

# VETERANS IN SOCIETY HUMANIZING THE DISCOURSE

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Proceedings of the Second Conference on Veterans in Society

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Cover photos and the image on this page come from Virginia Tech and feature the university's War Memorial Pylons, which honor the more than 400 alumni who have died in military service and represent the distinct values of Brotherhood, Duty, Honor, Loyalty, Leadership, Service, and Sacrifice, all under the university's motto of Ut Prosim ("that I may serve"). More information, as well as the parent photo gallery, is available at http://www.vt.edu/about/buildings/war-memorial-chapel-pylons.html.



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#### **Original Conference Program**

#### **PREFACE**

The second conference on Veterans in Society represented ongoing growth and continuity in our research program. Our first conference, "Changing the Discourse" (2013), marked the first academic conference solely focused on veteran-related research and brought together scholars from across the humanities and social sciences to start a conversation on the relationships between veterans and the broader society. Papers included work on the arts as therapeutic and expressive acts for veterans, U.S. citizens' right to lie about military service, and discourse analysis of language affecting servicewomen.

For this 2014 conference, our theme's title, "Humanizing the Discourse," speaks to a two-fold aim: We hoped to foster increasingly sophisticated dialogue regarding veterans, which required recognizing the individual humanity of people who can sometimes be turned into one-dimensional caricatures behind headlines, statistics, and stereotypes. To support this goal, we invited contributors to draw on the tools of the humanities, as well as the arts and social sciences, in addressing veterans' issues and shaping policy. We hosted five panels of research projects from contemporary scholars—on topics including international veterans, veterans as intercultural educators, and the role of writing and film in expressing veterans' experiences—and featured a series of relevant special events including live theatre, film screenings, and a featured panel on military-civilian dialogue.

The proceedings that follow include all available print copies of papers and accompanying slides, along with the full original conference program. Due to the live nature of many events, as well as accompanying copyright issues, some written materials are not available. If you are seeking more information about a particular session, you may be able to find it through the following external sources:

- The filmed versions of two sessions:
  - "Support the Troops? A Community in Dialogue," available through VTechWorks at http://hdl.handle.net/10919/48089.
  - Closing Discussion: "The Future of Veterans Studies," available through VTechWorks at http://hdl.handle.net/10919/48177.
- Outside the Wire's Theater of War project website at http://www.outsidethewirellc.com/projects/theater-of-war/overview.
- Donna Musil's *Brats*: Our *Journey Home* website at http://bratsourjourneyhome.com/.
- Heather Courtney's *Where Soldier's Come From* website at http://www.wheresoldierscomefrom.com/.
- Dominic Fredianelli's online gallery through the National Veterans Art Museum at http://nvam.org/collection-online/index.php?artist=Fredianelli,+Dominic.
- The 2014 Veterans in Society conference website at https://veteransinsociety.wordpress.com/2014-conference/.

# Bridging a Gap Between Knowledge and Experience: Civilian Views of Military Service

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#### **Abstract**

Assume that knowledge can never exceed experience. In the case of studying the military and veterans' issues, then, how much can a civilian understand, or how much credibility might a civilian have to leverage when making claims about ideology, motives, or identity concerning veterans? Are the experiences of veterans insulated from the public in a way that deflects any possible judgment from outsiders, from civilians? Consider the value judgments concerning the military that reveal a certain binary opposition: I support the troops (read: thank god it's not me) or I'm anti-military (read: I wouldn't go if you paid me). Both positions have no hope of catching alive the idea of being a part of that military institution. Can anyone outside of the realm of experience observe, or "know," and therefore form value judgments about veterans?

In this paper, Enlightenment- and Progressive-era rhetoricians like Hugh Blair, Richard Whately, and Wayne Booth, among others, offer insights into how the attitude of the American public and the common sense we share plays a role in defining the tastefulness, or appropriateness, of discourse about veterans. A change in society's common understanding of what is tasteful will not only limit how ideas are formed, but these boundaries will disqualify any ideas or discourse outside of what is accepted as tasteful. The articulation of our nation's sentiment surrounding veterans is constricted not only by what is considered tasteful but also by a perceived and actual distance between civilians and military personnel. The burden of proof for arguments concerning the military and veterans rests on civilians who will never have access to the knowledge that experience places in the hands of veterans. Rhetorically, veterans share a common sense language that is removed from the general population, and therefore from popular opinion. Insights from rhetorical theory can be a productive starting point from which to study how veterans as a population resist any value judgments from civilians that fall outside the binary opposition of for or against.

Keywords: rhetoric, civilian-military discourse, common language

So far, rhetorical scholarship has hardly been concerned with the military as a subject and site of research and study. The commander-in-chief gets a fair amount of consideration as presidential rhetoric is explored in speeches from Lincoln to Obama, but the military that the president commands is left alone. Intellectuals like Noam Chomsky explore the logical fallacies behind US foreign policy, and philosophers like Jean Baudrillard take up representations of military engagements as topics. But there remains a gap in the academy's treatment and understanding of the thinking that is constitutive of military rhetoric.

If we assume that knowledge can never exceed experience, then in the case of studying the military and veterans' issues, how much can a civilian understand? How much credibility might a civilian have to leverage when making claims about ideology? About motives, or about identity concerning veterans? Are the experiences of soldiers and veterans insulated from the public in a way that deflects any possible judgment from outsiders, from civilians? Consider the value judgments concerning the military that reveal a certain binary opposition: I support the troops (read: thank god it's not me) or I'm anti-military (read: I wouldn't go if you paid me). Both positions have no hope of catching alive the idea of being a part of that military institution. Recently, last August, Steven Salaita published an article online at salon.com titled "No, thanks: Stop saying "support the troops." Salaita recognized that both positions; for or against; retain significance but lack substance and specificity. The negative reactions to Salaita's article were predictable, it was certain to rub some people the wrong way. But more important is to notice the conversation Salaita was attempting to initiate, a conversation about how civilians value and judge the military. I believe part of the reason some rejected his arguments is because he lacks the experience that could really offer him the knowledge and ethos needed to make value judgments about the military. This article reiterated a question I've been struggling with how to approach the military as a topic of research in rhetoric studies: Can anyone outside of the realm of experience observe, or "know," the experience of soldiers and veterans, and therefore form value judgments about veterans?

I wrote a paper in which I used Enlightenment- and Progressive-era rhetoricians like Hugh Blair, Richard Whately and Wayne Booth, among others, to gain insights into how the common sense we share plays a role in defining the tastefulness, or appropriateness, of discourse about veterans and the military. A change in society's common understanding of what is tasteful will not only limit how ideas are formed but these boundaries will disqualify any ideas or discourse outside of what is accepted as tasteful. The articulation of our nation's sentiment surrounding veterans is constricted not only by what is considered tasteful but also by a perceived and actual distance between civilians and military personnel.

Let me offer an example of this distance. For myself, I encounter this distance when I'm designing research approaches to the topic of the military. When exploring whether I can engage in ethnographic field methods to study a specific group within the military, I get cut off from the participant perspective of the participant/observer stance that anthropologists prescribe when studying and making arguments about a culture.

In a small research study I did last year I interviewed a couple upper classmen in Navy and Army ROTC tracks in the Corps of Cadets at Virginia Tech. I was curious about *their* perception of the distance between those students in the Corps of Cadets, especially those with a commitment to join the military after graduation, and the civilian students on Virginia Tech's campus. Sure enough these cadets articulated a shared knowledge, a common sense, that's fostered through equity of experience in the corps, experience that's outside the realm of civilian understanding. Take for example what one cadet said when asked if she noticed a difference between civilian students and students in the Corps of Cadets:

I think it's a divide in understanding and not realizing certain things that are important to the people in the military. A lot of older Americans know that if you're raising/lowering the colors you stand and put your hand over your heart, but most college students don't. And they'll walk right in the middle of it, and it just seems very disrespectful. I don't think they don't care, I think they just don't realize what's going on around them.

From the opposite, civilian perspective, I have met people who are "anti-military", who resent the demonstrations such as the flyovers by fighter jets at baseball games because it represents American aggression. One can see the divide that this Cadet discussed as a difference in knowledge and experience. I would argue for the casual observer to read the Corps of Cadets' physical language through the perspective of the cadets themselves, but is this possible?

The burden of proof for arguments concerning the military and veterans rests on civilians who will never have access to the knowledge that experience places in the hands of soldiers and veterans. Rhetorically, veterans share a common sense language that is removed from the general population, and therefore from popular opinion. Insights from rhetorical theory can be a productive starting point from which to study how veterans as a population resists any value judgments from civilians that fall outside the binary opposition of for or against.

Rhetoricians introduced the concept of "common sense," a long time ago, and this concept is taken up by other authors in modern rhetoric, if by different names. Vico's *common sense* was termed "spaciousness" by Richard Weaver, "ethical concensus" by Hans Georg Gadamer, and "prejudice" by Bernard Williams. Campbell offers "resemblance," Burke offers "identification," and Blair offers "taste," these to me, are all parts of a larger whole that begins when Vico terms his part a "common mental language," this common sense as a shared understanding of what is true, or good. Vico argues that common sense is the "criterion of practical judgment" (Rhetorical Tradition 868). This is in contrast to an extreme criticism, or a rhetoric of doubt. Rather, we are discussing here a rhetoric of assent. Vico calls rhetoric, "wisdom," delivered in words "appropriate to the common opinion of mankind," and that common opinion is this common sense, a common mental language.

The idea of a "common mental language" is interesting to me in the context of militaries and military culture. Take fore instance the French Foreign Legion, a part of the French military that accepts foreign nationals as recruits, and as a result must foster an *esprit de corps* among soldiers who have very different experiences with how the military may have played a part culturally or socially in their respective countries. A common bond and allegiance, perhaps a common mental language, must be fostered through equity of experience and treatment in the legion. Similarly I saw in the Corps of Cadets right here on VT's campus demonstrating a shared physical literacy—marching, addressing superiors, saluting the flag, presenting and shouldering arms—which is taught relatively quickly within the first few weeks of becoming a freshman cadet and demonstrated on the drill field at "pass in reviews." But might this physical literacy be a part of a larger "common mental language," that's a result of their shared experience and that defines their values apart from civilians?

Back to rhetoric, Vico theorized "three stages of human culture, each with an analogous rhetorical trope: the age of the gods (metaphor), the age of heroes (metonymy: the use of the name of one thing for that of another of which it is an attribute or with which it is associated), and the age of men (synecdoche: a part for the whole), with irony characterizing the decay of culture and community" (Schaeffer 10). Could we posit that rhetoric as it pertains to militaries—the rhetoric circulating, moving, creating and shaping the culture of the military as a way of being in the world—intentionally avoids irony and always struggles to remain within the

first three rhetorical tropes? Flag is country, soldiers are defenders or fighters, and the individual soldier stands for America: metaphor, metonymy, and synecdoche. Another example from my interviews with the Cadets supports this. When asked about the way cadets comport themselves on campus, the cadet responded: "Perception is reality, how you conduct yourself is who you are." I understood this as an awareness of physical and mental discipline. She has received both in the corps, and it was clear from her appearance that she followed the letter and the spirit of this maxim. She took pride in holding herself to a higher standard in appearance and professionalism. Isocrates argued that training the body and the mind, so to speak, was an effort to shape the "entire self," to train a model citizen, and how one looks and carries themselves, or comports themselves, all translates to how others will perceive that person's "entire self".

I asked another cadet about the how this comportment might contribute to a distance between military and civilian experience. He responded: "A lot of civilians tend not to have situational awareness, at least compared to what they force upon us freshman year. Things like that teaches you, know what's going on around you. When you wear the uniform you have to hold yourself to higher standards. If you go around picking your nose as a civilian people are just going to laugh at you, if you pick your nose in uniform people are going to say, look at the cadet picking his nose, and they're going to talk about cadets picking their nose. Every action you do correlates to the entire corps of cadets."

Vico's description of the sage, the good student, seems to me the description of the soldier who embodies the three rhetorical tropes: the flag *is* country, and his unit *is* a band of brothers, and a single soldier represents the entire military, the entire history of the nation associated with that military. When I interviewed students in the Corps of Cadets, they were all incredibly and similarly eloquent. They shared a common mental language. I recognized a *sensus communis* that influenced their eloquence—their rhetoric, the way they invented arguments to respond to questions about their experiences in the corps. This eloquence/rhetoric was taught by way of relying on a common mental language based on these rhetorical tropes.

So I'm still left with the questions of how to approach the study of military rhetoric when I don't have access to the experience that breeds that rhetoric. We have to find those points of identification, and seek out the spaces of ethical consensus that might offer a civilian scholar insight into the common mental language that veterans share. This conference is a great opportunity to bring together humanist scholars who are attempting to bridge this gap.

#### **Author**

Before coming to Virginia Tech, **PHIL HAYEK** was teaching basic writing courses at DePaul University and Truman College in Chicago. Hayek received his BA in English and MA in writing, rhetoric and discourse from DePaul University. He is interested in studying discourses that take military actions as their topic in order to understand militaries, and particularly the United States military, as a rhetorical narrative. He is also interested in how the rhetoric of military discourses influences public, private, and political discourses. He believes that these different discourses are constitutive in the sense that the military finds its subject position within political and social rhetoric while simultaneously providing justification for these rhetorics. He would like to look at how rhetorical strategies and tactics function within and through the military, and how the presence of the military itself functions rhetorically in discourse.

# Veterans as a Stabilising Factor in Politics: West Africa as a Case Study"

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#### **Abstract**

This paper discusses civil-military relations in Africa with an emphasis on regional instabilities as they affect the economic, socio-cultural, and political settings of the people. It observes the involvement of war veterans in civil rule as becoming a norm and underscores the interface between the veterans and the professional politicians in government. This research is intended to bring to light the enormous influence veterans hold and have the potential to wielrd in the political landscape in Africa.

The further work of this paper is to explore germane issues such as, who are the likely beneficiaries of veterans in politics? why must veterans embrace politics? and, in whose interest will the veterans' involvement in politics be protected? Veterans, especially those who retire with high military ranks, have built knowledge of and relationships with politicians at every level of governance and also occupy high status position notably because of their military background and perceived affluence, materially and otherwise. Such circumstances have produced a president, senate president, executive governors, local government chairmen, and others in Nigeria. Despite the existence of clearly defined checks and balances, trust for the veterans continues to be elusive and shrouded in fear, distrust, annoyance, and hate. However, this author stands with those who believe that veterans as political leaders have brought stability and peace, and serve as a unification point between extremists, thereby fostering peace and unity and a rare form of democratic rule that is not only unique but evolving.

Keywords: veterans, politics, democracy, documentation, war, normalization

The civil-military rule in West Africa is an evolving model that is deeply rooted in African politics. Therefore, this paper is intended to focus on an evolving culture of veterans in politics as a norm, and a need, in West African regimes.

There is no harm in stating the very obvious about the political terrain of the West Afrian region, with its vast land mass and diverse people, rich cultural setting, and thriving economy. The West African region is a powerful regional bloc in Africa, and she has played important leading roles not just in local or regional issues but on the African continent at large. Nigeria and Ghana are the leading economies in that region, which is split along colonial lines chiefly by the Anglophones and the Francophones, whose colonial masters are the British and French respectively. Others include the Portugese and American former territories of Guinea Bissau and Liberia, respectively.

The nations in the region witnessed their national independence arrive at almost the same time between the late 1950s and early 1960s, with the exception of Liberia, whose independence came in 1847. However, political strife has made a great mess of the enormous potentials of the region. Unfortunately, most of the democratic structures erected by different colonial masters were pulled down by the intervention of the military into politics just shortly after their independence as sovereign states. Since then, the region has known no peace. The truncating of civil rule led to the near-perpetuity of warlords in governance, as witnessed in Ghana, Nigeria, Togo, the Republic of Benin, Senegal, Sierra Leone, and Ivory Coast, leading to high handedness, oppression, jungle justice, extra-judicial killings, murders, the plundering of state resources, massive corruption, the stashing of stolen money in foreign banks, nepotism, and mediocrity, to mention but a few—which led to a sliding economy. However, due to sanctions, embargoes, travel restrictions, frozen foreign accounts, and confiscation of foreign-owned assets of military juntas in power by the Western governments, most of the military lords were forced to return to democratic rule.

In a twist of fate, some of these veterans merely transformed from the Khaki (Uniform) to Civil rule, as in the case of Gnasengbe Eyadema of Togo, while some others transferred power back to the people, especially in the late 1980s to the 1990s. At this point, Ladies and Gentlemen, I wish to emphasize the role of veterans as a stabilizing factor in politics. It is pertinent to state here that though the relationship between the military and the civil society is strained, the urge and desperate need for success by political parties paved the way for veterans to re-emerge as suitable candidates for elective positions for different political parties, especially former heads of state and war veterans like General Olusegun Obasanjo, General Abdusallam Abubakar, General Ibrahim Babangida, Major General Muhammed Buhari, Vice Admiral Murtala Nyanko, Bridagier General Olagunsoye Oyinlola, General David Mark, and Flight Lieutenant JJ Rawlings of Ghana. These veterans are perceived to wield much influence and affluence because of their years in power as military heads of state. It is believed that the veterans can withstand the intrigue, emotions, and horse trading by professional politicians. Again, it is also an open fact that most of these retired military persons had gained a significant amount of wealth. Hence, since politics is a money game, they possess the financial muscle to withstand these demands as professional politicians seek to grab power for their parties as their the sole aim.

Objectively, these Veterans have got not just what it takes to govern the people in a democratic environment alone, but due to their years of experience in power, it appears that they possess the ability, doggedness, and foresight to administer their respective countries and thus their work seems like a mission to right their wrongs. This paper focuses on such veterans within the West African region.

General Olusegun Obasanjo is a three-time head of state/president. I assert that he has been the most successful Nigerian veteran in politics. A country with a population of 160 million people, the largest black nation in the world and endowed with rich human, land, and natural resources. He was the head of state by

chance after a failed coup d'etat, during which his boss, Gen. Murtala Muhammed was killed. Obasanjo, then head of government, introduced different reforms and among them is "Operation Feed the Nation," where all were encouraged to go into farming, be it cottage or mechanized. Without pressure, he handed over to a democratically elected president by the name of Shehu Shagari in 1979.

Obasanjo returned to active politics as a civilian in 1999 after the demise of the maximum ruler General Sanni Abacha, the most authoritarian, tyrannical, and despotic leader in the annals of the country. Abacha took over the reign of power by a palace coup d'etat during the interim national government led by Chief Shonekan, where he served as the deputy head in the year 1993, shortly after the international community forced the then-military president Ibrahim Babangida out of office for annulling the freest and most credible election popularly called "June 12" and won by the late industrialist and philanthropist Chief M.K.O Abiola.

On General Abacha's demise in 1998, Gen. Abdulsallam led a successful transition to civil rule wherein Chief Olusegun Obasanjo became the president. Then and there, the veteran showed he's still got stuff under his sleeves. He revolutionalized the telecommunications sector by the introduction of a general system for mobile (GSM), formed two vibrant anti-graft agencies—the Independent Corrupt Practices and Other Related Offences Commission, led by pioneer chairman Justice Mustapha Akanbi, and the Economic and Financial Crimes Commission, which was then headed by the highly respected and revered young Assistant Commissioner of Police Nuhu Ribadu. Gen. Obasanjo also built a world-class national stadium in the country's capital of Abuja, and he moved the country from a mixed economy to a free market enterprise by privatizing the majority of the government-controlled establishments in the area of power, including telecomms, ports, and aviation.

Chief Olusegun Obasanjo, as he is fondly called, is a source of pride to the veterans for reviving a near-comatose economy. Nigeria's foreign reserves rose from \$2 billion in 1999 to \$43 billion by the time Obasanjo left office in 2007. He was able to secure debt pardons from the Paris and London clubs amounting to some \$18 billion and paid another \$18 billion to get the nation to debt-free status. Most of these loans were secured and spent by past corrupt officials. Just recently, Nigeria's GDP overshot that of South Africa to emerge as the best economy on the continent of Africa. Obasanjo was the first Nigerian head of state to hand over power to a democratically elected president and the first former head of state to be democratically elected. On the completion of his eight years (two terms), he handed the position over to President Umaru Yar'adua who later died in office on May 5, 2010. Obasanjo was then among those who ensured that the present President Goodluck Jonathan (the first President from the oil-rich Niger delta region) was elected and installed.

Gen. Obasanjo was able to keep at bay the threats by ethnic militants of Egbesu from the southeast, the Oduaa People's Congress from the southwest, and the Boko Haram from the northeast. He also brought foreign direct investment into the country. He cleaned up the battered image of Nigeria in international affairs, which led to the successful hosting of the 17th edition of CHOGM (Commonwealth Heads of Government Meeting) with Her Royal Majesty Queen Elizabeth II in attendance. In addition to that, both sitting and former American presidents visited Nigeria during Obasanjo's dispensation—namely Presidents Bill Clinton and George Bush, Jr—as well as British Prime Minister Tony Blair.

The former president was the envoy of the Economic Community of West African States to Cote de'Ivoire and the United Nations special envoy to the great lakes in 2008. Banki Moon, UN secretary general, said of him:

"General Obasajo is one of the most distinguished elder statesmen of Africa. He brings with him a long-standing commitment to peace on the African continent and an intimate knowledge of Central African politics. He has been involved in a number of international mediation efforts, particularly in Namibia, Angola, South Africa, Mozambique and Burundi."

People often nurse deep-seated animosity against retired military personnel in politics owing to high-handedness, rumors of corrupt lifestyles and a non-accountable leadership style, yet they really are confronted with little options to pick from because "the devil you know is better than the angel you have never met." One important factor for people is their desire for real peace, security, and unification as an individual member of a community, and in this, the people are direct beneficiaries of the involvement of veterans in politics.

This is further supported by the fact that they are the rallying point even as oppositions like General Buhari, one-time military head of state known for his conservative and strict discipline during his days in office, in the early 1980s endeared himself to the people as a possible alternative to the powers that be. He is presently being touted as the presidential flag-bearer of the biggest opposition mega-party, All People's Congress, a merger of some opposition parties. This Fulani General served as the chairman of the defunct Petroleum Trust Fund (PTF) under five years of mismanagement of late maximum ruler, Gen. Sanni Abacha. Paradoxically, despite the unpopular government of Abacha, Gen. Muhammed Buhari's trust fund performed exceedingly well, even to the admiration of critics. Among the projects his administration embarked upon was stocking up of school libraries at all levels of education, free distribution of textbooks and writing books to pupils, provision of pipe-born water, road construction, and the strengthening of the small- and medium-scale enterprises, to mention but a few. PTF became a household name in the country because all strata of the economy was positively touched. All these were made possible because of the input, presence, and tenacious leadership of the general.

