

Contact!Unload

**Military Veterans, Trauma, and
Research-Based Theatre**

Edited by

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with Marv Westwood



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Introduction

Graham W. Lea and George Belliveau

I'm a veteran. I served in Afghanistan in 2006. I don't know what to do anymore. I'm at the end of my rope. Nothing I'm doing is working. I'm thinking about killing myself. I don't know what to do. I need help. I don't need help tomorrow. I need help now.

– TIM GARTHSIDE¹

THESE WORDS SHARED by Canadian Corporal Tim Garthside (Ret'd) vividly depict the urgent need for counselling resources for returning veterans. This book represents a call to action to responsibly address the sometimes difficult transition soldiers face when returning to civilian life. As of March 2018, 649,300 Canadian Forces veterans living today have served in foreign and domestic operations, including those in the Second World War, the Korean War, Cyprus, the Democratic Republic of the Congo, Somalia, and the former Yugoslavia, as well as conflicts in Afghanistan, Iraq, Libya, and Mali.² These numbers represent people whose lives were entwined with military service and therefore are at risk of suffering from mental health issues during training, active duty, and transition to civilian life. With support from a Movember Canada initiative on men's mental health, a team of counsellors, veterans, and artists from Vancouver, Canada, decided to tackle this issue using a creative approach.³ In the winter of 2015, the diverse group consisting of military veterans, counselling psychologists, artists, and community members met to develop a theatre piece. They began a four-month experiment in blending theatre and therapy. This process led to the development of *Contact!Unload*, a fifty-minute play performed by veterans and community members.

The play, which can be found between Chapters 10 and 11, represents the heart of this book project, bringing to life the personal stories of veterans returning home from deployment overseas. The play was developed using a composite approach to research-based theatre in which military veterans (who had served

in Afghanistan, Cyprus, and Rhodesia) participated with artists and clinicians in a series of artistic workshops that led to the production.⁴ Through these workshops, the company explored the experiences of military veterans both in service and in their transitions to civilian life. This introductory chapter highlights the therapeutic and theatrical underpinnings of *Contact!Unload* and provides background on how the production evolved.

Contact!Unload emerged directly from the therapeutic work led by Dr. Marv Westwood at the University of British Columbia, where he co-developed the Veterans Transition Program (VTP) with Dr. David Kuhl. As of 2019, this highly successful group therapy program designed specifically for Canadian veterans has seen more than 1,000 returning military members participate. All eight military members from the *Contact!Unload* team have gone through the VTP, a central focus of which is therapeutic enactment (TE). The compelling stories of their transitions to civilian life and the hope offered through the VTP approach became the core content used to create the initial performance.

The play has since been adapted into a twenty-minute version that toured the United Kingdom in November 2015, and a thirty-five-minute version that toured Central Canada in 2016 and 2017. A professionally filmed version of the 2016 production is available online.⁵ As of this writing, more than 3,500 people have seen the play across Canada and the United Kingdom, including federal policy makers and politicians at Parliament Hill in Ottawa, and HRH Prince Harry at Canada House in London (Figure 1). The most meaningful audiences have been fellow veterans as, at its core, the play is by veterans for veterans, sharing experiences of journeys home in body and spirit.

This edited book offers academic and artistic, personal, and theoretical perspectives from people directly involved in the performances of *Contact!Unload*, as well as those who witnessed the work as audience members. Through its polyphony of voices, it provides unique insights into this particular project, how the arts might help veterans work through and share their trauma, and the power of coming together to share expressions of humanity and hope.

Contextualizing *Contact!Unload*

Every day, an average of twenty-two veterans in the United States dies by suicide – nearly one life every hour of every day.⁶ Such a devastating statistic demands continued development of interventions to address trauma-related stress injuries and facilitate veterans' transition home following their deployment. Innovative approaches for sharing these interventions with funders, researchers, and, most importantly, veterans must also be explored to broaden their exposure. As there are currently fewer military personnel being deployed from allied forces, more



Figure 1 HRH Prince Harry greets veterans after the performance of *Contact!Unload* at Canada House, London, November 2015. Left to right: Gordon Campbell (Canadian High Commissioner to the United Kingdom), HRH Prince Harry, Marv Westwood, Chuck MacKinnon, Warren Geraghty, Mike Waterman, Luke Bokenfohr, and Stephen Clews | Photo by Frank Augstein/Pool via Reuters; used with permission.

attention has turned towards helping those who partook in those conflicts in their transition to civilian life. Bryan Doerries's work with his theatre company, *Under the Wire*, provides a compelling example of how theatre, in his case Ancient Greek plays, can produce a cathartic effect on serving and returning military veterans as well as their families.⁷ Doerries engages professional actors to theatrically stage readings of Greek tragedies for military and veterans' groups across the United States and beyond, reaching thousands of military members and their families, along with health workers and the public. When veterans and civilians are brought together to listen to these tragic stories of mythical soldiers, important post-production conversations unfold, helping veterans and those close to them work through personal stories of struggle.

A number of other groups around the world are also using theatre to highlight challenges veterans face as they transition home following service. Similar to Doerries's initiative, these theatre efforts are aimed at listening to veterans' stories and stimulating post-production discussions with audiences. Rather than using professional actors, however, initiatives such as *Contact!Unload* and the selected companies we describe below feature veterans as the principal performers, who share their own personal stories of service.

The most expansive contemporary example is The Telling Project, based in the United States.⁸ This countrywide initiative involves veterans publicly sharing their personal stories using a theatre-based approach. Founded in 2008, this not-for-profit initiative, spearheaded by Jonathan Wei with the support of Max Rayneard, has had a significant impact on both the performing veterans and the audiences they reach. Each production of The Telling Project is unique to the community where it is performed. The project's primary aim is to ease veterans' transition to civilian life, as Wei and other artists guide military veterans to tell their story of service along with their transition back to civilian life.⁹ A director works with six to ten veterans from the community to develop theatre skills and use those skills to workshop and tell their stories for a minimum of five performances. In an interview with George Belliveau, Lisa Tricomi, a director and therapist who directed three Telling Project productions in Florida (Tampa, Orlando, and Pensacola), described the camaraderie and bonds developed during rehearsals and how these generate a forum of healing for the veterans.¹⁰ Furthermore, as they share these stories with their local communities, the public is given an opportunity to deepen their understanding and appreciation of the emotional and psychological costs to those who serve in the military. As of early 2018, over seventy communities across the United States have engaged in The Telling Project, reaching thousands of audience members in more than seventeen states.

