LIVING OUTSIDE THE WIRE: TOWARD A TRANSPERSONAL RESILIENCE APPROACH FOR OIF/OEF VETERANS TRANSITIONING TO CIVILIAN LIFE

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ABSTRACT: Combat Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan involve hazardous front-line missions and attendant combat stress. Being “outside the wire” describes the danger zone; i.e., deployment outside the military base. Returning to civilian life, with no “platoon” to serve as a psychological safety net, veterans may once again experience—in a different sense—“outside the wire.” Moreover, experiencing—or seeking help for—psychological distress is often perceived as weakness. How do we help these warriors maintain emotional, spiritual, in addition to physical, well-being “outside the wire”? Combat experiences, if placed within a meaningful context, carry the potential to promote spiritual and emotional growth. As Frankl observed, war experiences hit the core of existential meaning, but even in great sorrow and suffering there is meaning. Framed by Frankl’s work, an approach for promoting resilience in returning veterans is presented that is meaning based and transpersonal in focus.

Recent combat operations in two theatres, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan, involve military ground combat and hazardous security duty. Each base has exit and entry control points (E.C.P.s). Exiting these lines of departures (L.O.D.s) on a designated mission represents entry into the danger zone, as it is an “asymmetrical battlefield;” i.e., without an established front line. Another significant danger involves traveling the established main supply routes (M.S.R.s) or any road where one could experience injury or fatality related to I.E.D.s (improved explosive devices) or V.B.E.D.s (vehicle borne explosive devices). The colloquial terminology by military personnel in the field to describe deployment outside of the military base is that of being “outside the wire.”

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The combination of an asymmetrical battlefield, constant threat of unseen I.E.D.s, and the sporadic mortar and rocket fire into the relatively “safe” military bases have created a war with unique and persistent stressors on its combatants who often bond together for sustenance. These close bonds that develop among combatants may never be replicated again. War veterans frequently describe having no closer friend than those with whom they served in combat. This bond arises out of the experience of reliance upon others for safety and protection, experiencing similar war-related stressors, and having a common, transcendent goal—a purpose larger than themselves that motivates them. This key concept of experiencing a greater sense of Self may also serve as a therapeutic intervention for some returning veterans.

Transitioning from the combat zone to civilian life, one may once again experience—in a different sense—living “outside the wire.” The post-deployment return can be paradoxically unsettling, psychologically turbulent, and driven by losses; at minimum, camaraderie of those who understand and the adrenaline charged intensity associated with dangerous missions. In civilian life war zone memories may become prominent in both their conscious and sleeping states, leading to a myriad of reactions (e.g., nightmares, anxiety, social isolation and so forth).¹

An equally traumatic loss, however, and one upon which we focus in a transpersonal sense is the loss of a compelling and life-changing purpose of serving a cause larger than themselves. This element of motivation, beyond one’s own separate self sense, is what Viktor Frankl repeatedly observed in those who tended to survive the concentration camp experience.

**TOWARD A TRANSPERSONAL RESILIENCE APPROACH: VIKTOR FRANKL AS FRAMEWORK**

Viktor Frankl, concentration camp survivor, founding and editorial board member of the *Journal of Transpersonal Psychology* from its inception in 1969 until his death in 1997, had observed that war has a way of exposing what is best and what is worst about the human spirit. His philosophical and theoretical orientation as well as his therapeutic approach emerged from his experiences and observations in the Nazi concentration camps. While outside the scope of the article to detail his entire orientation, we have selected several key concepts relevant to the development of a transpersonally oriented resilience approach for veterans transitioning to civilian life. We invite others to think with us.

Embracing an existential philosophical orientation, one of Frankl’s central tenets was what he termed the “existential vacuum” along with others such as the “transcendent self,” and “self-transcendence,” a sense of self not impacted by societal and other external forces, with a capability to get beyond one’s own individual self as a sole source of motivation. The existential vacuum can be generally characterized as the experience of feeling no meaning or purpose to one’s life, an emptiness. For Frankl, awareness of the divine was an integral
part of humanity, what he termed “ultimate meaning” (Frankl, 1997a) and stressed that for some a lack of a sense of meaning or purpose can be stimulated by the experience of horrific events that call into question the justness of God. Unlike other existential philosophers such as Sartre, however, Frankl (see multiple references) offers a philosophy of hope that life has meaning under all conditions, even suffering—a hope in the future. Despair, as he has stressed, is suffering without meaning. Paulson (2005), in chronicling his Vietnam experience, offers a riveting memoir to his readers of initial despair upon reentering the United States and an understanding of what that experience is like.

In the concentration camp, as in war, survival drives meaning. There may also be a fantasy view of life in freedom (or post-war). The idealization of freedom for concentration camp survivors and the hope that may have sustained them dissipated for some upon return, manifesting in bitterness, disillusionment, accompanied by a perceived lack of understanding and response from the “outside world.” Returning combat veterans who feel “outside the wire” can often relate to those kinds of experiences once in the civilian zone. Other holocaust survivors, however, found meaning in what they had experienced (such as Frankl, Elie Wiesel, and others who were motivated to tell the story for future generations and for those who could not). How will OIF/OEF veterans navigate the terrain?

The issue becomes one of how we can help these warriors maintain emotional, spiritual, in addition to physical, well-being “outside the wire.” Experiencing psychological distress—or seeking help for it—is often perceived as weakness by many, thus exacerbating matters, and often promoting a reticence on the part of military individuals to seek out help. Combat experiences, however, can be conceptualized as promoting spiritual growth (meaning-driven in either a secular or theological sense). Sustained and deep meaning may be achieved when adverse war events are viewed in the context of a higher purpose. As Viktor Frankl (1963/1984) had observed, war experiences hit the core of existential experience, but that even in great sorrow and suffering there is meaning, underscoring that meaning is crucial to sustaining life. Humans, he stressed, always have the choice to find it. Accordingly, a resilience approach that places the combat experience within a meaningful life-context may resonate with post-deployment personnel.

This article offers an approach, which we have honed over several years, for promoting resilience in returning war veterans that is life-context and meaning-based. The Army’s implementation of resilience training (Comprehensive Soldier Fitness program) serves as precedence. Our approach, however, has moved toward the development of a transpersonal framework to our thinking, which rests on our observations that veterans returning from combat have already engaged a greater sense of self that can be further nurtured as part of the healing process, and holds potential for further development upon societal reentry and beyond. In the two authors’ (H.O. and D.S.) experience with military deployment and interaction with those from other service branches, combat forces are inherently focused on resilience; namely, keeping the solider,
Marine, Airman, and Navy personnel mentally capable. As such, resilience would be conceptualized similarly for those on a destroyer as a soldier on the ground—all are oriented towards preserving the “fighting force.”

The authors have employed this approach in three settings with helpful results reported by the veterans: Two are clinical–Veterans Affairs (VA) outpatient/outreach and frontline combat clinic—and the other is a self-help/peer mentoring venue. A vignette from each setting is used to provide an aperture into the clinical application of our approach across diverse settings. We invite transpersonally oriented clinicians and researchers, as well as others, into dialogue, inquiry, and action in working to further examine this approach and perhaps design other interventions to foster transpersonally oriented interventions for returning veterans.