The forays of the "evil genius," as he is popularly referred to in Nigerian media circles, Gen. Ibrahim Babangida's entry into Democratic politics as being a quiet one. Though a card-carrying member of the People's Democratic Party, Babangida is yet to assume a national position as his run for the presidency saw him stepping down for his godson and kinsman who eventually lost the race. The general still holds the record of been the longest-serving military president in Nigeria, having spent eight years in office. This brilliant general from the north-central part of Nigeria intervened in the political crisis that engulfed the hitherto peaceful former American Territory of Liberia during a seige by militia fighters, which later led to the gruesome murder of the then-Liberian President Samuel Doe by militia troops led by Alhaji Kroma and Charles Taylor. The intervention of Nigerian troops to forestall intensified bloodshed, destruction of property, and rape of innocent girls and women of the West African nation won international the general applause and accolades. Nigeria almost single-handedly bankrolled the mission under the aegis of the Ecowas Monitoring Group, and after years of mission, her troops were gradually withdrawn on the installation of a democratically elected president. However, even though Babangida's political return to Aso Rock (the Nigerian equivalent to the U.S. White House) might not have been realised, the general still wielded great influence nationally in the political equation of Nigeria.

Another testament to the stabilizing effect of veterans in politics is Flight Lieutenant Jerry John Rawlings of Ghana. In fact, Ghanaians hold him in high esteem for redirecting their economy and laying the foundation for what they now enjoy as a robust economy, one of the most vibrant on the continent and second-best to Nigeria in the West African bloc. Rawlings, whose origin is partly Ghanaian and Scottish, rose to power by two different coup d'etat and successfully re-engineered the country by creating a National Commission on Democracy to study ways of establishing participatory democracy in Ghana. The commission issued a "Blue Book" in July 1987 outlining modalities for district-level elections, which were held in 1988 and early 1989, for newly created district assemblies. After mounting pressure to return to democratic rule, Rawlings also contested and won the presidential polls. He joined the ranks of those who transformed from Khaki (Uniform) to Civilian presidents. Jerry, as he is fondly called, handed over the reigns of power to another civilian by the name of John Koffour and to date, the democratic structure he erected is very strong and a model to other

West African nations. He is still actively involved in Ghanaian politics, having served two successful terms of four years each, and is presently the African Union envoy to Somalia.

Brigadier (Ret.) Julius Maada Wonie Bio is another worthy veteran. He conformed to the popular maritime quote "our word—our bond." He was the military head of state of Sierra Leone from January 16, 1996, to March 29, 1996, under the National Provisional Ruling Council (NPRC) military junta government.

Bio led a military coup in Sierra Leone on January 16, 1996, ousting his close friend, his immediate boss, and the leader of the NPRC junta government, Captain Valentine Strasser (the youngest head of state in the world), following a division within senior members of the NPRC junta. In his first public broadcast to the nation following the 1996 coup, Brigadier General Bio stated that his motivations for the coup were his support for returning Sierra Leone to a democratically elected civilian government and his commitment to ending the Sierra Leone civil war.

Bio fulfilled his promise to return Sierra Leone to democracy and handed power to Ahmad Tejan Kabbah of the SLPP (Sierra Leone People's Party) following the latter's victory in the 1996 presidential election despite the lure of office, the sit-down-tight of most military heads of state, and the temptation of wealth the office affords. After retiring from the military in 1996, he moved to the United States to continue his education. Bio is a graduate of American University in Washington, D.C., with a master's degree in international affairs. Bio is currently an active member of the Sierra Leone People's Party (SLPP) and was its presidential candidate in the 2012 presidential election, having won the nomination at the July 31, 2011, SLPP national convention held at the Miatta Conference Hall in Freetown. He is just another of many veterans who have taken to politics and spread their influence within acceptable democratic norms.

It is evident that veterans should be seen first and foremost has humans who are and can make mistakes like every other person in the society. Their judgments, though an off-shoot of their military trainings, are nonetheless fallible. Conclusively, the entry of veterans into the political matrix is undoubted, following conflicts in the context of weak and failed states that face a range of challenges to governmental authority—ranging from criminality to insurgency and finally to avoiding active military supplantment in politics—to enhance corrective measures of imbalances which in fact are not limited to the scope of Africa.

Substantially, veterans in politics can then be seen as a guard and guide to a state success. According to Niccolo Machiavelli, "It is necessary to be a fox to discover the snares and be a lion to terrify the wolves." In justification of the topic, if veterans are permitted to pilot the nations of the sub-region, they are capable of discovering the snares and terrifying the wolves, as it is obvious that all the achievements of these military veterans in politics is where civilian administrators stumble. As Winston Churchill said, "The truth is incontrovertible, male may attack it, ignorance may deride it, but at the end, there it is."

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# The Contributions of Veterans in Business and Economy: Africa as a Case Study

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#### **Abstract**

This paper discusses the growing influence retired military men and women are now exacting in African society based on their business franchises, which cut across telecoms, agriculture, mining, shipping, oil and gas, broadcasting, small medium enterprise, and more. These are mass-oriented and beneficial investments not only to the society but to the economic growth of their respective nations, which will be advantageous to the collective development of the society and the continent at large. This paper shows a relationship between the period spent as service members and in business careers after retirement, which is a positive indicator and a palliative to stem the idea of young military officers nursing the nocturnal ambition of coup d'etat, since life after service years are no longer an armageddon.

This paper takes a periscopic view of how these veterans' impacts and successes in their new chosen careers have positively affected their immediate communities and beyond in the areas of youth employment and empowerment; capacity building; and re-focusing, re-engineering, and social development indicative of a transformation that underscores a paradigm shift in people's perception of the men and women in khaki.

Keywords: veterans, economy, business, GDP

#### Introduction

Africa is viewed as a "dark continent" from three major perspectives:

- 1. Unknown terrain to the Europeans—which is a euphemism for danger and harsh weather conditions (basically because of its hot climate),
- 2. A synonym for maladministration of resources, famine, acute hunger, diseases, poverty, malnutrition, and deprivation, and
- 3. A continent predominantly populated by the black people.

Africa is a continent with a population of about 1.033 billion of able-bodied men and women, making it the second largest and most populous continent in the world after Asia.

The continent is rich in virtually everything: its vast land and good soils can grow any type of crop, and its natural resources include oil and gas, gold, nickel, bitumen, diamond, and uranium. These are features of the continent aside from its burgeoning population, which can also be described as an asset.

Most African countries' service men fought at the fore of the Second World War, although little or no credit was accorded them in the course of history. They were abandoned to their fate after the war by the colonial imperialists. Their situation meant they almost would have been better dead than alive, especially for the injured soldiers. The culture of a lack of care and poor welfare support were all sign posts that the profession had no future after retirement, hence the culture of coup d'tat pervaded almost the entire continent. Militarism or Junta regimes across Africa were signs of fear of the unknown, concomitant with poverty, greed, nepotism, and despotism. Although some military men tried to restructure their countries by wiping away corruption, they accused the politicians, and subsequently, they became worse off. As the saying goes, "absolute power corrupts absolutely." It is no coincidence that the timely emergence of this historiographical, fact-oriented discourse and revisionism has dovetailed with the post-decolonization and colonization eras and has shed light into the picture of military service members and in public service and as veterans in Africa. The question is, why join the force if not for a career worthy or satisfying? The answer is very simple! The background and orientation of most Africans will always favor a profession that can make them a "lord," holding power and job security similar to that of kings and local chiefs.

According to history, the Second World War was a watershed of some sort, which marked a hegemonic reordering of the world. Europe started to lose its colonial powers, financially crippled by the war and struggling to be relevant in the emerging schizophrenic international system of the Cold War era. Conversely, one of the major points of debate has been the extent to which poverty, deprivation, fear of the unknown, power tussles, nepotism, and despotism have influenced their negative outlook over time. To be candid and just, the perpetration of heinous crimes and human right abuses were not (totally) the actions of the junior cadre of the military but were executed on orders from above. Some in all honesty were taken in the interest of national unity and integration. Nevertheless, they resulted from poor decision-making. Napoleon Bonaparte once said, "there are no bad soldiers but bad officers." In other words, the heads of the military juntas in the continent are to be blamed for most of the economic woes of Africa.

Judging from this perspective, my main point of discourse is the paradigm shift of veterans to contributing meaningfully to the economic development of their nations via their private businesses. Hence my topic: "The Contributions of Veterans in Business and Economy: Africa as a Case Study."

These developments have made veterans nationalist even in politics, and the degree of their involvement are born retrospectively out of nationalist mythologies even in the post-military junta era.

# Scope

This paper focuses on the economic impact of African veterans in their chosen careers after retirement. The preponderance of them are involved in SMEs [small and medium enterprises), a reality that is pivotal in the alleviation and reduction of poverty by gainfully employing people. Veterans have now come to terms with democracy and the rule of law. And though it might seem paradoxical, for democracy to survive especially in Africa, the economic empowerment of the veterans is sine qua non.

Veterans are die-hard sticklers to rules. They may not be a 100 percent perfectionist, but they are better "doers than sayers." This attribute is also taken into the foray of their businesses, where rules that are termed too restrictive or cagey are enforced to the dismay of people with little or no military background. Yet findings show with clarity that staff working with veterans are more productive and more time-conscious in terms of early arrival and proper departure time—invariably, they are always put on their toes and always at alert and active, in contrast to common images of the government-controlled civil service, where lackadaisical attitudes and ineptitude pervades. Veterans are also known for being very articulate, an attestation to their years of training in strategic planning. Their high principles turns a work force to be productive, effective, accountable, dedicated, and dependable.

Veterans are mostly misjudged by the populace who do not understand their unique style of training as opposed and different in both outlook, philosophy, and methodology to most civil training. People easily forget the following:

- 1) The veterans are the product of the societal training they received;
- 2) They have over the years sacrificed a "normal" life for our collective security, be it at home or abroad:
- 3) Their wives, children, and parents harbor many emotions, pains, and frustration over the ultimate fear of long absence or loss of their loved ones;
- 4) Veterans' children suffer psychological and at times emotional trauma over incessant transfer and relocation from home and schools;
- 5) Some of their children live as though they are in a single parent's home; and
- 6) With all these abnormalities, a certain modicum of respect ought to be showed these service men and women, even once they have become veterans.

Based on the above, we should recognize that veterans draw on their years of experience and expertise especially in terms of having sound knowledge of the country to establish businesses that would be beneficial not only to them but to their immediate communities and to the economy at large.

Veterans are employed today

- as teachers in primary and post primary schools;
- as commandants of different corps groups;
- as employees in their respective disciplines (e.g., as engineers);
- in emergency periods, like during search and rescue operations; and
- in the Merchant Navy/Marine profession, especially the Security Navy.

Veterans are being seen with more respect today than in years past, largely because of civil rule and the service they have rendered to their fatherland. They have also come to terms to rules of law and democracy predicated on the popular wishes of the people. Images of veterans successfully integrated into the economy after the end of their military careers is on the rise on a daily basis. They are now in all manner of businesses ranging from the establishment of universities and other forms of higher education to agriculture, telecoms,

mining, SMEs, filling stations, broadcasting, shipping, freight forwarding, ship chandelling, hospitality, and oil and gas. Upon leaving the military, they are investing their retirement pay in business. The top notch among them are the generals who possess enough funds at their disposal to venture into massive investments. The rank and file also aren't left out, because they venture into SMEs like poultry and other livestock, electrical and electronics installation, carpentry, and welding.

In Sudan, for instance, there is a planned reintegration by 2020 of about 150,000 combatants—80,000 from the SPLA [Sudan People's Liberation Army] and another 70,000 from security services (such as police, fire and prison services). These veterans are to produce a local workforce and counter one of the wars legacies of a vocational skills gap.

Majur Mayor Machar is the deputy chairperson of the National Disarmament, Demobilisation, and Reintegration Commission in South Sudan. He recently said, "You have to pay for peace and security, and also reward those people [former combatants]. They are not simple people. You cannot treat them lightly. They feel it deeply. We are investing in these people in two aspects. They are going to be the manpower in developing the country, and also it will allow us to free up resources for a professional army."

One veteran this to say: "I will establish tomatoes, onions and cabbages, and this will make me a pioneer in the state [for these crops]." That's an astonishing idea to think of in a nation that has been war-ravaged.

Lieutenant General Ian Khama retired a man of great influence in a small African country of Botswana. He used his wealth of experience to transform the economy of that country to be the best in Africa. Botswana is judged to have the most stable economy where different businesses flourishes.

General Olusegun Obasanjo retired a war veteran himself, having served in the Nigerian military between 1958–1979. After retirement, he set up business as a commercial farmer with the same energy and single-mindedness he had displayed in office. His Obasanjo Farms project is one of the biggest and most diversified in Nigeria and perhaps in the whole of Africa, with a workforce numbering over 7,000.

The farm nets an average of N40,000,000 (forty million Naira) a day, which translate to about \$250,000, in five working days. The farm is grossing 200 million Naira a week, so with fifty weeks of work (excluding two weeks to clean up and maintain), the Ota farm must be grossing approximately 10 billion Naira (\$62 million) in a year.

Obasanjo operates other franchises side-by-side with his farming business. He delved into education by owing one of the best citadels of learning; a higher institution (BELS University) with the state-of-the-art equipment that offers quality education to the future generations of Africans and to the world at large. He's also the first Nigerian war veteran and former president to build a world-class presidential library, titled the OOPL (Olusegun Obasanjo Presidential Library foundation), the first of its kind in Africa which parallels libraries like those of John F. Kennedy and other former presidents of the United States. Obasanjo also took an active interest in international affairs. He established the African Leadership Forum, through which he organized international workshops on African problems. He was a member of several international, UN, Commonwealth, and other agencies. He even ran for election as secretary-general of the UN. His membership of the Club de Madrid, a group of more than eighty former leaders of democratic states who are committed to strengthening democratic leadership and governance, is a great boost to the paradigm shift of veterans.

Obasanjo's colleague, Theophilus Yakubu Danjuma, a retired Nigerian general and a war veteran as well, was Chief of Army Staff from 1975–1979 and was the Nigerian Defense Minister as a retired general between 1999–2003. He rose swiftly in the Army ranks during the Nigerian Civil War as one of the field commanders in Enugu (the southeastern region of Nigeria). As a young army officer, he held the view that a properly trained and fairly treated Nigerian army could be the finest in the world.

After retirement, Danjuma took interest in different ventures, including the shipping sector where he founded Comet Shipping and the Nigerian American Line (NAL). His oil firm SAPETRO (South Atlantic Petroleum)

signed an oil prospecting license with the federal government of Nigeria on oil block OPL 246. The block later generated major oil finds, including the more than 600m barrel Akpo field and other finds, such as Egina and Preowei. In 2006, South Atlantic sold a 45 percent stake in the block for \$2.27b dollars. Danjuma has also chaired the board of Chagoury and Chagoury Construction, the former Universal Trust Bank, and was a former board member of S.C.O.A. Nigeria. He has served on the board or at one time owned interest in the following firms: MED Africa Group, First Universal, Nigerian American Ltd, Sahel Publishing Company, Tati Hotels, Jos, Continental Re-Insurance, Guinness Nigeria, Elf Oil, Nigeria Eagle Flour Mills, Eastern Bulchem, Ideal Flour Mills, Pan Ocean Oil, and Michelin Motor Tire Services.

In 2009, Danjuma's company Comet handled over two hundred vessels at the ports of Lagos, Port Harcourt, Calabar, and Warri because as at 2005, NAL-COMET acquired a roll-in-roll-out port (RORO) in Lagos, which makes it the largest independent port operator in Africa.

In December 2008, the TY Danjuma Foundation was created in Nigeria.

The Foundation's principal aims are to provide durable advantages through the implementation of development programs. The Foundation operates as a philanthropic organization, partnering with over fifty NGOs in Nigeria and making grants available to them with support of all the thirty-six state governors. The Foundation seeks to alleviate poverty in communities by providing basic amenities and education for children and young adults, while also providing free medical care for indigent people. Currently, \$500,000 (USD) has been given out through grants to NGOs working to relieve suffering in Danjuma's home state of Taraba. Taraba is historically one of Nigeria's most impoverished states, compounded by the absence of enough health services to cater for the masses. Furthermore, the state has the most cases of river blindness and other debilitating illnesses, and one of the many NGOs that is being supported by the Foundation is CASVI, working in Takum, Wukari, and Donga. CASVI's main area of expertise is the provision of free eye care services such as the treatment of river blindness in Wukari, Ibi, and Donga.

#### Conclusion

As a whole, Africa is becoming more populous and richer. It has experienced unprecedented and uninterrupted economic growth for the past three decades. Annual population growth is estimated to be 2 percent, while the gross domestic product (GDP) per capita is expected to grow on average by 2–2.5 percent between 2012 and 2013, according to the 2012 World Bank African Economic Outlook. An African middle class of 313 million people is emerging that represents 24 percent of the continent's population, according to the African Development Bank. And the numbers keep rising. Within the next five years, spending power on the continent is expected to increase by 25 percent, while private consumption in the ten largest African economies is expected to more than double by 2020.

The fast-growing working-age population should, in theory, be able to substantially increase the continent's productivity level. This would result in a substantial decrease in the dependency ratio—the number of those dependent on the numbers working—within African societies. Both children and the elderly, as dependents, should be outnumbered by those able to work. This demographic dividend, which contributed to Asia's "economic miracle" in the 1990s could boost African economies and stimulate social development.

Conclusively, I posit that Africa is at the verge of a new dawn economically, and veterans are on the cusp of a meteoric transformation of the continent using their vast experiences in the reduction of social chaos and serving as a panacea to youthful unrest, hunger, strife, and deprivation. Their forays into business also quell the tide of social malaise that arises from idleness and joblessness.

No doubt, the bright future veterans now enjoy has made coup d'état across the continent unpopular, an attestation of their contributions to the economy and business.

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# 'Performing for the Camera' [?]: Oral History Interviews of Female Military Service Personnel

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#### **Abstract**

This paper examines the discourse female military service personnel use to describe their military service. Using video-recorded oral history interviews available online from the Library of Congress Veterans History Project, the author tests the claim of filmmaker Marcia Rock (Service: When Women Come Marching Home) that the video camera "makes the story important," compelling interviewees to share more because of the camera (Rock). Female military service personnel's contributions and accomplishments have historically been redacted or omitted from military and national histories, compelling these women to hide/neglect their military service (Ryan, 2009; Benedict, 2009). Comparing oral history interviews that were not video recorded, which the author collected, as well as those available online from the Betty Carter Women Veterans Historical Project; the author offers future research and deliverables on the affordances of various modalities for collecting military service personnel's oral histories.

Keywords: female military service personnel, oral history, film

In their chapter "Feminist Qualitative Interviewing" Marjorie L. DeVault and Glenda Gross "urge interview researchers to devote more attention to the reception and use of interview research, an area that has been less explored than the conduct of interviews" (2012, p. 228). Inspired by their call, this presentation is an attempt to attend "to the use of interview research" (2012, p. 228) as a method of collecting the oral histories of female military-service personnel to account for these women's contributions and sacrifices to military and national histories—stories that often go unheard.

Over the past 2 years I've done a lot of interviewing with female and male military-service personnel for my dissertation. I've always been fascinated by interview as method for storytelling and information gathering. Some of my favorite people are incredible interviewers: Studs Terkle, Bill Moyers, Charlie Rose, Terry Gross, and Neil Cohen . . . In fact, I came to the topic of my dissertation by listening to *Talk of the Nation* . . .

#### [talk of the nation theme song played]

But that's another story. The story I want to introduce was stimulated by spending a day with Documentary filmmaker and Professor Marcia Rock (2014), and one of the women from her Emmy award winning documentary, *Service: When Women Come Marching Home* (2011) BriGette McCoy

Over lunch, Rock claimed, that the video camera "makes the story important," compelling interviewees to share more *because of* the camera (Rock, 2014). Rock delivered this claim came after knowing I was conducting my own interviews with BriGette and other female military-service personnel.

I was taken with Rock's claim, given what I have learned from interviewing female military-service personnel that I asked Marcia to elaborate on her claim that the camera gets interviewees to share more. And here's what she said:

I don't know why, but in my experience, when I turn a camera on to do an interview, it gets the person's attention, keeps the attention, and takes them into a different space than they would be in if they were just talking one-on-one. Now, I don't want to say the camera is a truth serum, but sometimes it can be that way. One of the reasons I think is that having the camera on makes the interview subject feel important. And that their story has a lot of meaning beyond themselves. And that is a huge motivation and also provides some confidence in telling the story. But, it's an interaction between the interviewer and the interviewee. So it's very important to establish trust. So that the subject will open up and I do that in a few different ways. I do a pre-interview where I'll talk to them to find out what their story is and to be able to organize an interview and know where and how to move things along. So there's the pre-interview. But then there's the interaction when you're actually doing the interview—the eye-contact, the body language—that shows that what the subject is saying is important and that you're listening. The other thing I do ah, when um recording an interview is I always try to connect the subject's answer to my next question. Because it doesn't break their train of thought. That is so key for them to tell their story well. It take some practice but what a difference it makes. I do an exercise with my students where I actually have them break and ask a question that's on a completely different subject and it really throws everyone. You have to start all over again to get that momentum going. So the camera helps a lot but the way you actually organize the interview and the listening to the answers and the connecting their answers to the next question is really, really important.

As I mentioned earlier, Marcia and I share the connection of BriGette McCoy. BriGette has graciously allowed me to interview her for my dissertation research and she was featured in Marcia's documentary. Since being in the documentary, BriGette has become a nationally recognized veteran woman and advocate for veterans. In the documentary, BriGette shares a story with Marcia and the camera that she hadn't told anyone for twenty-years, since leaving the military. But the day Marcia came to interview BriGette she told her that she had been raped while serving in the military. So I wanted to know BriGette's experience about sharing that much information with Marcia and the camera.

And here's what she had to say:

Me: Why did you feel compelled to tell Marcia?

BriGette: "When you're digitally telling your narrative to someone who isn't a counselor sitting there taking notes and writing stuff down in your mind your thinking what is the weight of what I'm saying, how is that going to be measured against me later."

Me: Prior to that meeting of her in your house, did you know you were going to share those details?

BriGette: "No, that was organic, it just, ya know the conversation when she got here. It happened. It was good. I feel like it served everything that was said and how it was edited I feel like it served everything."

Professor of Journalism and Communication, Kathleen M. Ryan (2009) has conducted oral history research with women from all over the country, who served in the Navy and Coast Guard during World War II. Ryan might interpret Marcia and BriGette's comments as exemplifying the process of "re-remembering in oral history interview." According to Ryan, "Re-remembering affirms one's personal history while recovering one's history through the process of storytelling" (2009, p. 30) and "In oral history, the manner of telling the story is as important as the story told" (2009, p. 35). In other words, interviewer and interviewee collaborate with one another to tell a single story—the servicewoman's story. In interview, the "story" is a collaborative process (see also Selfe & Hawisher, 2012).

And of course, Rock (2014) agrees with Ryan (2009). And here's Rock.