Stephan Wolfert, a medic and former infantry officer, developed DE-CRUIT, an initiative that also focuses on veterans sharing their stories.¹¹ His work aims to help veterans transition home while addressing the high post-traumatic stress (PTS) and suicide rates in the United States. Based in New York City, Wolfert invites veterans to participate in a drama-based process in which their personal writing is woven with Shakespearean text. The result is used as a stimulus to discuss their experiences of trauma as service members. Wolfert has teamed up with counselling psychologists at New York University to develop and evaluate this therapeutic model, and as of this writing they have worked with more than 500 veterans.¹² Wolfert also tours his one-man play *Cry Havoc!* which blends his personal experience of service with Shakespearean monologues, reaching veterans, health workers, and public audiences around the world.

The Feast of Crispian initiative also draws upon Shakespearean texts in its work with military veterans.¹³ Based in Milwaukee, Wisconsin, this company has professional actors with military experience give workshops using Shakespearean text to help returning veterans in their transition. Led by therapists and actors, the company's goal is to work with veterans who are experiencing reintegration issues through modified acting exercises to help them get involved

in theatre productions where they can once again feel part of a tightly knit unit of brothers and sisters. The stories of the participating veterans are woven into the Shakespearean texts as they perform the plays for a public that includes both military and civilians.

The Soldiers' Arts Academy, based in London, began much like the Feast of Crispian, as a veterans-based group performing Shakespeare's works for other veterans, their families, and the public, as a way for ex-servicemen and women to re-experience the camaraderie and bonds of their military service.¹⁴ The group later partnered with other organizations to develop and write original plays. In 2012, in collaboration with Bravo 22 Company, it created the hugely successful play *The Two Worlds of Charlie F.*, written by Owen Sheers and directed by Stephen Rayne.¹⁵ Based on interviews and workshops with military veterans, the play primarily features military personnel. It has evolved through more than 100 productions, including a 2014 tour to Toronto. The company has since developed another piece based on the lives of returning military veterans, *Soldier On*.¹⁶ Written and directed by Jonathan Lewis, it vividly shows the impact of war on serving members and their families as well as the experience of veterans performing theatre. *Soldier On* has toured numerous cities in the United Kingdom with a cast of both veterans and professional actors. In addition to play creation and production, the Soldiers' Art Academy also has a mandate to deliver theatre workshops to schools, led largely by veterans. Engaging with theatre by performing and leading workshops has provided a place for veterans in the company to release some of their trauma and create new friendships and meaning in their lives.¹⁷

Re-Live, based in Cardiff, Wales, works in the field of arts and well-being.¹⁸ In 2012, it partnered with local veterans to produce *Abandoned Brothers*. Led by artist and counsellor Alison O'Connor, the play uses narratives of veterans and visual art to share personal stories about the challenges of returning from war. The process of developing the play with veterans raised the question of how communities and countries support their servicemen and women psychologically and emotionally when they return home.¹⁹ This same concern also arose during the creation of *The Return*, a theatre piece developed in Brisbane, Australia, in a partnership between local veterans and Griffith University (see Chapter 1).²⁰ Linda Hassall and Michael Balfour guided military veterans in co-creating a play about what it means to come home and the costs of serving one's country.²¹ In both *Abandoned Brothers* and *Return*, Westwood's work on life review and therapeutic enactment are used by the facilitators to guide the veterans in the retelling of their stories and enhance the possibilities of therapeutic healing.²²

Contact!Unload builds upon and complements these projects. Similar to a number of companies mentioned above, our Vancouver-based project makes use of a classical text to distance the trauma through poetic language, namely, Shakespeare's *Henry V*.²³ We found Shakespeare's poetic expression of human dilemmas and vulnerabilities generative when working with veterans. Furthermore, like many of the theatre projects discussed, *Contact!Unload* features veterans themselves onstage, sharing their personal stories in their own language. This creates a counterpoint to the Shakespearean language. The blending of personal and poetic texts is further complemented by the staging of a therapeutic enactment (see Moment 21 in the Annotated Playscript in this volume). This added feature makes *Contact!Unload* unique in that it incorporates the therapeutic model within the work, deliberately showing to the audience the process of working with soul injuries.²⁴ This creates an opportunity for audiences to "peek behind the therapeutic curtain," to vicariously witness what it is like for veterans to hold trauma in the body and, more importantly, possible pathways of releasing some of the burden of such traumatic injuries.

Veterans Transition Program and Therapeutic Enactment

The Veterans Transition Program is a residential group-based, veterans-only intervention intended to facilitate transition from active service to civilian life. The 100-hour program provides an environment of high-cohesion support by making the initial foci listening to each other's stories, seeing commonalities of experience among veterans who "have been there," and reinforcing the need to help one another. A key component of this support is paraprofessional soldiers, graduates of the VTP who have received additional VTP training. Within the group, there is a normalization of veterans' experiences, both in combat and in reintegrating into civilian life. Through teaching and practice sessions, veterans are given opportunities to develop knowledge of trauma, its symptom formation, and its impacts on the self and relationships. This is coupled with exposure to interpersonal communication strategies that help veterans develop skills for navigating important relationships and challenging interactions. As part of the program, veterans establish life goals to help guide them through personal and career development and growth. Family/spouse awareness sessions are also provided, recognizing that veterans' families also require support and growth to help facilitate the transition to civilian life.²⁵

One of the central therapeutic interventions used in the VTP is therapeutic enactment (TE), an action-based group counselling strategy that asks participants to "enact critical events from their own life – [performing] the narrative,

