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Research article

Theatre as a treatment for posttraumatic stress in military veterans: Exploring the psychotherapeutic potential of mimetic induction

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ABSTRACT

Current mainstream treatments for traumatic stress in military veterans are largely inadequate in meeting the needs of veterans who are reluctant to conform to conventional illness-based approaches, including medication. These approaches have been criticized for using rigid techniques that emphasize strict symptom-reduction without considering social and relational factors in veterans' lives. There is thus a need for innovative treatment models for traumatic stress that acknowledge potential sources of resilience and healing in veterans' existing communities. In particular, there is growing evidence that the arts can play an important role in supporting veterans' recovery from trauma. Accordingly, this paper describes a strengths-based group psychotherapy model that uses theatre and specific techniques from classical actor training in combination with empirically-established trauma treatment techniques from cognitive processing therapy and narrative therapy to address posttraumatic stress in veterans. Three case examples of veterans are presented with a focus on the veterans' experiences of mimetic induction, a process through which the narrative representation of fictional encounters simulates real-world encounters at a safe aesthetic distance and thereby fosters self-awareness and positive psychological transformation.

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1. Introduction

The failure of the United States to adequately meet the mental health needs of its military veterans has been identified as a national crisis (Artra, 2014; Caplan, 2011). Twenty-three veterans take their own lives each day, resulting in a death rate from suicide that exceeds the number of combat deaths (Kemp & Bossarte, 2012), and nearly 50,000 veterans are homeless (U.S. Department of Housing and Urban Development, 2014). In addition to being diagnosed with depression at exceptionally high rates (Kaplan, Huguet, McFarland, & Newsom, 2007; Sher, Braquehais, & Casas, 2012), veterans experience rates of posttraumatic stress far exceeding those of the general population (Institute of Medicine, 2014).

Despite growing national awareness of the high prevalence of posttraumatic stress in veterans, there are troubling clinical and epidemiological trends that pose challenges to addressing this serious public health issue. Among the most concerning of these challenges is an over-reliance on pharmacological treatment of posttraumatic stress which has led to a broad range of adverse effects including medication dependency among those seeking treatment and help (Ali, McFarlane, Lees, & Srivastava, 2012; Caplan, 2011; Veterans Affairs Committee, 2014). This trend persists even in the face of evidence demonstrating that interpersonally-oriented talk-based approaches are more effective in the treatment of posttraumatic stress compared to medication (Butler, Chapman, Forman, & Beck, 2006; Caplan, 2011; Institute of Medicine, 2007; Shubina, 2015). A second concerning trend involves the discouragingly high attrition rates for veterans in clinical treatment settings. The latest findings indicate that up to 68% of veterans drop out of clinical treatment for posttraumatic stress (Garcia, Kelley, Rentz, & Lee, 2011; Gros, Yoder, Tuerk, Lozano, & Acierno, 2011). There is thus a need to develop and implement innovative treatment models for traumatic stress that are more accessible and welcoming to a range of traumatized veterans, including those who are reluctant to adhere to conventional illness-based treatment approaches. Accordingly, this paper describes the design and implementation of the DE-CRUIT program, a theatre-based treatment program developed specifically to address posttraumatic stress in military veterans.

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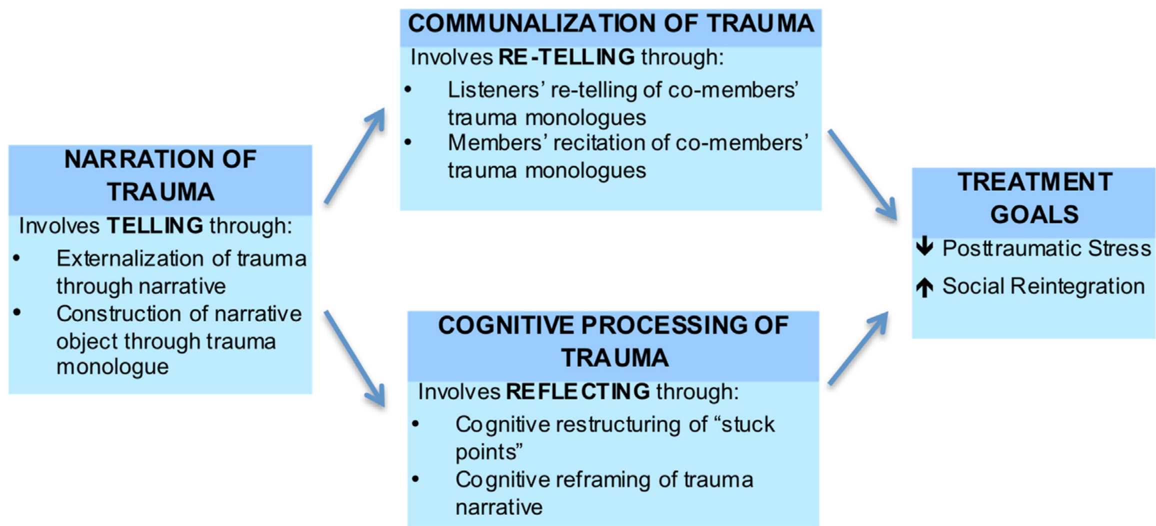

Fig. 1. The DE-CRUIT therapeutic model.