**BACKGROUND: WARRIOR ETHOS VERSUS STIGMA**

Ironically, as one senior Navy psychiatrist who served with the First Marine Expeditionary Force in Iraq during 2004–2005 observed, just as warriors view war as a test of their strength, personal courage and competence, the admission of combat stress is equivalent to admitting warrior failure (Nash, 2007).

Military personnel who encounter trauma related symptoms might be deterred from receiving traditional psychiatric treatment due to their perception that the mental health community tends to “pathologize” those who pursue care. Returning veterans, therefore, may be reluctant to cast their adjustment issues in terms of psychiatric illness and are often unlikely to seek out VA mental health clinics (Cooper, Corrigan & Watson, 2003; Kennedy, 2007; Shephard, 2001; Yehuda & McFarlane, 1995). In the experience of one of the authors (D.S.) as a returning combat veteran and in subsequent discussion with other returning OIF/OEF veterans, mental health personnel are viewed as “civilians” who simply cannot understand the combat setting. Moreover, many veterans who experience emotional turbulence upon return from a war zone have difficulty asking for help for additional reasons such as (a) reluctance to open up wounds; (b) not wanting to explain what they are experiencing to VA clinicians who are perceived as unlikely to understand what they went through; (c) a belief that they can “suck it up on their own”; (d) having witnessed others die or suffer severe injuries and therefore minimizing mental health issues, which are perceived as “just in your head” and not a real wound; and consequently a belief that asking for help is a weakness.

We propose that the warrior ethos has transpersonal elements. Within a Frankl derived framework, combat stress is not at all warrior failure; rather, it can be viewed as warrior strength derived through finding meaning in distressing war zone events. While all branches of the service have an ethos, an example of warrior ethos is offered as illustrated in the Army’s soldier’s creed “I will always place the mission first; I will never accept defeat; I will never quit; I will never leave a fallen comrade” (Riccio, Sullivan, Klein, Salter, & Kinnison, 2004, p. v).
Symptoms that define P.T.S.D. can also be viewed as normal and adaptive responses to trauma. For example, service members who were exposed to dangerous and life threatening events, such as an I.E.D. explosion, may develop a sense of an increased awareness of their surroundings and scan the road constantly to identify possible hiding places for I.E.D.s, a phenomenon that meets criteria for “hyper-vigilance” in the DSM IV-TR (American Psychiatric Association, 2000). Other behaviors that may be adaptive in a combat zone but are considered symptoms of P.T.S.D. include the idea of avoidance or avoiding activities, places or people that arouse recollections of the trauma, exaggerated startle response, and difficulty staying asleep. An alternative intervention method that places the combat experience within a meaningful life-context resilience approach may be palatable to post-deployment personnel.

Recent trends in the military reflect increased awareness of the need for alternate approaches to current mental health interventions and conceptualizations of combat stress. The U.S. Army has implemented the most ambitious plan, with a model that requires all 1.1 million soldiers and National Guardsmen to undergo intensive training in emotional resilience (Carey, 2009). The trend of assisting soldiers in developing “mental toughness” skills pre-deployment was promoted by the military’s recognition of the mental health impact of repeated deployments (such as increased suicide rates, P.T.S.D., effects of traumatic brain injuries in reducing coping skills, and others). Training emotional resilience uses the vocabulary of soldiers (e.g., mental training as akin to muscle training) to overcome or address resistance to the program. Such a large-scale program suggests a substantial shift in the Army’s previous reluctance to engage directly in discussions of the emotional sequelae of combat. We go one step further to suggest that the transpersonal community, with its understanding of growth beyond ego, has much to offer recent trends.

**Rates of Clinical Syndromes Post-OIF/OEF Deployment**

Hoge, Castro, Messer, McGurk, Cotting, & Koffman (2004) studied, via cross-sectional questionnaire method, pre and post deployment data with regard to mental health issues. The data gathered included that from an Army unit (n=2,530) prior to deployment to Iraq and data post-deployment for total number of 3,671 service personnel consisting of the following: Army post-deployment unit to Iraq (n=894) and Marine unit post-deployment to Iraq (n=825) and one Army unit (n=1,962) post-deployment to Afghanistan.

Those deployed to Iraq were exposed to much more combat than those deployed to Afghanistan. The OIF veterans were found to have significantly greater rates, 5.6% to 17.1%, of major depression, generalized anxiety, or P.T.S.D. than the 11.2% rate in OEF veterans. In addition, these rates were greater after deployment than pre-deployment for both groups. There was also a greater percentage of reported alcohol abuse post-deployment than pre-deployment for both the OIF and OEF veterans.
The RAND Center for Military Health Policy Research conducted a telephonic survey of 1,965 returning OIF/OEF service members (Tanielian et al., 2008). They found that 18.5% of the sample met criteria for either depression or P.T.S.D. Additional issues were that 19.5% reported experiencing probable Traumatic Brain Injury (T.B.I.), and 7% met criteria for both T.B.I. and a mental health problem. Overall, an estimated 31% of troops returning from Iraq and Afghanistan reported experiencing either mental health symptoms and/or T.B.I. In addition, recent data confirmed new onset of psychological distress following combat exposure (LeardMann, Smith, Smith, Wells, & Ryan, 2009). In a survey of 1,252 U.S. Army soldiers studied upon immediate return from combat deployment, violent combat experiences were found to increase veterans’ likelihood to engage in risky behavior post-deployment (Killgore et al., 2008).

**ADVERSE EVENTS AS INTERPRETED IN A MEANINGFUL CONTEXT**

What is the key to enduring negative events? Meaning in life may be the single most crucial issue in developing resiliency. Frankl’s orientation can accommodate both secular and spiritual avenues to meaning-making and provide guidance that may be of assistance to the process of developing resilience for returning OIF/OEF military personnel.

Frankl’s therapeutic approach of logotherapy offers a conceptual model to integrate combat-related life-changing experiences into a growth trajectory for the veteran transitioning to civilian life. Logotherapy was developed by Frankl drawing from the dehumanizing circumstances he suffered in the Holocaust when imprisoned between 1942 and 1945 in Nazi concentration camps (1965, 1967, 1969, 1978, 1963/1984). Through observations in the camps as to what happened to the human spirit when subjected to depravity and stripped of all dignity, Frankl articulated meaning as a core existential human need without which one cannot survive. Accordingly, a basic tenet of logotherapy (from the Greek “logos” = meaning) is that a primary drive of a human is to find meaning in life, including meaning in suffering experienced. The attitudinal set of understanding the purpose of the suffering in one’s life helps avoid the negative emotions of anxiety, bitterness, and anger that a victimized mindset can produce. Humans are viewed as having freedom of will, from which one can assign meaning to one’s experiences, rather than suffer a meaningless life which is an empty and bitter one. Since the logotherapy process is focused on assisting the individual to develop and understand the meaning both of their existence and of adverse events in their lives, such concepts can resonate with combat veterans whose experience in the war zone can be the stage for a panoply of human experience: fear, exhilaration, joy, exposure to heroism and duplicity, and good and evil. Frankl also repeatedly observed that those who survived were fueled by a larger sense of self. The Warrior Creed serves the function of underscoring the serviceperson’s actions as serving a purpose larger than themselves; i.e., as a guardian of freedom and the American way of life.
Placing combat experiences in a context has the potential to alleviate the suffering seen and experienced. For OIF/OEF veterans, this may be a logical point of connection given that military service represents their commitment to an overarching abstract purpose; e.g., protecting and promoting democracy. Military Service core values may be useful to emphasize (e.g., Army’s values of selfless service, honor, and personal courage). In addition, it has to be recognized that adverse events are part of a combat soldier’s life. Injuries and fatalities are often randomly distributed; consequently, a fellow soldier’s death may be experienced as needless.

