathering. I initially experimented with a survey method I learned from cognitive psychologist Richard Boutwell of Northrop Grumman: Newport News Apprentice School. I attended a seminar of his on measuring project outcomes and had the opportunity to interview him (Boutwell 2009). The tool I was most interested in was his antonym survey for use with our apprentices when I worked with urban youth. I felt strongly that in general people don't choose to fail or adjust poorly, but rather are the product of failing systems and environment. As such, I was interested in a tool that used data, gathered anonymously over time, from individuals to measure programs and systems. The tool was called an antonym survey and consisted of ten to twelve questions that evaluate a person's current response to a learning program. An example question is “Today in our group I feel welcomed vs.

outcast, smart vs. dumb, proud vs. ashamed, confident vs. unsure”. Questions are at opposite ends of a continuum and appear like the pain scale poster on the wall in the physician’s office. The continuum has no numbers; just a horizontal line to put an ‘X’ on at the point the participant feels is representative. Early in the establishment of Mutual Mondays I decided not to use the antonym survey until the group was established more stably.

As mentioned back in chapter 9, I created and used a plus-delta form, that is similar to one frequently used for gathering feedback from CCT presentations, programs and events. During the course of this research it has become clear, at least at this point, that getting participants involved in the evaluation process is tremendously more difficult than I expected. In April of 2011, I discovered that our longest attending member could not write. As I reflected when I got home that evening I started making sense of why our free writing flopped and why I got such little response on plus/delta forms. In retrospect it was my non-writing veteran who vocally opposed free writing and was also vocal, but respectful about not using the plus/delta forms. The two nights I received feedback forms were the only two nights he missed group in the year. At a later point another veteran joined the group who was illiterate, which punctuated the need to establish alternative methods of feedback and evaluation from members. I learned a big lesson about the cost of simple assumptions through this experience. Moving forward I’ll consider a qualitative interview process for new members of the group; not to preclude anyone, but to work out some of the unknowns and assumptions (Kvale 1996).

From early fall 2010, I have tried to interject many simple trials and

supplements, in addition to the free writing, to enhance and experiment with methodologies, but never to overshadow or replace mutual dialogue process. Working in pairs on thematic dialogue in a think-pair-share process worked very well and was popular, but did make for a long evening, because we usually dialogue for an hour and a half, with the last half hour being the most generative and flowing with recognizable connectivity and mutual meaning toward the center. Our group is in its infancy, but as new members join they seem to have a higher level of trust and confidence in the group, possibly because it is cohesive and at ease, and has a reputation based on minor successes and common ground. Clearly, we are at a formative stage and it makes sense to continually delve into formative evaluation. Although the plus/delta feedback is scarce; we have used a formative evaluation system during this pilot stage and will be ready to start to summative evaluation in the next stage (Rossi 2004).

Through faculty guidance and independent study I have learned a little about one applied sociological systematic approach to evaluation. My seven-point formative evaluation plan includes program theory, program impact theory, a service utilization plan, program organizational plan, corroborating description of theory, assessment of theory and preliminary observation (Rossi 2004).

The program theory of *Mutual Mondays* is a forum I created which brings together veterans using the “dialogue process” to empathically, intellectually, and communally address residuals from armed conflict. Based on my personal experience as a veteran and through my experimental involvement with *Mutual Mondays*, it is my opinion that the complexity of issues facing the invisibly wounded

and the resistance to seek therapy, underscores the need for alternative methods of help. *Mutual Mondays* brings together isolated combat veterans who suffer from posttraumatic stress in facilitated dialogue process.

For the program impact theory, I expect the proximal impact to be building group trust, establishing a container to safely tell 'my story', discharging terror, improving the quality of participants' sleep, and developing a shared voice that matters. I anticipate the distal impact effects of the program to be personal and group sense of purpose and meaning through interaction, reassurance that veteran PTSD sufferers are not alone, and shared, as well as, individual feeling of pride from giving back to the community through service projects. Lastly, but also importantly, I expect that the cumulative effects of all the other positives will diminish substance abuse among participants.

The service utilization plan spans the initial contact with the veteran in the veteran services department through discharge of terror during dialogue, sleep improvement, and helping of newcomers during welcoming and service projects on the way to non-isolated independence. In between the bookends of initial contact and independence fall trust building in the welcoming phase, engagement in peer support and active listening, enrichment through diversity, the discovery of one's own, and the group's, meaningful voice.

The program organizational plan includes two facilitators and the mentoring of participants to become co-counselors in the pair and triad structure of dialogue in preparation for moving back into whole group dialogue. A take-away product of pair and triad co-counseling is the ability for members to be better prepared to provide

each other peer support outside of Mondays. The five resiliencies model (UPenn 2011) will be used for personal support. The army's model, developed in collaboration with The University of Pennsylvania stresses the importance of balance in the areas of family, social, emotional, physical and spiritual resiliency. The previously mentioned emotional resiliency includes the psychological component. Three components of emotions are cognitive [think], physiological [feel] and behavioral [do and react] (Grossman 2008). Assumptions in the organization of *Mutual Mondays* are that authenticity, trust and purpose will attract and keep most participants; and that peer empathy is an alternative to cognitive therapy in addressing veterans with PTSD.

The initial pilot study phase of the program will operate inexpensively on donated and low cost resources. Additional formative evaluation steps in the program process include corroborating the description of the program theory, assessing program theory and assessment via preliminary observation. For a proof of concept phase with summative evaluation data, grant funding will need to be secured.