2. The DE-CRUIT program

The DE-CRUIT program was developed by the Veterans Center for the Performing Arts (VCPA) as part of its mission to support veterans in dealing with traumatic stress and reintegrating into civilian life (see Fig. 1 for Therapeutic Model). In order for the military to perform its primary function of training soldiers for combat, it must first indoctrinate them using a systematic process that prepares them for behaving with intent to kill in combat. This process of training and enculturation in readiness for military combat is founded upon camaraderie with fellow trainees by which those who are recruited are progressively numbed to the violence around them, and compassion for those deemed to be the enemy is removed (Bragin, 2010). This process is considered to precipitate a traumatic response by removing soldiers' existing impulse to care about themselves and about the lives of others (Greene, Emslie, O'Neill, Hunt, & Walker, 2010; Shay, 1995). At the end of military service, there is no training for veterans to undo this indoctrination and rejoin society (Caplan, 2011; Wolfert, 2015). The name "DE-CRUIT" denotes the process of de-programming this indoctrination in order to allow veterans to overcome some of the practical and psychological limitations that often accompany immersion in military life.

One identified reason for the persistent rates of posttraumatic stress in veterans is that the isolation commonly experienced by those returning from war is compounded by dominant treatment approaches which focus on an assumed pathology within the individual patient rather than on sources of strength and resilience within veterans' existing and potential communities (Caplan, 2011; Shay, 2003). Such treatment approaches are especially problematic in light of evidence of a significant association between symptoms of posttraumatic stress and levels of loneliness in veterans (Solomon, Bensimon, Greene, Horesh, & Ein-Dor, 2015). The DE-CRUIT program, in contrast, adopts an approach that is *strengths-based* in its orientation toward fostering posttraumatic growth, as well as *veteran-informed* in its use of military-derived concepts that are positively framed through theatre to foster therapeutic camaraderie among group members.

The DE-CRUIT method uses routinized techniques derived from principles of classical actor training (e.g., experiential analysis, symbolic representation, spoken verse) to transform military camaraderie into camaraderie among treatment group members to communalize the process of healing from the trauma of war. During the DE-CRUIT treatment sessions, the clients participate in a range of therapeutic exercises aimed at reducing traumatic stress. For example, clients learn to identify their emotional and cognitive barriers to healing, and they collectively strategize means of addressing them. They also engage in experiential analysis of military trauma through verse. The veterans write their own personal trauma monologues to be performed by the group, and they practice breathing and voice techniques necessary for the recitation and performance of spoken verse.

DE-CRUIT is one of a small number of programs in the U.S. that aim to support veterans' community integration and well-being through the arts. Previous research has demonstrated that theatre-based approaches can be effective in treating the effects of trauma. For example, international findings from the field of drama therapy have shown that dramatic re-enactments of trauma with military veterans can be used therapeutically to enhance clients' levels of confidence and optimism (Balfour, Westwood, & Buchanan, 2014). Johnson (1987) describes the importance of dramatic play in allowing clients to gradually begin to examine the emotionally laden effects of trauma. Similarly, James and Johnson (1997) describe the sense of safety derived by military veterans in drama therapy through the process of allowing clients' emotions to be contained within a dramatic structure and thereby more readily examined.

A related discussion of the possible therapeutic effects of theatre can be found in Oatley's (2001) theory of the psychological benefits of simulated narration. According to this theory, the fictional representation of human encounters and actions, as presented through literature and theatre, provides a deep and immersive simulative experience (Mar, Oatley, & Peterson, 2009). Such narration can be therapeutic in its presentation of a simplified, compressed portrayal of the human world that "takes possession of our deepest and most urgent concerns" (Oatley, 2001, p. 8) that we as emotional beings must struggle with in both our daily challenges and our most profound traumas. Oatley argues that this portrayal is particularly well-articulated in the dramatic works of Shakespeare in that "Shakespeare's great innovation was of theatre as a model of the world" (p. 4). Oatley describes a systematic mechanism through which "Shakespeare designed plays as simulations of human actions. . ..so that the deep structure of selfhood" (p. 1) could effectively emerge. By revealing to us our own selfhood, Shakespeare's verse thus allows us to run simulations that increase our understanding of our human capacities and of the ability that we as humans each have to use our actions to alter the conditions of our lives.