In addition to secular approaches, faith-based orientations may also have practical implications for enhancing resilience for some OIF/OEF veterans transitioning to civilian life. Combat experiences can produce helplessness, contribute to cynicism about human nature, and more profoundly for some, a loss of faith that can be intrapersonally devastating. One meta-analysis found that religious practices (and re-connecting in this realm) were an effective means of coping with psychological stress (Ano & Vasconcelles, 2005). Others (Drescher, Smith, & Foy, 2007) suggest that faith based spirituality can play a key role in the healing process for those recovering from exposure to the war zone and in facilitating “post-traumatic growth,” a term purportedly coined by Tedeschi & Calhoun (1995). In fact, framed by Frankl’s work, faith based perspectives in a higher power can be accommodated since the central theme is one of what offers meaning, based on a larger purpose or cause. Of course, with regard to veterans, the already-embraced value of service to one’s country becomes paramount. The variety of religious practices among military personnel may render this a challenging endeavor. To be of value, spiritual materials should be accessible, directive, and reflect the soldier’s belief system.

Based on our collective experience, scriptures from different faiths offer examples of injunctions to develop strength. Illustrative, rather than comprehensive, we offer highlights of just a few of the major religions as they relate to our transpersonal framework: Christianity, Judaism, Buddhism, Hinduism, and Islamic orientations.

For starters, with regard to Christianity, it is important to note, that there is a great deal of diversity, spanning the Protestant orientations, Eastern Orthodoxy, Coptic Christians, and the Western Roman Catholic faith to name a few. Relatedly, the experience of deep mysticism is sometimes an overlooked element of Christianity that can provide another facet or depth of understanding of one’s spiritual experience. Complementary to Frankl, Markides (2008) in describing mystical traditions within Eastern Orthodox Christianity writes that at the core of the existential crisis is alienation from man’s divine origin and the healing of the human soul comes from restoring the relationship with the Divine. Christian mysticism and wisdom could provide a basis for a discussion of near-death and transcendent states that some soldiers have experienced in the war zone. As co-author D.S. recalled in his brushes with death: such as when his vehicle was blown up by an IED blast, another of falling during a night patrol into a deep canal and almost drowning; both experiences were surreal in their confusion, a feeling that you were at the cusp
of death, but then emerging alive, and later questioning why you should have been spared when others were not. Such experiences of fear linked to almost dying can create a state of sympathetic arousal and hyperactivity, a counter to which could be prayer, as in the repetition of a variant of the Jesus Prayer, *Lord enlighten my darkness* with deep breathing that induces a meditative state (Markides, 2008).

For some of the veterans we have encountered, however, simple and focused injunctions, such as those offered by motivational ministers and preachers, contribute toward promoting resiliency. Examples include encouraging (a) a positive mind-set and a “can-do” attitude for coping with disappointments and adversity, in which individuals are urged to “enlarge their vision” and move out of negative mind-sets, (b) positive affirmations to think the right thoughts that can help in overcoming self-defeating and cynical perceptions that may occur in combat exposure, (c) development of a “positive expectancy;” i.e., “have an attitude that good things are going to happen to you” and let go of resentments and anger. A simple strategy some returning veterans have found helpful is to write down and carry with them an index card of scripturally or spiritually based affirmations they find meaningful. For some veterans, such messages by Osteen (2007) resonate and seem to have applicability to promoting resilience.

Kushner (1981) interprets Jewish thought to help people cope and deal with the issues of loss. There are many appropriate analogies and similarities for those who suffer from combat related stress and psychological problems. First, those who serve in the armed forces consider themselves “good people,” and in fact are, given their dedication and willingness to self-sacrifice for the good of an entire nation. Furthermore, those who suffer from combat-related psychological difficulties have endured real losses, both in terms of likely having close comrades killed and wounded as well as having suffered damage to their emotional well-being. Kushner’s work is based on Old Testament concepts but has broad appeal, suggesting that those who suffer loss can find meaning in the pain and suffering they endure, transcend the pain, and try to discover a higher purpose for their personal suffering and hardship. He acknowledges that those in the armed forces are keenly aware of the randomness of bad events. Certainly, these ideas can be applied to combat veterans who can often find meaning in their suffering and sacrifice. Kushner discussed the role of prayer in the healing process and how it is particularly helpful because, “the first thing prayer does for us is to put us in touch with other people, people who share the same concerns, values, dreams and pains that we do” (p.119). He adds that prayer “redeems people from isolation” and “assures them that they need not feel alone and abandoned” (p.121). These concepts may resonate with some combat veterans; anger and resentment can be a breeding ground for isolation and a risk factor for maladaptive coping methods such as alcohol or drug abuse.

From the Buddhist perspective, the concept of the meaning of suffering that stems from the human experience involves several levels. The first is that of sensory suffering or painful sensations and feelings. The second is what the
Dalai Lama calls the “suffering of change” (Bstan-'dzin–rgya-mtsho, D.L., 2008). For those in a war zone that change is multi-fold: the loss of comrades through death and injury, movement to unknown locations, the possibility of enemy capture and torture, and the uncertainty of survival. This type of suffering means that experiences do not last forever and even happy experiences fade to neutral or can turn into unhappy states. The third level of suffering refers to the “unenlightened existence.” This level signifies being ruled by the illusion that what we experience is the true reality, and consequently giving way to negative emotions that are caused by an ignorance of the fundamental nature of reality. In order to develop deep wisdom, the sentient being has to understand this level of suffering. For the service person struggling with anger, depression, and alienation related to war zone memories, this Buddhist notion that our emotional states are transitory, and in fact illusory, may offer spiritual sustenance for some. From such realization one can achieve freedom from suffering and move onto liberation. When one understands suffering, one develops compassion, often with an understanding that beings are interconnected. The Dalai Lama has written that this realization can be accomplished consciously and intentionally. It involves recognizing how limiting a self-focus is and how freeing and expanding viewing one’s soul as interconnected to others can be. By understanding, through deep empathy, the suffering of others, one gains control over petty self-centered emotions. This concept is useful to attitude change. The Dalai Lama has written that if we develop an attitude of aversion to pain and suffering we cannot transform it to grow spiritually. For the war zone veteran, the Buddhist principles of accepting suffering as part of the human condition rather than bemoaning it allows for counteracting the unhappiness that can follow from an intolerance to pain and suffering.