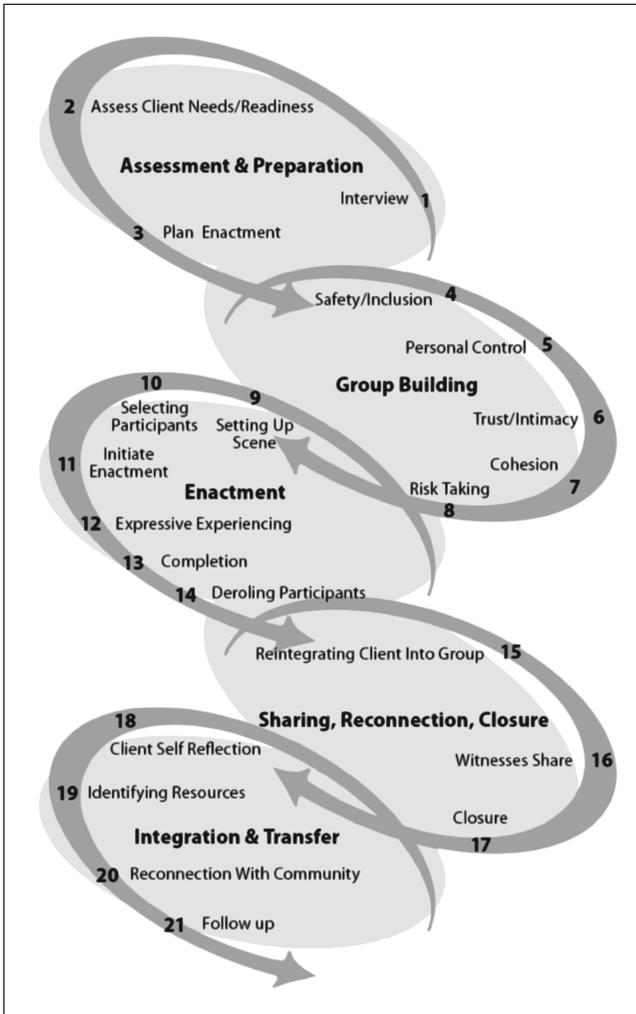


Figure 2
Five phases of
therapeutic
enactment | From
M.J. Westwood
and P. Wilensky,
*Therapeutic
Enactment: Restoring
Vitality through
Trauma Repair in
Groups* (Vancouver:
Group Action Press,
2005), 8. Copyright
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Westwood and
Patricia Wilensky;
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going beyond language to express the self through action, movement, emotion, and reflection.”²⁶ The five-phases of TE (see Figure 2) are designed to assist participants to integrate their trauma by guiding them through a “highly structured intervention in which [they] are able to externalize internal processes of trauma by enacting specific trauma narratives.”²⁷ In the first phase, participants work with an experienced facilitator to assess their needs and readiness for the program and to design a plan. Central to this preparation is deciding upon the crucial life event that will be explored. With a clinical plan in place,

the participant enters the group, which provides a space for building a safe and supportive environment. Once group trust is established, the participant and facilitator begin by walking within a circle of others, retelling the particular life event central to the participant's traumatization. After being familiarized with the story, fellow group members begin the enactment by taking on various identities in the story. Through techniques including role simulation, rehearsal, witnessing, and modelling, participants "access and express the buried feelings and negative cognitions attached to the problematic event."²⁸ Both the VTP and TE are inspired by arts-based therapeutic approaches that include the "protagonists, doubles, scenes, role playing, catharsis, and directors" of psychodrama.²⁹

Following the enactment, those who took roles and those who witnessed are given an opportunity to provide feedback on how they were impacted. In the last phase of the TE process, participants are encouraged to look for ways of integrating the experience into achievable goals and objectives as they work on "dropping their baggage."³⁰ During a follow-up debriefing the day after the TE, the participant begins to reframe and consolidate the personal learning of the enactment.

Developing *Contact!Unload*

The development process began with Belliveau and Westwood bringing together a core artistic and research team in the fall of 2014, along with recruiting military veterans. During this time, Lea was brought into the project to develop the script as well as stage-manage and design the first production (see Chapter 5). During these meetings, preliminary framing structures for the play were discussed, including inspirations from the iconic St. Crispin's Day speech from *Henry V* and the metadramatic elements of Pirandello's *Six Characters in Search of an Author*.³¹ Westwood drew upon his decades of therapeutic experience with veterans to suggest key themes to explore in the script, including:

- grieving: saying good-bye, letting another go
- giving back what was put on you
- taking back, claiming what was originally yours
- expressing your regrets
- saying you're sorry
- survivors' guilt.

These initial discussions were not intended to impose a structure on the final play but to provide a starting point for script development during the four-month development process with the veterans.



Figure 3 Tableau. Left to right: Marv Westwood, Dale Hamilton, Oliver Longman, Candace Marshall, Warren Geraghty, Tim Garthside, Mike Waterman, and Carson Kivari | Photo by Graham W. Lea; used with permission.

In January 2015, the core team began meeting with counsellors, community members, artists, researchers, and veterans in Foster Eastman's studio in Vancouver. This became our exploration space in which the artistic development team, guided by Belliveau, engaged in theatre-based approaches to elicit stories that were then woven into a research-based theatre script.³² At the studio, rehearsals co-existed with the creation of the Tribute Pole, a companion visual art project by Eastman and the veterans memorializing Canadian troops killed in Afghanistan. This synergy between visual art and theatre was critical later in the project as the Tribute Pole became a centrepiece for the play (see Chapter 6). In this literal and metaphoric space of exploration, we engaged in a process in which information, primarily stories, was elicited from the veterans as key informants.

The development process frequently included sharing stories in a circle, building a sense of trust and community (see Chapter 12). One of the main features of TE is to *do* and, within the *doing*, discover, unpack, and process moments that might have been locked up or paralyzed. Building on this active component, Belliveau slowly introduced non-verbal drama-based activities to stimulate

the veterans to express their stories through their bodies. One such activity was the creation of visual tableaux, frozen images (see Figure 3). After each activity, all participants joined in a circle with counsellors to debrief. Understandably, given the nature of the experiences involved, individuals would sometimes experience activation (triggering). Throughout all rehearsals and performances, counsellors were present who frequently provided individual or group debriefing when the need arose.

Initially, it was the veterans who would become emotionally activated from sharing and enacting their stories. As the process progressed, however, we came to realize that it was not only veterans who were experiencing emotional activation; many civilian members were similarly impacted, not just by the stories shared by the veterans but also by the space of deep personal introspection created as the veterans began allowing us into their realities. During this time, we became a company. In sharing and disclosing trauma-related stress injuries and vulnerabilities, the soldiers opened themselves up, sharing their experiences with the group. For our part as civilians, we were no longer only hearing but instead began to listen, understand, and feel the impact of the veterans' lived narratives.

Lea observed these exploratory sessions, generating observational notes as well as audio and video recordings (see Chapter 5). These data were complemented by previously published work about the veterans, interviews, video recordings, and Lea's own experiences. After two months of attending the weekly development sessions, Lea began writing the script with ongoing consultation from the group. Although it was not a verbatim script, many of the words in the play were uttered during the development sessions. Building on the work of Belliveau and Beare,³³ Lea held the stories, reshaped them, and moved them around, not to retell them exactly but to search for an essence of experience that might resonate deeply with theatrical audiences. Lea's close listening of the veterans' and the group discoveries in the development process resulted in a script the veterans saw as representative of their stories and experiences; as one of the veterans said, "You got it." It became clear to the theatre artists that this script could not have been created with the same degree of authenticity by analyzing collected research data. We needed to be in the space with the veterans, co-creating the work, experiencing the narratives with them – we needed to breathe the same air. The community experience that took place during the script development was critical as it generated ownership and elicited the unspoken kinship soldiers have with one another.

