War Narratives: Veteran Stories, PTSD Effects, and Therapeutic Fly-Fishing

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Abstract (summary)

Translate Abstract

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Keywords: Nanatology, narrative analysis, effects of war, PTSD treatment, outdoor recreation

As the United States has engaged in continuous conflicts overseas for over a decade, the physical and psychological trauma facing returning veterans and enlisted personnel between deployments is steadily increasing as advancement in military equipment and strategies have resulted in a higher number of survivors than in previous wars (Fisher, 2010; Meagher, 2007). Researchers took a stance that there are three unique roles that the field of recreational therapy can take in response to this trend:

1) The offering of service provision with an engaged recreational treatment in direct response to the need of veterans or enlisted personnel.

2) The study of those programs of treatment to educate and assess the nuanced ways to address issues associated with physical and psychological trauma.

3) The presentation of the experiences of those receiving treatment, and possibly, those providing treatment to ensure that not only a human or person-first approach is always present but to also ensure that the details contained in those experiences are considered for future service provision and study.

Working within a framework of narratology (narrative theory; Culler, 2001), this study is a gathering and analysis of 67 letters of veterans as they concluded their participation in a therapeutic fly-fishing program in Dutch John, Utah along the Green River. The program services female and male veterans with confirmed diagnoses of posttraumatic stress disorder (PTSD) who served overseas in each branch of the Armed Forces (except the Coast Guard) during Operation New Dawn (OND or Iraq), Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF or Afghanistan), Operation Desert Storm (Desert Storm or Gulf War 1), Operation Desert Shield (Desert Shield or Gulf War 2), and Vietnam (Viet Nam or Nam). The collected stories were analyzed based on a three-part process of reading: (a) explication (What do the letters say?); (b) explanation (How do the letters say what they say?); and (c) exploration (What is the reaction/response to the letters to readers and ourselves as researchers?) (Czarniawska, 2004).

This analysis approach presented a uniquely constructed narrative perspective of veterans as they participated in treatment. The analysis also presented a brief opportunity to view and compare stories between those engaged in each of the wars, in particular OIF, OEF with Desert Storm and Vietnam but also those who have been deployed multiple times across campaigns. The study systematically analyzed the veterans' stories to present a narrative and set of themes that would inform and guide future empirical studies on the realities of veterans, their experiences within programming, and perspective on treatment outcomes from therapeutic recreation programs. The stories of veterans that are constructed into this narrative do not seek to present a set of universal truths but more an exploration of what the traumatic and post-traumatic stories are "telling [that] reveals about how the past affects the present" (Sturken, 1997a, p. 2).

Review of Literature: Veterans with PTSD and Treatment

PTSD as defined by the Diagnostic Statistical Manual, Fourth Edition (DSM-IV) states that a person has to experience or witness a traumatic event that puts the person's life in actual or threatened danger, or a situation that poses a threat to others. Symptoms of PTSD cluster into three areas: (a) reexperiencing; (b) hyperarousal; and (c) avoidance/emotional numbing. Re-experiencing a traumatic event can include nightmares, flashbacks, or hallucinations. Hyperarousal symptoms can include difficulty concentrating, hypervigilance, high startle response, or difficulty falling asleep. Avoidance/ emotional numbing symptoms include avoiding thoughts, feelings, places, or people that are reminiscent of the trauma or reduced interest in activities. These symptoms must be occurring for over a month and cause significant impairment to occupational, social, or other areas of functioning. Acute PTSD symptoms occur for less than three months and chronic PTSD symptoms occur for more than three months (American Psychiatric Association, 2000). Due to the nature of warfare, combat experiences are a traumatic event that has been known to cause PTSD symptoms.

Veterans with PTSD

Combat-related PTSD symptoms were recognized as far back as the Civil War. PTSD symptoms from the Civil War were known as "soldier's heart." Soldiers experiencing PTSD symptoms from World War I were known as "combat fatigue" or "shell shock" and after World War II it was known as "battle fatigue" or "gross stress reaction" (Hyams, Wignall, & Roswell, 1996). However, PTSD was not recognized as an official diagnosis until 1980 when the American Psychiatric Association added it to the DSM (Hyams, et al., 1996). Most individuals in upper-level positions in the military or the medical field thought that these returning military enlisted personnel were just cowardly or were weak (Hyams, et al., 1996). Even today, PTSD has a negative stigma of personal weakness and only about half of the soldiers experiencing PTSD symptoms seek professional treatment (Johnson et al., 2007; Tanielian & Jaycox, 2008).

Since October 2001, over 1.6 million men and women have been deployed to OIF, OEF, and OND (Tanielian & Jaycox, 2008). The wars in Iraq and Afghanistan are said to be the most psychiatrically and physically damaging wars the United States has ever experienced (Aronson, 2005; Warden, 2006). Also, veterans with PTSD are four times more likely to commit suicide (Hendin & Haas, 1991). According to a report for the Department of Defense, more troops in 2009 committed suicide than were killed in Iraq and Afghanistan combined (Kinn, Luxton, Reger, Gahm, Skopp, & Bush, 2011). Being physically wounded in war has a positive relationship with experiencing symptoms of PTSD (C W Hoge et al., 2004; Klein, Caspi, & Gil, 2003). PTSD is being called one of the 'signature wounds' of OIF/OEF. The prevalence of PTSD among OIF/OEF is estimated to be 18.5% (approximately 300,000 veterans) (Tanielian & Jaycox, 2008). PTSD symptoms can negatively affect veterans' quality of life (Schnurr, Lunney, Bovin, & Marx, 2009).

The negative effects of PTSD are numerous and impact a variety of important life domains including social life, family life, and work life (Schiraldl, 2009). Veterans with PTSD have lower family functioning and more conflict in their relationships than veterans without PTSD (Evans, Cowlishaw, Forbes, Parslow, & Lewis, 2010; Friedman, 2006; Jordan et al., 1992). Veterans with PTSD are less expressive, less cohesive, more violent, and twice as likely to be divorced then veterans without PTSD (Carroll, Rueger, Foy, & Donahoe, 1985; Jordan et al., 1992; Kulka et

al., 1990; Solomon et al., 1992). Divorce rates for OIF/OEF troops has increased 28% from 2003 and 53% from 2000 (Zoroya, 2005). However, veterans are not the only ones affected by PTSD symptoms.