One of the co-authors, D.S., recalled that he had a comrade in combat tell him, “pain is weakness leaving your body.” Suffering is a reality of life. Pain may also be the way we learn. It is what we learn from these experiences and how we grow as a person that we are better able to cope with negative events. D.S noted that, “You see this when you are a soldier in combat, where each day out on a mission you recognize that each day could be your last, and for some of your fellow soldiers it was.” War will hone that sense of the lack of permanence of the human body, but only because one was confronted with death so frequently. In civilian life, it is much easier to deny our impermanent nature; we get caught up in our day-to-day worries— the bills, work, and family.

The Dalai Lama writes the time when death will strike is unknown to all, and when we die, we all die alone. Life can be fleeting, with the blink of an eye it can be gone (Bstan-'dzin–rgya-mtsho, D.L., 2008). Every combat zone serviceperson knows this and struggles with why they survived and their comrades did not. From the Buddhist perspective, the human body is a vessel that is occupied for a short moment in time. The soul continues on into eternity.

Such Buddhist concepts overlap with those found in Hinduism. Gandhi’s life, his acknowledgment of his human frailties, and his example of remaining
steadfast to his core Hindu beliefs may serve as an accessible mechanism for some returning combat veterans to explore healing through Hindu spiritual principles (Gandhi, 2002).

The Hindu scripture, the Bhagavad Gita, was Gandhi’s spiritual roadmap. It is set on an ancient battlefield. This story has the potential for resonance with some combat veterans. Prince Arjuna, faced with the consequence of the civil war that he was embarking upon—that is to kill his relatives—feels enormous ambivalence about the rightness of such a course of action. In the Gita, Arjuna’s charioteer reveals himself to be the Lord Krishna and what follows is a philosophical discourse about good and evil, and the illusion of what man believes is reality. A core theme is that of discharging one’s duty (called dharma).4

Gandhi strove to live this philosophy: to act on pure motives. This did not mean doing things in a detached and uncaring way, but approaching one’s duty with full commitment to the goal; without the roller coaster emotions of joy when things were going well and despair when they were not. Depending upon their orientation, these themes may be of value to some combat veterans in understanding their discharge of duty in the war zone.

Seyyed Hossein Nasr (Nasr, 2007), a professor of Islamic studies at George Washington University, is one who offers a Muslim spiritual perspective, based on the Quran’s teachings. Nasr writes that in the Quran one finds the answer to the question of the meaning of human life. He cites the Islamic Golden rule, that no one is a true believer until he desires for his brother that which he desires for himself. This sentiment can be found across many religious faiths. For example in the Christian faith there is the concept of agape—that of brotherly love, and more globally that humans are interconnected and empathy for others is a primary spiritual goal. Islam is familiar to military service personnel serving in Iraq and Afghanistan who have had the opportunity to observe firsthand how people in a Muslim country live and practice their faith. Nasr’s writings on Islam demonstrate that just as food is needed for sustenance of the human body, humans need a belief in a power greater than themselves to sustain the spiritual body. He states that the esoteric transcends appearances—that what is God is similar across all religions. We all face death and wonder what is in the beyond. Nasr writes that this is the basic metaphysical truth, and Islam provides a religious framework to find God.

Frankl (1963/1984) in Man’s Search for Meaning tells the story of how, shortly after their release from the concentration camp, he and a survivor encountered a farmer’s thriving crop (presumably a Nazi sympathizer). His peer—disgusted by the vibrancy of the fields of green, a vivid contrast to his almost dead body—rushes into the crops to wreak havoc. Frankl stops him and counsels that destruction offers no growth to the soul, but only forwards bitterness. There may be a parallel in Frankl’s story for returning combat veterans who have witnessed their comrades blown to pieces by a jihadist’s road side bomb and may be harboring bitterness about Islam. Nasr’s approach of the universality of man’s spiritual search could serve as a means for forming a bridge of
understanding the faith practiced by both enemy combatants and Iraqi/Afghan comrades.

The Army’s recognition of the importance of a spiritual context and alternate venues (non-denominational) for service personnel about to be deployed and for those dealing with post-deployment trauma, is an emerging area. For example, Ft. Hood, Texas, has a Spiritual Fitness Center (including a library and pond for meditation) located on their Resiliency Campus. This is the Army’s first facility where a program was developed to assist soldiers and their families prepare for stressors attendant to multiple deployments (Brown, 2009; Dingfelder, 2009). It also was further developed to address the soldiers’ and their families’ significant grief attendant to casualties overseas and suicide incidents stateside, as well as the unfortunate recent shootings at the post (Drogin & Powers, 2009). The facility specifically provides areas for meditation, recognizing the importance of this type of quieting of the mind.

**The Movement to Promote Psychological Resilience**

Validation of scales to assess post-deployment resilience among Iraq War veterans remains ongoing (Vogt, Proctor, King, King, & Vasterling, 2008) and the Army’s Global Assessment Test (GAT), a self-assessment and self-scored tool to promote resiliency development in active military members, is already in use.

Armed Forces commanders are increasingly receptive to innovative methods of addressing military personnel’s stress management needs and focus specifically on the development of resilience (U. S. Army, 2010). For example, the Army has developed two resilience centers. In addition to the Resilience Center at Ft. Hood, Texas, there is the Restoration and Resilience Center at Ft. Bliss, Texas (Brown, 2009). These centers emphasize the Army’s emerging awareness of promoting psychological strength in soldiers. The programs offer both conventional (i.e., medications, therapy) and non-conventional methods (e.g., acupuncture, hot stone therapy) to soldiers and their families in dealing with stressors related to multiple deployments. Mental resiliency training for soldiers is receiving increasing interest and resources in the Army. A recent program by the Army (Comprehensive Soldier Fitness) uses resilience building; that of calling upon strengths as a tool to prepare soldiers for stressful situations. The program, occurring pre and post-deployment for active military personnel, is also structured in terms of an educational as opposed to psychological approach so as to remove the stigma associated with mental health interventions (Carey, 2009).

A consequence of multiple deployments to a war-zone with repeated exposure to trauma, as is the case in long OIF/OEF deployment under combat conditions, may cause “wear and tear” on psychological strengths. Repairing one’s natural hardiness requires attentiveness to potential pitfalls: negative emotions, drugs/alcohol, isolation, anger/resentment, and avoidance of pleasurable activities. Bonanno’s (2004) resilience model suggests that
hardiness can be cultivated. The “prescription” involves recognizing key facets of those who are able to integrate traumatic events successfully into their lives. We see this as a useful adjunct to forwarding transpersonal goals. Four components of resilience building are highlighted by Bonanno (2004): hardiness, self-enhancement, repressive coping, and positive emotions. For example, hardiness is characterized by a strong belief in one’s ability to control his or her environment and outcome of events, and where adversity can lead to growth. Isolation, on the other hand, is a pitfall. Relevant to our framework, isolation would apply not just in the social sense, but equally if not more importantly to the “existential vacuum” (including isolation from the divine center) of which Frankl had spoken.