One of the challenges we encountered was the limited amount of time to elicit narratives, develop them into a script, and rehearse the script for public

performance. While Lea and Belliveau had developed various productions using similar approaches, on this project we underestimated the impact of two constraints on the artistic development: the time required for veterans to buy into the project and trust the research team with their stories, and the time required for counsellors to guide veterans and other participants into, through, and out of the weekly development sessions (see Chapter 12).³⁴ As a result, we were not able to generate enough narrative material to develop a full script in time for performance. To address this, we incorporated some scenes from Linda Hassall's Australian play *The Return* into our theatre development. These scenes resonated deeply with our troupe, and with her permission, we adapted a few of her scenes into *Contact!Unload*.

The theatrical development process resulted in a 50-minute non-linear performance that fluidly moves through time and place to share five interweaving narratives:

- 1 The play opens with veterans performing a ceremonial raising of the Tribute Pole (see Figure 4). Once it has been raised, the character TIM sits under the pole, weighed down by the baggage he carries from his trauma-related stress injury (see Chapter 4).³⁵
- 2 The narrative frame that structures most of the play is a rehearsal of the St. Crispin's Day speech from Shakespeare's *Henry V*. In the speech, HENRY speaks to his soldiers, who have already seen combat, as they prepare for a major battle. The director, unhappy with the actor's interpretation, brings in veterans to give the actor a sense of what it might be like to speak to people who have already experienced combat and what their reactions might be.
- 3 As the actor works on the speech, veterans are triggered by particular phrases. When this happens, they re-enact the traumatic memory.
- 4 After each flashback, a character tries to reach out to TIM, to help him find support to move through his injury. These attempts are brushed aside, until one veteran gives him a marching order to get help: "This is fucking enough" (see Moment 20).
- 5 The two then go to a session where Tim's TE is staged.

Two poems, written by the veterans, and songs were interwoven within the main script (see the Annotated Playscript in this volume). These interludes provided audiences with a respite from the intensity of the veteran's narratives.

With a draft script written, rehearsals began. During rehearsals, the focus shifted from generating content to refining and preparing for production, but the script continued to evolve, a process that continued through the various



Figure 4 Raising the Tribute Pole. Left to right: JS Valdez, Oliver Longman, Tim Garthside, Warren Geraghty, Chuck MacKinnon, Dale Hamilton, and Candace Marshall | Photo by Blair McLean; used with permission.

iterations. The veterans took roles, playing themselves and supporting characters. Other community members and researchers took on supporting roles such as family and community members. During the pivotal TE scene, two founding members of the Veterans Transition Network (VTN),³⁶ Marv Westwood and David Kuhl, played themselves leading TIM through his TE. As such, they were able to provide immediate support for the actor or anyone else should they become activated while rehearsing or performing the scene (see Moment 21).

Sharing, rehearsing, and performing their narratives of trauma was challenging for the veterans. However, all of the original veterans continued to be involved in at least one further iteration of the project. Similar to Renée Emunah's description of the therapeutic potentials of self-revelatory performance, some veterans in our project described a sense of catharsis and normalization through telling their story over and over to a captive audience during rehearsals and performance (see Chapter 9).³⁷ Through the TE and the creation/performance of *Contact!Unload*, the veterans were given opportunities to control their narratives rather than have their narratives control them. While there were personal benefits for the veterans involved, one of the key reasons for pushing through

the challenges and continuing with the project was to help other veterans, active service members, and their families to demystify and humanize trauma-related stress injuries.

Incorporating the arts into this research project also had direct impacts on audiences, the research team, and community members. Rather than being dispassionate observers, the researchers and community members were deeply embedded in the process (see Chapter 8). The space of vulnerability that emerged as the veterans began to share their stories created an opening for all team members to explore their own experiences and, following the veterans' lead, some members of the research team went through their own TEs. As a result of involvement in this project, several civilian members also made significant career shifts, with one of them entering the armed forces. The combined power of counselling psychology and theatre that structured this project enabled the veterans to continue their paths of recovery (see Chapters 2 and 11).

This book continues and extends the work of the *Contact!Unload* project, bringing narratives of veterans transitioning to civilian life to a larger audience. The authors share various experiences of *Contact!Unload* as members of the company, veterans, researchers, and audiences. The chapters are organized to tell a story of encountering, developing, performing, responding, and assessing the work. Anchoring the book is a full version of the script found after Chapter 10. The public performances and now this book have enabled the veterans' stories to reach families who had never heard the stories before, and other community members, including friends, researchers, counsellors, policy makers, and, most importantly, the veterans' "band of brothers (and sisters)" as we all try to understand what it means to come home fully.

Appendix: Production Timeline

Phase I

January–March 2015	Play development and rehearsals
April 30, May 1, 2, 2015	Studio 1398, Vancouver, BC

Phase II

November 4, 2015 (twice)	University of British Columbia, Vancouver, BC
November 8, 9, 11, 12, 2015	Canada House, London, UK
November 10, 2015	Central School of Speech and Drama, University of London, UK (abridged)
December 11, 12, 2015	Beatty Street Armoury, Vancouver, BC

Phase III

June 16, 2016	Staged reading, Foster Eastman's Studio, Vancouver, BC
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September 15, 2016	BMO Goldcorp Theatre, Vancouver, BC
September 20, 2016	Royal Military College, Kingston, ON
September 21, 2016	Canadian War Museum, Ottawa, ON
September 21, 2016	Orange Gallery, Ottawa, ON
September 22, 2016	House of Commons, Ottawa, ON
September 22, 2016	Mill Street Brewery, Ottawa, ON (abridged)
May 5, 2017	Staged reading at University of British Columbia, Vancouver, BC

Phase IV

September 20 (twice), 21, 2017	Seaforth Armoury, Vancouver, BC
September 25, 2017	Canadian Institute for Military Health Research conference, Toronto, ON
September 26, 27, 2017	Invictus Games, Moss Park Armoury, Toronto, ON
September 28, 2017 (twice)	Invictus Games, Athletes' Village, Toronto, ON

Notes

This chapter is derived in part from Graham W. Lea, George Belliveau, and Marv Westwood, "Staging Therapeutic Enactment with Veterans in *Contact!Unload*," *Qualitative Research in Psychology* (February 22, 2018), <https://doi.org/10.1080/14780887.2018.1442776>.