"What's so interesting about working with the women in *Service* (2011) is that every interview was very different. When I was with Alexis I was in her kitchen and the kids were playing with the dogs and everything and all the sudden she started talking about service dogs and how her dog had helped her avoid using drugs. Had changed the whole dynamic of her family and had given her independence so I was hand-holding it [the camera] and I didn't want to stop and break her thoughts, so the whole interview is handheld and boy was my arm tired after that. But umm with Sue and um BriGette, it was a formal sit-down interview and ah, Alicia too. Ahh we had talked we had um chatted a little bit, they didn't know me that well, I did travel to see them so that made it an important visit. And with Sue I just asked her, tell me about that day. And I didn't have to interrupt her once. She just told the whole story. With BriGette, ah, she sort of wandered around a little bit, but then started giving me so much detail that I don't think she told anyone about the rape she experienced and her treatment. And I think I was so overwhelmed in a way by everything she told me that I didn't even hear an airplane go by so I could ask her an important question twice so I had to keep the airplane in and everybody when they look at it they go, what's that!? That's how involved I was in umm her interview. And ah, Alicia was really terrific. And ah became a really good foil for Sue and really talked about her PTSD in a really important

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way and said 'I tell everyone I have PTSD' in such a defiant tone it was really strong and positive statement. So it was really a great experience and one of the nice things about *Service* (2011) is we got a grant from Disabled American Veterans (DAV) to tour with the film and one of the vets went with one of the producers, Patty er Patricia Lee Stotter and they told their stories again in new and different ways and boy did they grow. From having participated in the film and then talking about it."

Ryan's research with women in World War II also reveals, "women often diminish the importance of their lives. 'I didn't do anything important' is a constant refrain in the interviews. But concurrently, the women in the interviews position themselves adjacent to what most would agree is important historically significant events" (2009, p. 26).

I asked Marcia what she thought about this finding. Did she notice women diminishing their service? Here's what she had to say:

Until recently, women have not been allowed in combat. And combat is the most revered part of service. So women tend to put down their contributions because they weren't allowed on the battlefield. That's all changing but in the film, LaShonna served in Iraq she helped build Humvees and armor them. But she still felt she really hadn't contributed that much. And when she saw a benefits officer, she said she didn't deserve benefits that people like Sue who lost her legs in Afghanistan were the one's who really needed the benefits. And the counselor said, "Everyone's equal. Your service is equal to everyone else [sic] and you deserve your benefits." And so I think women historically do put themselves down and that has to change because every contribution is a lot if you serve you serve and it doesn't matter if you're on the battlefield or in an office, you served."

Marcia also taught me that people don't tell their stories because they're never asked to share. I think this is particularly true of female military-service personnel past and present. I hope that by sharing my inquiry into the role of the camera in oral history interviewing of women veterans, that you'll be inspired to either ask women to share their stories. Or, you'll explore the oral history interviews available online at the Library of Congress Veterans History Project (http://www.loc.gov/vets/) and The Betty Carter Women Veterans Historical Project (http://library.uncg.edu/dp/wv/).

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# Standing Up To Be Counted: Female Military Personnel and Online Mentoring

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#### **Abstract**

Women working in male-dominated fields such as science and the military often encounter challenges fitting into their workplace communities, feeling themselves to be cast as less intelligent and less powerful (physically and with regard to leadership). The problems connected to gendered stereotypes do not end once female military personnel leave the military service. As a result, female veterans often downplay their skills and accomplishments and do not identify themselves with the veteran moniker. Several online communities for military women have emerged that strategically use Web 2.0 technologies to enable female military personnel to mentor each other in relatively safe electronic spaces to support the professional and personal growth of participants and to articulate personally and publicly the reasons why women, too, "count" as veterans.

Keywords: female veterans, gendered stereotypes, mentoring, online communities

**Note:** Some of this text is borrowed and modified from my previously published essay "Inquiring Communally, Acting Collectively: The Community Literacy of the Academy Women eMentor Portal and Facebook Group." *Community Literacy Journal* 6.1 (Fall 2011).

Second-wave feminist Carol Hanisch wrote her 1969 essay "The Personal is the Political" as a response to social critics of the time who were dismissing the practice of women gathering together to form consciousness-raising groups as being akin to "personal therapy" or mere "gossip sessions." In the essay, she argues that these meetings ought instead to be recognized as serious political activities with the potential to lead to real community change. Hanisch asserts that these sessions constitute a form of civic action because "personal problems are political problems. There are no personal solutions... there is only collective action for a collective solution." In other words, she and other feminists saw a compelling reason for women (and some men) to consider together the personal and the social effects of prevalent stereotypes of women. Without the opportunity to form a collective consciousness, Hanisch suggested, an individual woman would have more difficulty moving beyond the personal impact of these stereotypes to the shared will in order to attempt to enact more widespread social change.

As Natalie Fixmer and Julia Wood explain in their 2005 essay "The Personal is Still Political: Embodied Politics in Third Wave Feminism," personal forms of female resistance are often still regarded as "mere lifestyles choices or politically ineffectual obsessions with individual locations, circumstances, and preferences" (236). However, as Fixmer and Wood recognize, personal forms of resistance can become more politically effectual when individual women come together in communities to talk with each other, to form coalitions, and to find voice.

The personal and collective problems connected to gendered stereotypes such as those Hanisch identified in 1969 (and thus the need for change) are still fairly pervasive in the predominately male workplace of the United States military service. Kayla Williams's Love My Rifle More than You: Young and Female in the U.S. Army imparts her vexing experiences as a linguist in the Army during Operation Iraqi Freedom. Williams was also interviewed for a recent Atlantic article focusing on the military's "bro" culture, a culture that high-ranking male officers acknowledge, too. Robert H. Scales, retired Army major general, and former commandant of the Army War College, for example, recently spoke up about military culture and the fact that "[t]e rank and file have yet to accept women into their community. Women have fought and died in Iraq and Afghanistan. They are no longer excluded from combat zones. But the military has yet to fully accept women or their contributions." Part of this continuing problem, according to Anu Bhagwati, female veteran and Executive Director of the Service Women's Action Network, is that we "have all partaken in and fed off, consciously or not, the exploitative, voyeuristic and pornographic industry that fetishizes women with weapons and exploits or victimizes military women. . . . As a society, we are more obsessed and concerned with what sexualized women do with machine guns than what empowered women could do with actual political power."

The problems connected to gendered stereotypes do not end once female military personnel leave the military service, either. As Tranette Ledford explains, "Many women returning from service in Iraq and Afghanistan, even those with hard skills and a security clearance, are facing a new battle on the home front: a job market rife with obstacles inherent in being female and a military veteran." Fortunately, Ledford has found that "[t] he good news is that organizations are growing in numbers and scope as women veterans increasingly turn to themselves to find solutions and break barriers."

Previous research on female scientists shows that having access to female mentors with whom other women in male-dominated workplaces could share and deliberate about their problems resulted in their increased ability to express their views publicly among their male colleagues, which thereby increased their personal job satisfaction and mitigated the impact of negative stereotypes within their personal and professional lives (Settles et al). Research also shows that mentored individuals report having "greater satisfaction, career mobility and opportunity, recognition, and a higher promotion rate than nonmentored individuals" (Bierema and Merriam 213).

Some efforts are being made to create face-to-face mentoring for female military personnel, such as Female-2-Female, an on-post Army program "to combat isolation and encourage the expansion of female soldiers' networks." According to a report in The Army Times, while the program "had a worthy goal, to connect female soldiers on the post — and it featured two high-powered female flag officers who talked about balancing work and life in a male-dominated Army," a backlash resulted in complaints that the event was "too 'June Cleaver' and not enough 'G.I. Jane'"—that it "was for housewives, not soldiers" (Gould).

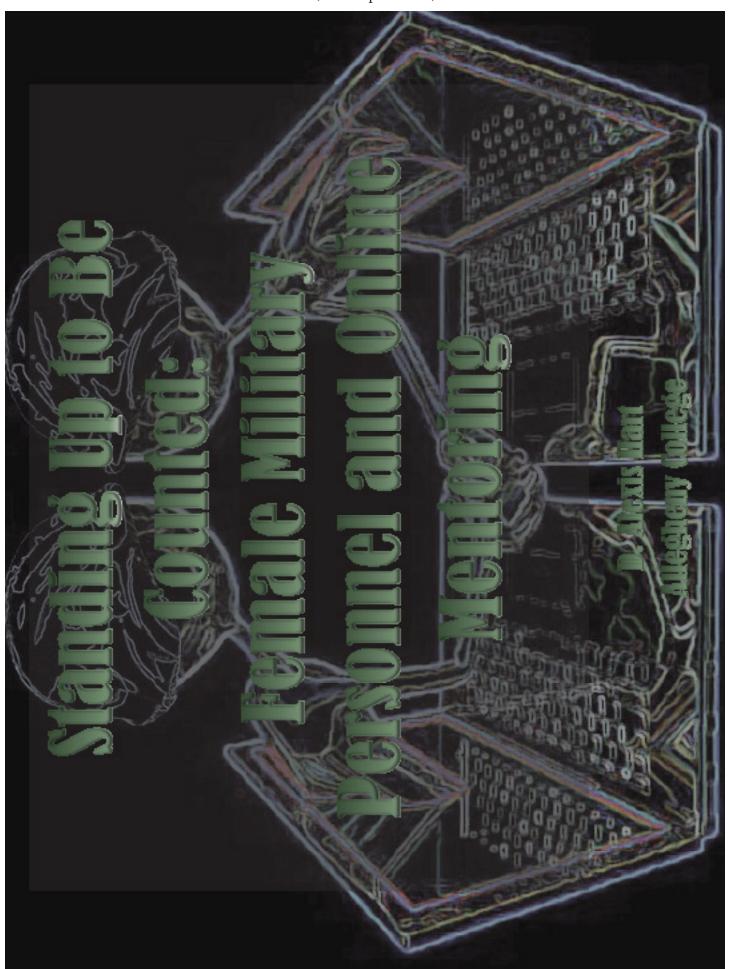
Increasingly, female military personnel are going online to seek mentoring opportunities, in part because military women typically have limited numbers of other women within their immediate commands (their local worksites) with whom they feel comfortable discussing such issues or from whom they feel it would be appropriate to seek personal and professional advice. Even if a woman in the military has a senior female colleague in her local workplace from whom she can seek advice, perceptions of favoritism within such a mentoring relationship can be a concern for both mentor and protégé. As Raymond Noe, David Greenberger, and Sheng Wang point out in their article "Mentoring: What We Know and Where We Might Go," such perceptions can "give rise to suspicion, jealousy, and even resentfulness in employees who are not involved in a mentoring relationship" (140). The ability to receive advice and mentoring from another female military member who is not in the protégé's immediate chain-of-command through online communities such as the Academy Women eMentor portal, the Academy Women Facebook group, and the Service: When Women Come Marching Home Facebook group, therefore, can be one way to reap the benefits of mentoring while avoiding some of the local workplace challenges. In addition, social networks "enable their members to contribute to, and pull from, the network to accomplish more than the sum of the parts would indicate" and therefore, "increase professional success" by acting as "platforms for the exchange and promotion of information and ideas, [thereby] accelerating [members'] acquisition of skills and knowledge."

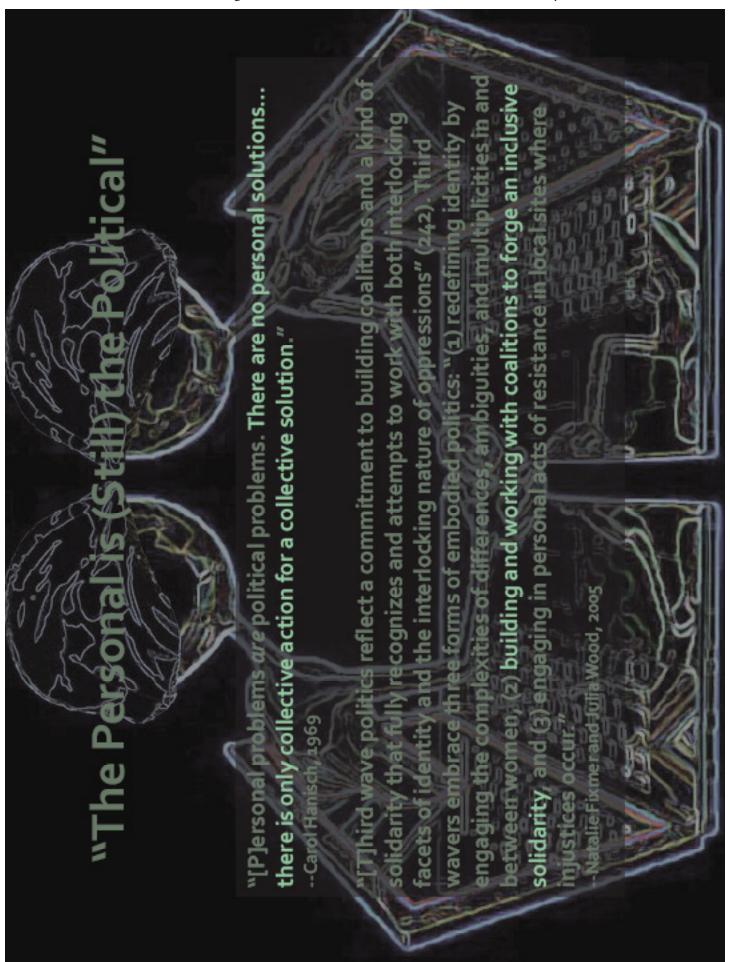
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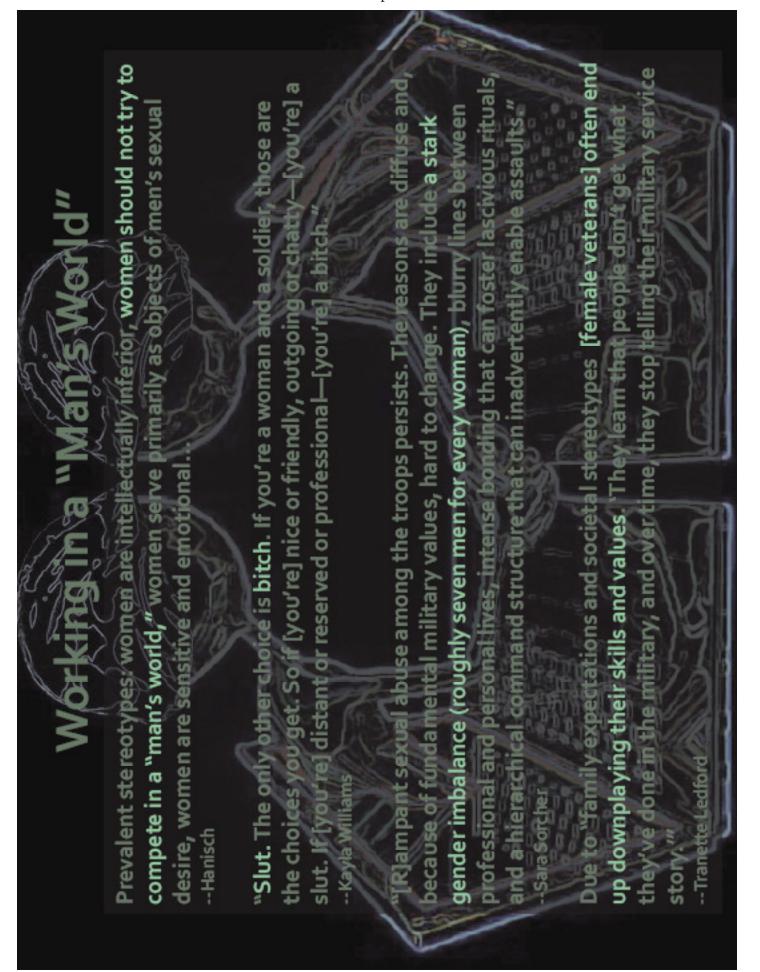
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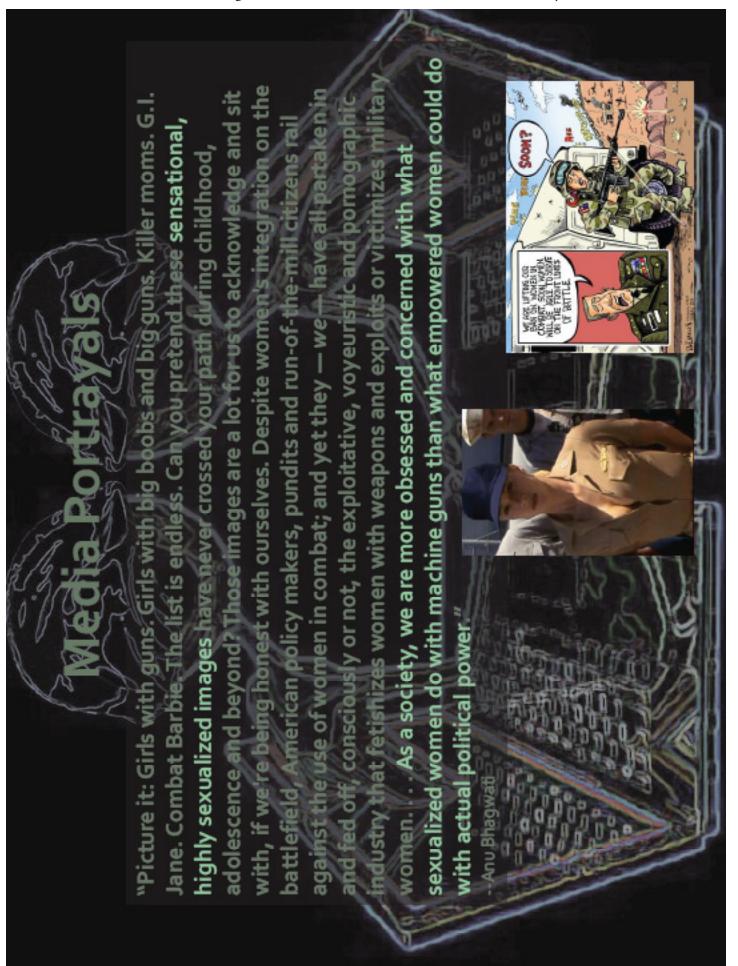
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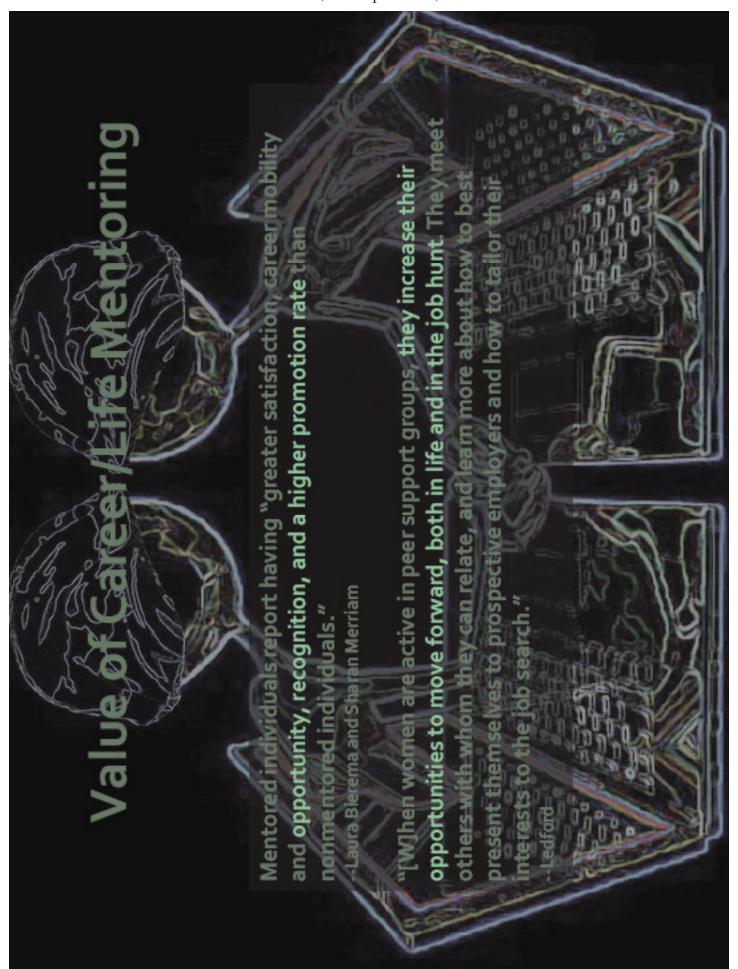
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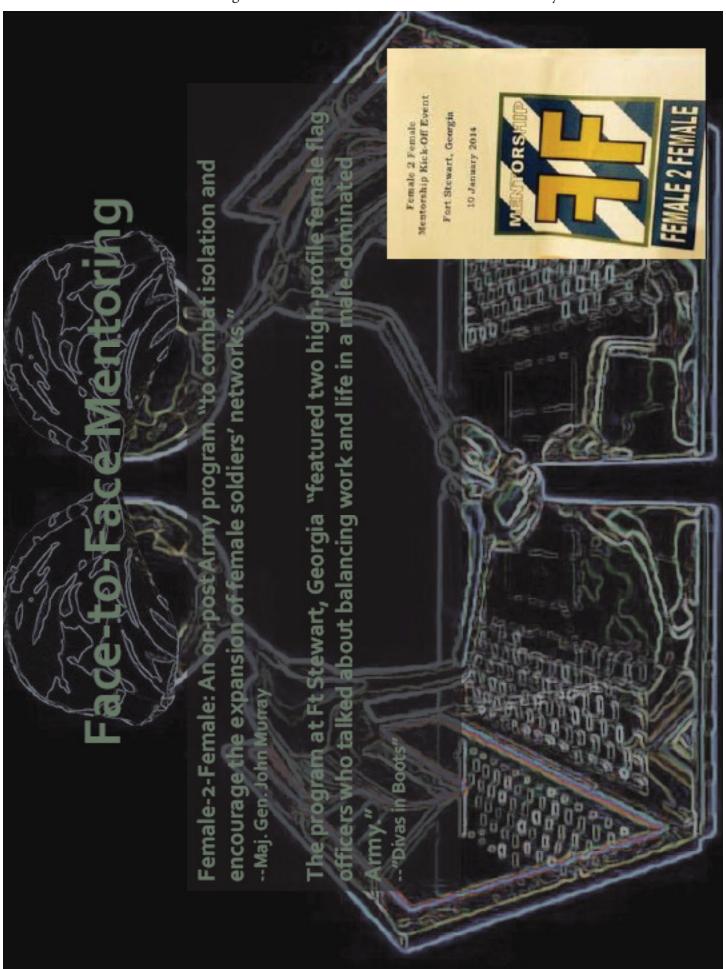