Significant others of veterans with PTSD also report more issues compared to significant others of veterans without PTSD. They mentioned less satisfaction with their lives, more relationship distress, intimacy difficulties, psychiatric symptoms, impaired social relations, and problems with their relationships resulting in more steps toward separation (Jordan et al., 1992; Riggs, Byrne, Weathers, & Litz, 1998; Waysman, Mikulincer, Solomon, & Weisenberg, 1993). According to this research, veterans with PTSD and their significant others experience significant negative side effects from PTSD symptoms. Treatments for PTSD mostly focus on reducing the symptoms of PTSD in the veteran or active duty personnel.

Treatments for PTSD

The main treatments for PTSD are cognitive behavioral therapy (CBT) and anti-depressants (Foa, Keane, Friedman, & Cohen, 2009; Hoge, 2011). CBT helps veterans deal with distressing thoughts about the traumatic event and gain understanding of the traumatic event (Follette & Ruzek, 2006; Tarrier, 2010). There are several types of CBT, including cognitive-processing therapy (Hassija & Gray, 2010), exposure therapy (Taylor, Thordarson, Maxfield, Fedoroff, Lovell, & Ogrodniczuk, 2003), and stress-inoculation training (Hoge, 201 1). Exposure therapy is used to reduce levels of anxiety and fear connected with triggers for the traumatic event (Foa, Dancu, Hembree, Jaycox, Meadows, & Street, 1999). In exposure therapy, veterans confront the triggers by exposing them to pictures of the traumatic event or having them imagine the traumatic event (Foa et al., 2009; Taylor et al., 2003). This technique helps the veteran deal with anxiety and fear by teaching them that anxiety and fear will decrease over time (Tarrier, 2010). Relaxation techniques are also taught to help veterans manage anxiety and fear (Tarrier, 2010; Taylor et al., 2003). Another CBT therapy is cognitive-processing therapy (CPT).

CPT is a 12-session therapy that combines cognitive therapy with exposure therapy (Harvey, Bryant, & Tarrier, 2003). CPT uses cognitive therapy to help veterans deal with the conflict between post-trauma beliefs and pre-trauma beliefs (Fao et al., 2009; Hassija & Gray, 2010). A common pre-trauma belief is that the world is a good place. A common post-trauma belief is that it is not safe. Next, CPT uses exposure therapy to have the veteran write a detailed account of the traumatic event often in the form of a story (Buckley, Blanchard, Neill, 2000; Resick & Schnicke, 1996). This story is then repeatedly read, out loud, by the veteran. Errors in thinking are identified and addressed with the therapist to help facilitate cognitive restructuring (Resick & Schnicke, 1996). Another commonly used CBT therapy is called stress-inoculation therapy (SIT).

SIT is used to help veterans increase confidence in coping with anxiety and fear from traumatic triggers (Foa et al., 1999; Tarrier, 2010). SIT helps veterans become aware of what triggers anxiety and fear (Foa et al, 2009). Also, veterans are taught a variety of coping skills to manage anxiety, including deep breathing and muscle relaxation (Hoge, 2011; Tarrier, 2010). The SIT therapist helps veterans identify triggers as soon as they occur so each veteran can implement

coping skills immediately (Foa et al., 1999). This helps veterans deal with anxiety earlier before it gets out of control (Tarrier, 2010). PTSD is also treated with antidepressants.

Antidepressants used for veterans with PTSD are called selective serotonin reuptake inhibitors (SSRIs; Hoge, 2011; Marshell, Beebe, Oldham, & Zanielli, 2001). SSRIs help the veteran feel less worried and sad. SSRIs do this by raising the level of serotonin being absorbed by the brain (Marshall, et al., 2001). SSRIs have several side effects including upset stomach, diarrhea, appetite suppression, feeling anxious, problem sleeping, and/or headaches (Hoge, 2011; Masand & Gupa, 2002). The worst side effect of SSRIs is thoughts or attempts of suicide (Ferguson, 2001; Lane, 1998). SSRIs reduce symptoms of PTSD for about 20% to 30% of veterans (Marshall et al., 2001; Stein, Kline, & Matloff, 2002). No one form of therapy works for everyone with PTSD thus professionals are in need of multiple approaches to treat veterans (Hoge, 2011). Veterans may need to go through several different types of therapies before they find the one or combination of therapies that works best for their condition and needs (Foa et al., 1999; Tarrier, 2010).

An Example of Activity As Treatment

Many veteran-focused recreational therapy programs are dedicated to designing and implementing rehabilitation interventions in the outdoors (Hawn, December 2008). The goal of the therapeutic fly-fishing program used in this narratological study is to provide an intervention that can improve veterans' quality of life including: (a) rediscovering a purpose in life; (b) improve interpersonal relationships; (c) achieve success; (d) ease transition to civilian life; (e) improve functional ability; and (f) progress toward recovery. The program is experienced in Northeastern Utah on the Green River. Each trip consists of six veterans or active duty participants who engage in fly-fishing for two days with a professional guide. The program covers the cost of meals, transportation, lodging, and fly-fishing guides through donations and sponsorship.

Study context. It is important to differentiate between the use of letter writing within the fly-fishing program and this narratological study of participant letters from the fly-fishing program. Veterans either voluntarily seek the program or are recommended by another veteran or a Veteran Administration Hospital. The fly-fishing program is not designed with intentions of conducting research nor are the activities (such as letter writing) developed and implemented for any other purpose than treatment. Following the guidelines of the university's Institutional Review Board (IRB), a narratological study of participants' letters was approved pending veteran's consent to reproduce letters for research purposes. In addition, names on the letters were blocked out as per the specification of the IRB approval. Each veteran was asked if his or her letters to sponsors could be copied and used for this study. It was explained that the letters were to be reviewed and analyzed for a potentially published study on their stories in dealing with PTSD and their experiences with fly-fishing as a treatment. The explanation was preceded with an opportunity to refuse the use of their letters. However, all 67 veterans from the summer of 2010 program gave permission for the use of their letters. The content of any CPT letters written by the veterans or experiences observed by the researchers were not utilized as part of this study.