After consistently meeting on *Mutual Mondays* for six months, we did a refresher and reviewed the guidelines of our dialogue group, by passing the paper around the circle and having each member take turns reading a paragraph describing a basic structure for etiquette in dialogue (Bradford 2004). We always allow a pass and never force anyone's participation, so when a few members asked not to read, I never gave it a second thought. Since we have had some members whose voice has been heard more than others, it was also good to go over some housekeeping items



after checkout to remind us all to be timely on start, finish and to give everyone a chance who would like to contribute, by keeping our offerings less lengthy, and remembering to balance advocacy with inquiry. After the group had six months of experience interacting, getting a good feel for the dynamics of the group and a review, as mentioned, I am confident our combat veterans and the container are ready to handle tough issues. I look forward to seeing the group grow in size between ten to twelve consistently attending members, to see if the dynamics change as researchers have reported in other settings (de Mare 1991).

Due to the complexity and multiplicity of issues affecting veterans, I intuitively believe a group that size could be challenging, but rewarding, having more viewpoints and experiences collectively. I think also that as a group matures, it makes sense to grow it in size and diversity so that the wider array of challenges and opportunities can be addressed inside the dialogue container, further preparing participants for reintegration to the wider community.

## 12. Potential for use with other populations

*“Never doubt that a small group of thoughtful, committed citizens can change the world.*

*Indeed it is the only thing that ever has.*

*~ Margaret Mead, Anthropologist 1901-1978*

Multiple populations [or sub-communities] living within a community present both challenges and opportunities. It is the work of caring and intuitive people interacting in dialogue who can make the challenges fun and the opportunities both real and fruitful.

Recently, I discovered a word that touches the essence of the *Mutual Mondays* project; the Greek word *koinonia*. The word *koinonia* has many interpretations; some of a spiritual nature, and others relating to community and fellowship. *Koinonia* is a derivative of *koinos*, a Greek word, rich in meaning, which applies very well to our veteran dialogue community (de Mare 1991). Translated to English, *Koinonia* means the idea of joint participation of giving to others, like community [or common unity], and doing together (Bromiley 1979). The spiritual meaning of *koinonia* is to create bond between comrades sharing pains and joy together; united with shared experiences, together in a higher level of consciousness, thinking and acting (Bromiley 1979). *Koinonia* is said to breed trust and honor in a non-controlling, mutually supportive community (Bromiley 1979; de Mare 1990; de Mare 1991). One thing that struck me was the interdependent support of fellowship, highlighted in *Mutual Mondays* by the

frequency that community service has emerged in our dialogue. Similar to the definition of *koinonia* (Bromiley 1979), I have found that empathetic interaction fosters a higher lever of thinking and consciousness, which in turn leads to becoming whole in mind, with each other, and in the world. I have observed that veterans caring about and for each other, also have thought more intellectually and caringly about community and society as a whole, for example, it was my Vietnam Veteran who took a focused interest in the life of another Vietnam Veteran, that in turn caused both of them to lead the groups interest in community service to benefit citizens and a litter free environment. While I have discovered *koinonia* too late in this research to do it justice, I look forward to reading Patrick de Mare's book by the same name, as well as integrating its lessons into *Mutual Mondays* (de Mare 1991).

For traumatized war veterans, the essence of the problem is lack of care, both in empathy and resultant action. This issue is representative of many underserved populations and worthy of study because it may have immediate, as well as long-term positive health and lifestyle effects on people living on the fringe, regardless of outward appearances. This hypothesis is based on my close observance of at-risk youth and veterans. For many groups, a mutually supportive community could provide the platform for meaningful change.

Psychological and sociological breakdowns affect society as a whole and certainly perplex society's concept of normalcy and decency. Initially I became concerned with this community problem when I worked with urban at-risk youth and saw that because they were missing some of the basic staples of life, they were not able to learn or mobilize. Hungry, scared, cold, lonely traumatized young people can

hardly be expected to learn or comprehend. Personal connections with combat veterans and seeing the similarities between them and the at-risk youth, between gang warfare and national defense warfare trauma, led to my interest in veteran trauma and non-traditional methodologies for treatment and support. Now working with traumatized combat veterans, I envision the transference of *Mutual Mondays* applications benefitting other underserved, and perhaps, treatment resistant populations. More research on the benefits of mutual support for PTSD with veterans may inform treatment approaches for other trauma sufferers, like victims of natural disasters, rape, child abuse, terrorism, civilians caught in war zones, witnesses of combat, domestic violence, gang violence, abandonment, neglect, witness of mass casualty, fear of death and witness to murder and tragic accidents. I expect there may be a great deal of transferability from one PTSD situation to another.

PTSD may be more prevalent now because of improvement in front line medical care, and because the disorder is acknowledged more readily than in the past. Many serious injuries that in the past would have been fatalities are now living casualties, many with permanent disabilities (Brown 2008; Eastridge 2006; Gerhardt, 2005; Gerhardt 2009; Holcomb 2006). Modern warfare has changed the ratio of disabilities to deaths, particularly head injuries and amputations, which certainly all impact mental health (French 2008). Research from prior wars is important but, due to the vast differences in the medical outcomes, there needs to be more that is focused on current conflict and its victims (Harper 2005). My research to this point has focused on concept and formative evaluation; and possible future research steps should include summative evaluation and comparisons of the relative cost and

access to mutual dialogue support in contrast to clinical care in a hospital setting.