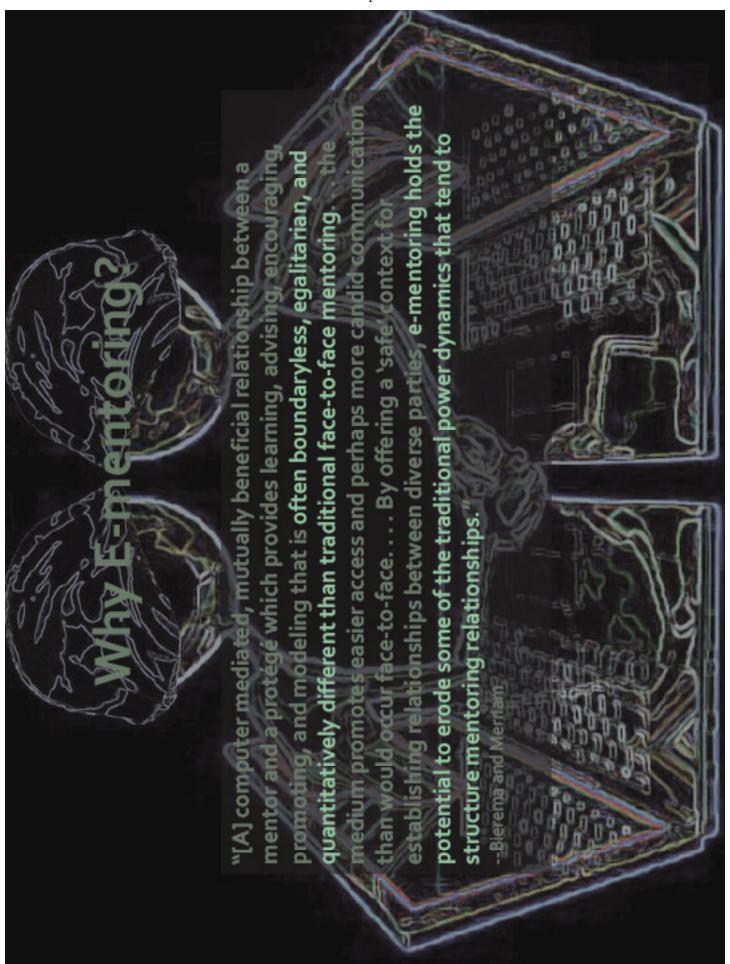


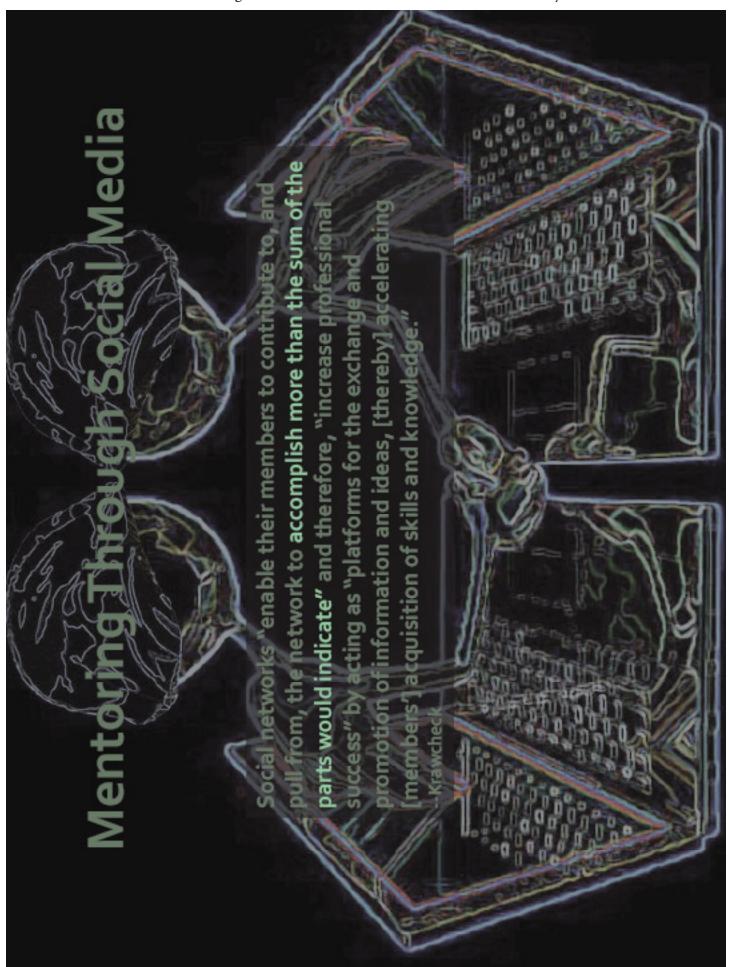


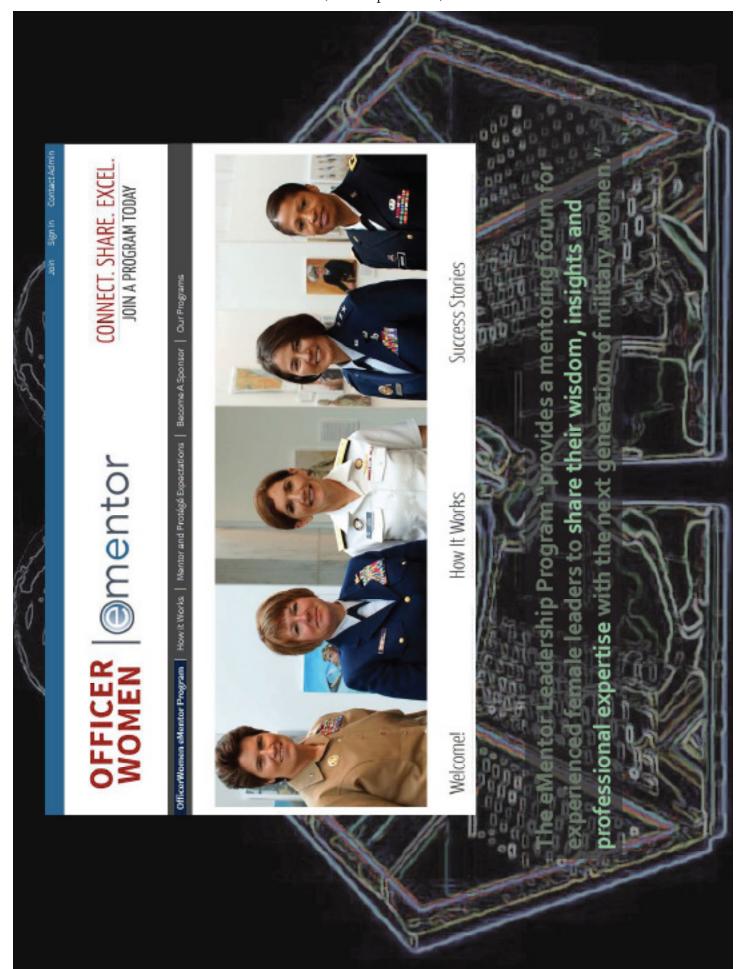


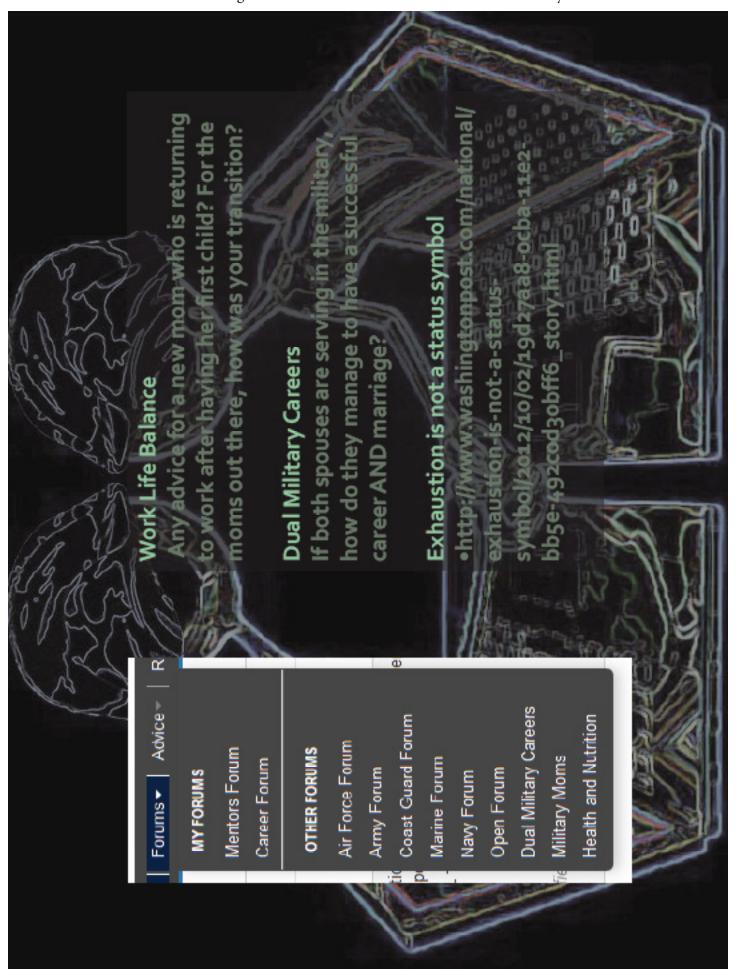


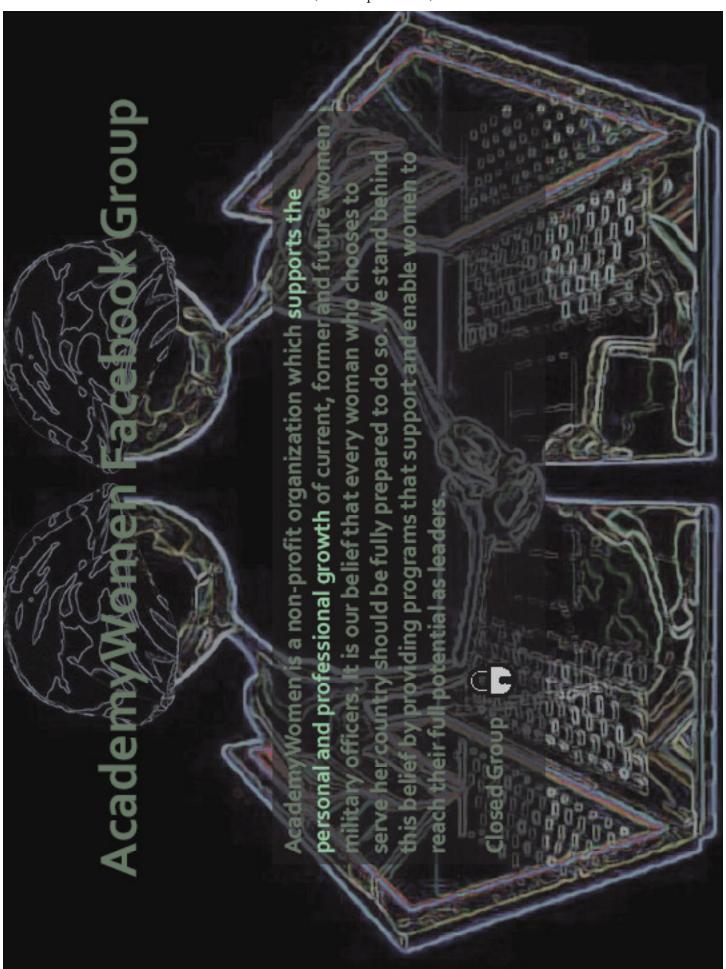


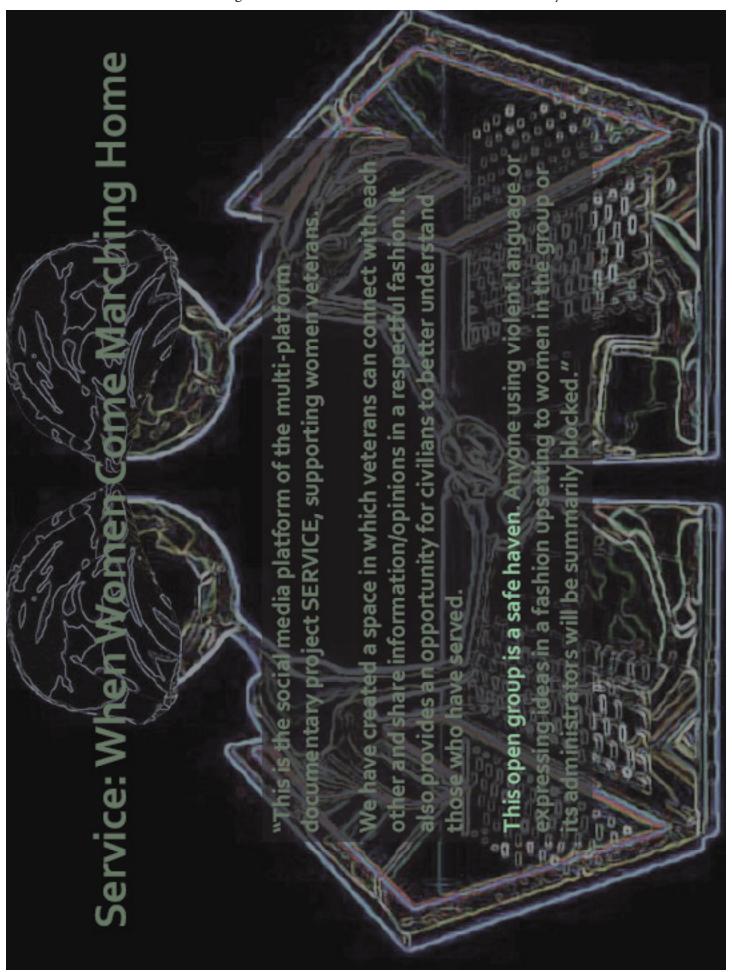














# Resisting & Re-inscribing Gender Norms: See Me/ Hear Me

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"When a woman tells the truth she is creating the possibility for more truth around her . . ."
—Adrienne Rich

#### **Abstract:**

Women veterans not infrequently report the forced iconic characterizations of "bitch," "whore," or "dike" forced upon them by their fellow service-members, superiors, and the larger culture both during and after their military service. As a result, they experience a kind of cognitive dissonance. This presentation challenges the connections made between identity, gender norms, and the wedding of nationalism and masculinity when they serve to reject servicewomen by challenging their identities as in/sufficiently feminine/female, or when they inscribe upon the female soldier a pseudo- masculinity, concurrently denying her masculine privilege. This presentation seeks to engage conversation around ways to normalize images of the female solider, recognize the value of the stories of all veterans, and explore – without essentializing –the tension necessary between gender and identity.

Keywords: female veterans, gender stereotypes, identity, story-telling

Women veterans not infrequently report the forced iconic characterizations of "bitch," "whore," or "dike" forced upon them by their fellow service-members, superiors, and the larger culture both during and after their military service. As a result, they experience a kind of cognitive dissonance. I'd like to challenge the connections made between identity, gender norms, and the wedding of nationalism and masculinity when they serve to reject servicewomen by challenging their identities as in/sufficiently feminine/female, or when they inscribe upon the female soldier a pseudo- masculinity, concurrently denying her masculine privilege.

I'm not suggesting that my arguments or observations apply to all women veterans, nor that experiences of being female in the American Armed Forces are universal. In fact, what I want to spend time thinking about is how conflicting identities must be recognized and held in tension in order not to essentialize (and so consequently silence) women's experiences.

I think we need to recognize that these are roles thrust upon women, but they also become roles assumed by women as a means of negotiating the internal dissonance created by the need to remain true to themselves and at the same time perform equally well, be equally tough, be good soldiers - function if not in masculine forms at least androgynously.

Feminism is currently (quite frequently) rejected by millenials as something no longer necessary. The group at Duke two years ago who out of excitement over the realization that feminism actually had something to offer them created the "Who Needs Feminism?" website and tumblr. Likewise, I regularly have female student veterans tell me they cannot identify with the ongoing need of their civilian counterparts to fight sexual discrimination in the work place, and that they themselves, are respected for the work they do, paid for the work they do, and are offered opportunities based purely on their rank and abilities. Concurrently, and by contrast, ongoing revelations concerning sexual harassment and sexual assault in the military would seem to point to a strong need for a feminism.

Still even this definition from 1914 seems needed:

"Feminism is that part of the progress of democratic freedom which applies to women."

—Beatrice Forbes-Robertson Hale, 1914

My own niece, an active duty marine, experienced severe workplace harassment at the hands of a military contractor and former service member very early in her career and we had long talks about what it might mean to file formal charges and fight it, or whether she should move on stronger and wiser, and a bit more careful - what she would lose as a human being, as a female, what battles were ones you took on for a cause beyond yourself despite their intimate nature, and what were distractions from the real battles you'd enlisted to fight in. Her decision: to own the label "bitch" and to file formal charges. She accepted responsibility for making a situation right and in doing so also accepted the negative consequences of her actions, including a particular role beyond being a Marine.

As faculty, and as professionals who care about the success of women veterans, and about their wholeness, what can we do with the insight that these roles exist and must always at once be held in tension, particularly by female active duty service members?

The first thing we can do is simply recognize that essentialist/categorical definitions for women exist in the military. Next, I think we need to be ready to hear ANY story - being ready to hear ANY story is necessary hear

ANY story at all. Another thing we can do, I think, is to normalize feminine versions of being active duty. In other words, while the iconic storm-trooper may be the image that Hollywood most readily offers as metaphor for a powerful and patriotic America, what counter-discourse might we invite into the classroom that makes room for female veteran's stories?

Is there a multi-modal project that instead of saying "This is what a feminism looks like" says "I'm an American Veteran." "This is what a Warrior looks like."

What do feminist scholars do then, what should they do, with and for armed women, women vital to war efforts, women wounded in war? How can a feminist ethic of care encompass women warriors without essentializing them or victimizing them?

An article that appeared in *Time* magazine in 2010 provides a look at the dichotomy and tension of experience gender can play in healthcare for female veterans. The article opens with Shiloh Morrison, 25, who had been both a truck gunner in Iraq and served in Kuwait four months in the mortuary preparing bodies for autopsy, and giving the signal for taps and the last salute to fallen soldiers being shipped home for burial. Not quite two months home and working out in a gym, she's asked if her husband is marine because of the t-shirt she was wearing.

Fitzpatrick goes on to detail that by the end of the Vietnam War, "nearly 1 million living American women have served their country in the military, making up 3.5% of veterans overall. But the VA didn't start providing medical and mental-health services to women until 1988"(n.p.). Their experiences were invisible.

But the most poignant illustration of the tensions to be held at once comes from Fitzpatrick's report on Tammy Duckworth, a double-amputee whose legs were blown off when the chopper she piloted was hit by a rocket-propelled grenade. She remarked about the fact that the Army could outfit her with prostheses but could not provide he with common contraception, "I remember thinking, 'Really? This is like a caricature . . . Why do you have Viagra but you don't have the birth-control patch?'"

The conflation of gender identity and military experience is explored in important ways in Suter et al, 2006, "Female Veterans' Identity Construction, Maintenance, and Reproduction." They summarize their findings based on the community of practice model applied to a group of WAVES (ranging in service from WWII through the Gulf War), this way: "[These women veterans] reported growing from shy, naïve young women to mature, self-confident adults. Participants found the transition back to civilian life problematic, in part due to difficulties meeting traditional gender role expectations and in part due to isolation, as they no longer related to civilian women in their hometowns."

They had difficulties meeting traditional gender roles because they had moved beyond them - not necessarily rejected them. Suter's group found that they reinforced their identities as veterans through their association with one another, meeting regularly. This enabled them to resist the disciplining of women's bodies and resist reframing (and thus decontextualizing and reducing the importance of their own active duty service - something they had a tendency to do).

A recent op-ed in the *New York Times* makes it clear that the issue of gender expectations and feelings of isolation the WAVES group experienced are still the primary issues facing the women veterans of the more recent Iraq and Afghanistan conflicts. Consider two quotes from this wonderful piece by Cara Hoffman (March 31, 2014):

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"he injury wasn't new, and neither was the insult. Rebecca, a combat veteran of two tours of duty, had been waiting at the V.A. hospital for close to an hour when the office manager asked if she was there to pick up her husband.

No, she said, fighting back her exasperation. She was there because of a spinal injury she sustained while fighting in Afghanistan.

Hoffman goes on to say, "It's not that their stories are poorly told [women's stories of combat]. It's that their stories are simply not told in literature, film and popular culture" (1).

The second quote I'd like to pull from the op-ed brings into focus the question I hope we can explore here—how we listen better:

"Male soldiers' experiences make up the foundation of art and literature: From "The Odyssey" to "The Things They Carried," the heroic or tragic protagonist's face is familiar, timeless and, without exception, male. The story of men in combat is taught globally, examined broadly, celebrated and vilified in fiction, exploited by either side of the aisle in politics.

For women it's a different story, one in which they are more often cast as victims, wives, nurses; anything but soldiers who see battle. In the rare ware narratives where women do appear, the focus is generally on military sexual assault, a terrible epidemic of violence that needs to be revealed and ended, but not something that represents the full experience of women in the military" (2).

Higher education itself offers a unique community of practice, certainly within disciplines, but also as a community at large. And that community is fundamentally guilty of perpetuated masculine vision what it means to be a solider. . . . In thinking about the services offered to veterans and the role college can play in both aiding transitions and in enabling self-selected identity choices , Baechtold and Salwa assert that "In essence, [soldiers] need to make meaning of what they have seen and experienced while at war. The process of meaning making is related to the idea of shifting from accepting knowledge from an authority to constructing knowledge for oneself, based on individual learning and experiences (Baxter Magolda, 2001)" (38).

In this sense, women veterans on our campuses are not unlike any other student whose self-ac43tualization we hope to foster, and by the same token, because their stories are stories of war and hardship, and loss, but also of adventure, of heroism, of responsibility, they are unlike any of our other students. "Understanding the development of women veterans require[s] making a connection between what these women experienced during their military service and how those experiences may or may not relate to how they make meaning of their experiences as college students" (38).

The last thing I want to pull from this excellent article are two elements concerning gender and identity that Baechtold and Salwa note from the work of Herbert (1998) and Josselson (1987). First, "women who enter a male-dominated setting must learn to redefine and manage "femaleness" (Herbert, 1998, p. 21). Herbert asserted that women in the military feel pressures to act either more feminine, more masculine, or both" (39). In addition, "women in the military are forced into a more conscious and deliberate role as an armed force

member and are not allowed a natural expression of gender... removal of the forced military identity causes a crisis of identity for female veterans as they struggle to re-assume roles as civilians" (40).

From the work of Josselson, the authors note that women in the military have often formed a unique identity in which their occupation is an expression of who they are as an individual [It's the negotiated space that is and is not a gender]. "When their military occupation is removed and a new vocation must be found in a college or university setting, many women veterans....construct a new identity [not easily] that is specifically related to gender in order to make meaning of the collegiate environment (40).

Karen Wink says of Tim O'Brien's writings as they speak to students, that "he shows an unvarnished view of war's participants—not statistics—but people carrying profound burdens of responsibility within themselves in defense of our country (*Kentucky English Bulletin* 45). It's this profound burden of responsibility that weighs on (and shapes) **all** of our veterans, men and women a like. It's also this weight of responsibility that disallows female vets from ascribing too readily to traditional gender roles, but also means they resist feminism as unnecessary or not an instrumental necessity.

I don't offer solutions today so much as invite you to think with me about whether we pay enough attention to these issues and how we should let them complicate our own classroom planning, or curriculum, and our research -- and how in doing so, how we can better serve women of in, and moving out of the armed forces. How do we "listen" better? How do we see and understand more?