Program letters. On the last night of the program, the participants are asked to hand write a letter to the individual or organization who donated money for the veteran's trip. Although the letters are not mandatory, all of the participants are typically very willing to write a letter after their .experiences. These letters are then scanned and saved by the program's staff. The original handwritten letter, along with a photo of the participant holding a fish, is sent to the sponsor. The content of the letter is determined by each veteran and stands separate from a CPT letter intended to discuss the veterans' war experiences and traumatic event (Tarrier, 2010). Thus, the content of the letter presented an unscripted format of what is on the mind of the veterans, as they addressed the sponsors, which could range from general appreciation for the opportunity of the trip, general enjoyment of the fly-fishing experience, or a restatement of their experiences with PTSD.

Methodology: Narratology and the Value of Stories

Within a narratological framework, 67 program letters were read, analyzed, and constructed into a narrative on the effects and treatment of veterans with PTSD (Culler, 2001). Each letter was read a total of three times to ensure that content, sequence, and handwriting was understood before progressing to the actual analysis. In doing so, this study utilized techniques to address similar concepts to validity and reliability in qualitative inquiry, often referred to as trustworthiness and verification (Merriam, 2009). The techniques focused on establishing a dual process for: a) trustworthiness through the use of credible methods for narrative analysis; b) verification in presenting evidence of the proper use of the letters and analysis of their content; and, c) that both trustworthiness and verification achieved a respect to the personal nature of the letters and the experiences they described.

The first level of trustworthiness was achieved through the design of the study with one co-investigator serving as staff for the program during the period in which the 67 veterans participated. This allowed the investigator to receive direct permission from participants on the use of their letters for the purposes of this study (Merriam, 2009). In working as staff for the program, a relationship was established that allowed the veterans to see and value the opportunity to share their letters with a larger audience than just the donors. While the first level of verification was through the actual interpretation of the letters that was conducted away from the program site by the second co-investigator who did not have a formal relationship with the fly-fishing program in order to create a distance from the veterans' experiences. This provided an opportunity to prevent an assumption of meaning based on familiarity and to establish a clean audit trail during analysis and thematic coding. The audit trail was based on an analysis and interpretation of all 67 available letters for maximum variation rather than an analysis based on a saturation of responses of a select sub-set of letters (Merriam, 2009).

This was followed by a second level of trustworthiness, with a solicitation of two colleagues unaffiliated with the study and familiar with narrative analysis. They reviewed and examined the letters and tables to verify that the emerging themes were plausible. Further, their review also sought to ensure that the interpretations reflected a cautious attempt to be free of political stances on PTSD, war, patriotism, or specific veterans' comments that reflected "the worlds [and views] of the veterans." The first co-investigator provided a second level of verification by reviewing the second co-investigator's interpretations of letters. This information was then placed in a table

format so that the accuracy of content could be conferred and compared directly with the written text (see Table 1) (Merriam, 2009).

The unscripted content of the program letters provided researchers an opportunity to read the qualitative aftereffects of treatment, ongoing struggles with PTSD, and perceived benefits of the program. Although there are varying perspectives on narrative theory (Coles, 1989; Mishler, 1991; Reissman, 1993), all perspectives agree that the stories that are given to us as researchers from respondents, participants, and people representing unique experiences are of value in sociological research on the linguistic accounts of the human experience (BaI, 1990; Clandinin & Conelly, 2000; Franzosi, 1998).

Importance of Narratives

A survey or questionnaire may yield responses to specific questions that offers us data on the numbers of clients that "think" or "feel" but stories offers us detailed accounts of those "thoughts" and "feelings" and any nuances that cannot be found from surveys and questionnaires. The chief aim of empirical studies in recreational therapy is to improve best practices. Narratology, narrative analysis, and narrative construction are additional ways that those empirical studies could be informed. For example: (a) as the evidence and importance of social support in narrative description interviews with campers (Roberson, 2010); (b) the scripting of a personal narrative of personal choice and freedom while undergoing rehabilitation (Lawson, Delamere & Hutchinson, 2008; Voelkl, 2008); (c) uncovering cross-cultural issues in receiving treatment and care (Dieser, 2002); (d) countering unrealistic portrayals of post-injury or event with realistic narratives of recovery (Hutchinson & Kleiber/ 2000); and (e) the role that narrative can have in assisting future clients in constructing their own stories and establishing new ways of learning post-treatment (Luckner & Nadler, 1995).

Narratives serve as a skeleton of life events that are given a logical and chronological order to present knowledge and convey an understanding (Chatman, 1978; Cohan & Shires, 1988; Toolan, 1988). BaI (1990) provides those utilizing narratology with a hierarchy of: (a) story; (b) text; and (c) narration as the crucial aspects of a narrative. Narratology presents two key distinctions in structure:

1) That the story that is comprised of events, people, and locations.

2) That the discourse that is given a context by the format of the presentation (e.g., this manuscript, a conference presentation or a documentary), the manner the story is being told, and the purpose for retelling the story (Chatman, 1978).

Methods: Narrative Analysis

As Chatman (1978) stated, "for many narratives, what is crucial is the tenuous complexity of actual analysis rather than the powerful simplicity of reduction" (p. 94). In analysis we are not simply restating what has been said to us as researchers but asking, "Why was it said to us?" With this in mind, the first step in analysis is creating a chronological table for each story (in this case each letter from a veteran in the program) of: (a) finite verbs; and, (b) dynamic verbs that

depict the conveyed events (see Figure 1 for an example of a veteran's letter as recommended by Franzosi, 1998).

The collected narratives were then analyzed based on a three-part process of reading: (a) explication (see Figure 1: "What do the letters say?"); (b) explanation (see examples within Table 1: "How do the letters say what they say?"); and (c) exploration (Conclusory findings and statements: "What is the reaction/response to the letters to readers and ourselves as researchers?") (Czarniawska, 2004).