Two areas that I have made reference to in this paper are diverse vs. homogenous group composition and the comparison of elder withdrawal and PTSD isolation. Both of these are inconclusive observations I've made during a limited time with a small number of participants and for these reasons additional research may be warranted.

Importantly, whether people become isolated because they are psychologically or physiologically disabled, or because they've inherited purple eyes and green skin, the pertinent issue that needs addressing is the isolation. While every effort to study variations and anomalies should be made, the importance of gathering people to share, learn and grow cannot be overstated.

## **Revisiting the Opening Scene**

### **13. In Reflection: Where are your feet right now?**

*“Dialogue is alive, and I feel more alive when I shift to this way of talking.”*

*~ Shaun McNiff, Author of Art as Medicine*

Every step of the way as researcher, facilitator and patient has made the building and participating in community vitally important. People need people in the way that plants need water and sunshine. A question we started asking each other at *Mutual Mondays*, after my co-facilitator John raised it one night was, “Where are your feet right now?” It was a question that spoke to being grounded in the present. We made it a point to ask this of each other and if the answer wasn’t satisfactory, then the next question was, “How can I help?” These simple exchanges were the building blocks of the simplest dialogue, and the foundation upon which simple community started.

*“In isolation, people and plants die.”*

*Robert Macy*

The phrase “transparency about issues from the military” was in the note opening this paper and has emerged repeatedly, over the past year in veteran dialogue. Veterans have often said, “I’ve never spoken of things like this before” and “I’ve never told anyone this.” Based on a few plus/delta feedback forms, these

comments have been comforting to veterans, myself included, reassuring us that we're not alone.

The beauty and complexity of dialogue is that it provides structure sufficient to elicit input, yet is free of the restraining expectations of a solution. Neither does it suffer from the constraints and expectations of a structured, time-limited cognitive therapeutic approach. In conventional gatherings, leaders are expected to have an agenda or plan, underpinning efficient outcomes. One example, from my youth, of a pre-expected outcome involved a pair of top-notch long distance runners [ranked number one and two in the league], who always finished in order, within seconds of each other. In one race the trap of expectation enabled the second ranked athlete to finish several seconds behind the first on a day when the leader was recovering from pneumonia and crossed the finish more than thirty seconds slower than his average. Although different from Griffin's theory (Griffin 2004), this is a kind of expectation fulfillment and an example of how structure without freedom can limit process and outcome.

The evolution of *Mutual Mondays*, as a group dialogue process, has encouraged open sharing of responsibility and rewards for all active participants. Referring back to its Greek roots, Bohm offered the process of 'going through' *dia* and *logos* 'meaning with words' (Bohm 1991; Bohm 1996). Instead of agendas to get agreement for quick solutions, dialogue addresses problems by actually encouraging diverse points of view, new perspectives and a wide range of thinking and experiencing (Isaacs 1999). As *Mutual Mondays* has evolved and matured, opening themes and topics have become less important than the process itself, but I keep

opening topics on hand to help newer participants and those who suffer from anxiety in ambiguity, to be more comfortable and confident in the dialogue setting. Drawing isolated veterans into the group to begin dissolving barriers has been a major focus of this project and although much work lies ahead; observed acceptance, peace, meaning, and desire to do community service have been early indicators of *Mutual Monday's* positive potential.

Imagine a group of veterans as an aircraft and the dialogue process as the atmosphere. As thrust increases and the aircraft penetrates the sound barrier, the shock wave of air and moisture collect then suddenly disperse at once expelling an audible and visual explosion. The visible moisture ring encircling the fuselage instantaneously disappears, as the plane appears to propel into new a state of being. In actuality, the plane didn't change, but rather moved through an invisible barrier in the surrounding environment. The mechanical bird always had the potential of passing through the sound barrier, but had to go through a process to first build up speed. Similarly, isolated individuals and fragmented groups have the potential to become reintegrated, finding peace and fulfillment. Over the past year, moving through meaning in dialogue and discovering the freedom of voice has been beneficial to many veterans, myself included.





U.S. Navy Photo



U.S. Marine Photo

As objects travel through the air, the air molecules are pushed aside with great force. This force forms a shock wave, much like the wave created by the front, or bow, of a

boat moving in water (Smith 2009).

While studies in the Critical and Creative Thinking masters degree program have certainly given me the instruction and exploratory tools to think outside the box, it has also made me critically aware that the path to truth in learning and healing goes through the middle of philosophical thought, cognitive processes, scientific inquiry and social advocacy. The Socratic method, like the dialogue process, invites lifelong learners to examine closely the metacognitive processes that shape thought and action (Plato 2002; Jackson 2001; Paul 2001). Of all the theories and processes examined through graduate studies, none has been as important as discovering new and innovative ways to better community and humankind. *Learning how to learn* continues to be the most important lesson in higher education, and giving oneself the opportunity and ability to research the surrounding world, as well as the world within us, has been a fascinating journey (Senge 1994). Keeping up with the complexities of these changing inner and outer worlds has been and continues to be a most worthy quest. Just as the goal of education should be to prepare the student to leave the nest and continue to use the acquired tools and skills developed at the university; the dialogue nest of *Mutual Mondays* must also continue to be an open forum for those in need to take on the lessons that will help them to survive a world in changing turmoil and be an active co-counselor and friend to comrades in need.