A few suggestions for the conversation and a few goals moving forward:

- Normalizing the female soldier.
- Allowing and not essentializing tensions of gender and identity and story.
- Exploiting androgyny.

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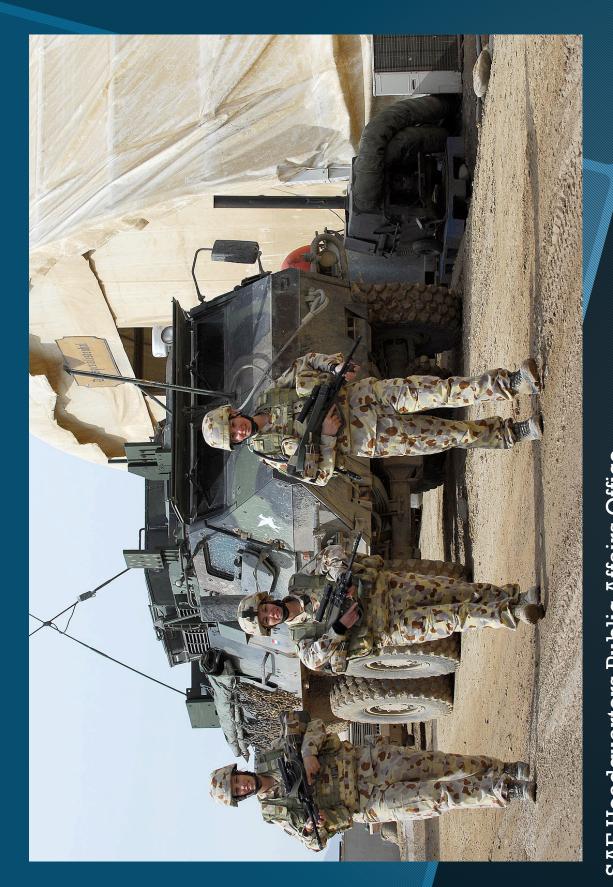
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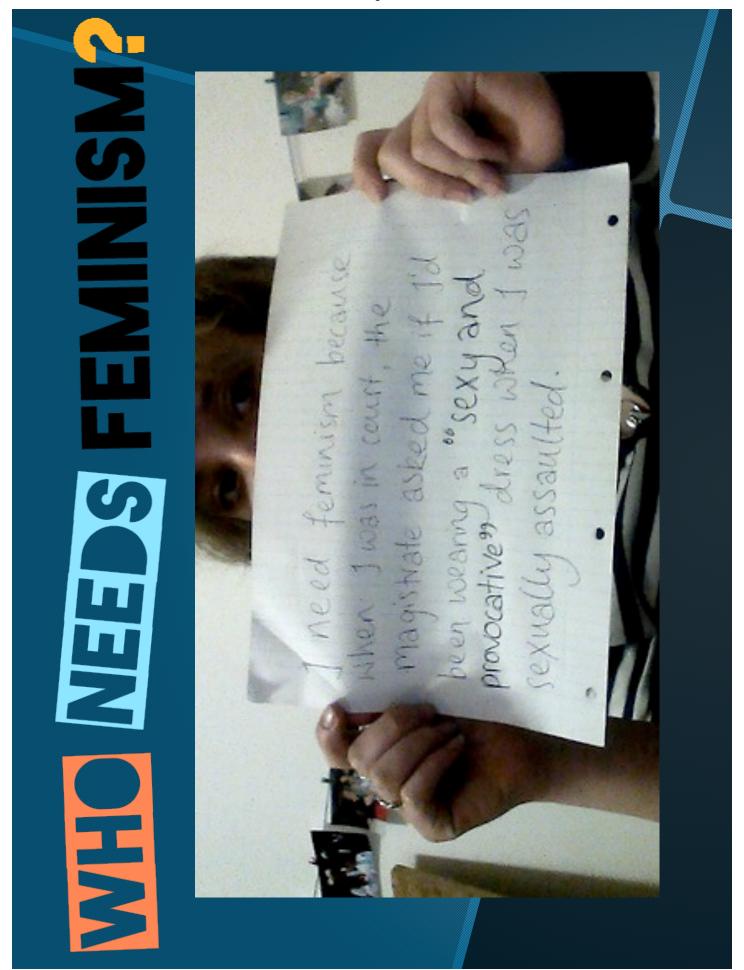
**KATHRYN A. BROYLES** is an associate professor of English, philosophy, and religion and former director of general education for American Public University System (American Military University). Her work and research concerning online learning and nontraditional students is particularly focused on supporting the success of veterans and their families. She has pursued clinical pastoral education at the Veterans Administration hospital in Durham, NC, and currently volunteers with Military Experience and the Arts.

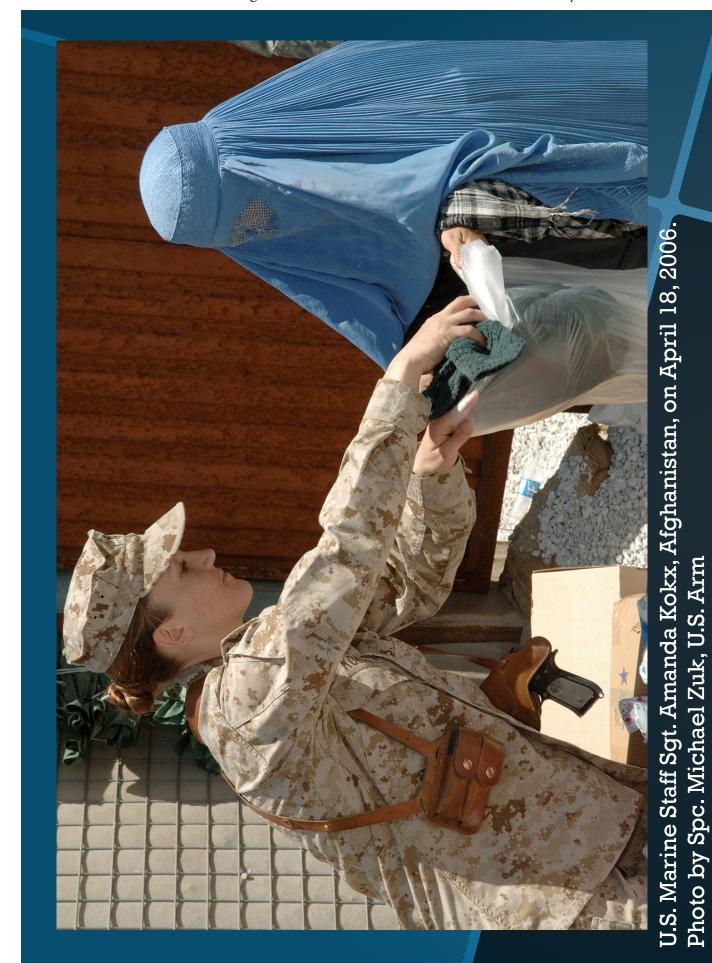






SAF Headquarters Public Affairs Office from Kabul, Afghanistan





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U.S. Rep. Tulsi Gabbard, right, speaks to an Airman -March 29, 2013 Photo by Michael R. Holzworth, TSgt, USAF

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# Examining the Differences in Veterans and Non-Veterans at the Chronic Pain Management Unit

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#### **Abstract**

The CPMU consists of both veterans and non-veterans who exhibit a wide range of chronic pain problems. In this study, it is hypothesized that veterans and non-veterans will score better at discharge than at admission, based on expected trends. In addition, due to their combat exposure, it is predicted that veterans will score differently than non-veterans on a variety of pain-related measures. It is predicted that veterans will exhibit more anxiety and fear-related symptoms than non-veterans. Patient information was extracted from the CPMU database in order to obtain demographics, program evaluation scores, and MMPI-2 scores. Fifteen veterans were matched with fifteen non-veterans based on age, gender, time of admission, and pain duration. A twoway ANOVA with repeated measures on one factor was conducted on each of the measures at admission and discharge for veterans and non-veterans. Paired t-tests were used for MMPI-2 scores and discharge only variables to assess any differences between veterans and non-veterans. Intuitively, many of the significant results illustrated that upon discharge, most subjects performed better on measures that were encouraged by multidisciplinary treatment programs. Results also indicated that scores on the Pain Catastrophizing Scale (PCS), and on both task persistence and seeking social support dimensions of the Chronic Pain Coping Inventory (CPCI) were different for veterans and non-veterans depending on when they completed the questionnaires. Veteran scores were consistent with our hypothesis across measures that detected significant group by session interactions. Further studies need to be conducted to gain a better understanding of the differences between veteran and non-veteran profiles.

Keywords: chronic pain management, veterans, pain measurement, pain treatment models

Extensive research has been conducted regarding the relationship between PTSD and chronic pain in war veterans. Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage" (Merskey & Bogduk, 1994). Sometimes, the pain does not subside and persists for extended periods of time. Pain is considered to be chronic if it has persisted for six months or longer, and had initially begun with a bodily injury or disease related problem that had already been successfully treated (Lew et. al., 2009).

The Diagnostic and Statistical Manual of Mental Disorders IV-TR defines PTSD as follows:

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyperarousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning (American Psychiatric Association, 2000).

PTSD is an anxiety disorder that follows an actual or perceived trauma, and is characterized by recurrent thoughts of the trauma that lead to variations in affect (Otis et. al., 2003). Flashbacks and nightmares are common manifestations of the underlying trauma, and tend to be triggered by environmental cues that are related to the traumatic event (Otis et. al., 2003). Avoidance behaviours are another main symptom of PTSD, as individuals use this as a coping mechanism in order to avoid any triggers that may be associated with the trauma (Otis et. al., 2003). More often than not, PTSD sufferers become isolated and sever ties with close family members and friends. Consequently, this leaves them feeling even more depressed, angry, and hopeless (Otis et. al., 2003). In addition to the anger and irritability that is commonly observed in PTSD, individuals also display signs of hyper arousal, as they are often on edge and easily startled. (Otis et. al., 2003) Difficulty sleeping and deficits in attention are also manifestations of the heightened sensitivity that is observed in people suffering from PTSD (Otis et. al., 2003). Moreover, these individuals usually exhibit high levels of anxiety, depression, panic, and substance abuse (Otis et. al., 2003). Although PTSD often occurs following a traumatic event, it has been suggested that the effect of the trauma on the individual has to do with personal vulnerabilities, such as family instability prior to combat exposure, age at the time of combat exposure, and additional life stressors (Otis et al., 2003). This would explain why some people who experience trauma do not develop PTSD, as they may not have the associated psychosocial factors and personal characteristics that would contribute to the development of the disorder. (Otis et. al., 2003)

The Chronic Pain Management Unit (CPMU) located at Chedoke Hospital in Hamilton, Ontario, Canada offers a four-week program that is based upon cognitive behavioural therapy (Williams et. al., 2007) The program offers both residential and inpatient treatment in order to provide flexibility to those in need. A multidisciplinary team consisting of occupational therapists, psychologists, pool therapists, a social worker, psychiatrist, physiotherapist, pharmacist, and nutritionist all work together to develop a program specifically tailored to each patient (Williams et. al., 2007). The purpose of program activities is to educate patients and encourage them to develop new behaviours that will help them to effectively self-manage their pain. Certain techniques, including but not limited to group therapy and relaxation, provide alternate ways of coping with pain that patients are able to take with them upon discharge from the program. Patients that excel most in the CPMU program are those that enter with an open mind and a willingness to be open to having some element of control over their own lives. Throughout their four week stay, patients are exposed to relaxation, anger management, nutrition, positive self-affirmation, medication use, activity pacing, and communication skills. These techniques are meant to increase esteem and change their current perception of pain from a negative view to a positive one. Over time, these coping strategies are meant to increase independence on new self-management behaviours and decrease independence on medication. Some of the patients who enrol in the CPMU program are referred by Veterans Affairs. In addition to chronic pain, combat exposure has contributed to a PTSD diagnosis in some

veterans. Therefore, the CPMU program consists of patients who are non-veteran chronic pain patients, as well as veteran chronic pain patients.

Individuals suffering from PTSD often report chronic pain, which is believed to be their most common physical complaint (Shipherd et. al., 2007). War veterans undergo extreme physical exertion and high susceptibility to injury, so it is not surprising that most veterans who are returning home from battle are diagnosed with chronic pain (Lew et. al., 2009). In addition, the pain literature suggests that chronic pain is related to family instability, educational and career problems, and underlying psychological issues (Lew et. al., 2009). Studies have shown that both PTSD and chronic pain are co-dependent in nature, in that both can worsen the symptom severity of one another (Otis et. al., 2003).

The purpose of this study is to examine the differences in profiles of veterans and non-veterans. Differential scoring on a variety of pain-related measures may contribute to a greater understanding of the differences between chronic pain patients who have been exposed to combat and those that have not. It is hypothesized the veterans non-veterans will have more favourable scores at discharge than at admission, based on expected trends. In addition, it is predicted that veterans will exhibit more anxiety and fear related symptoms than non-veterans. The background will briefly cover the epidemiology of PTSD and chronic pain, the co-morbidity of these conditions, psychological theories, and some of the treatment options offered at the CPMU.

# **Epidemiology**

Studies have demonstrated that approximately 1 in every 5 individuals report chronic pain to their primary health care provider, making it a common health issue in the population (Tang & Crane, 2006). Moreover, approximately 10% of the general population is affected by some type of chronic pain problem that has been present for a minimum of three to six months (Shipherd et. al., 2007). In addition, 80% of veterans undergoing outpatient treatment for PTSD reported also experiencing chronic pain (Shipherd et. al., 2007). Therefore, compared to the general population, the rate of chronic pain diagnoses in patients also suffering from PTSD is significantly higher.

In the United States alone, PTSD affects approximately 6% of males and 12% of females (Shipherd et. al., 2007). More importantly, the prevalence of PTSD increases significantly in combat veterans or in populations where there is a higher susceptibility of exposure to potential trauma (Shipherd et. al., 2007). Results of the National Vietnam Veterans Readjustment Study illustrated a present PTSD rate as 15% and an approximate lifetime rate of PTSD as 30% (Otis et. al., 2003). Suicidal ideation is even more prevalent in patients suffering from chronic pain; suicidal ideation is three times more likely to occur in individuals suffering from chronic pain as opposed to individuals without a chronic pain diagnosis (Tang & Crane, 2006). A similar trend is illustrated in suicide attempts, which are twice as likely to occur in chronic pain patients as opposed to non-chronic pain patients (Tang & Crane, 2006).

# **Co-morbidity**

There are many conditions where one can see a co-occurrence of PTSD and chronic pain, such as depression, anxiety, substance abuse, and other anxiety disorders (Shipherd et. al., 2007). Lew et al (2009) found that a depressive effect is frequent in both chronic pain and PTSD. In general, the rate of PTSD increases with each patient referral for the examination of a chronic pain problem, usually resulting from a traumatic event (Otis et. al., 2003). Benedikt and Kolb (as cited in Otis, 2003) found that 10% of 225 veterans who were referred to a pain clinic also received PTSD diagnoses. Furthermore, White and Faustman (as cited in Otis, 2003) illustrated that in a sample of 543 veterans, one quarter exhibited general or musculoskeletal pain. Beckham et al (1997)

sought to examine Vietnam veterans with PTSD and chronic pain. Results from this study found that 80% of combat veterans with PTSD reported having chronic pain (Otis et. al., 2003). Since there is a high co-morbidity of PTSD and chronic pain, studies have suggested that the occurrence of both disorders may influence how individuals perceive both conditions (Otis et. al., 2003).

Results indicate that compared to pain patients who do not suffer from trauma or PTSD, those afflicted by chronic pain related to trauma or PTSD tend to report greater difficulty coping with life, higher pain levels, and more psychological discomfort (Otis et. al., 2003). Combat returnees frequently report symptoms of both chronic pain and PTSD or acute combat stress disorder (Lew et. al., 2009). Similar to PTSD, acute combat stress disorder occurs after being exposed to military conditions for a short period of time (Lew et. al., 2009). However, after 30 days, the symptoms of acute combat stress disorder usually fade away (Lew et. al., 2009). Any symptoms present after 30 days may qualify for a potential diagnosis of PTSD (Lew et. al., 2009). These findings have clinical implications for diagnosis and treatment, as the symptom overlap may cause havoc for the practitioner who is trying to deduce an accurate diagnosis (Lew et. al., 2009). Therefore, the eventual outcome and potential treatments for individuals who present with signs indicative of both PTSD and chronic pain may be impacted unfavourably (Otis et. al., 2003).

#### **Theories and Treatments**

#### **Cognitive Behavioural Fear-Avoidance Model**

There is a great deal of literature on PTSD and chronic pain. In order to explain the fear-avoidance behaviours that are frequently seen in the preservation of chronic pain, a cognitive behavioural-based model was proposed by Linton and Vlaeyen (Vlaeyen & Linton, 2000). This theory proposes that individuals perceive their chronic pain as exaggerated and uncontrollable, and that this process is referred to as "catastrophizing" (Otis et. al., 2003). Pain research has consistently found that "catastrophizing" negatively influences outcomes in pain patients by contributing to a worsening of symptoms (Otis et. al., 2003). The rationale here is that perceiving pain to be life threatening and uncontrollable will lead to other symptoms, including heightened sensitivity to bodily sensations, numbing, and behaviours that are elicited specifically to avoid pain (Otis et. al., 2003). Moreover, the avoidance behaviours lead to an overall depressive effect and functional deficits (Otis et. al., 2003). Therefore, it becomes a negative feedback loop, whereby the avoidance behaviours initiated in order to stray from the pain lead to depressive symptoms, which eventually lead to increased pain and fear (Otis et. al., 2003). Intuitively, individuals who avoid the process of catastrophizing and focus on managing their pain are more likely to sustainably recover, as they are more likely to partake in everyday activities (Otis et. al., 2003).

#### **Fear-Avoidance Model**

Shortly after the development of the cognitive behavioural-based fear-avoidance model, Asmundson and Norton acknowledged its credibility, but also the need for the inclusion of arousal and physiological symptoms (Norton & Asmundson, 2003). Individuals may experience higher pain levels as a result of misinterpreting physiological symptoms. These misinterpretations then lead them to conclude that their negative ideas and beliefs about pain must be true (Otis et. al., 2003). As a result of this confirmation, they will continue to engage in avoidance behaviours more frequently in order to protect themselves from perceived physical, emotional, or mental harm (Otis et. al., 2003). Since individuals may have a tendency to respond to physical sensations with fear, it is possible for them to misinterpret physical tension in the body as some form of serious chronic pain (Otis et. al., 2003). Therefore, all of these skewed perceptions and misinterpretations contribute to an increased sense of overall fear and anxiety to everyday situations, as well as those physical sensations within our own body (Otis et. al., 2003).

#### **Classical Conditiong: Two-factor Learning Theory**

A two factor learning model developed by Mowrer illustrates how classical conditioning has contributed to fear as a learned behaviour (Mowrer, 1960). He suggests that the first stage uses classical conditioning in order to maintain fear-based learning, even in the face of buffers that would normally diminish the learning or stop it from occurring altogether (Otis et. al., 2003). The second part of his model focuses on avoidance behaviours and how they are used to stray from the fear, which leads to isolation from the conditioned cues, and therefore interferes with eliminating the learned fear from the mind (Otis et. al., 2003). Keane, Zimmering, and Caddell have suggested that an unconditioned stimulus could be represented by a traumatic event. This traumatic event has the capacity to establish contingencies with various environmental stimuli (as cited by Otis et. al., 2003). After these associations have been made, strong emotional and physiological reactions can occur that take the individual back to the traumatic event because the previously neutral cues are now associated with trauma and fear (Otis et. al., 2003). Therefore, individuals start to engage in isolation behaviours in order to avoid these stimuli (Brewin & Holmes, 2003).

## **Bio-informational Theory of Emotion**

From a cognitive perspective, Lang has devised a model to explain PTSD known as the bio-informational theory of emotion (Lang, 1979). This model focuses on fear networks, which act as internal schema that allow an individual to store information in their memory regarding certain events or times in their life that have elicited fear or anxiety (Brewin & Holmes, 2003). Some of this stored knowledge concerns the individual's personal response to the fear, the symbolism and meaning of the fearful situation, and how they have interpreted or perceived the fear or anxiety (Brewin & Holmes, 2003). It is believed that when the fear network has been damaged and is unable to store correct information that is relevant to our surroundings, anxiety disorders develop as it is easier to interpret or perceive the world in a fearful way (Otis et. al., 2003). Moreover, Foa and Kozak have suggested that in PTSD, the fear network itself is substantially bigger, and that the connections within the network have a lower threshold for activation (Otis et. al., 2003).

#### **Mutual Maintenance Model**

One of the main theoretical models devised to explain the co-occurrence of PTSD and chronic pain is known as the mutual maintenance model that was proposed by Sharp and Harvey (Sharp & Harvey, 2001). This model identifies seven processes for the joint preservation of chronic pain and PTSD, including attentional biases, anxiety sensitivity, pain-related triggers, avoidance behaviours, fatigue, general anxiety, and cognitive demands (Otis et. al., 2003). One of the commonalities in PTSD and chronic pain patients is that there is a tendency to focus on environmental stimuli that are perceived as dangerous or threatening to oneself. (Otis et. al., 2003) This is not surprising as PTSD patients are already hyper vigilant and highly aroused, and individuals suffering from chronic pain are already seeking to avoid anything that may potentially worsen there conditions. (Otis et. al., 2003) These signs and symptoms are characteristic of anxiety sensitivity, which is hypothesized to play a role in the individual's likelihood of catastrophizing. (Otis et. al., 2003) Initial avoidance of pain may serve to block out any memories or triggers that are related to the trauma. However, this avoidance may increase subsequent avoidance behaviours, instigate flashbacks of the trauma, and hence stimulate a response which makes them extremely uncomfortable and highly anxious. (Otis et. al., 2003) Therefore, these avoidance behaviours may be used as a coping mechanism in order to emotionally escape and alleviate any potential distress. (Otis et. al., 2003) Since depression is dually noted in both PTSD and chronic pain, symptoms associated with depression, including sleep disturbances and lethargy, may be present in these disorders. (Otis et. al., 2003) In addition to depression related symptoms, anxiety may also be present in both PTSD and chronic pain, which may worsen symptom severity. (Otis et. al., 2003) One last factor that Sharp & Harvey (2001) discuss are the effects of cognitive demands on coping mechanisms. They suggest that the reason the coping skills of

PTSD and chronic pain sufferers are limited is because the cognitive effort that could be put toward developing positive ways to deal with the pain are instead focussed on negative symptoms that are elicited from the pain. (Otis el. al., 2003)

#### **Shared Vulnerability Model**

The shared vulnerability model is another theoretical model that was developed by Asmundson et al, shortly after they had critically assessed and analyzed the mutual maintenance model (Asmundson, Coons, Taylor & Katz, 2002). They suggested that a heightened sensitivity to anxiety acts as a catalyst to the progression of both disorders (Otis et. al., 2003). A person who has a higher level of anxiety sensitivity is more likely to catastrophize and become more fearful of any physical or physiological symptoms, like breathlessness or a racing heart (Otis et. al., 2003). The reasoning is that in the presence of pain or a traumatic stressor, individuals that are more likely to perceive physical symptoms as fearful and catastrophic are allowing this anxiety to contribute to the progression of both PTSD and chronic pain (Otis et. al., 2003). The anxiety eventually gets perpetuated by avoidance, as the avoidance behaviour is the negative reinforcement. Individuals are more likely to develop PTSD if a combination of catastrophic physiological responses and anxiety-provoking stressors cause an emotional response that is unbearable and intensified with each occurrence (Otis et. al., 2003). In chronic pain, a cycle begins whereby the initial anxiety sensitivity elicits fear that leads to avoidance behaviours in order to cope with the painful feelings, which then in turn increases pain and its odds of persisting over time (Otis et. al., 2003).