This analysis approach presented a uniquely constructed perspective of a recreational therapy program for veterans from the actual stories of the participants as they participated in treatment for PTSD. The analysis also presented a comparison of the stories between those engaged in various campaigns OIF, OEF, OND, Gulf War 1 and 2, and Vietnam. Further, the narrative of this manuscript on the stories of veterans sought to present their unique identity as they struggle with, seek treatment for, and overcome PTSD (Schiffrin, 1996) to influence and broaden our understanding of how individuals articulate their struggles with PTSD (Simmons, 2011). The biography of the veterans' lives that is told in narration is given meaning to elicit action within the field of recreational therapy (Arendt, 1998).

Thematic Findings

Because of this, as Barthes (1966) stated, "narratives of the world are numberless" and represent a number of discourses of a phenomenon (p. T). What are narratives? The stories of people are "representations of a set of events or a series of events" (Abott, 2002, p. 12) that are given a certain context or depiction by the narrator (researcher) in their recounting (Cobley, 2001). Stories never have innocently placed sequences or sets of events but have implied casual sequences that are presented with a reason. Things happen because of some other "thing" or only after some other "thing." Thus, when the storyteller explains them, their intention in giving an order to those events or occurrences, is an entryway to a narrative thematic analysis (Halliwell, 1987). In analyzing 67 veterans letters post-treatment, four distinct themes emerged:

1) The necessity of camaraderie while undergoing treatment.

2) The ongoing presence of regret.

3) The process of reflection in reconciling memory.

4) The benefits from outdoor recreational activity participation.

Necessity of camaraderie. As all 67 letters were read three times, it was abundantly clear that veterans and enlisted personnel sought or responded to interaction with other veterans or enlisted personnel. A Desert Storm veteran stated,

Due to my service in Desert Storm, I have become very withdrawn from family, friends, and life over the years since my war ended ... spending time with other vets that have went through the same things I have at different times has helped me understand more that I am not the only one

and I can have my guard down and few hours in the day that I can act and be like I was before I was injured.

The branch of the armed forces that they were enlisted in, the war of engagement, the location that they were deployed to, or their respective age did not seem to be important or the basis for this interaction. In fact, others who never have served were accepted into group activities when there was also the presence of other veterans or enlisted personnel. An OIF veteran commented, "just being around other vets, the staff, and guides has made me feel alive for the 1st time since... 2004." The valuation of these new relationships increased if the veteran or enlisted personnel were also diagnosed with PTSD but it was not a necessary component to friendship or bonding. Participation in a recreational activity only enhanced the line of communication and other benefits associated with the interaction rather than "just sitting around in a circle" discussing their problems. However, this desire or appreciation for interacting with others who served should not be surprising as most began training or operated within some form of a group (unit, platoon, battalion, company, etc.). For example, a recently returning National Guardsman disclosed,

In the beginning of the weekend, it was a group of strangers. As the weekend progressed, we all become closer through the common bond of fishing together. Sometimes its hard to pick fishing buddies. But you look for some qualities . . . most importantly is reliability. Someone who you can count on to be there and go fishing with when life stresses you out. These are qualities ... that vets already possess so they become natural fishing buddies.

Thus how they went into war may be thought of as crucial approach of how they could come out of it, within some formal grouping.

Presence of regret. As we are aware that one significant aspect of PTSD is the recurring psychological effects associated with a war-related event, several veterans seemed to compound their mental stress with perceptions of post-war "regrettable" events. These events consisted of regrets about: (a) not being a good spouse or parent (b) leaving their family or job, and (c) missing a range of opportunities.

As mentioned earlier, tied to the presence of regret, spouses of veterans with PTSD reported experiencing significantly more issues (Riggs, Byrne, Weathers, & Litz, 1998; Zoroya, 2005). A Vietnam veteran discussed,

I am trying to deal with PTSD ... for my family's sake. I have made it very hard on them for a very long time now. This very short weekend has done more for me than all the doctors and shrinks have since my return home. Hopefully it helps my family also.

As they struggled with treatment for PTSD, they also struggled with coping with "perceived" failure. This repeated sentiment of regret only reinforces the important notion of treatment that emphasizes functionality in the "real-world" and the "now" while processing how the "now" is based on war-related trauma (Kilshaw, 2006). A Naval Fleet Marine Corpsman and medical personnel from OIF wrote,

During one of those missions we sustained gunfire, and two of my Marines were shot. I was devastated that having to choose to save one over the other and my inadequacies of not being to save both of them haunts me to this day. I tried to find solace ... [but] to no avail. While the physical injuries have healed, my memories - PTSD leaves me with stress, pain, anxiety, anger, irritability, and frustration I deal with on a daily basis ... [while] getting frustrated over hooking everything [for fishing] ... I never noticed the stress and frustration had been replaced by fun, happiness, and relaxation.

However, despite the anger or sadness that was associated with regret, the regret was based on a desire to have a better life. A few of the veterans found a new sense of achievement as they promoted, recruited, or volunteered for the treatment agency as opposed to just being recipients of care. One Desert Storm veteran concluded his letter, "I believe I have been able to convince local veterans from Utah to also seek help."

Process of reflection. As Hynes (1997) stated, "war narratives by their nature are retrospective," thus, the memory of the war given to a researcher for narrative construction automatically requires a recollection (p. 4). This retrospective recollection is coupled with the "reliving" of a traumatic event that has led to PTSD. The storytelling attempted to make sense of these two types of memories. Within the letters, reflection enabled the veterans to differentiate the two memories. Their anger about their condition (or the effects of PTSD or failed treatment for it) was not transferred to their service and enlistment even if they were deployed multiple times. One U.S. Army veteran, wounded in his first four hours for OEF, stated that they had proudly served since 1978 with "several conflicts, six tours/campaigns."

While a 14-year veteran of the Army with two deployments to Iraq reconciled,

I have been with my moods, dreams, and depression for the first 7 years. I have been hospitalized for suicidal thoughts twice and suffer from chronic pain. During this spectacular 2-day excursion, I have not felt distressed or sad. I even went without my medication and had the best 2 days of my last 7 years. So that I may get my fellow solider up here for remedy and experiencing the life changing benefits.