*Going through it together* is the way combat operations most often happen, just as *speaking as one voice* was instilled in our veterans when they entered service. This model of doing things as a unit provides an opportunity for healing invisible wounds as well. I have noticed in our veteran dialogue, the less I have been the

leader, the more participatory the members have been. In the emergence of dialogue, we can especially surprise ourselves with what we reveal when we are comfortable enough to let the heart speak. Reflecting back to the next day comment of “I slept better last night”, I am convinced that our dialogue triad made an incredible impact on a life that was forever changed many years before. In our triad, my most important contribution was being a second witness and providing the support of a caring community. At that time, the presence of three people [in place] was important, so that one veteran could become present [in time]. As witnesses, we gave the powerful and not so common gift of presence to each other. In the present we can create a new future (Scharmer 2000).

Psychologically, we were present and actively listening while the horrific, yet important events of a veteran’s life unfolded. The opportunity to allow someone peace by giving them a chance to discharge trauma was especially powerful considering that PTSD symptoms are exacerbated with sleep deprivation. “I slept better last night” was a validation of the dialogue process.

Understanding the important psychological and physiological link of sleep deprivation, disturbances and PTSD, is I believe at the center of health improvement for combat veterans (DSM 2003; Ross 1989; Ross 1994). Understanding how this works is beyond the scope of this project but is studied by physiological psychologists and experimental neuroscientists. Lack of REM sleep, and PTSD severity are correlated (Bear 2007). The longest all-nighter, 264 hours, which was done by a 17 year old in 1963, had notable psychological and physiological effects, but showed no apparent lasting detriments after a couple weeks. On the other hand,

carefully regulated tests on rats do show harmful effects on body temperature regulation, ulcers, internal bleeding and even death when deprived of REM sleep (Bear 2007). From personal experience I have had difficulties with temperature regulation [noticed by hot and cold flashes] and have been ill more often [colds and flu] when stretches of sleep and nightmares have been significantly worse than normal. Results are inconclusive, but scientists postulate this implies that physiological health is tied to sleep. This is an area that should be studied closely with combat veterans.

Throughout the length of this study I have made general observations where the four parallel processes [Mutual Mondays, CPT, reference research and writing], have been a resource for help in specific areas, and have organized them in the table below.

### Highlights of Author's Four Parallel Processes of 2010-2011

	Mutual Mondays	Cognitive Therapy [CPT]	PTSD Research	Structured Writing
Separate reality from memory		X	X	X
Learn from others	X	X	X	
Learn from self	X			X
Coping skills		X		X
Realize I'm not alone	X		X	
Help with avoidance	X	X		X
Help with trust	X	X		
Help with control		X		X
Help with withdrawal	X	X		

Another simple comment from the beginning that should not be overlooked is, *someone understood*. Dialogue provides the container that enables the PTSD sufferer to recognize when empathy is present. Research and practices are as varied as the events that cause trauma. In the end, combinations of theories and practices and collaborations between researchers and practitioners may prove to be the most fruitful in alleviating the suffering of PTSD.

When I started this research it was my intent to prove the superiority of generative dialogue over cognitive methods in ameliorating the after effects of trauma. This effort did not accumulate significant quantitative or qualitative data to do this, nor did it prove dialogue to be better than cognitive therapies for veterans, but other more important milestones have been accomplished, to varying degrees. Isolation has been broken, understanding experienced, sleep improved, and meaningful voice, along with community service, recognized as important factors in addressing PTSD.

To this point, I have held invitations to Mutual Mondays close, but upon reflection, I think it will be good for the group, project, and individuals to have them open up and reach out to others who they might see as frozen in traumatic emotions. By reaching out, our current participants can take greater ownership in the model, mature as care-givers, grow our sanctuary in the community and, potentially encourage other communities to take up the model as well. Through dialogue, we will continue to learn and grow together in the mutuality of caring exchanges.

Veteran mutual support dialogue is a promising area for mental health healing and should be considered seriously as either a stand alone program as I have used with some of my non-treatment seeking veterans, and as supplemental therapy, as I

have personally done this year (Vasterling 2008). Like myself, several of my veterans have been involved in CPT, benefiting from skills learned at the VA and from participation in *Mutual Mondays*. Despite my initial intent, and some of the drawbacks of cognitive therapy, I along with a couple other participating veterans have discovered some complimentary benefits of participation in both CPT and mutual support dialogue. *Mutual Mondays* has been helpful in encouraging some veterans with to pursue cognitive therapy at the VA Hospital. In any case, the benefits stated within these pages, of getting isolated combat veterans involved in dialogue with mutually supportive peers, only scratches the surface of what veterans can do for the community in the process of becoming an empathic group of people serving each other.

Speaking for myself, I can say that the processes of Mutual Mondays, CPT, extensive research and writing have cumulatively brought me to a point where I can honestly say my feet are more firmly planted on solid ground, in the present. As a researcher, developer, facilitator, service officer and non-licensed counselor, I have observed improvements in most, decline in none and significant achievement in some of the veterans, as a result of participation in *Mutual Mondays*. For more than 99% of Americans, *boots on the ground* happens somewhere else, a place beyond imagination. For most veterans who have served in conflict, getting home was a dream, a goal and a driving force. Once home, becoming whole and present can be a challenge, but based on limited pilot studies in *Mutual Mondays*, a few combat veterans are saying, “my feet are right here, right now”.