In relation to trauma, and from a psychotherapeutic standpoint, we can additionally draw upon Oatley's (2001) interpretation of Aristotle's notion of *mimesis*, a concept commonly used to describe the imitation of reality through literature (Auerbach, 1953). Oatley interprets mimesis to mean an educative and therapeutic form of simulation that allows us to imagine ourselves in dramatically realized fictional scenarios. In our consideration of the DE-CRUIT model, we invoke the idea of *mimetic induction* (Ali, 2014) as an element of therapeutic experience that uses theatre to provoke positive psychological change in therapy clients. This experience involves immersion in a fictionalized world that approximates clients' own worlds, thereby mimicking, revealing, and eventually transforming their actions, responses and real-life behaviors beyond the in-session therapeutic encounter with self-referential dramatic texts. This self-referential element is particularly intriguing in a therapeutic context because, according to Oatley's theory, encounters with fictionalized narratives allow individuals to "understand and feel, and even change their selfhood, *in their own ways*" (emphasis added) (Djikic & Oatley, 2014, p. 498). The DE-CRUIT program can therefore use dramatic narratives to engage group participants in universal themes pertaining to trauma and recovery that they can then connect to and use therapeutically in ways that are meaningful to them as individuals.

3. Principles and techniques of the DE-CRUIT program

The DE-CRUIT program has served over 200 veterans nationwide since its inception, and it has a consistently low attrition rate of under 10% (Wolfert, 2015). Until relatively recently, the program functioned as an isolated program with no outside collaboration that could foster the dissemination of its results to inform the broader scientific and clinical literature on trauma and veterans. However, in early 2014, a partnership was forged between DE-CRUIT and our university-based team which allowed for the systematic session-by-session manualization of the DE-CRUIT program. This partnership provided an opportunity for DE-CRUIT to formalize both the arts components of the program and the psychological components of the program by articulating it in a manualized format. This formalization through partnership with university-based experts lends a unique quality to the DE-CRUIT program which retains its community-based, grassroots characteristics while additionally integrating into its delivery the latest knowledge from the psychotherapeutic literature. Part of this integration involves articulation of the synergy between the arts-based approach of the DE-CRUIT program and its active use of two current empirically-supported approaches in psychotherapy for trauma: cognitive processing therapy and narrative therapy.

3.1. Cognitive processing therapy for posttraumatic stress

Cognitive processing therapy (CPT) is a form of trauma-focused psychotherapy that helps clients re-frame the content of dysfunctional thoughts related to the trauma they have experienced (known as cognitive "stuck points"), and thereby increase their ability to function free of the self-blame and fear often associated with traumatic response (Monson et al., 2006; Resick, 2001; Resick, Monson, & Chard, 2007). Based on studies showing CPT to be effective in posttraumatic stress treatment in veterans (Chard, Schumm, Owens, & Cottingham, 2010; Monson et al., 2006) and in other populations, including survivors of sexual violence (Chard, 2005; Resick, Nishith, Weaver, Astin, & Feuer, 2002) and women diagnosed with psychiatric conditions (Zappert & Westrup, 2008), CPT was adopted for widespread use in the recent national implementation initiative of the Veterans Health Administration, the healthcare arm of the U.S. Department of Veterans Affairs (VA) (Karlin & Cross, 2014; U.S. Department of Veterans Affairs, 2010).

The highly structured nature of CPT allows for uniform delivery across varying sites and settings, especially when implemented through a manualized approach (Chard et al., 2010; Monson et al., 2006). However, the rigid pathology-based structure of CPT has been criticized by several experts and has been cited as a factor in the high treatment attrition rates among veterans with posttraumatic stress (Caplan, 2011; Steenkamp & Litz, 2014; Wheeler, 2014). Therefore, emerging practice recommendations emphasize the need to modify the formal elements of CPT and to explore the integration of CPT with other therapeutic approaches (Galovski, Blain, Mott, Elwood, & Houle, 2012; Steenkamp & Litz, 2014). In particular, experts have called for an expansion of the existing knowledge base to include an examination of more innovative, creative treatment approaches for trauma (Artra, 2014; Caplan, 2011). The DE-CRUIT program fulfills these requirements as a treatment model that represents a novel, integrative approach while retaining those aspects of CPT that are most strongly supported by extant empirical findings.