However, the ability to reflect on themselves is dependent on "the passage of time and establishment of distance from the remembered self" (p. 4). Another Vietnam veteran reflected,

I know I should not have made it home in one piece. But somehow I did. I should have died at least 10 times in the 12 months I was in Vietnam. I am pretty sure I had a angel on my side.

Those who served in Vietnam, Desert Storm, or were in their fifth deployment seemed to be able to process the war, their injuries, the effects, etc. at a greater level than those who served in the most recent wars for less than five deployments.

Outdoor activity participation. The combination of nature and physical activity seem to be the most salient experience from the treatment at the program. As one Marine from a 2008 tour in Afghanistan stated,

After suffering major back and leg injuries. Ever since then doing physical and outdoor activities has been a rare thing for me. Coming to Utah has really given me an awesome opportunity to be outside enjoying my natural surroundings and to learn how to fly fish... thanks to these trips I can now go back home and continue to build on what I learned here. There is no better feeling than fishing and relaxing once again.

To fish, fly-fish, sit in a boat in the river, see the fish, and "take in" the overall scenery had a lasting impact on their overall perceptions of treatment, the positive nature of their interaction with other veterans and treatment staff, as well as their outlook on life post-treatment. An Iraq veteran remarked that the program's activity gave him "the best night [of] sleep in 8 years... [as he] slept an uninterrupted 5 hours." Another National Guardsman who served in Afghanistan mentioned,

I know I will continue to fly fish (even more than I do now) when I get home ... and I will always have great fishing buddy to go with, share our common experiences with and enjoy the healing powers of water and fish.

Conclusion: Searching for Social Meaning in PTSD Research

The development and use of narrative in recreational therapy and the Therapeutic Recreation Journal are rare. The use of qualitative forms of inquiry that presents descriptive experiences such as narratology and ethnography can provide researchers and professionals with windows into how people are impacted by disease, illness, injury, care, and navigating through care treatment (Sutherland & Stroot, 2009). One major limitation within the study and program, is the lack of gender, gay, or racially-based narratives as all 67 participants were white and male. The role of serving as a woman and person of color is necessary to understanding a potential relationship with gendered and cultural experiences with dealing with PTSD. However, serving as a non-heterosexual, pre- and post- "Don't Ask, Don't Tell," may provide us with additional nuances to the effects of the disorder in identity, social relationships, and response in treatment. Although the program serves all veterans regardless of background, enrollment tends to be overly represented by those who identify themselves as white, male, and straight. In agreement with Dieser (2002), cross-cultural representation is highly important in providing crosscultural competence for disorders that clearly do not discriminate. With the need for a wider representation mind, these forms of inquiry can provide: (a) a significance of narrative to practice; (b) emphasize the importance of recreation in therapy through narrative; and (c) raise the awareness of counterHollywood war narratives.

For sociologists rather than historians, we are looking for the meaning of an experience as opposed to historical fact (Hynes, 1997; Rowe, 1986). In particular for leisure researchers, we are looking for the meaning of the unique experience of recreation in the lives of participants. In regard to this study, the aim is to give context to the impact of PTSD and the role of a program in assisting those with the disorder in overcoming or alleviating the impact. Further, the study advances an understanding of the role of warfare on developing PTSD, the memories contained in the stories, and the basis for the veterans in pursuing a recreational therapy program for assistance (Zur, 1987). This intent of presenting a narrative is ours as researchers as opposed to those of the soldiers who wrote the letters (and told their stories). Most veterans minimally desire

to educate or make aware those beyond the program (O'Brien, 1998). The construction of narratives by researchers enable these stories to gain an audience, albeit not the initial intention of the veterans, that can affect professionals and treatment providers.

The General Significance of Narratives in Treatment

A 20-year old Marine veteran commented that he

> Spent [his] 18th birthday in boot camp ... after returning home [from Iraq] ... things started slipping from my grasp and I sought help from many different sources from family to the Veterans Affairs. My treatment from the VA system was not what would be expected from an organization who has that much experience with troubles vets face returning. I was able to meet a great group of friends from the support group but that is about the extent of the "therapy" I received and gave up on the VA all together. I looked anywhere... [this] program has been the most effective attempt at treating PTSD.

Care provision, in particular PTSD treatment, is a highly personal and human endeavor that cannot be overlooked in the practice of health care systems. The process of letter writing and storytelling is a useful form of therapy that empowers those dealing with trauma to confront their past events in a supportive environment (Etherington, 2003). While the process of constructing narratives from those stories allows researchers and practitioners an opportunity to "view" recurring themes and make adjustments based on the input contained in the solicited stories. For programs that utilize story writing and telling, it may be useful to begin two processes: (a) allowing veterans returning to the program to reread their previous letters; and (b) allowing new program participants to read letters from previous program participants. By allowing the letters from previous visits and previous program participants to be read by current program participants, the creation of a personal process of reconstructing their views of their own perspectives could be achieved through the comparison with other experiences like their own. A collective and multilevel consciousness of PTSD's event initiation, effects, and progression to recovery may begin to override the unconscious effects of PTSD (Gentry, 2005; Jung, 1980).

Emphasizing the Role of Recreational Narratives in Treatment

Several letters highlighted the duplication of the recreational interaction in nature with veteran-peers in their hometown while other veterans planned on self-funded return trips to the fly-fishing program. The environment as much as the actual structure of the care (activity-based) were components that deserve further attention in future studies. Following the outdoor experience, providing time and space for those dealing with PTSD to create stories of their experiences pre-, during, and post-event also allows for the active integration of self-reconciliation of past events due to the "healing" nature of the outdoor environment (Lawson, Delamere & Hutchinson, 2008; Voelkl, 2008). This program utilized fly-fishing as its principle activity but there have been other forms of recreation that have also been noted with a similar positive effect, such as: sandplay (Boik & Goodwin, 2000; Moon, 2006); outdoor adventure (Sutherland & Stroot, 2009); and the engagement in sports for fitness and not competition (Camahan, August 2008). Through some form of recreation, the processing of their past events enables the veteran to be an active partner in their care along with practitioners

(Luckner & Nadler, 1995). In addition, the use of narratives within treatments that incorporates recreation allows the development of a therapy that lessens the emphasis of PTSD and the direct recollection of the traumatic event but increases the emphasis of the restoration of a healthy lifestyle.