#### **Triple Vulnerability Model**

One last theoretical model that has been proposed in order to explain the development of both PTSD and chronic pain is the triple vulnerability model that was developed by Keane and Barlow (as cited in Otis et. al., 2003). This theory states that three different prerequisites are necessary in order for an anxiety disorder to develop. The first vulnerability is a broad psychological vulnerability, which usually stems from control issues as a younger child over significant events (Otis et. al., 2003). Secondly, a more distinct psychological vulnerability is necessary, and usually this develops early on when an individual learns to angle their fear and anxiety toward particular situations (Otis et. al., 2003). Lastly, the presence of a generalized biological vulnerability is fundamental in the development of an anxiety disorder (Otis et. al., 2003). In addition, PTSD is explained separately from anxiety, using reasoning that involves true and false alarms and their relation to the development of anxiety (Otis et. al., 2003). Keane and Barlow (2002) suggest that although true or false alarms arise subjectively when an individual is faced with reminders that symbolize the trauma, this sense of anxiety is not enough to develop PTSD. Instead, they propose that PTSD is more likely to progress when the individual perceives the anxiety as unmanageable, which leaves the individual feeling powerless (Otis et. al., 2003). This logic can also be applied to chronic pain, as most chronic pain patients also interpret their pain as something they cannot control, which leaves them in a state of utter helplessness (Otis et. al., 2003). The negative feedback loop underlying this process is similar to ones that have already been discussed, which is simply that the initial perceived uncontrollable feelings lead to avoidance behaviours, which lead to a more skewed perception of the anxiety (Otis et. al., 2003).

#### Dissociation

Dissociation has also been used to better understand the underlying processes of PTSD. According to the American Psychiatric Association, dissociation is defined as a "disruption of the usually integrated functions of consciousness, memory, identity or perception of the environment" (Holmes et. al., 2005; American Psychiatric Association, 2000). Holmes et al (2005) suggested that the processes of detachment and compartmentalization occur together in certain conditions; one of these conditions being PTSD. Detachment is commonly referred

to as an out-of-body experience, incorporating symptoms of depersonalization and derealization, which often occur together as opposed to in isolation (Holmes et. al., 2005). Depersonalization is marked by a sense of separation from oneself, whereas derealization is marked by a sense of detachment from the outside world (Holmes et. al., 2005). On the other hand, compartmentalization phenomena can all be defined as a "deficit in the ability to deliberately control processes or actions that would normally be amendable to such control" (Holmes et. al., 2005). One of the fundamental differences between detachment and compartmentalization is that unlike detachment, compartmentalization is able to safeguard disordered functions by continually influencing the individual's emotions and thought processes (Holmes et. al., 2005). In PTSD, episodes of detachment, depersonalization, or derealization, are viewed as a means of numbing out emotionally, and this symptom is frequently reported in patients with the disorder (Holmes et. al., 2005). In addition, studies have found that peri-traumatic dissociation plays an important role in the development of successive PTSD related symptoms (Holmes et. al., 2005). It has been suggested that peri-traumatic detachment accounts for the memory deficits that are exhibited in people suffering from PTSD, as it is responsible for the insufficient encoding of information at the time of the trauma (Holmes et. al., 2005). Moreover, compartmentalization is also indicative of a retrieval deficit, in that certain memories may be stored away and unable to be brought to conscious awareness because of the pain and fear instilled from the trauma (Holmes et. al., 2005). Therefore, in the case of PTSD, differentiating between detachment and compartmentalization is often very complex.

#### **Opioid Therapy**

Opioid therapy has been considered a common form of treatment for the management of chronic pain. Clinicians at the CPMU may suggest this treatment option to patients, as it is an effective way to manage chronic pain. The use of opioids in the pain medicine field came to be a form of treatment as studies have shown that opioids can improve mood and diminish pain symptoms (Ballantyne & Mao, 2003). Clinical studies have found that it is possible for chronic pain patients to achieve analgesia, provided that their pain is not related to a known terminal disease (Ballantyne & Mao, 2003). In addition, research has pointed to a continual maintenance in cognitive functioning over time (Ballantyne & Mao, 2003). Howeover, prolonged high-dose opioid therapy does not prove to be effective in the long-term treatment of chronic pain (Ballantyne & Mao, 2003). Once maximal analgesia is reached with the least amount of side effects, the opioid dose should not be increased (Ballantyne & Mao, 2003). Also, studies have shown that long-term opioid usage is associated with an abnormal sensitivity to pain, in both addicts and pain patients (Ballantyne & Mao, 2003). Over time, two processes develop with continual opioid administration; a sensitization and desensitization process (Ballantyne & Mao, 2003). Paradoxically, one's sensitivity to pain increases as tolerance increases (Ballantyne & Mao, 2003).

Although the minority view is that prescribing opioids is an ineffective treatment for chronic pain, most physicians support it and stress a standardized approach when implementing this type of therapy (Ballantyne & Mao, 2003). A standardized approach for the administration of opioids consists of a detailed medical history and a full physical examination, which is intended to provide essential information regarding whether or not non-opioid therapy has worked for the patient in the past (Ballantyne & Mao, 2003). If it has not, then the individual is a potential candidate. Generally, practitioners prefer to rule this out before resorting to pharmacological therapy (Ballantyne & Mao, 2003). Once opioid therapy is considered to be the best form of treatment, the physician is required to discuss all of the short-term and long-term risks and benefits, as well as an agreed upon treatment program that both the patient and physician are comfortable with (Ballantyne & Mao, 2003). A follow-up should be conducted in order to assess if the intended goals are being achieved, whether or not there is potential substance abuse, and to discuss a potential termination of opioid treatment if necessary (Ballantyne & Mao, 2003).

### **Cognitive-Behavioural Therapy**

The CPMU program is one that rests on a CBT foundation (Williams et. al., 2007). This form of therapy has been successful in treating individuals who suffer from chronic pain problems (Turner, Holtzman, & Mancl, 2007). CBT is effective in altering patient's perceptions of pain, as it targets negative ideas and beliefs and transforms them into more positive cognitions and behaviours (Turner et. al., 2007). This treatment was developed to increase positive coping strategies and self-management behaviours, decrease catastrophizing behaviours, and promote esteem building and self-affirmations (Turner et. al., 2007). Studies have shown that patients treated with CBT demonstrate greater improvement if they have less catastrophizing behaviours, less depressive symptoms, and belief in self-control over their chronic pain (Turner et. al., 2007). Additional research indicates that CBT reduces anxiety sensitivity, which also reduces PTSD symptoms (as cited by Otis et. al., 2003). Therefore, CBT may serve as an effective treatment option for chronic pain and PTSD. In addition, it has been suggested to include specific CBT techniques including cognitive restructuring, relaxation, and coping skills training when treating a patient with chronic pain and PTSD (Otis et. al., 2003). Furthermore, multidisciplinary treatment programs that employ CBT have been encouraged to educate patients on the consequences of cognitive and behavioural avoidance, as well as how to perform situational and interoceptive exposure exercises (Otis et. al., 2003).

### Method

Participants in this study were patients who completed the program at the CPMU. There were two independent variables, group (veteran and non-veteran) and session (admission and discharge). The dependent variables were MMPI-2 scales and program evaluation measures. The study consisted of 30 subjects (24 males and 6 females). The mean age for all subjects was 43 years (SD= 9.26 years; minimum-maximum= 22-63 years). There were 15 paired groups, and each group consisted of one veteran who had been matched with one non-veteran based on age, gender, time of admission, and pain duration. A database containing all of the CPMU patients' information was accessed in order to extract information from the patients' files. Each file provided patient demographics, program evaluation results, and MMPI-2 scores. Demographics of the subjects are displayed in Appendix A.

### **Measures**

Consisting of 567 items, the MMPI-2 was developed to assess personality trends and aid in the diagnosis of mental illness (Butcher et. al., 2001). Administration of the MMPI-2 requires individuals to have a sixth grade reading comprehension level, as well as a willingness to complete the entire inventory (Butcher et. al., 2001). It is imperative that the MMPI-2 administrator identifies any signs indicative of learning disorders, visual or reading problems, neurological impairments, physical disorders, or substance abuse issues that may interfere with the final scores (Butcher et. al., 2001). Since the validity and clinical scales are scored using the first 370 items, individuals are encouraged to complete the entire inventory so that the content scales, validity indicators, and supplementary scales can also be included (Butcher et. al., 2001). For the purposes of this study, only the following 20 scales will be considered; Variable Response Inconsistency Scale, True Response Inconsistency Scale, Infrequency Scale, Back F Scale, Infrequency-Psychopathology Scale, Fake Bad Scale, Lie Scale, Correction Scale, Superlative Self-Presentation Scale, Hypochondriasis Scale, Depression Scale, Hysteria Scale, Psychopathic Deviate Scale, Masculinity-Femininity Scale, Paranoia Scale, Psychasthenia Scale, Schizophrenia Scale, and Hypomania Scale. For additional scale descriptions, please see Appendix B.

Patients enrolled in the CPMU program fill out a variety of questionnaires that are designed to provide a clear picture of where the patient is at with their pain difficulties. These psychological tests are meant to increase the clinicians' understanding of the patient's condition, and therefore aid in the development of appropriate treatment options. The Pain Intensity scale (PIS) is based on an 11 point numerical scale that was designed to

assess pain intensity (Williams, Hapidou, Lin, & Abbasi, 2007). Patients that take part in treatment programs are expected to score lower at discharge than at admission. Another measure used in this study is the Center for Epidemiologic Studies-Depression Scale (CES-D), which was developed to assess depressive symptoms (Williams et. al., 2007). Many of the items on this scale relate to negative beliefs about oneself, sleep problems, and appetite loss (Williams et. al., 2007). The CES-D focuses on how individuals have felt in the past week. Moreover, lower discharge scores are encouraged by treatment programs (Williams et. al., 2007). The Pain Catastrophizing Scale (PCS) is another measure used at the CPMU, and was developed to assess pain related catastrophic thinking. This scale follows the same trends as the PIS and CES-D, as health professionals encourage lower scores at discharge.

Intuitively, the Clinical Anxiety Scale (CAS) was designed to assess the patient's current level of anxiety. CAS discharge scores that are lower than admission scores are indicative of patient improvement. Moreover, Patient Questionnaires (PQ) are designed to help clinicians gain a better understanding of the individual's medical conditions. Upon completing a treatment program, it is expected that patients will report improvement in their initial health problems.

One of the most common scales used in pain treatment programs is the Pain Disability Index (PDI), which measures the effect of pain on daily activities. The items are designed to detect pain interference in daily activities, occupation, sexual behaviour, and family life (Williams et. al., 2007). PDI scores are also encouraged to be lower at discharge than at admission. The Patient Program Satisfaction Questionnaire (PPSQ) is only completed by patients when they complete the program. This questionnaire assesses the patient's satisfaction with the treatment program they had participated in. It is expected that patients will feel like they benefited from the program they took part in. Another measure that is only competed upon discharge is the Self Evaluation Scale (SES), which measures individual's ratings of themselves. In addition, the Tampa Scale of Kinesiphobia (TSK) measures the patient's fear of movement and (re)injury, while the Subjective Happiness Scale (SHS) assess the patient's current level of happiness. The TSK discharge scores are encouraged to be lower than admission scores, while the SHS discharge scores are expected to be higher at admission than at discharge.

The Chronic Pain Coping Inventory (CPCI) consists of two types of coping strategies, those that are illness-focused and those that are wellness-focused (Hadjistavropoulos et. al., 1999). This inventory is designed to assess which coping strategies patients had been using in the week prior to testing (Nielson et. al., 2001). The illness-focused strategies are guarding, resting, and asking for assistance, and the wellness-focused strategies are exercise/stretching, relaxation, task persistence, pacing, coping, and seeking social support (Nielson et. al., 2001) Generally, wellness-focused strategies are encouraged and illness-focused strategies are discouraged by treatment programs (Hadjistavropoulos et. al., 1999). Therefore, upon completion of a treatment program, patient discharge scores for wellness-focused strategies are encouraged to increase, while patient discharge scores for illness-focused strategies are encouraged to decrease.

The Pain Stages of Change Questionnaire (PSOCQ) is another measure used in this study. The PSOCQ was developed to assess the level of willingness to adopt a new behaviour when approaching chronic pain (Williams, Hapidou, Lin, & Abbasi, 2007). The questionnaire is made up of four different stages known as pre-contemplation, contemplation, action, and maintenance (Williams et. al., 2007) The pre-contemplation stage is one where the patient assigns all responsibility to the clinician, as they perceive there chronic pain to be medical; one that they are unable to deal with on their own (Williams et. al., 2007). The contemplation stage occurs when the patient still believes that their chronic pain is medical, but they have a new willingness to consider adopting new behaviours specifically targeted toward their chronic pain (Williams et. al., 2007). The third part of the PSOCQ is the action stage, where patients begin to amend their behaviours in a positive way to help them manage their pain (Williams et. al., 2007). Lastly, the maintenance stage is where patients commit to doing the work necessary to maintain their new behaviours post treatment (Williams et. al., 2007). Health profes-

sionals encourage higher discharge scores for contemplation, action, and maintenance, and encourage lower discharge scores for pre-contemplation.

The Chronic Pain Acceptance Questionnaire (CPAQ) was developed to assess the degree of acceptance in individuals who suffer from chronic pain (McCracken, Vowles, & Eccleston, 2004). The questionnaire consists of items relating to the patient's opinions of their pain, as well as their participation in daily activities (McCracken et. al., 2004). The CPAQ is divided into two measures, activities engagement and pain willingness. Activities engagement is defined as the extent to which patients take part in normal activities, regardless of pain (McCracken et. al., 2004). Pain willingness is when patients exhibit a readiness to receive pain without attempting to manage it (McCracken et. al., 2004) Activities engagement and pain willingness are also combined in order to assess the degree of chronic pain acceptance. Moreover, the patient's acceptance of chronic pain should increase with increasing scores. Therefore, scores for both measures are encouraged to be higher at discharge than at admission. Additional descriptions of program evaluations are displayed in Appendix C.

### **Statistical Analysis**

A two-way ANOVA with repeated measures on one factor was conducted on each of the session variables for veterans and non-veterans. For MMPI-2 scores and discharge only variables, paired t-tests were used to determine if there were any significant differences in scores between veterans and non-veterans. SPSS 17, a statistical software package for social sciences, was used to analyze the data. Graphs, figures, and tables were computed using Microsoft Excel 2007.

### **Results**

Veterans' mean CES-D scores at admission and discharge were 31.66 (SD=12.33) and 20.28 (SD=12.46) respectively, while non-veterans' mean scores at admission and discharge were 29.42 (SD=10.19) and 23.73 (SD=9.50) respectively. A main effect of session was found for the CES-D (F (1, 26) = 13.973, p<0.05). Also, a significant group by session interaction was found for the PCS (F (1, 27) =4.277, p<0.05), as well as a main effect of session (F (1, 27) = 50.994, p<0.05). At admission and discharge, veterans' mean scores were 25.66 (SD=14.15) and 19.21 (SD=12.32) respectively. PCS mean scores for non-veterans' were 32.93 (SD=9.78) at admission and 18.80 (SD=8.96) at discharge. Average CAS admission scores were 31.57 (SD=19.92) for veterans and 40.53 (SD=19.24) for non-veterans, while mean discharge scores were 23.46 (SD=19.67) for veterans and 24.28 (SD=10.22) for non-veterans.

Analysis of the CAS found a significant main effect of session (F (1, 24) = 16.725, p<0.05). Moreover, mean PDI admission scores for veterans and non-veterans were 42.50 (SD=10.30) and 50.33 (SD=5.88) respectively. Veterans (SD=13.06) and non-veterans (SD=13.64) shared the same mean score of 39.93 on the PDI at discharge. Moreover, a main effect of session was found for the PDI (F (1, 26) = 9.050, p<0.05). Also, TSK analysis found a main effect of session (F (1, 7) = 5.898, p<0.05). Veterans' mean TSK scores at admission and discharge were 24.50 (SD=8.78) and 24.20 (SD=12.02), while non-veterans' average scores at admission and discharge were 27.40 (SD=3.71) and 23.00 (SD=6.58).

Mean CPAQ\_AE scores indicated that veterans scored 25.98 (SD=10.46) at admission and 34.14 (SD=15.04) at discharge, and non-veterans scored 23.53 (SD=9.07) at admission and 33.60 (SD=11.54) at discharge. Also, a main effect of session found for the CPAQ-AE (F (1, 27) = 14.900, p < 0.05). Interestingly, there was a marginally significant main effect of session found for the CPAQ-PW (F (1, 27) = 4.227, p = 0.05). Upon admission, veterans' mean score was 19.40 (SD=7.53) and non-veterans' mean score was 14.86 (SD=4.74). At discharge, the average score for veterans was 19.50 (SD=5.99) and the mean score for non-veterans was 21.13 (SD=6.25). CPAQ-T

average scores for veterans and non-veterans upon admission were 45.33 (SD=13.82) and 38.40 (SD=10.78) respectively, while mean scores at discharge were 53.64 (SD=17.56) and 54.06 (SD=14.53) respectively. Moreover, a main effect of session was found for the CPAQ-T (F (1, 27) = 14.591, p<0.05).

Significant main effects of session were found for the PSOCQ-PCON (F (1, 26) = 11.930, p<0.05), the PSOCQ-ACT (F (1, 26) = 26.158, p<0.05), and the PSOCQ-M (F (1, 26) = 42.747, p<0.05). Average PSOCQ-PCON scores for veterans were 2.56 (SD=0.57) at admission and 2.17 (SD=0.71) at discharge. For non-veterans, mean scores were 2.67 (SD=0.60) at admission and 2.10 (SD=0.65) at discharge. Mean PSOCQ-ACT scores at admission were 3.44 (SD=0.55) for veterans and 3.22 (SD=0.92) for non-veterans. Veterans' (SD=0.50) and non-veterans' (SD=0.54) shared the same mean score of 4.12 at discharge. For the PSOCQ\_M, veterans scored 2.91(SD=0.73) and non-veterans scored 2.90 (SD=0.78) at admission, while veterans scored 4.07 (SD=0.51) and non-veterans scored 3.94 (SD=0.67) at discharge.

Guarding admission scores for veterans and non-veterans were 28.20 (SD=25.94) and 28.67 (SD=25.32) respectively, while discharge scores were 26.51 (SD=25.12) and 27.77 (SD=23.97) respectively. In addition, a main effect of session was found for CPCI\_GAR (F (1, 26) = 4.854, p<0.05). Moreover, there was a significant group by session interaction found for CPCI\_TP (F (1, 26) =5.059, p<0.05). Veterans' and non-veterans' admission scores were 22.50 (SD=20.79) and 19.97 (SD=18.48), while discharge scores were 21.08 (SD=18.76) and 22.14 (SD=20.25). Significant main effects of session were found for CPCI-ES (F (1, 26) = 26.022, p<0.05), CPCI-REL (F (1, 26) = 23.281, p<0.05), CPCI-COP (F (1, 26) =11.866, p<0.05), and CPCI-PACING (F (1, 12) =8.765, p<0.05). Average exercise/stretch scores at admission were 21.53 (SD=21.50) for veterans and 26.38 (SD=24.77) for non-veterans, while mean discharge scores were 30.34 (SD=27.32) and 32.12 (SD=29.23) respectively. CPCI-REL admission mean scores were 21.98 (SD=21.61) for veterans and 25.76 (SD=24.28) for non-veterans, while average discharge scores were 31.98 (SD=29.94) and 34.90 (SD=31.34) respectively. Mean coping scores at admission were 23.91 (SD=22.45) for veterans and 24.04 (SD=22.08) for non-veterans, while mean discharge scores were 26.27 (SD=23.79) for veterans and 28.98 (SD=26.58) for non-veterans. Also, veterans' mean pacing scores at admission and discharge were 51.42 (SD=4.99) and 56.00 (SD=4.65), while non-veterans' average discharge scores were 52.37 (SD=5.42) and 58.37 (SD=4.13) respectively.

Furthermore, veterans' mean seeking social support scores were 27.38 (SD=26.57) at admission and 24.52 (SD=24.24) at discharge, while non-veterans' mean scores were 25.65 (SD=23.89) at admission and 29.64 (SD=26.21) at discharge. Lastly, a significant group by session interaction was found for CPCI-SSS (F (1, 25) =4.935, p<0.05). Additional results for all variables are displayed in Appendix D. Figures illustrating these results are displayed in Appendix F.

There was a significant difference between veterans (mean = 51.76, SD=6.41) and non-veterans (mean = 58.30, SD=6.03) on the MMPI-L scale (t (12) = -2.452, p < 0.05). Also, there was a marginally significant difference between veterans (mean = 61.15, SD=12.01) and non-veterans (mean = 51.84, SD=8.42) on the MMPI-Ma scale (t (12) = 2.108, p= 0.057). In addition to the PPSQ and SE, none of the other MMPI-2 scales showed significant differences between veterans and non-veterans. Additional results for all variables are displayed in Appendix E. Figures illustrating these results are displayed in Appendix G. Please refer to Appendix H for all MMPI-2 scores for veterans and non-veterans.

### **Discussion**

Results of this study indicated that the CES\_D scores for all subjects were different at admission and discharge. Specifically, patients had lower scores on the CES\_D at discharge than at admission. As expected, these findings indicate that they reported less depressive symptoms upon completing the program and more depressive symptoms upon admission. Therefore, it is likely that patients may be in more positive emotional states due to

the impact of the CPMU program. Analysis of the PCS revealed that non-veterans scored higher than veterans upon admission, and non-veterans scored lower than veterans at discharge. Therefore, although there was an overall decrease in PCS scores from admission to discharge, the change in scores was larger for non-veterans than the change for veterans. It is possible that veterans with combat exposure may experience heightened anxiety, which would play a role in catastrophizing thoughts (Otis et. al., 2003). This vulnerability to catastrophize may be the reason why the veterans PCS scores did not drop as much as the non-veterans scores did. Moreover, CAS scores were higher at admission and lower at discharge for all subjects, indicating that they reported more anxiety at the beginning of the program and less upon completing the program. Intuitively, the substantial drop in anxiety upon discharge can be attributed to the CPMU program and its multidisciplinary team. The CAS findings support the prediction that patients will report less anxiety at discharge than at admission, as illustrated by their CAS scores. All subjects scored lower on the PDI upon leaving the program than at admission, demonstrating that their overall disability and effects of pain on daily activities decreased over the course of the 4-week CPMU program. Studies have found that chronic pain patients who are enrolled in cognitive behavioural therapy based treatment programs report less distress, and disability, and pain intensity (Jensen, Turner, Romano, & Strom, 1995). This further supports the effectiveness of the CBT based program at the CPMU and follows the expected trends. The TSK scores at admission and discharge also share the common theme of what would be expected upon finishing the program. Patient's TSK scores were significantly lower at discharge than at admission. However, it is important to note that there were many missing patient scores for this particular questionnaire, so the small sample size may not allow us to yield accurate results or generalize the results to the population.