Both Bonanno’s (2004) work on resilience and Seligman’s positive psychotherapy (Seligman, 2002; Seligman, Steen, Park, & Peterson, 2005) offer tools for veterans that we find of value, while the transpersonal orientation provides the larger context and conceptual model: to find meaning in their experiences of the combat theater, in their suffering, unfair death of those who were good and brave; and to move forward into civilian life despite encumbrances of war injuries while honoring and further developing that larger sense of Self that they have already embraced. Brushes with death and the constant reminder of one’s mortality create a unique sensitivity in the combat veteran to the fleeting nature of life, and a constant searching for meaning in why those of valor and integrity perished, while others did not. In addition, the intensity of battle zone duties and the camaraderie of the platoon where life and death are a daily confrontation underscore existential issues in a way that the non-combatant may never experience. Adjustment to civilian life may be complicated by hardships to the family created by the soldier’s deployment (financial, marital infidelity), feeling misunderstood and alienated when transitioning to the mundane requirements of civilian work world after a tour in a combat zone.

Seligman (2005) discusses “signature strengths,” meaning a review of stories that highlight positive life events. We borrowed this term and modified it in our approach. Rather than focusing exclusively on stories that they “feel good” about, guided by Frankl we process ones that the soldier does not feel good about, and we work with them in deriving meaning and identifying their “strengths” from the event. We add that Frankl’s experience of finding strength in the horrors of the Nazi concentration camps can be a source of inspiration to returning veterans. Frankl used the dehumanizing circumstance to analyze the human reaction to severe deprivation and torture, concluding that even in abject suffering meaning can be derived. As the reader will recall, Frankl underscored that meaning must be derived for the human to survive. This is valid, as well, for combat veterans struggling with war zone experiences. The “signature strengths” process is used to highlight meaning in the horror of the war event and has the potential to transform the soldier’s life from disengagement (e.g., alienation) to engagement, from emptiness to fulfillment.

For a returning OIF/OEF combat veteran reframing negative events to “feel good” may not be a palatable purpose, not when the memories of the events
they experienced are that of injuries and death of those with whom they had formed a close bond. The process has to take the feelings and place them in a larger context of meaning. In our approach this journey begins with a combat-story to identify “signature strengths” (i.e., traits or characteristics that show the individual at his or her best, particularly from the memories they find distressing). In Seligman’s model, the therapist develops practical suggestions on how to use these strengths on a day-to-day basis and is focused on cognitive reframing of negative self-attributions. The goal is to place problems in a context, and to engage in actions that elicit positive behaviors from others. We have modified this process to use it to highlight the larger core values and inherent meaning from the story, that of integrity, honor, and doing the difficult thing in service of country. The negative orientation is transformed to one that is meaningful in the overall context of the person’s life and values, but the reality of the experience is acknowledged. This latter element is crucial to combat veterans who may view efforts to “re-educate” attitudes from negative to positive as disrespectful to those they lost in combat.

**Toward a Transpersonal Life-Context Approach: Enhancing Resilience in Returning OIF/OEF Veterans**

The transpersonal life-context resilience approach is framed from the perspective offered by Frankl’s work, but does not preclude the value of a variety of tools developed to promote resilience such as those of Bonanno (2004) discussed above, Bonanno et al. (2002), as well as tools from the positive psychology movement catalyzed by Seligman. A la Frankl, as emphasized in earlier sections, a core human need is finding meaning in life. That need is heightened more so in war where human empathy has to necessarily be limited, where orders to engage in firing upon others must be followed, and where death and dying are not abstractions, but daily experiences. The experience of combat forces the combatant to consider issues of life and death, their confrontation in the war zone, the reality that each day could be their last, and surviving death when the person next to them did not, are just a few examples.

Our guide for resilience-building involves four elements, aspects, or “phases” that afford some structure to our process while staying mindful of Frankl’s “existential vacuum,” capturing elements of the larger sense of Self, and most importantly listening for and working with veterans regarding the will to meaning in life. In the authors’ clinical experience, however, all phases may occur in the first (and possibly only) session of clinical or self-help review, or can be addressed across sessions or peer discussions. These aspects evolved, reactive to the receptiveness of the OIF/OEF veteran to the process, and are presented as a process first, and as a method second. Whether all four are used or not may not matter. It is the conversation with the combat veteran that begins the journey of exploring the meaning of war zone events in the context of their larger life. This process does not have to involve a therapist, but can be done by the returning veteran with family and friends or those with whom the veteran has served.
The life-context approach places the combat experience or event in a meaningful context through “signature strength” stories, to borrow Seligman’s term. The first aim, helpful to engage in at the outset, is to identify elements that underscore self-efficacy (both personal and transpersonal) and positive attributes that temporarily move the individual away from emotionally distressful feelings of traumatic experiences (typically anger and guilt). Encouraged is the identification of strengths displayed in adverse situations and telling the story to others who want to hear. The next aim is to place the event(s) in a framework of larger meaning. The third phase is to view the event(s) in a spiritual (secular or theological) context, and finally to promote resilience by directly targeting pitfalls and enhancing strengths. The focus is to re-cast adverse events by highlighting memories that promote efficacy, pride, camaraderie, humor, and self-transcendence. Reviewing “war stories” in this manner emphasizes the meaningful aspects of the behavior, reinforces the positive traits of the individual that the story describes, and places the experience in the context of the veteran’s life as a whole.

VIGNETTES

AUTHOR’S SELF-HELP PEER MENTORING VIGNETTE: THE VOICE OF EXPERIENCE

The following case is based on the experience of one of the authors (D.S.) as a U.S. Army combat medic during his one-year tour in Iraq. D.S. was a National Guardsman in his early forties, an N.C.O. (non-commissioned officer) returning to active duty after more than 15 years in civilian employment. We present one actual war zone combat incident from D.S.’s experience to illustrate the type of events that are experienced by the front line OIF/OEF veteran. The self-help (analysis) portion involved D.S. first writing out this story and using that approach to understand his turbulent emotions. Later, he used that process with fellow OIF veterans in informal peer discussions to demonstrate how he had begun the process of understanding difficult events from the war.

November 10, 2004 in Balad, Iraq was “mission day.” The original plan was to be air-inserted from two Black Hawk helicopters, and to proceed by foot under the cover of darkness to observe for Anti-Iraqi Forces in a nearby village. On November 9th the order came from headquarters to stand down and to scrub the mission. Later in the day, new orders were issued that the mission was back on but by wheeled-vehicle insertion. We had a shortage of people who could perform this mission, and had to grab together what personnel and vehicles were available. I was the medic.

My platoon sergeant volunteered to drive the lead vehicle to the designated target area. He was a California Guardsman, in his forties, who hauled hay for a living (the old “hay-hauler” as he liked to be called). As he was pending a hernia operation, he was not scheduled to go out on missions. However, he always wanted to be with his soldiers and looked out for their health and well-being. His role was limited; he was to drop us off in the area and return to base, as we were continuing onward on foot.
Our designated route was to use paved roads (hardball) to get as close to the destination as possible. Prior to departure, headquarters command changed our route to go in on a dirt canal road thought to be safer because the hardball may have been compromised with I.E.D.s. At approximately one kilometer from our base, the lead vehicle containing my platoon sergeant, my squad leader, and three others struck a pressure plated I.E.D., designed to be triggered by the vehicle’s front wheels so that the explosion is underneath the vehicle.