Countering and Continuing Discussions on War Narratives in Research

Major or significant life events become stories that are products of repeated memories that could often be painful, vivid, and hidden in regards to experiences associated with warfare (Hoffman, 2005). The influence of memory in the delivery of a story that will be used for narration can also impact the manner of the analysis by directing the researcher to points and contexts that alter perceptions of time and location by making the story seem local as opposed to distant (Boyarín, 1994; Thelan, 1989). The stories of veterans with PTSD become less remote from our own experiences without PTSD through the construction of narrative. The reconstruction of memory by the veterans as stories told to researchers may yield some altering of facts but their recollections still have meanings that directly or indirectly provide researchers understanding of an overall experience, especially experiences tied to warfare (Lomsky-Feder, 2004). However, there ought to be consideration of how media sources, such as Hollywood films, have also influenced the storyteller as much as the analysis conducted by the researcher and development of the subsequent narrative (Lindner, 2009; Sturken, 1991; Sturken, 2004; Sturken, 1997a; Swofford, 2003). War veterans' memory and recollection can be different even if they were deployed within the same area or group. This increases the importance of the individual analysis of each story and the identification of the value of each story as a stand-alone story prior to developing a collective narrative.

War stories from past wars that involved the U.S. armed forces have been noted in regard to Vietnam (Ringnalda, 1994; Spade, 1975; Stacewicz, 1997; Sturken, 1997b; Wolff, 1994). Further, there are a multitude of stories and narratives on the comparison of experiences of veterans from World War II and Vietnam (Ashplant, Dawson & Roper, 2004; Seaton, 2006). Some sources have compared Vietnam to the wars in Iraq (Apply, 2007). However, there continues to be a paucity of studies on more recent wars. Yet due to the familiarity and growing concern of illness (Gulf War Syndrome) and disorder (war-related PTSD), the study of these wars and their psychosocial impacts are increasing (Kilshaw, 2006). Lastly, the salience of OIF and OEF in our current psyche has been fueled by an overabundance of popular films coupled with the scarcity of narratives that have been studied. This disparity, the ending of certain wars with the recent announcement concerning Iraq, and the subsequent return of veterans provides the importance for this continued discussion to take place within leisure research, and specifically recreational therapy circles (Apply, 2007; Augustin & Kubena, 2006; Lindner, 2009; Swofford, 2003).

References

References

Abort, H. P. (2002). The Cambridge introduction to narrative. Cambridge, MA: Cambridge University Press.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.

Apply, C. G. (2007). Class wars. In L. C. Gardner & M. B. Young (Eds.), Iraq and the lessons of Vietnam: Or, how not to learn from the past (pp. 136-149). New York: The New Press.

Arendt, H. (1998). The human condition (2nd ed.). Chicago, IL: University of Chicago Press.

Aronson, R. (Writer). (2005). The soldier's heart [Television series episode]. In M. Sullivan (Producer), Frontline. Boston: WGBH.

Ashplant, T., Dawson, G., & Roper, M. (2004). Commemorating war, the politics of memory. New Brunswick: Transaction Publishers.

Augustin, B., & Kubena, J. (2006). Iraq: Enchantment of the world. New York: Children's Press.

Barthes, R. (1977). Introduction to the structural analysis of narratives. Communication, 8, 7-33.

BaI, M. (1990). The point of narratology. Poetics Today, 11, 727-753.

Boik, B. L, & Goodwin, E. A. (2000). Sand tray therapy: A step-by-step manual for psychotherpists of diverse orientations. New York: W. W. Norton and Company.

Boje, D. M. (2001). Narrative methods for organizational and communication research. London: Sage Publications.

Boyarín, J. (1994). Space, time and the politics of memory. In J. Boyarín (Ed.), Remapping memory: The politics oftimespace (pp. 1-37). Minneapolis, MN: University of Minnesota Press.

Buckley, T. C., Blanchard, E. B., & Neill, W. T. (2000). Information processing and PTSD: A review of the empirical literature. Clinical psychology review, 20(8), 1041-1065.

Carnahan, A. (2008, August). Triumph over trauma: Injured war veterans overcome insurmountable odds using recreation to stay fit and on top of their game. Parks & Recreation, 43 (8), 50-53.

Carroll, E. M., Rueger, D. B., Foy, D. W, & Donahoe, C. P. (1985). Vietnam combat veterans with posttraumatic stress disorder: Analysis of marital and cohabitating adjustment. Journal of Abnormal Psychology, 94, 329-337

Chatman, S. (1978). Story and discourse - Narrative structure in fiction and film. Ithaca, NY: Cornell University Press.

Clandinin, J. D., & Connelly, F. M. (2002). Narrative inquiry-Experience and story in qualitative research. San Francisco, CA: Jossey-Bass.

Cobley, P. (2001). Narrative. London: Routledge.

Cohan, S., & Shires, L. M. (1988). Telling stories: A theoretical analysis of narrative fiction. New York: Routledge.

Coles, R. (1989). The call of stories. Boston, MA: Houghton Mifflin.

Culler, J. (2001). Story and discourse in the analysis of narrative. The pursuit of signs: Semiotics, literature, deconstruction (pp. 188-207). London: Routledge.

Czarniawska, B. (2004). Nanatives in social science research. London: Sage Publications.

Dieser, R. B. (2002). A personal narrative of cross-cultural experience in therapeuticrecreation: Unmasking the masked. Therapeutic Receation Journal, 36(1), 8496.

Etherington, K. (Ed.). (2003). Trauma, the body and transformation: A narrative inquiry. London: Jessica Kingsley Publishers.