As predicted, the CPAQ scores for all subjects were higher at discharge than at admission, with patients scoring higher on activities engagement and pain willingness. However, it is important to note that the pain willingness results were only marginally significant. Upon discharge, patients were more willing to participate in daily activities regardless of pain, and more willing to accept that control and avoidance are maladaptive ways of coping with their current pain problems (McCracken, Vowles, & Eccleston, 2004). Therefore, the increase in scores on both factors demonstrates that after finishing the CPMU program, patients were more accepting of their pain problems.

Results of the PSOCQ followed the general trends that would be expected upon discharge from a pain program. The pre-contemplation scores decreased in all subjects throughout the program, with patients scoring higher upon admission and lower as discharge. Therefore, upon discharge, patients did not believe that their pain problems were up to the attending physicians to fix. Perhaps, as a result of the program and its foundation in cognitive behavioural therapy, they were able to change their old ideas and beliefs and become more willing to accept their circumstances and help themselves. In addition, both action and maintenance scores were higher at discharge, following the same pattern that would be expected after participation in a treatment program. Therefore, maintenance scores indicate that patients were more likely to accept a self-management approach, as well as establish a firm self-management plan with an intention to continue it upon leaving the program.

Guarding, which is one of the illness –focused subscales of the CPCI, was the only illness focused strategy to yield significant results, with all subjects reporting lower scores at discharge. This subscale is one in which developers tend to discourage, as guarding behaviour is associated with poorer adjustment to pain (Hadjistavropoulos, MacLeod, & Asmundson, 1999). Therefore, the decrease in guarding scores upon discharge indicates that patients have taken advantage of what the CPMU program has to offer.

Moreover, for all subjects, scores regarding exercise/stretch, relaxation, coping, and pacing strategies increased at discharge. These wellness-focused strategies are encouraged by multidisciplinary treatment programs, and these results provide support for the effects of the CPMU program. However, it is important to note that the

sample size for the pacing subscale was much smaller due to missing values. Moreover, literature suggests that Task Persistence has shown to be effective in diminishing depressive symptoms and distress, as it is related to better adjustment to pain (Hadjistavropoulos et. al., 1999).

Interestingly, scores for the CPCI\_TP demonstrated that veterans scored higher upon entering the program than at discharge, and non-veterans scored higher at discharge than at admission. Although the decrease in scores for veterans was small, this trend may be due to the fact that veterans have other psychological issues that may interfere with their ability to engage in everyday tasks in the midst of their pain (Nielson, Jensen, & Hill, 2001). It is quite possible that certain activities activate painful memories related to a traumatic event from their past, especially in patients with PTSD. Lastly, CPCI\_SSS scores illustrated a difference between veterans and non-veterans depending on when they wrote the CPCI.

Veterans scored higher at admission and lower at discharge, and non-veterans scored lower at admission and higher at discharge. Seeking out a friend or loved one for support while in pain (Molton et. al., 2009) may be less likely to occur in veterans due to trauma from the past that has instilled fear and distrust of others. As previously mentioned, the avoidance behaviours seen in PTSD sufferers may result in severing family ties and relationships with close friends (Otis et al, 2003).

The differences in scores between veterans and non-veterans on the MMPI-L scale indicated that non-veterans scored higher than veterans. Although this is statistically significant, it is not meaningfully significant as veteran and non-veteran scores were still in the normal range. In addition, the significant difference in scoring between non-veterans and veterans on the MMPI-Ma scale was only marginal, with veterans scoring higher than non-veterans. Again, veteran and non-veteran scores, although different, were still in the normal range. Therefore, they cannot be interpreted as meaningfully significant.

There were a few major limitations to this study. First, due to the limited number of veterans enrolled in the CPMU program, the sample size was extremely small. Therefore, the results from this study may not accurately generalize to the greater population. Also, vast majority of CPMU patients that were used this study came from regions in Southern Ontario. Since the sample was local, the findings may not extrapolate to populations outside of these regions. Lastly, since there were very few female subjects, it did not make sense to test for gender in the data analysis. Therefore, the results did not test for any differences between men and women on the various questionnaires at different times throughout the program. In the future, a gender balanced sample may yield significant results that can be applied to both males and females in the general population. This study provides additional evidence to support the effectiveness of the CPMU program, as the favourable trends illustrated in the results can only be attributed to their 4 week treatment. Results of this study may have clinical applications for pain programs worldwide, as clinicians may have a better understanding of pain adjustment. In addition, clinicians may use these results in order to amend their treatment program or incorporate new testing at admission and discharge.

### **Conclusions**

The findings of this study support the effectiveness of the multidisciplinary chronic pain program at the CPMU. Although overall scoring did not indicate that veterans experience more anxiety and fear-related symptoms than non-veterans, scores on the PCS and CPCI did provide some evidence for this hypothesis. Moreover, the results allowed for better comprehension of veteran and non-veteran profiles, as well as their differences in testing scores. Future studies that incorporate gender may generate more findings that will lead to an increased understanding of chronic pain in male and female veterans and non-veterans.

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# Appendix A

Table 1

Patient Demographics

|                           | Veterans (n=15)                       | Non-Veterans (n=15)                   |
|---------------------------|---------------------------------------|---------------------------------------|
| Age (in years)            | 40.6 years                            | 44.7 years                            |
| Gender                    | Males (n=12)                          | Males (n=12)                          |
|                           | Females (n=3)                         | Females (n=3)                         |
| 1Program                  | Day (n=2)                             | Day (n=6)                             |
|                           | Residential (n=13)                    | Residential (n=9)                     |
| Insurance                 | WSIB (n=0)                            | WSIB (n=11)                           |
|                           | Other ( <i>n</i> =15)                 | Other (n=4)                           |
| Litigation                | Litigation (n=1)                      | Litigation (n=4)                      |
|                           | No Litigation (n=14)                  | No Litigation (n=11)                  |
| Years in Canada           | Born in Canada (n=11)                 | Born in Canada (n=13)                 |
|                           | Born outside of Canada (n=4)          | Born outside of Canada (n=1) *        |
| Marital Status            | Married or Common-law (n=6)           | Married or Common-law (n=8)           |
|                           | Single (n=4)                          | Single (n=5)                          |
|                           | Divorced, Separated, or Widowed (n=5) | Divorced, Separated, or Widowed (n=2) |
| Occupation                | Military Personnel (n=3)              | Military Personnel (n=0)              |
| ·                         | Retired Military Personnel (n=3)      | Retired Military Personnel (n=0)      |
|                           | Retired-Other (n=1)                   | Retired-Other (n=0)                   |
|                           | Other ( <i>n</i> =8)                  | Other ( <i>n</i> =15)                 |
| Employed                  | Employed (n=6)                        | Employed (n=2)                        |
|                           | Unemployed (n=9)                      | Unemployed (n=13)                     |
| Last Employed (in months) | 58.07 months *                        | 47.86 months                          |
| Years of Education (in    | 13.10 years                           | 11.14 years *                         |
| years)                    |                                       |                                       |
| Pain duration (in months) | 137.13 months                         | 108.46 months                         |
| Number of Injuries        | 1 injury (n= 2)                       | 1 injury ( <i>n</i> = 7)              |
|                           | 2 injuries (n= 4)                     | 2 injuries (n= 2)                     |
|                           | 3+ injuries ( <i>n</i> = 9)           | 3+ injuries ( <i>n</i> = 6)           |

<sup>\*1</sup> value missing

# Appendix B

Table 2

MMPI-2 Scale Descriptions

| MMPI-Scales  | Definition  |
|--|---|
|  |   |
| VRIN (Variable<br>Response<br>Inconsistency) Scale | Detects inconsistent responses (paired questions have similar or opposite content)  |
| TRIN (True Response Inconsistency) Scale           | Detects inconsistent responses (paired questions that are strictly opposite in content)   |
| F (Infrequency) Scale                              | Identifies attempts of infrequent responding to items at the beginning of the test  |
| Fb (Back F) Scale                                  | Identifies attempts of infrequent responding to items that appear throughout the latter part of the test  |
| Fp (Infrequency-<br>Psychopathology)<br>Scale      | Detects the presence of severe psychopathology  |
| FBS (Fake Bad Scale)                               | Measures negative response bias   |
| L (Lie) Scale                                      | Identifies deceit in the test-taking situation and the tendency of the test-taker to fake good  |
| K (Correction) Scale                               | Identifies test-takers tendency to respond with defensiveness to items (restricted to the first part of the test) and corrects for the effect that this will have on the scores   |
| S (Superlative Self-<br>Presentation) Scale        | Identifies test-takers tendency to responds with defensiveness to items that are spread throughout the test   |
| Hs (Hypochondriasis)<br>Scale                      | Identifies neurotic concern over bodily functioning   |
| D (Depression) Scale                               | Detects depression as reflected by items pertaining to feelings of discouragement, pessimism, and hopelessness. It is further divided into 5 content subscales: Subjective Depression, Psychomotor Retardation, Physical Malfunctioning, Mental Dullness, and Brooding  |
| Hy (Hysteria) Scale                                | Detects hysteria as reflected by items pertaining to denial of one's own problems and denial of social anxiety. It is further divided into 5 content subscales: Denial of Social Anxiety, Need for Affection, Lassitude-Malaise, Somatic Complaints, and Inhibition of Aggression                               |
| Pd (Psychopathic<br>Deviate) Scale                 | Detects disobedience as reflected by items pertaining to willingness to acknowledge difficulties in school or with the law, lack of concern about social and moral standards of conduct, the presence of family problems, and the absence of life satisfaction. It is further divided into 5 content subscales: |

|  | Familial Discord, Authority Problems, Social Imperturbability, Social Alienation, and Self-Alienation   |
|--|---|
| Mf (Masculinity-<br>Femininity) Scale        | Detects homosexual tendencies and confusion regarding gender role   |
| Pa (Paranoia) Scale                          | Detects a paranoid condition or state in the test-taker as reflected by items pertaining to psychotic behaviours, sensitivity, cynicism, asocial behaviour, excessive moral virtue, and complaints about other people. It is further divided into 3 content subscales: Persecutory Ideas, Poignancy, and Naivete  |
| Pt (Psychasthenia)<br>Scale                  | Detects obsessive compulsive disorder as reflected by items pertaining to compulsions, obsessions, unreasonable fears, and excessive doubts   |
| Sc (Schizophrenia)<br>Scale                  | Detects schizophrenic symptoms or various forms of schizophrenic disorder as reflected by items pertaining to bizarre thought processes, peculiar perceptions, poor familial relationships, difficulties in concentration and impulse control, sexual difficulties, and dissatisfactions. It is further divided into 6 content subscales: Social Alienation, Emotional Alienation, Lack of Ego Mastery (Cognitive), Lack of Ego Mastery (Conative), Lack of Ego Mastery (Defective Inhibition), and Bizarre Sensory Experiences |
| Ma (Hypomania) Scale                         | Detects characteristics indicative of hypomania as reflected by items pertaining to activity level, grandiosity, and elevated mood. It is further divided into 4 content subscales: Amorality, Psychomotor Acceleration, Imperturbability, and Ego Inflation  |
| Si (Social Introversion)<br>Scale            | Detects ability to withdraw from social contacts as reflected by 2 general types of items, social participation, and general neurotic maladjustment and self-depreciation. It is further divided into three subscales: Shyness/Self-Consciousness, Social Avoidance, and Alienation-Self and Others   |
| Pk (Post-traumatic<br>Stress Disorder) Scale | Detects symptoms of PTSD as reflected by items pertaining to anxiety, sleep disturbance, worry, depression, guilt, and intrusive thoughts. It is important to note that this does not provide an accurate diagnosis of PTSD as people experiencing psychological distress may score high on this scale regardless of the diagnosis they receive   |

# Appendix C

Table 3

Program Evaluation Descriptions

| PIS (Pain Intensity Scale)   | Measures pain intensity level   |
|--|---|
| CES-D (Center for Epidemiological Studies<br>Depressed Mood Scale) | Measures depressive symptoms (during the past week)   |
| PCS (Pain Catastrophizing Scale)                                   | Measures pain related catastrophic thinking   |
| CAS (Clinical Anxiety Scale)                                       | Measures current level of anxiety   |
| PQ (Patient Questionnaire)   | Questionnaire helps your doctor better understand health problems that you may have         |
| PDI (Pain Disability Index)  | Measures the effect of pain on daily activities   |
| PSOCQ (Pain Stages of Change<br>Questionnaire)                     | Measures readiness to adopt a self-management approach to chronic pain                      |
| CPAQ (Chronic Pain Acceptance<br>Questionnaire)                    | Measures acceptance of chronic pain   |
| CPCI (Chronic Pain Coping Inventory)                               | Measures ability to cope  |
| PPSQ (Pain Program Satisfaction Questionnaire)                     | Measures satisfaction with the pain program (only completed upon discharge from program)    |
| SES (Self Evaluation Scale)  | Measures the individual's rating of themselves (only completed upon discharge from program) |
| TSK (Tampa Scale of Kinesiophobia)                                 | Measures fear of (re)injury and movement  |
| SHS (Subjective Happiness Scale)                                   | Measures current level of happiness   |

# Appendix D

Table 4

Group x Session ANOVA results

| Measure | N                            | Admission Mean (SD)                          | Discharge Mean (SD)                          | р   |
|---------|------------------------------|--|--|---|
| PIS     | Veteran=13<br>Non-veteran=14 | Veteran= 5.78<br>(1.50)<br>Non-veteran= 6.28 | Veteran= 5.15<br>(1.61)<br>Non-veteran= 6.03 | Group = 0.187<br>Session = 0.136<br>Group x Session = |
|         |                              | (1.48)                                       | (1.68)                                       | 0.217   |
| CES_D   | Veteran=14 Non-veteran=14    | Veteran = 31.66<br>(12.33)                   | Veteran = 20.28<br>(12.46)                   | Group= 0.950<br>Session= 0.001                        |
|         |                              | Non-veteran= 29.42<br>(10.19)                | Non-veteran= 23.73<br>(9.50)                 | Group x Session = 0.220                               |
| PCS     | Veteran =14                  | Veteran = 25.66                              | Veteran = 19.21                              | Group = 0.485   |
|         | Non-veteran=15               | (14.15)                                      | (12.32)                                      | Session = 0.000                                       |
|         |                              | Non-veteran= 32.93<br>(9.78)                 | Non-veteran= 18.80<br>(8.96)                 | Group x Session = 0.048                               |
| CAS     | Veteran = 13                 | Veteran = 31.57                              | Veteran = 23.46                              | Group = 0.532   |
|         | Non-veteran=13               | (19.92)                                      | (19.67)                                      | Session = 0.000                                       |
|         |                              | Non-veteran= 40.53<br>(19.24)                | Non-veteran= 24.28<br>(10.22)                | Group x Session = 0.272                               |
| PQ      | Veteran= 9                   | Veteran= 10.40                               | Veteran= 8.42                                | Group = 0.084   |
|         | Non-veteran=12               | (3.83)                                       | (3.87)                                       | Session = 0.052                                       |
|         |                              | Non-veteran= 12.33<br>(4.39)                 | Non-veteran= 11.33<br>(3.95)                 | Group x Session = 0.111                               |
| PDI     | Veteran = 13                 | Veteran = 42.50                              | Veteran = 39.93                              | Group = 0.181   |
|         | Non-veteran=15               | (10.30)<br>Non-veteran= 50.33                | (13.06)<br>Non-veteran= 39.93                | Session = 0.006                                       |
|         |                              | (5.88)                                       | (13.64)                                      | Group x Session = 0.093                               |
| TSK     | Veteran = 5                  | Veteran = 24.50                              | Veteran = 24.20                              | Group = 0.997   |
|         | Non-veteran=4                | (8.78)                                       | (12.02)                                      | Session = 0.046                                       |
|         |                              | Non-veteran= 27.40                           | Non-veteran= 23.00                           | Group x Session =                                     |

|            |                | (3.71)                        | (6.58)                        | 0.304                   |
|------------|----------------|-------------------------------|-------------------------------|-------------------------|
|            |                |                               |                               |                         |
| SHS        | Veterans= 4    | Veteran= 4.45                 | Veteran= 4.87                 | Group = 0.120           |
|            | Non-veterans=4 | (1.16)                        | (1.05)                        | Session = 0.081         |
|            |                | Non-veteran= 2.56<br>(1.08)   | Non-veteran= 4.25<br>(1.36)   | Group x Session = 0.373 |
| CPAQ_AE    | Veteran = 14   | Veteran = 25.98               | Veteran = 34.14               | Group = 0.741           |
|            | Non-veteran=15 | (10.46)                       | (15.04)                       | Session = 0.001         |
|            |                | Non-veteran= 23.53<br>(9.07)  | Non-veteran= 33.60<br>(11.54) | Group x Session = 0.787 |
| CPAQ_PW    | Veteran = 14   | Veteran = 19.40               | Veteran = 19.50               | Group = 0.431           |
|            | Non-veteran=15 | (7.53)                        | (5.99)                        | Session = 0.050         |
|            |                | Non-veteran= 14.86<br>(4.74)  | Non-veteran= 21.13<br>(6.25)  | Group x Session = 0.071 |
| CPAQ T     | Veteran = 14   | Veteran = 45.33               | Veteran = 53.64               | Group = 0.504           |
| CI AQ_1    | Non-veteran=15 | (13.82)                       | (17.56)                       | Session = 0.001         |
|            |                | Non-veteran= 38.40<br>(10.78) | Non-veteran= 54.06<br>(14.53) | Group x Session = 0.318 |
| DCCCC DCCN |                | 2.56                          | 2.17                          | 0.072                   |
| PSCOQ_PCON | Veteran = 14   | Veteran = 2.56<br>(0.57)      | Veteran = 2.17<br>(0.71)      | Group = 0.972           |
|            | Non-veteran=14 | Non-veteran= 2.67             | Non-veteran= 2.10             | Session = 0.002         |
|            |                | (0.60)                        | (0.65)                        | Group x Session = 0.656 |
| PSOCQ_CON  | Veteran= 14    | Veteran= 4.10                 | Veteran= 4.02                 | Group = 0.370           |
|            | Non-veteran=14 | (0.42)                        | (0.44)                        | Session = 0.584         |
|            |                | Non-veteran= 3.89<br>(0.62)   | Non-veteran= 3.94<br>(0.68)   | Group x Session = 0.648 |
| PSOCQ_ACT  | Veteran = 14   | Veteran = 3.44                | Veteran = 4.12                | Group = 0.569           |
|            | Non-veteran=14 | (0.55)                        | (0.50)                        | Session = 0.000         |
|            |                | Non-veteran= 3.22<br>(0.92)   | Non-veteran= 4.12<br>(0.54)   | Group x Session = 0.664 |
| PSOCQ_M    | Veteran = 14   | Veteran = 2.91                | Veteran = 4.07                | Group = 0.719           |
|            |                | (0.73)                        | (0.51)                        |                         |

|             | Non-veteran=14                 | Non-veteran= 2.90<br>(0.78)                                 | Non-veteran= 3.94<br>(0.67)                                  | Session = 0.000<br>Group x Session = 0.441                  |
|-------------|--------------------------------|---|--|---|
| CPCI_GAR    | Veteran = 13<br>Non-veteran=15 | Veteran = 28.20<br>(25.94)<br>Non-veteran= 28.67<br>(25.32) | Veteran = 26.51<br>(25.12)<br>Non-veteran= 27.77<br>(23.97)  | Group = 0.798  Session = 0.037  Group x Session = 0.228     |
| CPCI_REST   | Veteran= 13<br>Non-veteran=15  | Veteran= 29.47<br>(27.55)<br>Non-veteran= 27.56<br>(23.65)  | Veteran= 27.01<br>(23.71)<br>Non-veteran= 28.55<br>(24.08)   | Group = 0.831<br>Session = 0.406<br>Group x Session = 0.094 |
| CPCI_ASS    | Veteran= 13<br>Non-veteran=15  | Veteran= 27.70<br>(26.19)<br>Non-veteran=29.38<br>(26.72)   | Veteran= 27.18<br>(25.87)<br>Non-veteran= 30.06<br>(27.69)   | Group = 0.697 Session = 0.907 Group x Session = 0.518       |
| CPCI_ES     | Veteran = 13<br>Non-veteran=15 | Veteran = 21.53<br>(21.50)<br>Non-veteran= 26.38<br>(24.77) | Veteran = 30.34<br>(27.32)<br>Non-veteran= 32.12<br>(29.23)  | Group = 0.627 Session = 0.000 Group x Session = 0.334       |
| CPCI_REL    | Veteran = 13<br>Non-veteran=15 | Veteran = 21.98<br>(21.61)<br>Non-veteran= 25.76<br>(24.28) | Veteran = 31.98<br>(29.94)<br>Non-veteran= 34.90<br>(31.34)  | Group = 0.618  Session = 0.000  Group x Session = 0.921     |
| CPCI_TP     | Veteran = 13<br>Non-veteran=15 | Veteran = 22.50<br>(20.79)<br>Non-veteran= 19.97<br>(18.48) | Veteran = 21.08<br>(18.76)<br>Non-veteran= 22.14<br>(20.25)  | Group = 0.966<br>Session = 0.921<br>Group x Session = 0.033 |
| CPCI_COP    | Veteran = 13 Non-veteran=15    | Veteran = 23.91<br>(22.45)<br>Non-veteran=24.04<br>(22.08)  | Veteran = 26.27<br>(23.79)<br>Non-veteran = 28.98<br>(26.58) | Group = 0.674 Session = 0.002 Group x Session = 0.103       |
| CPCI_PACING | Veteran = 6                    | Veteran = 51.42   | Veteran = 56.00  | Group = 0.493   |

|          | Non-veteran=8  | (4.99)                       | (4.65)                        | Session = 0.012         |
|----------|----------------|------------------------------|-------------------------------|-------------------------|
|          |                | Non-veteran= 52.37<br>(5.42) | Non-veteran=58.37<br>(4.13)   | Group x Session = 0.792 |
| CPCI_SSS | Veteran = 12   | Veteran = 27.38              | Veteran = 24.52               | Group = 0.594           |
|          | Non-veteran=15 | (26.57)                      | (24.24)                       | Session = 0.227         |
|          |                | Non-veteran=25.65<br>(23.89) | Non-veteran= 29.64<br>(26.21) | Group x Session = 0.036 |
|          |                |                              |                               |                         |

# Appendix E

Table 5

Paired T-test results

| Measure       | N  | р     | Veteran Mean (SD) | Non-Veteran Mean (SD) |
|---------------|----|-------|-------------------|-----------------------|
| PPSQ          | 28 | 0.541 | 35.00 (5.21)      | 33.57 (6.46)          |
| SES           | 28 | 0.500 | 3.50 (1.09)       | 3.21 (0.89)           |
| PEH_PHY       | 18 | 0.230 | 6.66 (2.64)       | 5.44 (1.66)           |
| PEH_EMO       | 18 | 0.442 | 5.88 (3.37)       | 5.00 (1.87)           |
| PEH_SOC       | 18 | 0.501 | 6.33 (3.16)       | 5.22 (2.53)           |
| MMPI-2 (VRIN) | 26 | 0.652 | 53.69 (10.78)     | 56.07 (9.95)          |
| MMPI-2 (TRIN) | 26 | 0.484 | 58.92 (5.95)      | 60.61 (6.41)          |
| MMPI-2 (F)    | 26 | 0.908 | 68.38 (16.83)     | 69.23 (20.39)         |
| MMPI-2 (Fb)   | 26 | 0.867 | 67.07 (20.40)     | 68.76 (26.31)         |
| MMPI-2 (Fp)   | 26 | 0.896 | 52.46 (14.39)     | 53.00 (10.97)         |
| MMPI-2 (FRS)  | 26 | 0.219 | 69.76 (9.84)      | 76.23 (10.24)         |
| MMPI-2 (L)    | 26 | 0.030 | 51.76 (6.41)      | 58.30 (6.03)          |
| MMPI-2 (K)    | 26 | 0.550 | 43.38 (7.38)      | 45.30 (7.55)          |
| MMPI-2 (S)    | 26 | 0.156 | 39.92 (8.70)      | 43.61 (7.11)          |
| MMPI-2 (Hs)   | 26 | 0.986 | 80.23 (9.78)      | 80.30 (12.17)         |
| MMPI-2 (D)    | 26 | 0.595 | 80.15 (11.99)     | 82.53 (8.77)          |
| MMPI-2 (Hy)   | 26 | 0.287 | 78.15 (15.40)     | 85.00 (13.26)         |
| MMPI-2 (Pd)   | 26 | 0.846 | 63.07 (12.14)     | 62.23 (7.24)          |
| MMPI-2 (Mf)   | 26 | 0.936 | 51.38 (9.22)      | 51.15 (6.42)          |
| MMPI-2 (Pa)   | 26 | 0.452 | 64.53 (14.76)     | 69.15 (14.53)         |
| MMPI-2 (Pt)   | 26 | 0.519 | 71.46 (12.54)     | 75.15 (14.30)         |
| MMPI-2 (Sc)   | 26 | 0.838 | 77.30 (13.58)     | 75.61 (21.81)         |
| MMPI-2 (Ma)   | 26 | 0.057 | 61.15 (12.01)     | 51.84 (8.42)          |
| MMPI-2 (Si)   | 26 | 0.181 | 55.69 (9.50)      | 61.07 (8.91)          |
| MMPI-2 (Pk)   | 26 | 0.871 | 71.46 (16.07)     | 72.46 (13.04)         |

### Appendix F

### Main Effects and Interactions

Figure 1. CES\_D scores at admission and discharge for all subjects.