## **Glossary**

Alpha functions – Conceptualization of how emotions are processed

Beta functions - Primal pain and horror-inducing fragments of experience

Boots on the ground – Informal term for combatant troops deployed in conflict

CANVAS – Care, awareness, nightmares, voice, adjustment, silence

CBT – Cognitive Behavioral Therapy

CCT – Critical and Creative Thinking Program

CPT – Cognitive Processing Therapy

CPTSDS – Chronic Post-traumatic Stress Disorder

DSM – Diagnostic and Statistical Manual of Mental Disorders

DVS – Department of Veteran Services

ECDT – Empathic Community Dialogue Theory

EEG - Electroencephalogram

EFT – Expectation Fulfillment theory

EMDR – Eye Movement Desensitization and Reprocessing

EMG – Electromyograph

EMT – Emergency Medical Technician

EOG - Electrooculograph

Flashpoint - complex neuro-psycho-physiological perceptions involving the combination or past memories with any of the five basic senses and emotional input connected with current or future behavioral manifestations

MCAT – Medical College Admission Testing



Mutual Mondays - veteran forum using the Dialogue Process to empathically, intellectually, and communally address the effects of participation in armed conflict

MDD – Major Depressive Disorder

Mind block - inability to gain a certain perception that may be helpful to improve the health of the individual

OEC – Outdoor Emergency Medical Care Technician

PEACE – Purpose, passion, empathy, affirmation, community service, connections, encouragement

PFA – Psychological First Aid, trauma diffusing

PGO – Ponto-geniculate occipital spikes

Phasic – Fine muscle twitching

PTS – Post-traumatic Stress

PTSD – Post-traumatic Stress Disorder

REM – Rapid Eye Movement

SEAL – Navy Sea Air and Land Special Operators

SOL – Society for Organizational Learning

TAP – Transition Assistance Program; A series of lectures and presentations given to military members on the last day(s) before discharge from duty. Content can include health and education benefits, employment strategies, insurance, paperwork, travel, moving and other basic information for out processing

Tonic – State of paralysis

USA – Understanding, Support, Affirmation

VA – Veterans Administration

VAMC – Veterans Administration Medical Center

VSO – Veteran Service Officer

## **References**

- Afifi, T., Enns, M. W., Cox, B. J., Asmundson, G. J. G., Stein, M. B., & Sareen, J. [2008]. Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *American Journal of Public Health*, 98, 946-952.
- Army Dept. [2003]. Personnel processing[in/out - soldier readiness processing] p. 52 7-1 h.[1]. In Department of the Army [Ed.], *Personnel processing* [pp. 52]. Washington, DC.
- Bear, M., Connors, B., & Paradiso, M. [2007]. In Lupash E., Connolly E. and Williams P. C. [Eds.], *Neuroscience; exploring the brain* [3rd ed.]. Baltimore, MD: Lippincott, Williams & Wilkins.
- Beckham, J. C., Moore, S. D., Feldman, M. E., Hertzberg, M. A., Kirby, A. C., & Fairbank, J. A. [1998]. Health status, somatization, and severity of posttraumatic stress disorder in Vietnam combat veterans with posttraumatic stress disorder. *The American Journal of Psychiatry*, 155[11], 1565-1569.
- Bion, W. R. [1960]. *Experiences in groups*. New York: Basic Books.
- Bion, W. [1962]. *Learning from experience*. London, Tavistock: Psychoanalytic Electronic Publishing.
- Black, C. [2003]. *Depression strategies: Practical tools for professionals treating depression*. Bainbridge Island, WA: Mac Publishing.
- Black, C. [2006]. *Anger strategies: Practical tools for professionals treating anger*. Bainbridge Island, WA: Mac Publishing.

- Blake, A. [1995]. *Dialogue*. Retrieved 2/15, 2011, from <http://www.duversity.org/ideas/dialog.html>
- Bohm, D. [1996]. In Nichol L. [Ed.], *On dialogue* [2004th ed.]. London: Routledge.
- Bohm, D. [1992]. *Thought as a System (transcript of seminar held in Ojai, California, from November 30 to December 2, 1990)*, London: Routledge.
- Bohm, D., & Weber, R. [1982]. The enfolding-unfolding universe: A conversation with David Bohm. *Renee Weber. Inc. in K. Wilber [Ed.] the Holographic Paradigm, Shambhala,*
- Bohm, D., & Peat, F. [2000]. *Science order and creativity*. London: Routledge.
- Bohm, D., Factor, D., & Garrett, P. [1991]. *Dialogue - A proposal*. Unpublished manuscript. Retrieved 2/2010.
- Bolton, E., Lambert, J. F., Wolf, E. J., Raja, S., Varra, A. A., & Fisher, Lisa M. Psychological Services. [2004]. Evaluating a Cognitive–Behavioral group treatment program for veterans with posttraumatic stress disorder. *American Psychological Association, Vol 1[2][Sum-Fall]*, 140-140-146.
- Boutwell, R. [2009]. In Johns M. C. [Ed.], *Evaluation surveys for emergent learning programs & measuring project outcomes cognitive psychologist of Northrop Grumman: Newport News apprentice school*.
- Bradford, A., Frangie, M., Isaacs, W. & Kapor. [2004]. *Dialogue - CCT wikispace*.
- Breslau, N. [2001]. The epidemiology of posttraumatic stress disorder: What is the extent of the problem? *The Journal of Clinical Psychiatry, 62 Suppl 17*, 16-22.
- Bright, J. I., & Baker, K.D., & Neimeyer, R.A. [1999]. Professional and paraprofessional group treatments for depression: A comparison of cognitive-behavioral and