I was in the fourth vehicle when the lead vehicle was struck and exploded. The ferocity of the explosion was much greater than what we experienced when our vehicles had previously driven over I.E.D.s buried in the dirt. The ensuing scene was chaotic. I saw my squad leader halfway in the vehicle and halfway out; he was in great pain and screaming at the top of his lungs. We pulled him out of the vehicle; I started controlling the femoral artery bleed and instructed another soldier with training to initiate an IV. I administered morphine as his legs were hit pretty badly, and took measures to control for shock. As the squad leader was almost ready for transport by the medevac helicopter, I moved on to see who else needed help. I asked the other medic where my platoon sergeant was. He told me the sergeant was dead. I went to him anyway to see if he still had a pulse, but there was none; he was in pieces.

We had to put the dismembered sergeant in a body bag, a chilling first time experience for me with an American service member, moreover one who was my friend and mentor. Then we searched for a fifty-caliber machine gun that was attached to the vehicle but was blown off. The gunner, who came out physically unscathed, was standing right next to my platoon sergeant who had been completely blown up. The gunner was screaming uncontrollably and going into shock. I started intervening with this soldier and other soldiers who were in shock and trying to calm them down. Thus, I became the therapist on the scene.

We had little time to really think through these events, as it was a war zone. Twelve hours later we were on another mission. In retrospect it was clear that, guided by the warrior ethos, we managed not to blame the Iraqis we saw, nor try to wreak revenge for our fallen and injured brothers. We succeeded in remaining professional and showed great restraint by not taking out our aggression onto others. We put the mission first, but although the events may have been over in time, they remained lodged in my psyche and caused me much turmoil for many years later. They needed to be processed.

**ANALYSIS: APPLYING the APPROACH**

My feelings were turbulent. My platoon leader was dead. Later, my squad leader, whose legs were badly injured, would have to undergo an amputation. I blamed myself because he lost his leg, even though I knew...
rationally that his legs were badly mangled and the amputation made medical sense. Nonetheless, I kept thinking that there were things I could have done that would have saved his leg. I harbored anger about this event for many reasons: it was not a prepared mission; one man lost his life while another lost his leg. I felt guilty that I survived that attack, and even an earlier one where my Humvee had been directly hit. I let these feelings fester in me post-deployment, leading to a great deal of difficulty in my civilian re-adjustment.

Identifying Signature Strengths

It was difficult for me to see signature strengths in this story during and post-deployment. When I tried to approach what happened that day, it felt like nails being driven through my eyes. After two years post-deployment of angry/depressed feelings, I decided to review the event with buddies whom I had served with, and “test drive” our then developing 4-fold approach. In doing so, I recognized that these were the strengths highlighted from my story:

- Ability to work in a team under crisis
- Ability to stay calm and task-focused under a chaotic situation
- Not becoming overwhelmed by emotions
- Ability to provide emotional assistance to others even when experiencing grief
- Adhering to the Army core value of integrity and not taking revenge on innocent civilians

Identifying Event’s Meaning in Larger Context

I began to recognize that the work of a combat medic exemplifies selflessness and courage through attending to the wounds of others. One has to run right into the thick of a fire-fight or explosion to treat the wounded soldier. To do that one swallows fear. In the short-term, the death and severe injuries of fellow soldiers seemed to me purposeless, but when I forced myself to look at this event in the context of a larger purpose, my viewpoint eventually changed. By behaving in a responsible manner, my actions and that of the other soldiers’ after this event honored the core values of our dead platoon leader. Also, the intent of that mission was in support of the country’s overall military goals in Iraq by securing and protecting our way of life, both at home and abroad through the global war on terror, and in promoting democracy and personal freedom in Iraq. Instead of expending energy trying to suppress the memories of the blood and gore of that day, I began to focus on the honor and valor of those I had served with, and how this was where I could derive meaning from combat missions that went badly awry. My platoon sergeant had a strong commitment to the greater cause of our nation’s democratic values of “with Liberty and Justice for all.” These were not just words for him, and not for me either, but principles that founded our country, and were worth fighting for.
This was the larger context of this experience for me, the nugget of meaning to make sense of the suffering and loss.

**Spiritual Context**

Spiritual or religious affirmations were for me a boost towards developing hardiness and repairing spiritual rifts. My reflections on the 2004 event: My spiritual faith was rocked to its core. My Catholic faith was shaken. My platoon leader who was a good, kind and responsible family-man was now dead. Why did God let my platoon sergeant get hit? Later, in reviewing the events, as well as in my earlier experience suffering direct wounds from an I.E.D blast, I developed a sense of gratefulness for being alive and viewed this in the context of my faith’s injunction to help others who may be struggling.

**Promoting Resilience by Identifying Pitfalls/Traps to Avoid**

My pitfall was anger, followed closely by survivor guilt. These emotions were destructive as they made me an angry, resentful individual. I was also increasingly isolating myself from others. In discussing this story with fellow veterans with whom I served, I realized that for me the connection with other combat veterans was vital to my well-being. I joined the Veterans of Foreign Wars (V.F.W.) and became involved with peer-based OIF/OEF veterans' groups. I recognized that I could use my experience to help other veterans cope and to normalize their feelings. This is how I found meaning in this event, and others that I experienced in the war zone.

Our next two vignettes offer use of the approach in two clinical contexts: a frontline combat setting and prison outreach. Identifying information in the clinical vignettes has been altered so as to protect the confidentiality of the individuals.

**FRONTLINE COMBAT CLINIC VIGNETTE: HOMEFRONT HITS WARFRONT**

The Staff Sergeant was a 33-year-old deployed to Baghdad, Iraq, and stationed to the base in a combat support role. He had been deployed for approximately four months and anticipated another eight months before completing his tour of duty. This was his second tour of combat duty in Iraq, having served for ten years as a Guardsman. The Sergeant was referred by his command officer to the combat stress control clinic after the officer observed acute deterioration in the Sergeant’s work performance. Previously, he always discharged his duties in a dependable manner and was viewed as hard-working. Although he was reluctant to be seen in a mental health venue, the Sergeant came in voluntarily for his appointment. The core of his distress was his wife’s infidelity which he discovered through correspondence with a friend and other state-side sources. The Sergeant was angry on presentation. He focused primarily on his wife’s betrayal and was consumed with how he had
been victimized. He perceived himself as alone and isolated in a combat zone with a wife who rather than worry about him, decided to have a boyfriend. The Sergeant blamed the Army for not giving him emergency leave to attempt to “patch things up” with his wife; he also blamed his wife for her shallowness. In addition, he was very concerned about what his wife’s behavior would demonstrate to his two young children to whom he had always instilled the importance of staying true to your word.

Treatment consisted of eight brief sessions over a period of one month. The life-context transpersonal resilience approach was employed in these sessions. The consequence of anger and betrayal experienced by a soldier in a combat zone is not trivial. Those emotions had the potential to distract this soldier and to endanger both himself and others in his platoon while outside the wire. Initially, the Sergeant was focused on the perception that his marriage was “perfect” and he idealized his wife. Later, he believed himself to be less of a man for not being able to hold on to her. Despite her infidelity, the Sergeant thought that he would never again have a woman as wonderful as his wife. He now saw himself as being at the point of losing the perfect life–a beautiful devoted wife, two loving children, and a home in an idyllic setting. However, his wife’s infidelity crashed his idealized view of the family and marriage. In discussing these issues, the Sergeant’s depression emerged. In describing his life, he recognized that he was a generous family man who loved his children and wife deeply, cared for his siblings and parents, and believed that family was the most important thing for him. He confided that his wife told him that a second deployment would fracture their marriage. However, he had a strong commitment to the military and took seriously his attendant obligations.