- 1 Quoted in Chapter 4 of this volume.
- 2 "1.0 Demographics," Veterans Affairs Canada, March 27, 2019, <https://www.veterans.gc.ca/eng/about-vac/news-media/facts-figures/1-0>.
- 3 Men's Health Research (<http://www.menshealthresearch.ubc.ca/projects>), led by Drs. John Oliffe and John S. Ogradniczuk at the University of British Columbia.
- 4 See G. Belliveau and G.W. Lea, eds., *Research-Based Theatre: An Artistic Methodology* (Bristol: Intellect, 2016); G.W. Lea, "Approaches to Developing Research-Based Theatre," *Youth Theatre Journal* 26, 1 (2012): 61–72, <https://doi.org/10.1080/08929092.2012.678227>. None of the veterans in this project served in the Second World War, but a recurring theme across a number of chapters in this book is connecting to the veterans of contemporary conflicts through narratives of veterans of historical wars such as the First and Second World Wars (see Chapters 8, 13, 14, 15, and 16). This is also noted by veterans (see Chapter 7) and in audience feedback (see Chapter 18).
- 5 "Contact!Unload," YouTube video of a performance at the University of British Columbia, September 15, 2016, posted by Peter Wall Institute for Advanced Studies, October 6, 2016, http://www.youtube.com/watch?v=Qjbfz_wReLI.
- 6 J. Kemp and R. Bossarte, *Suicide Data Report, 2012* (Washington, DC: Department of Veterans Affairs, 2012), <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>. As of this writing, no public sources were available that accurately account for Canadian veterans dying by suicide.
- 7 B. Doerries, *The Theater of War: What Ancient Greek Tragedies Can Teach Us Today* (New York: Alfred A. Knopf, 2015).
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1

Staging War

Historical Contexts of Theatre and Social Health Initiatives with Veterans

Michael Balfour

These shattered men believe that they failed friends and neglected moral meaning when the chips were down, and they blame themselves. They are welded to their guilt using the remainder of their lives to expiate their past sins.

– THEODORE NADELSON¹

IN THE LAST DECADE, thousands of military personnel from the United States, the United Kingdom, Europe, Australia, and others have returned from Afghanistan and the conflict in Iraq. Between 18 and 30 percent of those returning from war zones to civilian life can be expected to suffer mental health issues, which can lead to family breakdown, homelessness, and other problems. In the United States, for example, 103,792 cases of post-traumatic stress (PTS) have been diagnosed in returned service personnel. M. Audrey Burnam and colleagues have estimated that one in every five military personnel who have returned from Iraq and Afghanistan will develop some form of PTS.²

Mental health issues in the defence forces often exist within a culture of stigmatization, with many service personnel reluctant to admit having a problem. Military personnel may not seek treatment for psychological illnesses because they fear it will harm their careers. Even among those who do seek help for PTS or major depression, only about half receive treatment that researchers consider minimally adequate for their illness.³ Brewin argues that military service can lead to profound changes in identity, affecting both military personnel's perception of themselves and their relationship to the world.⁴ These perceptions of the world include disillusionment about human nature in general and a more specific rejection of civilian life. Brewin shows that some veterans report estrangement, with the dominant theme being a sense of being "out in the cold" after leaving the forces and returning to civilian life.⁵ Emotional fragility and a loss of confidence and self-worth are prevalent.⁶ The transition process is

compounded by a loss of purpose and sense of duty, service, and belonging to a tight-knit team.

This chapter is informed by my work on *The Difficult Return: Arts-Based Approaches to Mental Health Literacy and Building Resilience with Recently Returned Military Personnel and Their Families*, a four-year interdisciplinary research initiative (2012–14). The project, funded by an Australian Research Council Discovery grant, is a sister project to the *Contact!Unload* initiative. As part of the research, we developed practice in three areas: 1) awareness – online digital films using a range of strategies, including music; 2) motivation – the development of *The Return*, a research-based theatre piece featuring ex-servicemen and actors;⁷ and 3) action – the Veterans Transition Program (VTP), a psycho-educational program that used elements of role play and enactment, developed in partnership with the University of British Columbia (UBC), Canada.⁸ There has been continued close collaboration with UBC researchers: initially, Marv Westwood and his team came to Australia to run two VTP programs and deliver training, and then, following the production of our play, we provided advice to George Belliveau on the early development of *Contact!Unload*.

Our experiences of implementing these projects with veteran support organizations and ex-service personnel and their families, and our close collaboration with the University of British Columbia, led me to consider international practice and the extensive history of how the arts and military have been used in different ways over time. In this chapter, I provide some context for current policy and practice in the area of arts and health with veterans, and also trace some of the antecedents of how arts-based approaches have been integrated into the history of a developing understanding of combat-related stress (in all its definitions) and its treatments.

Policy and the Recent Growth in Arts Practice

One of the most critical policy initiatives in arts, health, and the military sector in the last few years has been the establishment of the National Initiative for Arts and Health in the Military in the United States. This initiative has hosted four summits (the most recent in 2017) and published a white paper, a national policy action plan, a database, and a toolkit for artists working with veterans.⁹

The transition needs of military personnel has also been explored in the United Kingdom with the continuing work of Combat Stress and a new research hub as part of the Veterans and Families Institute for Military Social Research, Anglia Ruskin University, Cambridge. So while the term “sector” should be used tentatively, the social imperative to explore ways of supporting transition

and resilience in the military is the focus of substantive international interdisciplinary work.

Much of the recent arts practice with veterans has developed from a complementary and/or third-sector space (e.g., outside of or marginal to “official” programs). Often these spaces are surprising to both the artist and the veteran community. For example, it would be difficult to mandate the Royal Danish Ballet dancers to work with veterans, or the development of choral music with veterans in an addiction setting.¹⁰ In our own work developing a documentary theatre performance with ex-servicemen and actors, it has been surprising to see how adept soldiers are at performing and how readily audiences from a military background respond to and engage in the arts. These insights are repeated and deepened here in this book, collecting the impressions, ideas, and reflections of how the arts were “deployed” in *Contact!Unload*, a project that built on Marv Westwood’s pioneering group work in applied counselling and the use of action-based approaches to re-enactment.

The associated growth in arts and health practice has aligned strongly with the development of grassroots, veteran-led community organizations. These organizations have often developed out of veterans’ sense of frustration and a desire for advocacy and better supports and services. Veterans’ organizations typically range from small to medium-sized and work on a not-for-profit basis, operating in a range of ways. In the United States, there are organizations like Dry Hootch, which operates a drop-in centre, group counselling, and a “dry” place to hang out with other veterans. Similarly, in Australia, there are organizations such as Young Diggers and Stand Tall, which have an online information and advocacy site as well as a drop-in centre that includes clinics about dealing with Veterans Affairs claims and benefits, activities, social nights, and camps. A more formal initiative has been Mates for Mates, funded as a one-stop shop for veterans and their families and offering a gym, outdoor pursuits, counselling, and other forms of support. The existence of such organizations is significant because as soon as personnel move out of the military, there are often numerous issues with seeking administrative or financial support and aftercare. While departments such as Veterans Affairs (in the United States) and Veterans’ Affairs (in Australia) exist to provide benefits, they are often viewed by veterans as overly bureaucratic organizations.¹¹

Contemporary arts and health practices often grow out of these associations with veteran groups who are looking for a wide range of opportunities and options for their members, rather than from formal sections of the military. However, forums such as the National Initiative for Arts and Health in the Military and projects like *Contact!Unload*, demonstrate that senior military

personnel are increasingly open-minded about and interested in the potential of new approaches.