- mutual support interventions. *Journal of Consulting and Clinical Psychology*.
- Brodsky, B. S., Oqueno, M., Ellis, S. P., Haas, G. L., Malone, K. M., & Mann, J. J. [2001]. The relationship of childhood abuse to impulsivity and suicidal behavior in adults with major depression. *American Journal of Psychiatry*, 158, 1871-1877.
- Bromiley, G. [Ed.]. [1979]. *The international standard bible encyclopedia*. Grand Rapids, Michigan: William B. Eerdmans Publishing Co.
- Brown, N. [2008]. Transition from the Afghanistan and Iraqi battlefields to home: An overview of selected war wounds and the federal agencies assisting soldiers regain their health. *AAOHN Journal*, 56[8], 343.
- Cameron, J. [2002]. *The artist's way: A spiritual path to higher creativity* J. P. Tharcher/Putnam.
- Carter, J., & Byrne, G. [2001]. *Yoga as an adjunct to ordinary treatment for Vietnam veterans suffering from PTSD.*, 2011.
- Cayer, M. [1997]. Bohm's dialogue and action science: Two different approaches. *Journal of Humanistic Psychology*, 37[2], 41.
- Chickering, R., & Förster, S. [2003]. *The shadows of total war: Europe, East Asia, and the United States, 1919-1939* . Washington, D.C.: German Historical Institute.
- Cook, T. [1979]. *The curves of life* [A Dover reprint of a classic 1914 book] Dover books.
- Corp, N., Tsaroucha, A., & Kingston, P. [2008]. Human givens therapy: The evidence base *Mental Health Review Journal*, 13[4], 44–52.
- de Mare, P. [1991]. *Koinonia: From hate through dialogue to culture in the large group*. London: Karnac Books.

- de Mare, P. [1990]. The development of the median group. *Group Analysis*, 23[2], 113.
- DSM-IV, & American Psychiatric Association [Eds.]. [2003]. *Diagnostic and statistical manual of mental disorders* [4th ed.] American Psychiatric Association.
- Duff, L. [2011]. Predicting PTSD: Norwich professors study threat perception. *Norwich Record*, 104[3], 10-11
- Dyer, D. W. W. [2006]. *Inspiration* [1st ed.]. Carlsbad, London, Sydney, Johannesburg, Vancouver, Hong Kong: Hay House, Inc.
- Eastridge, B., Owsley, J., & Sebesta, J. [2006]. Physiology criteria after battlefield injury: Predict medical needs and patient mortality. *Journal of Trauma; Injury, Infection and Critical Care*, 61, 820-823.
- Einstein, A. [2005]. In Estate of Albert Einstein [Ed.], *Out of my later years*. New York, NY: Random House Value Publishing.
- Elbow, P. [1998]. *Writing with power: Techniques for mastering the writing process* [2nd ed.]. New York & Oxford: Oxford University Press.
- Elizabeth, Q. [2007]. *Accepting the ashes: A daughter's look at posttraumatic stress disorder* [2nd ed.]. USA.
- Ericsson, K. A. [Ed.]. [2009]. *Development of professional expertise: Toward measurement of expert performance and design of optimal learning environments*. Cambridge, New York, Melbourne, Madrid, Singapore, Sao Paulo, Delhi: Cambridge University Press.
- Eriksson, K. A., Charness, N., Feltovich, P. J., & Hoffman, R. R. [Eds.]. [2009]. *The Cambridge handbook of expertise and expert performance* [6th ed.]. Cambridge, New York, Melbourne, Madrid, Singapore, Sao Paulo, Delhi:

Cambridge University Press.

Flagg, B. N. [1990]. *Formative evaluation for educational technologies* L. Erlbaum Associates.

Foulkes, S. H. [1975]. *Group analytic psychotherapy: Methods and principles*. London: Gordon & Breach.

Foulkes, S., & Anthony, E. [1965]. *Group psychotherapy: The psychoanalytic approach* [2nd ed.]. Baltimore: Penguin Books.

French, L., Mouratidis, M., Dicianno, B. & Impink, B. [2008]. *Care of the combat amputee.*, 2011

Gelb, M., & Caldicott, S. [2007]. *Innovate like Edison* [1st ed.]. New York, NY: Penguin Group.

Gerhardt, R., De Lorenzo, R., Oliver, J., Holcomb, J., & Pfaff, J. [2009]. Out-of-hospital combat casualty care in the current war in Iraq. *Annals of Emergency Medicine*, 53[2], 169-174.

Gerhardt, R., Oliver, J., & Sullivan SG. [2005]. Evaluation of combat casualty care outcomes *Annals of Emergency Medicine*, 46[3], 45-46.

Griffin, J. [1997]. *The origin of dreams*. Great Britain: Cromwell Press.

Griffin, J., & Tyrrell, I. [1999]. *Psychotherapy, counseling and the human givens [organising idea]* Human Givens Publishing Ltd.

Griffin, J., & Tyrrell, I. [2004]. *Dreaming reality*. Great Britain: HG Publishing.