**Identify Signature Strengths from This Story**

The approach was employed to re-examine the event in the context of his life situation and to encourage culling meaning from the events. The core values and strengths that emerged from his story were:

- Loyalty to country
- Dependable soldier, family man
- Followed through with obligations
- Capacity for deep love for wife and children

For these strengths to have impact they had to be anchored in the context of this serviceman’s larger life.

**Identifying Event’s Meaning in Larger Context**

This soldier’s suffering emerged from the wife’s abandonment of him while he was serving in a war zone—a wife he had believed loved him deeply—and contributed to his feeling that his life was worthless. Finding meaning in his
suffering came from examining his circumstances, an endeavor that helped eventually nip bitterness. The larger context of experiencing his marriage destruct while he was a world away in a combat zone was his demonstrated commitment to service for his country. This soldier continued to discharge his military duties in the combat zone, actions that reflected his strong core values of service to the country and the Warrior Ethos. He did not go AWOL, he did not endanger other soldiers by taking chances in the combat zone, and he did not try to kill himself, although he had brief fleeting suicidal thoughts.

The marital infidelity was considered as an opportunity for self-introspection and to examine in realistic terms—the character of his wife, his idealization of her, and the true quality of their marriage. Although it was a bitter pill to swallow, the demise of the marriage did not mean that he was a failure as a husband or a father. An aspect of meaning from his suffering was that of the lessons he was teaching his children. That is, he continued in his commitment to the mission he was on in Iraq. This demonstrated to his children the greater context of the family’s sacrifice for the good of the nation. The process with this soldier was to highlight the deep meaning he derived from service to our nation, despite the personal costs.

**Spiritual Context**

This serviceman had a very strong faith that he identified early in the treatment sessions. This helped him resolve his anger towards his wife through recognizing that he had idealized her, and that she was, in fact, an imperfect but like all—a flawed human being. He was receptive to this and worked with his Chaplain towards developing acceptance and forgiveness towards her. The importance of forgiveness for this serviceman meant that instead of imploding in anger at the unfairness of infidelity, he moved away from a victim stance to emotional maturity and the process of spiritual growth. His faith was used to buttress placing the context of life’s disappointments within a framework of human fragilities and imperfections.

**Promoting Resilience by Identifying Pitfalls/Traps to Avoid**

For this serviceman, the sessions consisted of enhancing hardiness and avoiding the pitfall of self-pity. He had a strong sense of self as a soldier, an ability to place the mission and service to country first, and a warrior who was capable of overcoming obstacles. The loss of his marriage was framed as a hurdle that this warrior could overcome and, in fact, would make him stronger. Since he was physically fit and understood what it took to stay in shape, an analogy of “psychological push-ups” was useful that involved, among other things, engaging in active Self-affirmations; i.e., he was a soldier honorably serving his country, he was enduring hardships in that mission, he was strong and capable of overcoming heartache, and he was loyal and loving.
In the beginning sessions, he was encouraged to move away from thinking about his wife’s infidelity and to re-focus on action oriented tasks he needed to discharge, such as his duties as a father, as a soldier, and as a son. He initially became obsessed with his wife’s infidelity (e.g., accessing her e-mails to friends about her lover, questioning friends and family at home about her whereabouts) which prolonged his anger and depression. This serviceman’s actions were deadening to his growth, because those acts objectified his wife as someone who belonged to him and thus allowed the intrusions into her privacy.

This soldier began to reach out for support from his unit and in disclosing his story discovered that others had also experienced divorce. He no longer felt isolated in his suffering and began the process of moving on. At the eighth session, the Sergeant believed that he needed no further therapy sessions. He accepted that his marriage was going to end and he was engaged in making plans to remain in an active role as a father to his children; he also began to renew social ties with others at home.

**Veterans Affairs (VA) Prison Outreach Vignette**

The veteran was a 27-year-old male in a VA prison outreach group setting. He was seen on six occasions over a period of two months, which occurred two and one-half years after his discharge from the service. He served a four-year active duty tour in the U.S. Marines. He was stationed in Fallujah, Iraq and deployed as a part of a small independent unit throughout Iraq over a one-year tour of duty. He returned to stateside for a period of three months, and then re-deployed for another one-year tour from which he returned and was discharged honorably from the Marine Corp. The veteran described a moment where he witnessed a fellow Marine volunteer for a mission when the Marine was close to the end of his tour. That serviceman was later killed on the mission; the veteran spoke emotionally of the Marine’s valor and honor. He also spoke of his pride in being a U.S. Marine. During both of his tours, the veteran was exposed to I.E.D. blasts and engaged in firefight with insurgents. He suffered a small shrapnel wound to his leg and received a Purple Heart. He viewed his Purple Heart as ill-deserved, especially in the context of the brave men he saw die or receive severe physical injuries in the course of their tours of duty. He admitted that he suffered from chronic headaches, tinnitus, and insomnia as well as nightmares since his return from Iraq.

The veteran was experiencing marital difficulties prior to leaving for his second tour in Iraq; in fact, he and his wife had separated at that time. Upon his return home, his now ex-wife had sold their condominium at a monetary loss. He was facing financial problems, was unemployed, and began to drink heavily. He resided with his parents and became increasingly belligerent during periods of intoxication. He was seen at a VA outpatient clinic but did not follow through with subsequent appointments. The veteran was arrested during a fight with a family member who sustained an injury. Neighbors who heard the dispute called the police. Initially, he was given probation...
with the condition of alcohol abuse treatment. He failed to appear for his treatment appointments; consequently, his probation was revoked and he was sent to state prison. He served a term of seven months, was released on parole, and violated the conditions of his parole by resuming alcohol consumption. Prior to this parole revocation and return to custody, he was seen as an acute patient in the VA hospital and treated for depression and suicidal ideation; however, he did not follow through with his outpatient mental health appointments.

**Identify Signature Strengths from This Story**

The veteran now viewed himself as a loser and a felon. He believed that he disgraced the memory of his fellow Marines by his post-deployment actions. Therefore, it was difficult to get him to identify signature strengths in his story. In the group setting, however, with the encouragement of other older combat veterans who served in Vietnam, he was able to identify the following strengths:

- Pride in service and core values of the Marine Corps
- Willingness to put himself in harm’s way in the service of his country
- Ability to see the bravery of the actions of others
- Humility

**Identifying Event’s Meaning in Larger Context**

The veteran’s event was that of his “fall from grace” in the form of a felony conviction for assaulting a family member and subsequent estrangement from his family. He viewed his actions as dishonorable. He was averse to “shrinks” and mental health conceptualizations; therefore, the therapeutic intervention was to use the group setting in a didactic manner. The combat veterans in the prison treatment group setting were asked to give their analysis of the veteran. They explained to him that the assault was a consequence of combat stress. From a logotherapy perspective, these fellow veterans were putting this serviceman’s anger in the context of his human reactions to the war zone. That is, the veteran’s anger and irritability stemmed from chronic exposure to death and destruction in a war-zone. These older combat veterans also noted that they ignored these issues for decades with negative consequences. It was pointed out that the veteran was drinking to cover up his feelings, and that they had experienced a similar process when they first returned from Vietnam. The larger context of his actions; that is, the assault, drinking, and disobeying legal supervisory mandates, were that these behaviors represented the “hidden wounds of war.” When he and his situation were analyzed by his fellow combat veterans, this veteran was able to loosen his rigid view of himself as a “loser” and move towards a view of himself as a returning war veteran with injuries. In addition, these fellow veterans underscored the overarching meaning of this man’s actions: that he served in the U.S. Armed Forces for the purpose of protecting and promoting democracy. That concept resonated with this veteran.
whose identity was strongly affiliated with the larger purpose of service to country, selflessness, and fulfillment derived from such actions.