3.2. Narrative therapy for posttraumatic stress

Narrative therapy is a form of psychotherapy that focuses on the process of meaning-making through exploration of the client's life-story (Omer & Alon, 1997; White, 2005; White & Epston, 1990). Trauma is viewed as a catastrophic disruption in one's life-story which must be examined in a safe context in order to foster greater understanding and self-acceptance (Carr, 1998). Clients explore their internalized self-narratives through active storytelling, thereby creating an externalized representation of self (e.g., in the form of a written narrative) that can be examined at a safe aesthetic distance to frame disruptions in a search for coherence and meaning (Payne, 2006). Current evidence indicates that narrative therapy can reduce trauma-related symptoms in various populations, including survivors of sexual abuse (McKenzie, 2005), victims of torture (Bichescu, Neuner, Schauer, & Elbert, 2007), and political refugees (Schweitzer, Vromans, Ranke, & Griffin, 2014). One recent study (Erbes, Stillman, Wieling, Bera, & Leskela, 2014) reported pilot data on the use of narrative therapy with military veterans. In that study, seven of the eleven veterans who completed eleven sessions of narrative therapy showed a clinically significant reduction in symptoms of PTSD. However, research on narrative therapy as a treatment for posttraumatic stress among veterans remains scant, partly because the intervention literature on military traumatic stress has focused predominantly on cognitive-related approaches. Consideration of the narrative elements of the DE-CRUIT program therefore represents an opportunity to further explore the therapeutic effects of narration for traumatized veterans.

3.3. Therapeutic components of the DE-CRUIT model

The DE-CRUIT treatment model is comprised of three major components, each of which is derived in part from evidence-based treatment principles that have been either specifically designed for or adapted for use with military veterans experiencing military-related posttraumatic stress. These components are as follows:

3.3.1. Unit cohesion

Unit cohesion is a bond that is formed among members of a military unit. This concept originated with Freud's (1921) examination of psychological factors that drive groups of soldiers to succeed on a joint mission. Instilling unit cohesion is crucial to the military's process of indoctrination as it fosters a willingness to sacrifice one's individual safety for the sake of others. Because this sense of cohe-

sion becomes so engrained in soldiers, returning veterans often feel untethered upon re-entering civilian life when their unit members are no longer alongside them (Greene et al., 2010). The sense of isolation and vulnerability that accompany this untethering have been identified as psychological markers for traumatic stress response (Caddick, Smith, & Phoenix, 2015; Mowatt & Bennett, 2011). The DE-CRUIT program adopts the notion of military cohesion as a mechanism to foster bonding among members of the psychotherapy group and creates a sense of connection grounded in the clients' shared expression of trauma and in their shared goal of adopting the routines of the DE-CRUIT method. Clients in the program have also adopted a unit cohesion approach to psychotherapy by invoking a "no man left behind" mentality to the treatment sessions wherein group members use the first part of the treatment session to cover material missed by a member who was absent at the previous session.

Working together to master the recitation of dramatic verse – a skill that is foreign and often intimidating to most of the veterans in the group – reflects the therapeutic notion of feeling "safe, but not too safe", a key technique in trauma therapy that fosters support but also challenges clients to take measured risks (Bromberg, 2006). At the same time, the sense of safety and cohesion in the group also allows for the creation of a holding environment (Herman, 1992; Lemma, 2003; Winnicott, 1965) in which clients feel supported by other group members in the process of healing. Greene et al. (2010) have identified the use of camaraderie in working with groups of traumatized veterans as a crucial therapeutic element, stating that the key to working therapeutically with veterans is to create "a caring ethos in which some admissions of weakness may be permissible" (p. 1480). The DE-CRUIT program additionally employs camaraderie in collectively identifying strategies for overcoming cognitive stuck points that can hinder the veterans' posttraumatic growth, a process that serves to communalize the experience of trauma.

3.3.2. *Communalization of trauma*

Both CPT and narrative therapy include techniques that encourage trauma survivors to relate their stories of trauma. The DE-CRUIT program expands these techniques into a multi-session group process that encompasses progressive phases of narration and sharing. The sharing element finds its foundation in Shay's (1995) emphasis on the communalization of trauma as essential in fostering veterans' reintegration into civilian life. In the DE-CRUIT model, clients move from sharing their cognitive stuck points to sharing their first-hand experiences of trauma in the form of a first-person *trauma monologue*. The method of narration begins by introducing clients to the Shakespearian monologue. The choice of Shakespeare's work as a therapeutic catalyst for traumatized veterans is specific and deliberate: Among the characters in Shakespeare's plays are numerous veterans who astutely describe their military trauma through heightened verse that is at once linguistically distinct from the clients' own language and experientially close to the clients' own traumas. After engaging in a line-by-line experiential analysis of some of Shakespeare's veterans' monologues, clients write their own personal trauma monologues. They then relinquish their monologues to their fellow group members, and each member learns, practices, and ultimately performs one of their co-members' monologues.