An important perspective that is missing from the general debate is non-Western approaches to working with returning veterans. There has been significant work in this area, particularly with returning child soldiers in Africa and some work in Colombia.¹² I suspect there is considerably more work in non-Western contexts, and an important next step would be to document and assess how different cultures explore this territory.

In a sense, the link between the arts and the military has been intimately tied to the impact of combat on individuals. The political and social history of psychological and medical terms for combat-related mental health injuries is an important one to understand, as the arts, as previously mentioned, have been used both as an intervention and as a response by soldiers to deal with trauma.

The extraordinary achievements documented in this book highlight some of the ways in which artists, psychologists, counsellors, and military veterans can collaborate together to deal with the kinds of issues that post-deployment produces. One of the surprising elements of arts/military practice and its history is the ways in which a collaborative approach to “treatment” has been foregrounded. The braiding together of different kinds of knowledge – psychiatry, psychology, counselling, the lived experience, and aesthetic modes of doing (theatre, dance, music) – is what makes the contemporary practice and its history such a rich area of endeavour.

The Emergence of a Condition and Early Arts Interventions

The intersections between theatre and the military date back to the very beginnings of theatre history. The Greek tragedies were all written in a sixty-year time span during which Athens was consistently at war.¹³ The plays were often written by citizen-soldiers for mass audiences of citizen-soldiers and generals, and often focused on war and its traumatic aftermath. Rather fascinatingly, the theatre of Dionysus was situated adjoining the healing sanctuary of Asclepius so that the songs of the chorus and healing potential of the plays could be heard by the recovering soldiers.¹⁴ The impact of war has been richly represented in poetry, plays, and music from these early days of antiquity. However, while arts-based forms of healing and treatment have been evidenced in subjugated forms of knowledges, it was not until the First World War that they entered into formal medical diagnosis.

Previously called war neurosis, shell shock, battle fatigue, soldier’s heart and nostalgia, and other names, post-traumatic stress disorder (PTSD) was formally

acknowledged in 1980 and recently rephrased as post-traumatic stress (PTS); this recognition grew out of pressure from professionals and from American Vietnam veterans who were suffering from the disorder.¹⁵ Since 1980, the term has become a unifying concept for a wide range of traumatic experiences, such as child abuse, rape, natural disasters, torture, and war. The main symptoms of PTS include:

- re-experiencing symptoms, such as flashbacks, intrusive memories, and dissociative experiences
- avoidance symptoms, including numbing, isolation, and avoidance of reminders of the traumatic event
- hyper-arousal symptoms, including sleep disturbance, anxiety, anger, impulsivity, and increased startle responses.¹⁶

These symptoms were documented and identified for the first time in any comprehensive way during the First World War. “Shell shock” emerged as an acknowledged term, although initially it was thought to be the result of a physical injury to the nerves and exposure to heavy bombardment. The war poet Siegfried Sassoon (1983) describes the psychological experience of shell shock in his poem “Survivors.” He writes of soldiers with “dreams that drip with murder” and their “stammering, disconnected talk.”¹⁷

Shell shock was often perceived as a sign of emotional weakness, and soldiers were routinely convicted of desertion from duty and, in certain cases, shot by their own side for cowardice. French physicians were the first to conclude that shell shock was essentially a psychological phenomenon.¹⁸ British military physicians divided the classification into two categories: shell-shocked wounded (those exposed to direct physical trauma) and shell-shocked sick (those for whom there was no exposure to direct physical trauma).¹⁹ The First World War undoubtedly produced a major shift in recognizing and evaluating “combat stresses.” A report written in 1915 by Company Quartermaster Sergeant Gordon Fisher reflects the change in attitude:

I went further along and looked into the next dug-out and there was a guardsman in there. They talk about the psychology of fear. He was a perfect example. I can see that Guardsman now! His face was yellow, he was shaking all over, and I said to him, “What the hell are you doing here?” He said, “I can’t go. I can’t do it. I daren’t go!” Now, I was pretty ruthless in those days and I said to him, “Look, I’m going up the line and when I come back if you’re still here I’ll bloody well shoot you!” ... when I came back, thank God, he’d gone. He was a Coldstream. A

big chap six-foot tall. He'd got genuine shell shock. We didn't realize that at the time. We used to think it was cowardice, but we learned later on that there was such a thing as shell shock. Poor chap, he couldn't help it. It could happen to anybody.²⁰

Despite the growing recognition of shell shock as a psychological condition, the treatment of it was diverse and often severe, including solitary confinement, electric shock treatment, shaming, physical re-education, and emotional deprivation. Treatment of enlisted men tended to be harsher than that of officers.²¹ The context of these treatment ideas and therapies was a political need to develop quick and effective approaches in order to return as many men as possible to combat.²² However, many of these radical treatment methods were not used with officers in the British Army. Typically, officers were encouraged to rest and were withdrawn from the battlefield for longer periods. Nascent forms of psychoanalytical approaches were experimented with and were accompanied by appeals to repress fears and encourage patriotism and loyalty. This highlights some of the contradictory treatment modalities of psychiatrists at the time, and the ways in which the hierarchical nature of the military infused the working medical approaches to managing shell shock.

Many county lunatic asylums, private mental institutions, and disused spas were taken over and designated as hospitals for mental diseases and war neurosis. By 1918, there were more than twenty such hospitals in the United Kingdom. One of the most progressive hospitals was Seale Hayne in Devon, under the directorship of Dr. Arthur Hurst. Hurst developed a range of therapeutic approaches with a focus on positive and purposeful activities. Patients were taken to the countryside for walks and undertook voluntary work on local farms. Hurst promoted creative projects such as listening to music, painting, and writing and producing a ward magazine. He also experimented with re-exposure to guns by taking patients shooting and initiated combat reconstructions to help the men relive their experiences under controlled conditions. One of these exercises was caught on an extraordinary piece of film, called *Re-enacting the Battle of Seale Hayne*, which was directed, photographed, and acted by convalescent war neurosis patients.²³ The rationale for Hurst's work foreshadows the development of occupational therapy in focusing the patient on purposeful rehabilitation. It also pre-empts psychotherapeutic approaches to PTSD treatment, which include hypnosis as well as implosive therapy and flooding techniques that try to desensitize the client to the trauma while in a relaxed state.²⁴