Evans, L., Cowlishaw, S., Forbes, D., Parslow, R., & Lewis, V. (2010). Longitudinal analyses of family functioning in veterans and their partners across treatment. Journal of Consulting and Clinical Psychology, 78(5), 611-622. doi: 10.1037/ a0020457.

Ferguson, J. M. (2001). SSRI antidepressant medications: Adverse effects and tolerability. Primary Care Companion to the Journal of Clinical Psychiatry, 3(1), 22-27.

Fisher, H. (2010). U.S. Military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom. Retrieved fromhttp://www. fas.org/sgp/crs/natsec/RS22452.pdf.

Foa, E. B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. Journal of consulting and clinical psychology, 67(2), 194-200.

Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2009). Effective treatment for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies (2nd ed.). New York, NY: The Guilford Press.

Follette, V. M., & Ruzek, J. I. (Eds.). (2006). Cognitive-behavioral therapies for trauma. New York, NY: The Guilford Press.

Franzosi, R. (1998). Narrative analysis - Or why (and how) sociologists should be interested in narrative. Annual Review of Sociology, 24, 517-554.

Friedman, M. J. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. The American Journal of Psychiatry, 163(4), 586-592.

Gentry, E. (2005). Compassion fatigue: Our Achilles' heel. In J. Webber, D. Bass, & R. Yep (Eds.), Tenorism, trauma, and tragedies: A counselor's guide to preparing and responding (pp. 117-122). Alexandria, VA: American Counseling Association Foundation.

Halliwell, S. (1987). The poetics of Aristotle: Translation and commentary. London: Duckworth.

Harvey, A. G., Bryant, R. A., & Tarrier, N. (2003). Cognitive behaviour therapy for posttraumatic stress disorder. Clinical Psychology Review, 23(3), 501-522.

Hassija, C. M., & Gray, M. J. (2010). Are cognitive techniques and interventions necessary? A case for the utility of cognitive approaches in the treatment of PTSD. Clinical Psychology: Science and Practice, 17, 112-127.

Hawn, R. (2008, December). Welcome home, soldier, local agencies team up to help wounded war veterans heal. Parks & Recreation, 43(12), 34-39.

Hendin, H., & Haas, A. P. (1991). Suicide and guilt as manifestations of PTSD in Vietnam combat veterans. The American Journal of Psychiatry, 148(5), 586-591.

Hoge, C. W. (2011). Interventions for war-related posttraumatic stress disorder. The Journal of the American Medical Association, 306(5), 549-551.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. New England Journal of Medicine, 351, 13-22.

Hoffman, D. (2005). West-African warscapes: Violent events as narrative blocs: The disarmament at Bo, Sierra Leone. Anthropological Quarterly, 78(2), 328353.

Hutchinson, S. L., & Kleiber, D. A. (2000). Heroic masculinity following spinal cord injury: Implications for therpeutic recreation practice and research. Therapeutic Recreationa Journal, 34(1), 42-54.

Hyams, K. C., Wignall, F. S., & Roswell, R. (1996). War syndromes and their evaluation: From the US Civil War to the Persian Gulf War. Annals of Internal Medicine, 125(5), 398-405.

Hynes, S. (1997). The soldiers' tale: Bearing witness to modem war. New York: Penguin.

Johnson, S. J., Sherman, M. D., Hoffman, J. S., James, L. C., Johnson, P. L., Lochman, J. E., ... Riggs, D. S. (2007). The psychological needs of US military service members and their families: A preliminary report (Presidential task force on military deployment services for youth, families and service members). Washington, DC: American Psychological Association.

Jordan, B. K., Marmar, C. R., Fairbank, J. ?., Schienger, W. E., Kulka, R. ?., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorders. Journal of Consulting and Clinical Psychology, 60, 916-926.

Jung, C. G. (1980). The archtypes and the collective unconscious. (R. C. F. Hull, Trans.). Princeton, NJ: Princeton University Press.

Kilshaw, S. (2006). On being a Gulf veteran: An anthropological perspective. Philosophical Transactions: Biological Sciences, 361(1468), 697-706.

Kinn, J. T., Luxton, D. D., Reger, M. ?., Gahm, G. ?., Skopp, N. ?., & Bush, N. F. (2011). Department of Defense Suicide Event Report, Calendar Year 2010 Annual Report. National Center for Telehealth & Technology, a Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury. Retrieved from http://t2health.org/programs/dodser.

Klein, E., Caspi, Y., & Gil, S. (2003). The relationship between memory of the traumatic event and PTSD: Evidence from studies of traumatic brain injury. Canadian Journal of Psychiatry, 48, 28-33.

Kulka, R. A., Schienger, W. E., Fairbank, J. ?., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). Trauma and the Vietnam War generation. New York: Brunner/Mazel.

Lane, R. M. (1998). SSRI-induced extrapyramidal side-effects and akathisia: Implications for treatment. Journal of Psychopharmacology, 12(2), 192-214.

Lawson, S.; Delamere, F. M., & Hutchinson, S. L. (2008). A personal narrative of involvement in post-traumatic brain injury rehabilitation what can we learn for therapeutic recreation practice. Therapeutic Recreation foumal, 42(4), 236-250.

Lindner, A. M. (2009). Among the troops: Seeing the Iraq War through three journalistic vantage points. Social Problems, 56(1), 21-48.

Lomsky-Feder, E. (2004). Life stories, war, and veterans: On the social distribution of memories. Ethos, 32(1), 82-109.

Luckner, J. L., & Nadler, R. S. (1995). Processing adventure experiences: It's the story that counts. Therapeutic Recreation Journal, 29(3), 175-183.

Marshall, R. D., Beebe, K. L., Oldham, M., & Zaninelli, R. (2001). Efficacy and safety of paroxetine treatment for chronic PTSD: A fixed-dose, placebo-controlled study. American Journal of Psychiatry, 158(12), 1982-1988.

Masand, P. S., & Gupta, S. (2002). Long-term side effects of newer-generation antidepressants: SSRIS, Venlafaxine, Nefazodone, Bupropion, and Mirtazapine. Annals of Clinical Psychiatry, 14(3), 175-182.