Through this interconnected process, the DE-CRUIT method constructs a graduated spectrum of aesthetic distance in which clients first encounter a resonant, trauma-infused language, then adopt that language in the construction of their own stories of trauma, and eventually engage in a process of communal narration of their trauma. It is through this method that the DE-CRUIT program provides the veterans with a mirror of their own actions and encounters in a manner that is similar to the simulation described by Oatley (2001) and to the therapeutic experience of mimetic induction (Ali, 2014). This approach also fulfills recommendations on the need to infuse more meaning-centered approaches into trauma therapy. For example, Amir, Stafford, Freshman, and Foa (1998) emphasize the benefits of fostering more fully articulated trauma narratives in therapeutic interventions for posttraumatic stress. Similarly, Greene et al. (2010) state that the largely nonverbal nature of the hyper-masculine environment of the military engenders a dual danger for veterans in that they encounter highly traumatic experiences but simultaneously lack a language of distress to express their trauma. The DE-CRUIT method fosters fuller articulation by experientially familiarizing clients with classical dramatic verse and supporting their use of psychologically elevated language in portraying their own experiences of trauma.

3.3.3. *Therapeutic embodiment*

A key element in the DE-CRUIT program is a focus on rhythm, embodiment, and breath in the reading, reciting, and performing of dramatic verse. This focus is derived in part from empirically supported relaxation and breathing techniques used in psychotherapy for trauma (Pierce, 2014; Seppala et al., 2014). Jacobs and Freedman (2004) examined neurological effects of relaxation techniques and found significant positive outcomes based on findings from electroencephalography (EEG) analysis; those findings are important to the understanding of posttraumatic stress in veterans because individuals experiencing posttraumatic stress have been found in EEG analysis to exhibit significant abnormalities in event-related potentials (ERPs) (Javanbakht, Liberzon, Amirsadri, Gjini, & Boutros, 2011; Johnson, Allana, Medlin, Harris, & Karl, 2013; Karl, Malta, & Maercker, 2006). Moreover, current evidence indicates that individuals treated for posttraumatic stress who have improved cognitive and emotional responses also demonstrate improvements in their ERP responses (Saunders et al., 2015).

In other recent work, Pierce (2014) outlined mechanisms of self-regulation that can reduce the effects of trauma by working with clients to deliberately modulate their patterns of breathing. Additionally, Artra (2014), in outlining factors associated with reduction of posttraumatic stress in a residential treatment program for veterans, described body awareness as pivotal in the healing process. The DE-CRUIT method utilizes these techniques and integrates them into a routinized structure that mimics the routines and rituals of military training while simultaneously subverting those routines into patterns of self-awareness as opposed to violence-oriented patterns of aggression. Clients work together on fully inhabiting the spoken verse in passages and monologues, progressively immersing themselves in the patterns of breathing, movement, and rhythm that are required to master the execution of the various texts.

4. Delivery of the DE-CRUIT program

The DE-CRUIT program is a fully manualized treatment that consists of ten two-hour weekly sessions. This number of sessions is in the middle range of the number of sessions in existing empirically-supported group interventions for posttraumatic stress (Chard, 2005; Erbes et al., 2014; Kasckow et al., 2014). Prior to attending the first session, each veteran meets individually with the program facilitator to become familiar with the overall goals of the program. All participating veterans sign up for the program through the existing outreach program of the VCPA which is connected to an extensive, diverse network of veterans' organizations. Male and female veterans of any age can attend the program, and the number of veterans per group ranges from a minimum of three to a maximum of twelve. Consistent with previous research documenting the therapeutic benefits of veterans working together across ages

and types of combat experiences (Artra, 2014), participation is not limited to veterans from recent and ongoing wars; thus veterans from earlier-era wars (e.g., Korea and Vietnam) are welcomed into the program.

Based on recent research that problematizes the rigidity of diagnostic thresholds for posttraumatic stress in veterans (Bragin, 2010; Caddick et al., 2015), any veteran self-reporting functional or psychological impairment from military-related trauma can take part in the program. Consistent with previous intervention research on posttraumatic stress in veterans (Chard et al., 2010; Galovski et al., 2012), exclusion criteria for the program include any active suicidal ideation, disruptive psychotic symptoms, or substance use that could interfere with full participation in the program. As precautions, the sessions are conducted in a quiet space free from intrusions and from loud, sudden noises that could trigger traumatic response.