The political imperative for treatment during the First World War was to get the military personnel fit again for further engagement. The widespread acceptance (evidenced by the establishment of specialist hospitals) of shell shock as a medical condition during the war appeared to wane during the immediate postwar period, driven perhaps by cost and pensionability issues. Many of the medical officers who testified during the British War Office Committee on Shell Shock in 1922 perceived the phenomenon as cowardice or of manipulation to obtain discharge from the danger zone.²⁵ In the postwar United States, the condition was described as “pension neurosis,” and was even attributed to certain ethnic groups.²⁶ There was considerable hope that the lessons learned about shell shock and its treatment in the First World War would usher in a new period of modern approaches to mental health. Unfortunately, at an institutional level, the lessons of war took time to manifest amid the economy drives and evaporation of postwar idealism.²⁷ Despite this, there were a number of indices of hope that emerged directly from the treatment of shell shock. The Mental Treatment Act of 1930 was a progressive development at the time, as was the founding of two new institutions, the Cassel Hospital in Merseyside and the Tavistock Clinic in London, dedicated to treating mental health in the general population but informed by wartime practices.

The interwar years are often considered a period of regression and forgetfulness in terms of lessons learned about war neurosis. There was an active attempt to separate, and indeed dismiss, cases of neurosis that arose after the war. Francis Prideaux, a psychiatric expert for the Ministry of Pensions, reported that any claim for “delayed shell-shock made after seven years was clearly bogus.”²⁸ Ben Shephard argues that Prideaux’s report, on the eve of the Second World War, was clearly designed to “lock medical policy machine into a very restrictive definition of war neurosis.”²⁹ The Second World War did re-engage military and psychiatric treatments, but with perhaps more emphasis on the use of drugs and hypnosis. There are some small examples of arts-based approaches during this period, but they are more diffuse than the early experiments during the First World War.

The reluctance of governments and the military to accept the validity of war neurosis under any definition has continued. An acceptance of the condition, of the effects and impact of conflict, has considerable implications at a political, military, and societal level. The fight to acknowledge PTSD (as it was then known) in the late 1970s was born out of a culture of official negation, bureaucratic backsliding, and concern about the economic and legal implications of defining such a condition.

Responding to Vietnam: The Development of Treatment Programs for US Veterans

The nature of combat-related PTS clients differs from that of patients suffering from non-combat-related PTS.³⁰ While PTS sufferers in general are often victims of an event, military personnel may be both perpetrators and victims. This may lead to a moral injury: “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.”³¹ Many combat veterans develop PTS as a result of traumas they have caused, such as killing people. Veterans are also likely to have experienced sustained exposure to traumatic experience over weeks and months. Further, the ontological impact of engaging in legitimized acts of violence, authorized and sanctioned by the nation, places an individual in a complex and confusing moral and immoral, legitimate and illegitimate weave. This can present profound challenges for medical interventions because the symptoms are not just emotional or cognitive, but deeply moral and philosophical in that a patient may be suffering from the commission of unspeakable atrocities.³²

In the case of Vietnam veterans, the conditions are complicated by the length of the time it took to get support and treatment. These veterans often suffer from what is referred to as the “secondary trauma of return.”³³ This form of PTS is only indirectly related to the original trauma and is connected to the hostile reception of troops returning from Vietnam after the war, leading to maladaptive patterns that often led to internalized blame.

Much of the more developed arts practice grew out of the Vietnam War, where formal recognition and definition of terms such as “PTS” led to more sustained interventions and programs. M. James and D.R. Johnson developed drama-based programs with Vietnam veterans in a Veterans Affairs medical centre in the United States.³⁴ The drama element was integrated with other creative therapies, including visual arts, music, and poetry.³⁵ The program consisted of three phases: 1) process (e.g., safety through dramatic play); 2) practice (e.g., rehearsal of coping behaviours using role play); and 3) autobiographical performance for an invited audience (reconnection with the world).

Johnson’s approach is underpinned by developmental transformations through which patients are encouraged to develop trust in an improvisational playspace.³⁶ The major focus of developmental transformations is not the specific reliving or problem solving of life experiences, nor achieving catharsis, but rather embracing an attitude of acceptance and tolerance of the multifaceted aspects of the self, good and bad, profound and superficial. The goal becomes to expand

the freedom that the individual has in moving from one level of experience to another, rather than the ability to work out one particular conflict.³⁷

The chronic nature of PTS has also led to different phases of treatment over time. D.R. Johnson, S.C. Feldman, S.M. Southwick, and D.S. Charney identified the need for the development of First and Second Generation programs in which initial treatment focuses on core PTS symptoms, while follow-up work emphasizes the reintegration of veterans into the social context of family and employment.³⁸ They state:

First Generation programs aim to provide a corrective emotional experience for Vietnam veterans, by being highly responsive to their needs, recognizing their entitlement to services previously not given, and by welcoming them back home with respect. These programs emphasize a review of the war, particularly the primary traumas, and management of the core PTSD symptoms of re-experiencing, avoidance, and hyper-arousal.³⁹ The optimal environment for First Generation work occurs when the treatment setting is experienced as a sanctuary in which their special needs are attended to, and they are given a great deal of support. The primary task of the therapist is listening to their story. Hope is generated by the idea that if you can “get it out,” your load will be lightened, and your recovery can begin.⁴⁰

Second Generation programs lead on from these processes, but focus on the present and future rather than the past. Heterogeneous groups rather than homogeneous groups are formed in which veterans are encouraged to make connections outside of the Vietnam trauma circle:

Traumatized persons need to abandon their identity of being a victim. This requires active re-exposure and attention to other people’s lives, interests, and difficulties ... It is crucial to avoid the formation of a group of victims united against a dangerous world, with an idealized leader who will protect the members against further harm.⁴¹

The concept of First and Second Generation interventions helps to map out a discourse of the ways in which the chronic needs of people with PTS shift over time. Within a medical paradigm, arts-based therapies have quickly established themselves as contributing to an integrated approach to the needs of people with combat-related PTS.⁴² As with the work of Hurst and the early pioneers, the arts have been used not just as recreation but in exploring the

ways in which “traumatic memories are coded nonverbally in kinaesthetic and visual forms.”⁴³

Johnson observes that play is often conspicuously absent in PTS patients.⁴⁴ The job of the therapist is to maintain the playful environment (defined as a space in which emotions can be played out). Therefore, the therapist moves from “leader-directed to group determined structures, from simple to complex activities, from actions of low to high interpersonal demand and from relatively impersonal to more affectively-laden content.”⁴⁵ Similar drama therapy programs with combat-related PTS patients have been documented, in particular, Marty Mulkey’s work with male veteran survivors of sexual assault.⁴⁶

Besides the drama-based therapeutic group processes that have been explored by a number of practitioners, there are other forms of performance that have been utilized in the combat-related PTS field. J.P. Wilson, A. Walker, and B. Webster have explored the use of ceremony, drawing heavily on Native American rituals of purification for returning warriors.⁴⁷ There are obviously difficulties in transferring these types of ceremonies to other cultures, particularly since part of their efficacy is drawn from the cultural ownership and traditions of the veterans’ background. However, these uses of ceremony indicate the significance of ritualized behaviour in signalling and representing a transition in expectations for veterans and the community. In Western cultures, rituals of procession and welcome-home parades have been used consistently to acknowledge returning and remembered veterans.