Frankl (1963/1984) wrote of the ordinary prisoners, the unrecorded and unknown victims who had to witness a friend—now too feeble to be of use to the Nazis—selected for the gas chamber, and of the difference between those who traded in their integrity for survival (the Capos) and those who did not. He observed that those who survived knew that the best among them did not return. For combat veterans this can be the core of their survivor guilt, as in this vignette. For that guilt to be overcome, or perhaps just understood, one has to turn to the event over and over until its larger meaning to one’s purpose in life becomes apparent.

**Spiritual Context**

The veteran did not have a strong faith-based spiritual orientation. However, spirituality can have both secular and theological/religious meaning. For this veteran it resonated to have the secular sense of the spiritual within him highlighted. While in prison, this veteran became involved with Alcoholics Anonymous and expressed his view of a higher power or force as acting upon human lives. He viewed the loss of fellow Marines in this manner, and used this affiliation as a means towards moving to repair broken family ties by asking for forgiveness.

**Promoting Resilience by Identifying Pitfalls/Traps to Avoid**

A psychological pitfall and impediment to the development of hardiness for this veteran was that of stubbornness and self-castigation. His core event was not one traumatic occurrence, but a series of events and the fact that he suffered from unrecognized combat stress and the sequelae of a traumatic brain injury (via blast exposures). He was dismissive of his injuries, particularly the psychological ones, in that he viewed others as suffering from “real” wounds, such as amputations. In promoting resilience, self-enhancement was employed. The veteran was called to act on his Marine Corp “can-do” attitude, and to discharge the mandates of his upcoming parole in an honorable manner, as he had with his military duties. That involved participation in alcohol abuse treatment, A.A., and keeping VA appointments. There was no valor in giving up, something which he did not do when under the difficult circumstances of a war-zone. He was given the injunction to remind himself daily that working towards becoming healthy was a way by which to honor the memory of his fallen Marines. Drinking and “pity-parties” were not.

Subsequent to his placement in the community, it was discovered during follow-up that the veteran enrolled in an alcohol treatment program through his nearest VA facility, remained active in A.A., and was involved in vocational rehabilitation. He remained lukewarm about mental health treatment, but was enrolled in his VA’s P.T.S.D. evaluation process and had sought treatment for...
his headaches, tinnitus, and insomnia. He had not yet made amends with his family, but hoped that by demonstrating a period of sobriety and responsibility, he would be able to resolve the estrangement soon. For this veteran, conceptualizing his emotional reactivity and anger post-deployment as “hidden wounds of war” as opposed to dishonoring the memory of fallen comrades was the first step towards self-forgiveness. Moreover, once that process began, he was able to reclaim his pride as a U.S. Marine who identified with a cause beyond his own skin, a sense of self that was critical for formulating meaning in his life.

TOWARD THE FUTURE

A recent RAND study estimated that 300,000 OIF/OEF veterans, among the almost 1.7 million who have served, are struggling with mental health issues (Tanielian et al., 2008). That number is likely higher when sub-clinical syndromes are taken into account. Moreover, despite the experience of psychological distress, fears of the negative consequences of using traditional mental health services remain prominent among returning service members. According to those we have served, our experience in the use of the life-context resilience approach is demonstrating its viability in a variety of settings—in a clinical outpatient/VA prison outreach program, in a frontline combat clinic, and in a self-help/peer review venue. Veterans have found that our approach allows for the interpretation of traumatic or combat related events in a meaningful way that supports the veteran in moving forward with his or her life. We invite the readers and transpersonally oriented researchers as well as those clinicians in military contexts and VA settings to join in further dialogue about the exploration, viability, and further development of this approach and others.

Our discussion is part of a growing trend of offering veterans innovative programs that “think outside the box” of traditional mental health interventions. One such approach is Joseph Bobrow’s “Coming Home Project” (2010) that originated in the San Francisco Bay area. This program focuses specifically on promoting the well-being of returning OIF/OEF veterans and their families by providing holistic care that highlights both an emotional and an inter-faith method of spiritual development. The program encompasses individual, family, and peer mentoring. Another community-based non-profit program that provides free and confidential mental health services to returning Iraq and Afghanistan veterans and their loved ones is “The Soldier’s Project” (Broder, 2010) that began in Los Angeles, California in 2004 and now has affiliated groups in major U.S. cities. This project provides returning veterans confronting post-war zone emotional issues, the concept of their struggles as the “hidden wounds of war.”

Congruent with the U.S. Army’s adoption of resiliency training pre and post-deployment, our approach is geared toward promoting resilience, but by casting adverse events in the larger context of meaning a lá Frankl. Building upon an already established ethos of serving a cause larger than themselves, the approach may be a “user-friendly” adjunct and/or alternative to helping
returning service members with civilian transition. We welcome further discussion, critique, dialogue, as well as research with regard to employing a transpersonal framework for clinical work within the military.

NOTES

1 For a deeper understanding of the experience of Post Traumatic Stress Disorder (PTSD) we refer the reader to Paulson & Krippner (2010/2007).

2 See also Marseille (1997)

3 For more extensive discussion of the religions of humankind that includes Confucianism, Taoism, indigenous religions, and others see the classic book, The World’s Religions: Anniversary Issue (2009) by Huston Smith, editorial board member of the Journal of Transpersonal Psychology (originally published as Religions of Man in 1958).

4 For further inquiry see Menon (2005, 2007).

5 See also Hutchins (2002) for a proposed complement to the DSM-IV axes that emphasizes strengths.

6 For a transpersonal understanding of the forgiveness literature see Lusk in (2002, 2007).

REFERENCES


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Linda E. Weinberger, Ph.D., is Professor of Clinical Psychiatry and the Behavioral Sciences, University of Southern California Keck School of Medicine, and Chief Psychologist, U.S.C. Institute of Psychiatry, Law, and Behavioral Science. She is a child of Holocaust survivors. Her father was liberated by American soldiers; and many times he told her of how wonderful these soldiers were to him and his cell mates. How they treated the emaciated and hollow-eyed survivors with care and dignity, sharing their rations and speaking of the miracle of the human spirit that could survive under such circumstances. One of the happiest days of her parents’ life was when they became citizens of the United States. She cannot minimize the debt she owes to American troops and this country for giving her family the possibility to dream and realize their full potential.