The DE-CRUIT program is delivered by one or two trained facilitators (depending on the size of the group) who are themselves military veterans and experts from the VCPA with experience in participating in and delivering the DE-CRUIT treatment. The structure and process of the ten sessions in the program are at aimed at creating a deliberate and gradual transition from open exploration of the sources and ongoing effects of trauma in the veterans' lives to a communalized sharing of trauma narratives through fellow group members. Over the first two sessions, the veterans learn about some of the experiences commonly associated with traumatic stress (e.g., flashbacks, nightmares, hypervigilance), and they begin to identify some of their own traumatic responses and cognitive stuck points connected to their military-related trauma (which can include such experiences as combat trauma, trauma during training, and military sexual trauma). In these early sessions, they also learn the daily practice of the program's relaxation techniques and breathing exercises; these exercises are essential to the experiential embodiment of Shakespeare's verses that will analyzed and performed by the veterans in later sessions.

In Session #3 and Session #4, the veterans together explore the representation of war-related trauma in Shakespeare's verse through monologues and verses, and through key military characters in the plays. They engage in a personal-experiential analysis of various relevant passages (e.g., the Nightmare monologue from Richard III) which they examine line-by-line and write their own personal reactions/responses to (as "take-home assignments") and then discuss as a group. They also continue to develop the techniques of rhythm, breath and voice that they will use in the recitation of Shakespeare's verse and in the performance of monologues at the end of the program. They gain an understanding of the therapeutic potential of exploring and performing Shakespeare's verse in part through the written and verbal introduction presented to them of why Shakespeare's work is so essential to the DE-CRUIT method:

> Shakespeare demands the most *of* us and offers the most *to* us, as actors and as humans. To perform Shakespeare demands the absolute depths of us physically, vocally, psychologically, and emotionally. In return, while performing Shakespeare, we are given language that accesses and expresses the very depths of our physical, vocal, psychological, and emotional being. Shakespeare's language is delivered in the rhythm of our natural human heartbeat, a rhythm that encourages the speaker to invoke authentic voice, resonance, and breath. Reciting and performing Shakespeare thus allows us to transcend the internalized limits that arise from self-blame, self-doubt, and trauma-based fear.

In Session #5, the veterans are given a set of Shakespearian monologues to examine together, and each veteran is assigned one of the monologues to learn, rehearse and perform at the final session; the selection of monologue for each veteran is individually matched to the past experiences and traumas that they have encountered such that the chosen monologues resonate with each clients' own experiences. Examples of selected monologues include speeches from military characters in Shakespeare's plays such as Richard III ("Now is the winter of our discontent. . ."), Henry V ("To our best mercy give yourselves. . ."), and Corialanus ("You common cry of curs. . .").

In Session #6 through Session #8, each veteran writes their own first-person trauma monologue derived from a pivotal military-related trauma experience they encountered. These monologues are structured on the deep, symbolic language employed in Shakespeare's monologues. At the end of Session #8, each veteran passes their self-written monologue to a member in the group; that group member will learn and rehearse that monologue along with their assigned Shakespearian monologue. At Session #9, the veterans work together to rehearse the monologues they will perform during the final session; this session is key in terms of the cohesion and camaraderie in the veteran's support of each other as they invoke their deepest selves and their truest voices in performing the words of Shakespeare and the words of their fellow veterans in the group. At the final session, the veterans engage in a Culminating Performance in which each member performs two monologues for the group: (1) their assigned Shakespearian monologue, and (2) one of their co-member's personal trauma monologues. This process thereby concretizes the communalization of military trauma through Shakespearian verse and through the veterans' own words.

5. Case examples of participating veterans

To illustrate the DE-CRUIT program in action, we will describe the experiences of three veterans who recently participated in the program. To protect the veterans' anonymity, key identifying details have been changed. We present these three examples not only to outline a more individualized perspective on the experience of being in the program, but also to explain specific therapeutic elements of the treatment that resonated with each veteran in turn, particularly in relation to the use of Shakespeare. We also describe elements of the mimetic induction aspect of the program evident in each of the case examples. The information presented in these case descriptions is derived in part from open-ended post-treatment interviews conducted individually with each participating veteran by university-based research assistants who were not involved in the delivery of the program. The veterans each provided written informed consent. Additionally, each veteran completed the *PTSD Checklist (PCL) – Military Version* (Weathers, Litz, Herman, Huska, & Keane, 1993) immediately before and immediately after the program. The *PCL – Military* is a frequently used standardized measure consisting of 17 items describing PTSD symptoms commonly experienced by military veterans. Each of the veterans in the examples presented below showed reductions in their individual PCL scores consistent with score reductions categorized as "positive response to treatment" in previous research (Monson et al., 2008).