Meagher, I. (2007). The war list: OEF/OIF statistics. Retrieved from http://www.ptsdcombat.com/documents/ptsdcombat_war-list_oef-oifstatistics.pdf.

Merriam, S. B. (2009). Dealing with validity, reliability, and ethics. In S. B. Merriam (Ed.), Qualitative research: A guide to design and implementation (pp. 209-236). San Francisco, CA: Jossey-Bass.

Mishler, E. (1991). Research interviewing: Context and narrative. Cambridge, MA: Harvard University.

Moon, P. (2006). Sand play therapy with U. S. soldiers diagnosed with PTSD and their families. In G. Waltz, J. Bleuer, & R. Yep (Eds.), VISTAS: Compelling perspectives on counseling 2006 (pp. 63-66). Alexandria, VA: American Counseling Association.

O'Brien, T. (1998). The things they carried. New York: Random House.

Reissman, C. (1993). Narrative analysis. London: Sage Publications.

Resick, P. A., & Schnicke, M. K. (1996). Cognitive processing therapy for rape victims: A treatment manual. Newbury Park, CA: Sage Publications.

Riggs, D. S., Byrne, C. A., Weathers, F. W., & Litz, B. T. (1998). The quality of the intimate relationships of male Vietnam veterans: Problems associated with posttraumatic stress disorder. Journal of Traumatic Stress, 11(1), 87-101.

Ringnalda, D. (1994). Fighting and writing the Vietnam War. Jackson, MS: University Press of Mississippi.

Roberson, S. G. (2010). Camp processes or mechanisms that bring about reports of social support. Therapeutic Recreation Journal, 44(4), 255-269.

Rowe, J. C. (1986). Eye-witness: Documentary styles in the American representations of Vietnam. Cultural Critique, 3, 126-150.

Schiffrin, D. (1996). Narrative as self-portrait: Sociolinguistic construction of identity. Language in Society, 25, 167-203.

Schiraldi, G. R. (2009). The posttraumatic stress disorder sourcebook (2nd ed.). New York: McGraw-Hill.

Schnurr, P. P., Lunney, C. A., Bovin, M. J., & Marx, B. P. (2009). Posttraumatic stress disorder and quality of life: Extension of findings to veterans of the wars in Iraq and Afghanistan. Clinical Psychology Review, 29(8), 727-735. doi: 10. 101 6/j .cpr.2009.08.006.

Seaton, P. (2006). 'Do you really want to know what your uncle did?' Coming to terms with relatives' war actions in Japan. Oral History, 34(1), 53-60.

Simmons, A. (2001). The story factor: Inspiration, influence, and persuasion through the art of story-telling. Cambridge, MA: Perseus Publishing.

Solomon, Z., Waysman, M., Levy, G., Fried, B., Mikulincer, M., Benbenishty, R., . . .Bleich, A. (1992). From front line to home front: A study of secondary traumatization. Family Process, 31(3), 289-302.

Spade, B. (1975). America in Vietnam: An oral history project. The History Teacher, February, 183-192.

Stacewicz, R. (1997). Winter soldiers: An oral history of the Vietnam veterans against the war. New York: Wayne Publishers.

Stein, M. B., Kline, N. A., & Matloff, J. L. (2002). Adjunctive olanzapine for SSRI-resistant combat-related PTSD: A double-blind, placebo-controlled study. American Journal of Psychiatry, ? 59(10), 1777-1779.

Sturken, M. (2004). The aesthetics of absence: Rebuilding ground zero. American Ethnologist, 31(3), 311-325.

Sturken, M. (1997a). Tangled memories: The Vietnam War, the AIDS epidemic, and the politics of remembering. Berkeley, CA: University of California Press.

Sturken, M. (1997b). Reenactment, fantasy, and the paranoia of history: Oliver Stone's docudramas. History and Theory, 36(4), 64-79.

Sturken, M. (1991). The wall, the screen, and the image: The Vietnam Veterans Memorial. Representations, 35, 118-142.

Sutherland, S., & Stroot, S. A. (2009). Brad's story: Exploration of an inclusive adventure education experience. Therapeutic Recreation Journal, 43(3), 27-39.

Swofford, A. (2003). Jarhead: A manne's chronicle of the Gulf War and other battles. New York: Simon and Schuster, Inc.

Tanielian, T., & Jaycox, L. (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Santa Monica, CA: Rand Corp.

Tarrier, N. (2010). The cognitive and behavioral treatment of PTSD, what is known and what is known to be unknown: How not to fall into the practice gap. Clinical Psychology: Science and Practice, 17(2), 134-143.

Taylor, S., Thordarson, D. S., Maxfield, L, Fedoroff, I. C., Lovell, K., & Ogrodniczuk, J. (2003). Comparative efficacy, speed, and adverse effects of three PTSD treatments: Exposure therapy, EMDR, and relaxation training. Journal of Consulting and Clinical Psychology, 71(2), 330-338.

Thelan, D. (1989). Memory and American history. The Journal of American History, 75(4), 1117-1129.

Toolan, M. (1988). Narrative: A critical linguistic introduction. London: Routledge.

Voelkl, J. E. (2008). "I love pumpkins": The role of therapeutic recreation in Oncology. Therapeutic Recreation Journal, 42(4), 228-235.

Warden, D. (2006). Military TBI during the Iraq and Afghanistan Wars. Journal of Head Trauma Rehabilitation, 21(S), 398-402.

Waysman, M., Mikulincer, M., Solomon, Z., & Weisenberg, M. (1993). Secondary traumatization among wives of posttraumatic combat veterans: A family typology. Journal of Family Psychology, 7, 104-118.

Wolff, T. (1994). In Pharaoh's army: Memories of the lost war. New York: Alfred A. Knopf, Inc.

Zoroya, G. (2005, June 8). Soldiers' divorce rates up sharply: Separation, stress erode marriages, USA Today, p. A1.

Zur, O. (1987). The psychohistory of warfare: The co-evolution of culture, psyche and enemy. Journal of Peace Research, 24(2), 125-134.

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