The work of Johnson and colleagues also encompasses ceremonies that focus on the loss of veterans’ friends in the war.⁴⁸ The researchers created a ceremony with a veteran treatment group that took place at the Vietnam memorial on Long Island Sound. Each veteran brought a piece of paper and a poem, a prose work, or items of remembrance. The ceremony honoured veterans’ friends and included the burning of paper to symbolize their ashes. Incorporating the memorial in the ceremony highlights the ways in which these sites of remembrance are used, especially by Vietnam veterans, to seize a link with the past. While the work of Johnson and colleagues is part of an integrated approach within a therapeutic context, it is intriguing to note the ways in which memorials, as aesthetic symbols, exist as sites for informal rituals of mourning and loss. The Vietnam Veterans Memorial in Washington, DC, is a minimalist V-shaped panel with roughly 58,000 names inscribed in 140 plates. It is one of many such memorials, but it is the only site in Washington where artifacts are left.

Visitors to the memorial scrutinize the panels looking for names familiar to them, unable to refrain from touching what they read, and they leave behind

(at the base of the walls or wedged into a seam) flowers, letters, women's underpants, teddy bears, model cars, photographs, and even a Harley-Davidson motorcycle. Maya Lin, the designer of the wall, believed that the names themselves would be the Vietnam veterans' memorial, requiring no embellishment. What she did not take into account was that mourners would try to give to these names the keepsakes of identity, as if to restore to the dead the intimate worlds they had lost.⁴⁹

These keepsakes number more than 40,000 and initially were labelled "Lost and Found," until the park authorities realized that they were being left intentionally. These objects, most of them left anonymously, are now taken to a warehouse, catalogued, and stored. In so doing the Park Service has transformed them "from individual artifacts to aesthetic objects of memory."⁵⁰

While memorials are officially sanctioned spaces of mourning and remembrance, the informal response to the Vietnam Veterans Memorial wall is paradoxically intimate and communal. Like the containing form of the ceremony, the wall seems to offer a structured (physical and spiritual) space for mourners and the dead. It offers a (sanctioned) space in which to communicate and commune with the dead. The informal response, never an intention in the construction or the design of the wall, signifies an important area in which the arts often exist outside of medical paradigms. Both have their value. The work of Johnson and colleagues is an example of a highly imaginative treatment intervention that draws on different aesthetic modalities.⁵¹ The wall offers an insight into subjugated ways of knowing in dealing with the chronic nature of combat-related stresses and the PTS condition.

An alternative history of arts with returned military personnel is provided by the examples of the private impulses to make art as a response to combat and PTS. These are not the sanctioned work of war artists or compelling responses by artists viewing the war from afar, but rather the poetry, songs, art, and theatre that emerged from the trench, or the difficult return home from combat zone to civilian life.

Contemporary Arts, Health, and Military Practice

As evidenced by the chapters in this collection, there is a growing interest and diversity in the field of arts and health in military contexts. Arts and health practices are either integrated within mainstream treatment modalities or exist as alternatives to more traditional psychiatric and psychological (e.g., cognitive behaviour) approaches.

Many claims have been made about the impact of arts and culture in the context of military-related trauma, but there is also considerable skepticism about the evidence base of the arts. It is not clear precisely which components of a therapy are necessary and which components lead to treatment success. The creative therapies often utilize multimodal designs where patients engage in both creative and cognitive components, making it difficult to establish what specifically caused the positive effects. As the number of treatment sessions ranges from three (expressive writing) to upward of a hundred (art and multimodal therapies) and follow-up intervals vary, it is not clear how much of each treatment is necessary for symptom reduction or how long the effects of a given treatment may last.⁵²

The evidence from the project described in this book illustrates the importance to participants of working through the arts to build and strengthen protective health factors. The circumstances of deployment typically provide the raw material for participants' engagement in the various creative activities as outlined in the following chapters, but they also offer an opportunity for veterans and their families to understand and negotiate the difficulties involved in the process of transition back to civil society. *Contact!Unload* clearly works at multiple levels in supporting participants to articulate and deal with feelings of isolation and to develop their self-sufficiency and resilience. It also advocates for therapeutic models that are appropriate, and that protect confidentiality, for returning veterans who have suffered psychological stress injuries during combat. The theatre piece is able to show the group-based therapeutic model, enabling audiences to witness not only the injuries but ways of healing for veterans when given proper care.

In evaluating the Difficult Return project in Australia and comparing it with the achievements in *Contact!Unload*, it's possible to identify the central qualities where the arts and military experience might interconnect.⁵³ One of the potential benefits of these projects is the centrality of story and meaning making in understanding the self and our place in the world. In working with *homo narrans* – the storytelling primate – it is possible to see how language and representational action have given us a significant survival advantage as a species.⁵⁴ From the Greeks onward, there has been an instinct to use theatre and performance as a form of catharsis and integration of difficult stories. The modes and forms have changed and developed, but the fundamental principle persists. Through processes of integration like the Veterans Transition Program, there can be insight and, importantly, emotional catharsis through the release of a story that had become trapped in the body. Importantly, the VTP provides not only a release but also a defined process of integration and regulation of the

participants' psychosocial functioning. This step in the process is critical, and neither the Difficult Return project nor *Contact!Unload* would have been practicable without it. The performance of unresolved stories in a public forum by ex-servicemen, given the right ethical contexts, can add a further dimension to the work. Our experience with the performance project within the Difficult Return research was that it enabled an aesthetic transformation that led to a higher level of integration and a collective resonance between performers and audience. In performing a story onstage, the ex-servicemen felt that they were able to transform their story into something else, where the focus was on empowerment, creativity, and spontaneity.

Perhaps one of the most compelling outcomes of the performance was that other veterans dealing with mental health issues saw the men onstage as role models for what might be achievable. The staging of their stories thus became, for some of the soldier-actors, an act of moral revival in which the trauma story and the journey towards change shifted how they saw themselves from moral victim to role model. The performance enabled them to review how their own personal story might be contextualized in a public forum, and reinforced a strength-based view that storytelling could be experienced as a way of reintegration with the broader community.

Notes

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