5.1. Case example #1: "T."

T. is an army veteran who served in the war in Vietnam. The element of the DE-CRUIT program that T. identified as most beneficial was the sense of connection with other veterans and the cohesion forged by the communal encounters with trauma shared by the group members. He particularly valued the ways that working together on preparing their recitations of Shakespeare and of each other's trauma monologues allowed the group members to share in a common challenge and a common goal. A considerable chal-

lenge to T. was the recitation of the rhythm of iambic pentameter which required the veterans to ground themselves and pay attention to their breathing while reciting texts that were often evocative of the combat-related trauma they had encountered. In the treatment sessions, the veterans are instructed to take a breath before each new line of verse. While this was at first difficult for T., he used the connection and camaraderie with his fellow group members as support in working through the content of the lines and was eventually able to breathe as instructed.

Encountering and discussing Shakespeare's descriptions of trauma also allowed T. to engage in a higher level of self-awareness; as he described it, "I pay more attention to myself and my anger. The program made me dive deeper into myself, made me aware of myself". This self-reflection also demonstrates an aspect of mimetic induction evoked through the use of Shakespeare's representation of military experience and the accompanying trauma. On a communal level, T. described the benefits of the program being a veterans-only treatment program, and also of the broader sense of connection to the larger veteran community that the program revealed to him; he stated, "It was all vets in class. Working on scenes and talking with them makes me want to focus on helping fellow vets and the public". This social justice component is an aspect of the DE-CRUIT program that the VCPA wishes to further develop based on feedback from veterans and also on the existing literature on the potential psychotherapeutic benefits of engaging in advocacy and activism within one's identified communities (Worell & Remer, 2002).

5.2. Case example #2: "L."

L. is a navy veteran who served in the war in Iraq. He described the positive impact of the therapeutic embodiment element of the DE-CRUIT program, in particular the ways that the program uses physical movement and breathing techniques to encourage each veteran to develop a daily routinized practice that can foster healing in a holistic manner. As he describes it, this process taught him the psychological benefits gained when you "plant your feet, breathe, and get grounded". L. noted that he especially benefited from systematically working through the "homecoming" scene from Macbeth. He explained that he had not fully recognized his own struggles with returning home until working on this scene with the fellow veterans in the group. Specifically, he connected that scene to his own challenge of leaving a combat zone after inflicting mass destruction and the killing of large numbers of "enemy" and now struggling with both the justification of what he did and adjusting to the rules of civilian life after war.

L. also described benefits that are highly consistent with the notion of mimetic induction and with the ways that aesthetic distance can function therapeutically to achieve both safety and self-reflection. He described "opening up with Shakespeare", stating "you can connect it to your own experience". He also described "unpacking my thoughts, feelings, and experiences in a safe environment" which allowed him to "figure out meaning in my life". These experiences reflect the integrative nature of the DE-CRUIT program in its use of the synergy between the mimetic encounter with Shakespeare's verse and the immersion in physical embodiment.

5.3. Case example #3: "J."

J. is a navy veteran who served in the war in Iraq. J. cited the experiential analysis of Shakespeare's verse as a crucial element in her experience of the program. This analysis is a highly structured, deliberate exercise designed to engage the veterans in a close line-by-line reading of some key verses and monologues that very precisely capture experiences of military trauma and combat-related traumatic stress. This close reading is inspired in part by psychiatrist Shay's (1995) description of posttraumatic stress as represented in Lady Percy's speech in Henry IV, Pt. 1 which outlines specific elements found in the clinically identified symptomatology of posttraumatic stress, including: fragmented, vigilant sleep (*"In thy faint slumbers I by thee have watch'd"*), peripheral vasoconstriction (*"Why hast thou lost the fresh blood in thy cheeks"*), and re-experiencing of combat trauma through flashbacks (*"Thy spirit within thee hath been so at war"*).

As an extension of this analysis, the DE-CRUIT program gives participating veterans assigned verses and monologues to examine through a line-by-line reading in which they identify expressions and verses that resonate with their own firsthand experiences of trauma. As J. describes, "The exercise where you take a line of text and say what it means was fabulous, it's a really interesting way to identify. I can see a lot of symptoms of PTSD in the text". J. also describes the experience of mimetic induction in which a sense of connection with the represented characters in the verse enables a self-reflection that is specifically directed at creating positive transformation in her habits and in her life; she states: "I can relate to a lot of the different characters. We all have a story, even though my story may be different... It's very motivating, it's given me a sense of purpose".