Grossman, D., & Christensen, L. [2008]. *On combat: The psychology of deadly conflict in war and in peace* [3rd ed.]. United States: Warrior Science publications.

- Guerra, V. S., Calhoun, P. S., & Mid-Atlantic Mental Illness Research, Education and Clinical Center Workgroup. [2011]. Examining the relationship between posttraumatic stress disorder and suicidal ideation in an OEF/OIF veteran sample. *Journal of Anxiety Disorders*, Jan; 25[1], 12.
- Hacker, D. [2009]. *A pocket style manual* [5th ed.]. Boston & London: Bedford/St. Martin's.
- Hamilton, E., & Cairns, H. [Eds.]. [1961]. *Theaetetus: Collected dialogues* [F. Cornford Trans.]. Princeton: Princeton.
- Harper, S. and Lynch, J. [Directors]. The University of Michigan [Producer], [2005, 2005]. *Measuring health disparities*. [Video/DVD] Prevention Research Center of Michigan: Center for Social Epidemiological and Population Health.
- Henry, J. [1991]. Psychological and physiological responses to stress: The right hemisphere and the hypothalamo-pituitary-adrenal axis, an inquiry into problems of human bonding. *Integrative Psychological and Behavioral Science*, 28[4], 369-387.
- Herman, J. [1992]. *Trauma and recovery*. New York: Basic Books.
- Holcomb, J., Stansbury, L., & Champion, H. [2006]. Understanding combat casualty care statistics. *Journal of Trauma; Injury, Infection and Critical Care*, 60, 397-401.
- Isaacs, W. [1999]. *Dialogue and the art of thinking together: A pioneering approach to communicating in business and in life*. New York: Doubleday.
- Jackins, H. [1980]. *The human situation* [7th ed.]. Seattle, WA: Rational Island Publishers.



- Jackson, T. [2001]. The Art and Craft of "Gently Socratic" Inquiry. In A. Costa [Ed.], *Developing minds: A resource book for teaching thinking* [3rd ed., pp. 459-462]. Indianapolis, IN: Association for Supervision and Curriculum Development [ASCD].
- Jordan, J. V. [2000]. The role of mutual empathy in relational/cultural therapy. *Journal of Clinical Psychology*, 56[8], 1005-1016.
- Keane, T. M., Gerardi, R. J., Lyons, J. A., & Wolfe, J. [1988]. The interrelationship of substance abuse and posttraumatic stress disorder: Epidemiological and clinical considerations. *Recent Developments in Alcoholism: An Official Publication of the American Medical Society on Alcoholism, the Research Society on Alcoholism, and the National Council on Alcoholism*, 6, 27-48.
- Keller. [2001]. Humanistic methodology: The empathic stance. In K. Schneider, J. Bugental & J. Pierson [Eds.], *The handbook of humanistic psychology: Leading edges in theory, research and practice* [pp. 281]. Thousand oaks, London, New Delhi: Sage Publications, Inc.
- Knox, K. L. [2008]. Epidemiology of the relationship between traumatic experience and suicidal behaviors. *PTSD Research Quarterly*, 19[4]
- Krishnamurti, J. [2008]. *Truth is a pathless land.*, 2010, from <http://www.jiddu-krishnamurti.net/en/1929-truth-is-a-pathless-land>
- Krysinska, K., & Lester, D. [2010]. Post-traumatic stress disorder and suicide risk: A systematic review. *Archives of Suicide Research*, 14[1], 1-23.
- Kvale, S. [1996]. *Interviews: An introduction to qualitative research interviewing*. Thousand oaks, California, London, New Delhi: Sage Publications, Inc.

- Lipgar, R., & Pines, M. [2003]. *Building on Bion: Origins and context of bion's contributions to theory and practice*. London: J. Kingsley.
- Lynch, R., & Papanicolas, N. [2006]. *How the Greeks created the first age of innovation: Synergy and co-creativity*. [Draft Article [copyright] No. 1.3]. [Co-Creativity].
- Macy, R. [2010]. In Johns M. [Ed.], *Interview with Robert Macy, PhD*.
- Mancino, M., Pyne, J., Tripathi, S., Constans, J., Roca, V., & Freeman, T. [2006]. Quality-adjusted health status in veterans with posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, 194[11], 877-879.
- McDougall, W. [1920]. *The group mind*. New York: Putnam.
- McNiff, S. [1992]. *Art as medicine: Creating a therapy of the imagination*. Boston & London: Shambhala.
- Moore, K., & Dally, A. [2006]. *Clinically oriented anatomy* [5th ed.]. Baltimore & Philadelphia: Lippincott, Williams & Wilkins.
- Morse, J. [2001]. Toward a Praxis Theory of Suffering. *Advances in Nursing Science*, 24[1], 47-59.
- Mortimer, F. [5/19/2011]. Local marine wounded in Afghanistan. *The Foxboro Reporter*, pp. 1-4.
- Newhouse, E. [2008]. *Faces of combat, PTSD and TBI*. WA: Idyll Arbor.
- Ormont, L. [1992]. *The group therapy experience*. New York: St. Martin's Press.
- Patton, M. Q. [1994]. Developmental evaluation. *Evaluation Practice*, 15[3], 311-319.
- Paul, R. [2001]. Dialogical and dialectical thinking. In A. Costa [Ed.], *Developing minds: A resource book for teaching thinking* [3rd ed., pp. 430-431]. Alexandria,