Another technique from theatre used by DE-CRUIT, known as "being in the moment", had a particularly strong impact on J. "Being in the moment" is the practice of being present in the moment rather than thinking about the future or the past. In theatre, a simple way to begin this practice is through a focus on dialogue: practicing listening to what's being said rather than thinking about the next line, or worse: thinking about the line just said and judging how it was said. The practical applications of "in the moment" work are extensive, and J. expressed that this work is a tool that she is carrying into her everyday life. She explained that a primary obstacle throughout her average day is that she is distracted by an array of internal thoughts and judgements rather than being present and "in the moment" for better or for worse. The DE-CRUIT "in the moment" work along with the various grounding techniques allowed her to begin to interact more comfortably with other people, including strangers.

6. Exploration of themes and future goals

As the DE-CRUIT program continues to develop and grow, its implementation will expand in ways that will allow it to reach larger numbers of veterans. This expansion will be driven by feedback from participating veterans and also by the ongoing partnership with our university-based team, which will enable the program to continue to inform and be informed by the theoretical and empirical literature on the most effective ways to address traumatic stress in veterans. Some themes that have emerged from the growing feedback from participating veterans include recommendations both for broader implementation and more expansive outreach into the civilian community. In terms of broader implementation of the DE-CRUIT program, the VCPA endeavors to meet the needs of larger numbers of veterans both by expanding their reach geographically and by increasing their offerings to include intensive weekend-long and week-long programs for veterans who have completed the ten-session program. In terms of more expansive outreach for the DE-CRUIT program, the VCPA has developed a series of all-veteran theatre productions that include post-performance talk-back sessions to encourage veteran-civilian dialogue. Such dialogue is crucial to forging available support for veterans to reintegrate into their communities.

There are important ways that DE-CRUIT and programs like it can inform scientific and clinical knowledge about addressing

the mental health needs of veterans. One way is through the implementation of large-scale trials demonstrating the role that arts-based approaches can play in psychotherapy for military veterans, including studies with large enough samples of veterans to assess statistically significant therapeutic change. Such work would extend beyond the work presented here which was small in scale and did not allow us to determine whether the therapeutic changes in these three veterans are representative of the experiences of other veterans who have gone through the program. Additionally, mainstream clinical care for veterans can likely benefit from the integration of the arts into treatment for veterans, especially within the context of healing from trauma that often becomes deep-rooted and debilitating in ways that prevent veterans from moving forward with their lives in practical, relational, and familial domains.

Our theories and psychological models of trauma and its effects can also benefit from a fuller understanding of the arts as a means of expression and healing. Much of the existing literature focuses on intrapsychic factors that exacerbate trauma and its sequelae; while such factors are important mechanisms in perpetuating the effects of trauma, contextual factors in the lives of veterans and of others who have experienced trauma must be integrated into our theoretical frameworks. Theatre and other arts can be of great use in elucidating the connection between contextual and intrapsychic factors because the arts can be a bridge between our inner experiences and the social world. As we continue to examine the possible therapeutic effects of mimetic induction through theatre, we hope to develop a deeper understanding of the role of the arts in transforming psychological healing by communalizing human experience into a process of mutual exploration of shared creativity and self-expression.

Some lessons we have learned in the implementation and evaluation of the DE-CRUIT program may be valuable to others who are delivering programs to veterans. For example, we have seen the benefits of piloting the program with groups of veterans to gather their feedback on changes that could improve the program. We have also noticed benefits of including a range of ages and generations of veterans within the same treatment program (e.g., including Vietnam veterans). Including veterans from earlier wars can be crucial given that the majority of recent veteran suicides have occurred in populations of veterans who are age 50 and older (Kemp & Bossarte, 2012). Moreover, we have seen the importance of the process described earlier in this paper in which time is allowed at the beginning of the treatment sessions for the participating veterans to feel that any group member who was absent from the previous session is provided with the opportunity to catch up on some of the material and content that they missed.

We are continuing to deliver and more systematically evaluate the DE-CRUIT program through our community-university partnership. This continued work includes a randomized trial that will explore not only the possible social and emotional benefits of participating in the program, but also possible neuro-psychological effects of the program. This latter exploration is important, particularly in light of the growing focus on the potential contributions of neuroscience to our understanding of the effects of arts-based treatment approaches (Fonsenca, 2009; Wood & Schneider, 2014). As these various fields of research and treatment continue to expand, we are hopeful that veterans will be afforded opportunities for treatment that meet their needs for psychological healing while additionally allowing for creative means of integrating into their communities.

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