- VA: Association for Supervision and Curriculum Development [ASCD].
- Peake, J.B., Testimony on correlation between trauma, PTSD, suicide and risk:  
Committee on Veterans Affairs, US House of Representatives, [May 6, 2008].
- Peat, D. [1987]. *Synchronicity: The bridge between matter and mind*. Toronto:  
Bantam Books.
- Peat, F. D. [2007]. *Pathways of chance*. Pari Publishing.
- Plato. [2002]. In Cooper J. [Ed.], *Five dialogues* [2nd ed.]. Indianapolis, IN: Hackett.
- Prados, J. [2010]. The navy's biggest betrayal. *Naval History Magazine*, 24 #3[June]
- Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. [2001]. Combat trauma:  
Trauma with highest risk of delayed onset and unresolved posttraumatic stress  
disorder symptoms, unemployment, and abuse among men. *The Journal of  
Nervous and Mental Disease*, 189[2], 99-108.
- Reisberg, D. [2006]. In Durbin J., Javscas A. and Hiebert S. [Eds.], *Cognition:  
Exploring the science of the mind* [3rd ed.]. NY and London: W. W. Norton & Co.
- Ross, R., Ball, W., Dinges, D., & Kribbs, N. [1994]. Motor dysfunction during sleep in  
posttraumatic stress disorder. *Journal of Sleep Research & Sleep Medicine*,  
17[8], 723-732.
- Ross, R., Ball, W., Sullivan, K., & Caroff, S. [1989]. Sleep disturbances as the hallmark  
of posttraumatic stress disorder. *American Journal of Psychiatry*, 146, 697-707.
- Rossi, P., Lipsey, M., & Freeman, H. [2004]. *Evaluation: A systematic approach* [7th  
ed.]. Thousand Oaks, CA: Sage Publications, Inc.
- Ryb, G. E., Soderstrom, C. A., Kufera, J. A., & Dischinger, P. [2006]. Longitudinal study  
of suicide after traumatic injury. *Journal of Trauma; Injury, Infection and Critical*

*Care*, 61, 799-804.

Sandweiss, D., Slymen, D., LeardMann, C., Smith, S., White, M., Boyko, E., Smith, T.

[2011]. Preinjury psychiatric status, injury severity, and postdeployment posttraumatic stress disorder [Abstract]. *Arch Gen Psychiatry*, 68[5] 496-504.

Scharmer, C. [2000]. Presencing: Learning from the future as it emerges. Paper presented at the *On the Tacit Dimension of Leading Revolutionary Change*, Helsinki School of Economics and MIT Sloan School of Management.

Senge, P. M. [1994]. *The fifth discipline fieldbook: Strategies and tools for building a learning organization*. New York: Currency Doubleday.

Sherman, M., Sautter, F., Jackson, M., Lyons, J., & Han, X. [2006]. Domestic violence in veterans with PTSD who seek couples therapy. *Journal of Marital Family Therapy*, 32[4], 479-490.

Shlain, L. [2007]. *Art & physics: Paralell visions in space, time, and light* [4th ed.]. New York, London, Toronto, Sydney: Harper Perennial.

Slack, C. [2010]. The war inside. *Proto: Massachusetts General Hospital Dispatches Fro the Frontiers of Medicine, Summer*, 14-15-21.

Sladden, J. [2005]. Psychotherapy skills in the real world *BMJ Careers*.

Smith, H. R. [2009]. *NASA educational technology: What is supersonic flight?*, 2011.

Solomon, Z. [2001]. The impact of posttraumatic stress disorder in military situations *The Journal of Clinical Psychiatry*, 62 Suppl 17, 11-15.

Sparr, L. F., Reaves, M. E., & Atkinson, R. M. [1987]. Military combat, posttraumatic stress disorder, and criminal behavior in Vietnam veterans *The Bulletin of the American Academy of Psychiatry and the Law*, 15[2], 141-162.

- Strunk, W., & White, E. B. [2000]. *The elements of style* [4th ed.]. Needham Heights, MA: MacMillan Publishing Co., Inc.
- Stuart, G., Sundeen, S., & Cutting, P. [1997]. *Stuart and Sundeen's mental health nursing: Principles and practice*. London: Mosby.
- Symington, J., & Symington, N. [1996]. *The clinical thinking of Wilfred Bion: Makers of modern psychotherapy* [2nd ed.]. NY: Routledge.
- Truax, C., & Carkhuff, R. [2008]. *Toward effective counseling and psychotherapy: Training and practice*. Chicago: Transaction Counselors.
- Tyrrell, I. [Producer], & Tyrrell, I. [Director]. [1998]. *In control again*. [Video/DVD] East Sussex, UK: Radical Psychology Television.
- Vasterling, J. J., Schumm, J., Proctor, S. P., Gentry, E., King, D. W., & King, L. A. [2008]. Posttraumatic stress disorder and health functioning in a non-treatment-seeking sample of Iraq war veterans: A prospective analysis. *Journal of Rehabilitation Research and Development*, 45[3], 347-358.
- Wicks, R., Parsons, R., & Capps, D. [Eds.]. [2003]. *Clinical book of pastoral counseling* [3rd ed.]. Mahwah, NJ: Paulist Press.
- Zinsser, W. [2008]. *On writing well* [7th ed.]. New York, NY: Harper Collins.