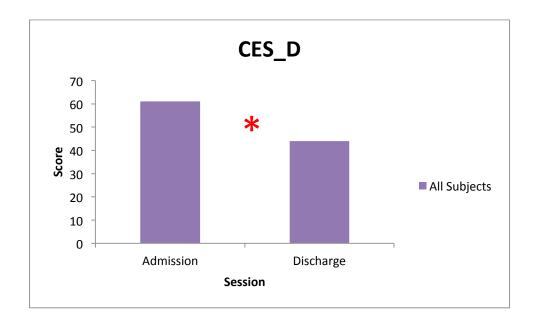


Figure 2. PCS scores at admission and discharge for veterans and non-veterans.

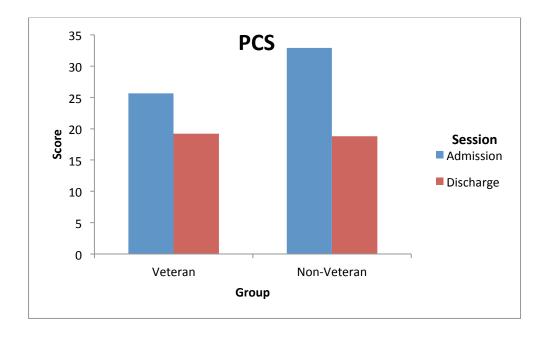


Figure 3. PDI scores at admission and discharge for all subjects.

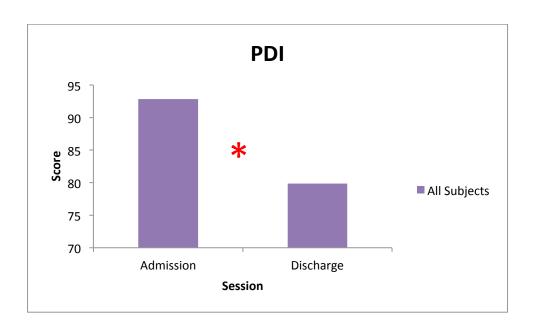


Figure 4. CAS scores at admission and discharge for all subjects.

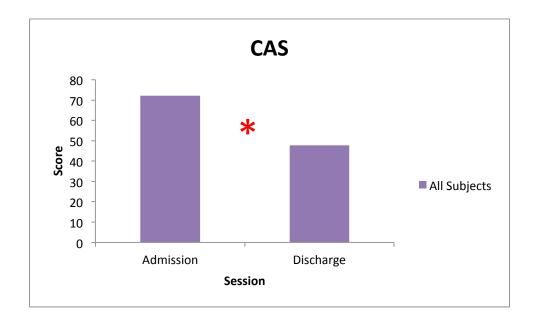


Figure 5. TSK scores at admission and discharge for all subjects.

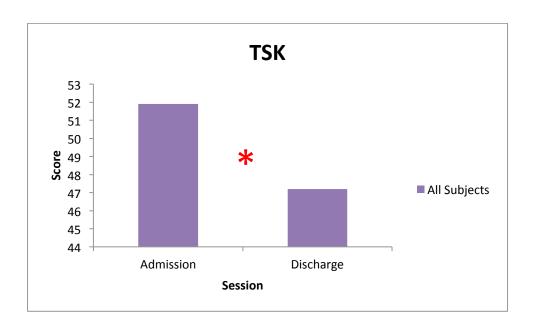


Figure 6. CPAQ\_AE scores at admission and discharge for all subjects.

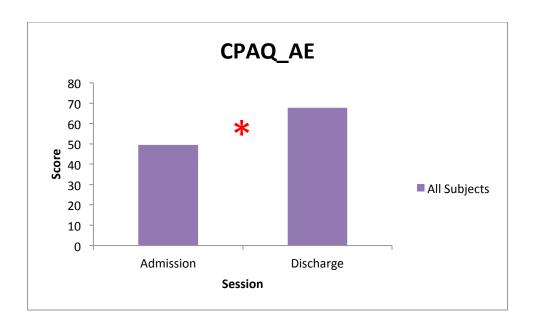


Figure 7. CPAQ\_PW scores at admission and discharge for all subjects.

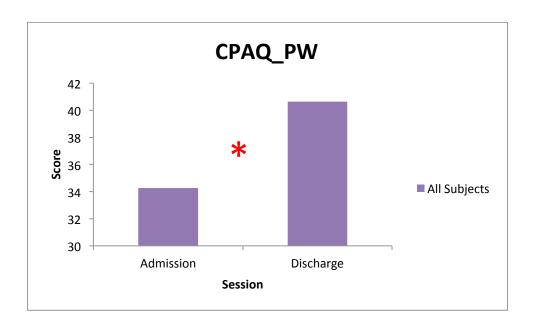


Figure 8. CPAQ\_T scores at admission and discharge for all subjects.

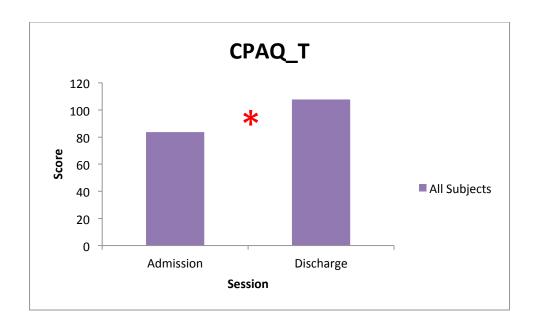


Figure 9. PSCOQ\_PCON scores at admission and discharge for all subjects.

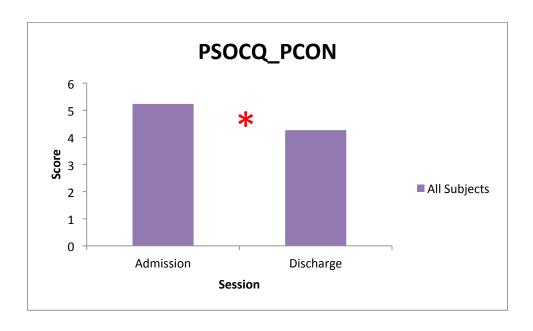


Figure 10. PSOCQ\_ACT scores at admission and discharge for all subjects.

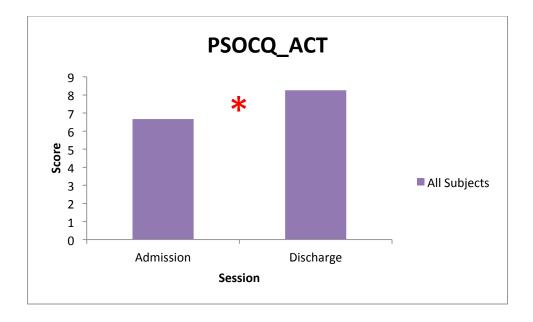


Figure 11. PSOCQ\_M scores at admission and discharge for all subjects.

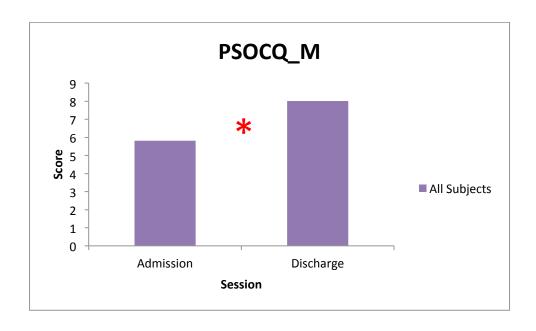


Figure 12. CPCI\_GAR scores at admission and discharge for all subjects.

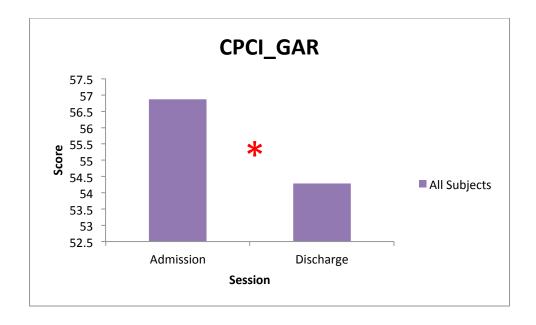


Figure 13. CPCI\_TP scores at admission and discharge for veterans and non-veterans.

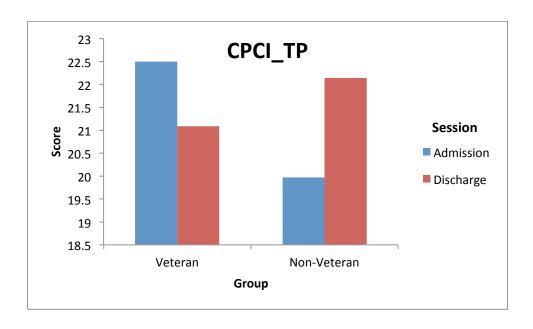


Figure 14. CPCI\_ES scores at admission and discharge for all subjects.

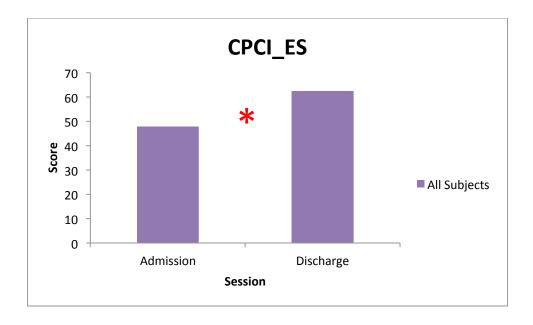


Figure 15. CPCI\_REL scores at admission and discharge in all subjects.

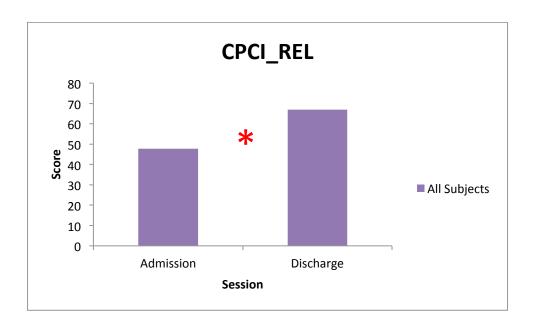


Figure 16. CPCI\_COP scores at admission and discharge in all subjects

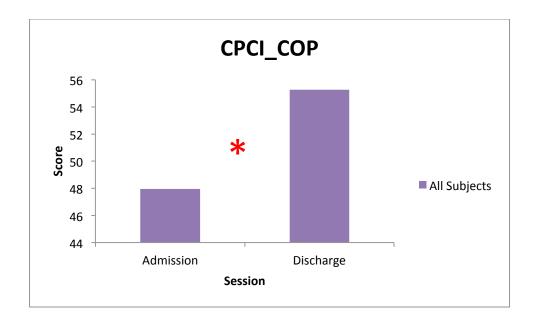


Figure 17. CPCI Pacing scores at admission and discharge in all subjects.

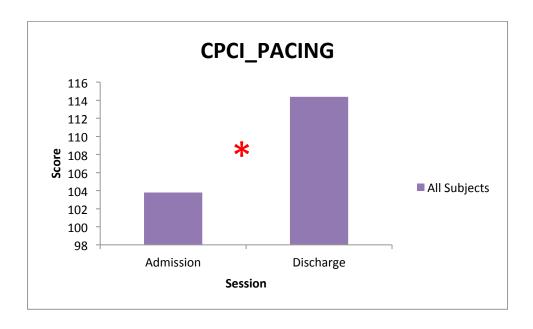
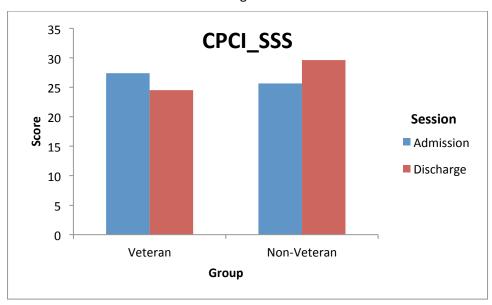


Figure 18. CPCI SSS scores at admission and discharge in veterans and non-veterans.



### Appendix G

MMPI-2 Scale Differences in Veterans and Non-veterans

Figure 19. Differences in MMPI-2 (L) scores in veterans and non-veterans.

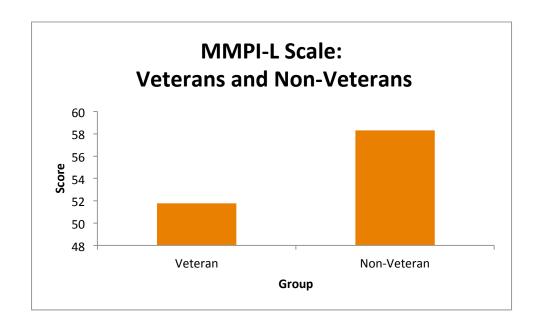
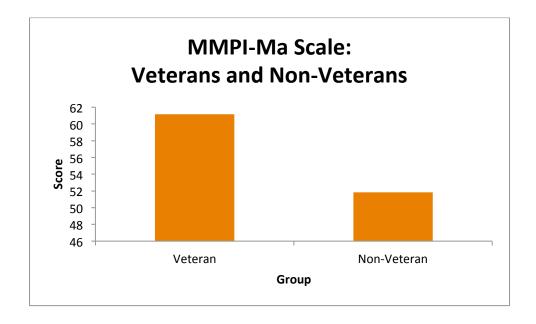


Figure 20. Differences in MMPI-2 (Ma) scores in veterans and non-veterans.



### **Appendix H**

All MMPI-2 scores for veterans and non-veterans

Figure 21. MMPI-2 scores for veterans.

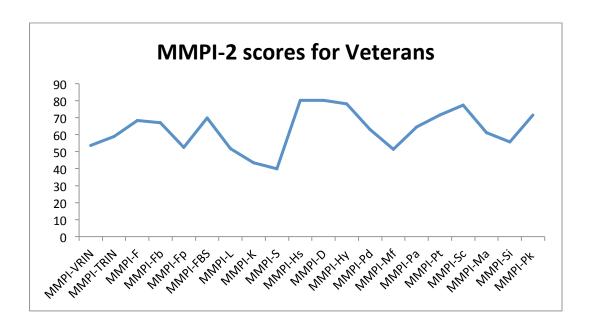


Figure 22. MMPI-2 scores for non-veterans.

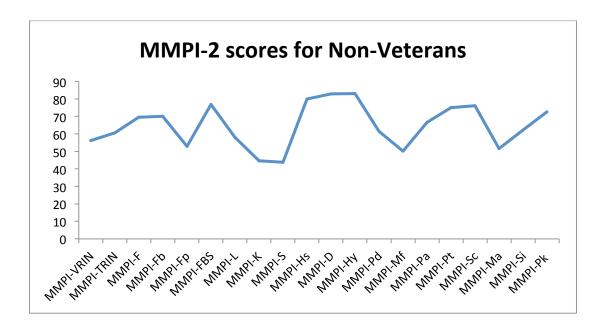
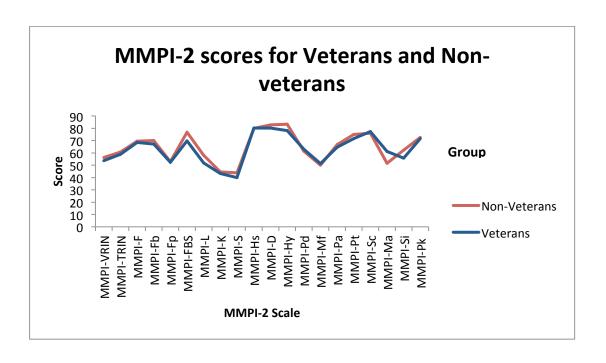


Figure 23. MMPI-2 scores for veterans and non-veterans.



### Exploring differences in Veterans and Non-veterans at the Chronic Pain Management Unit

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#### Introduction

- Extensive research has been conducted on the relationship between Post-Traumatic Stress Disorder (PTSD) and chronic pain
- Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage" (Merskey & Bogduk, 1994).
- The current clinical focus is that chronic pain is a biopsychosocial problem involving multidimensional aspects (Turk & Okifuji, 2002; Olason, 2004; Strong, J., Unruh, A., Wright, A., & Baxter, G., 2002.) Together, these factors shape the way people construct the meaning of pain and the way in which they cope with it. These interconnections influence the extent to which pain interferes with one's roles and responsibilities in everyday activities. As a result, individuals with chronic pain may suffer from depression, anxiety, physical de-conditioning, interpersonal conflicts, social isolation, unemployment and disrupted lifestyles.

### Introduction Cont'd

- According to the Diagnostic and Statistical Manual of Mental Disorders IV-TR, "diagnostic criteria for PTSD includes a history of exposure to a traumatic event, in which two criteria are met, as well as symptoms from each of the three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning" (American Psychiatric Association, 2000)
- Individuals suffering from PTSD often report chronic pain, which is believed to be their most common physical complaint (Shipherd et al., 2007)
- Studies have demonstrated that both PTSD and chronic pain can worsen the symptom severity of one another (Otis et al., 2003)

### Introduction Cont'd

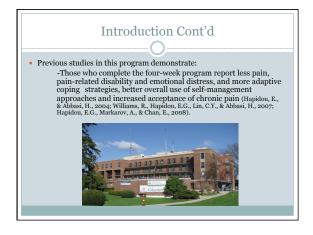
- In general, the rate of PTSD increases with each patient referral for the examination of a chronic pain problem, usually resulting from a traumatic event (Otis et al, 2003).
- War veterans undergo extreme physical exertion and high susceptibility to injury, which increases their likelihood of a chronic pain diagnosis when they return home (Lew, H.L., Otis, J.D., Tun, C., Kerns, R.D., Clark, M.E., & Cifu, D.X., 2009).
- Combat returnees frequently report symptoms of both chronic pain and PTSD or acute combat stress disorder (Lew et al., 2009)
- In comparison to pain patients who do not suffer from PTSD, those
  afflicted by both diagnoses tend to report greater difficulty coping with
  life, higher pain levels, and added psychological discomfort (Otis et al.,
  2003)

### Introduction Cont'd

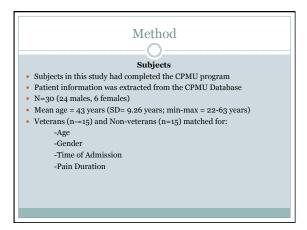
- The efficacy of multidisciplinary chronic pain management programs to decrease pain, increase functioning, and enhance overall quality of life is well documented (Turner & Jensen, 1993; Cutler, R.B., Fishbain, D.A., Rosomoff, H.L., Abdel-Moty, E., Khalil, T.M., & Rosomoff, R.S., 1994; Loeser, I.D., Butler, S., Chapman, C., &Turk, D., 2001).
- The primary goal of these programs is to assist patients' return to normal functional status by reducing pain and pain-associated disability, promoting maximal physical functioning in daily activities, facilitating return to work, and enhancing meaningful family and social relationships.

### Introduction Cont'd

• The Chronic Pain Management Unit (CPMU) at Chedoke Hospital, Hamilton Health Sciences, Hamilton, Ontario, Canada is an multidisciplinary, multimodal four-week program with a cognitive-behavioral orientation. Most of the activities in the CPMU are designed to teach and enable patients to adopt a self-management approach to their chronic pain problems (Hapidou, 1994). The primary focus is on learning self-help methods and stopping overdependence on medications. Goal setting, active exercises, stress management, relaxation, vocational counselling, family intervention, and coordinating return to work are essential components of the CPMU (Hapidou, E.G., Safdar, S., & Mackay, K. D., 1997; Hapidou, 1998; Williams, R., Hapidou, E.G., & Cullen, 2003).



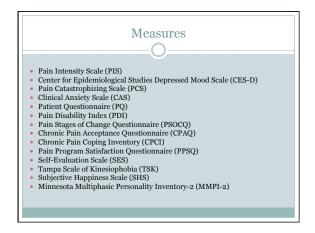


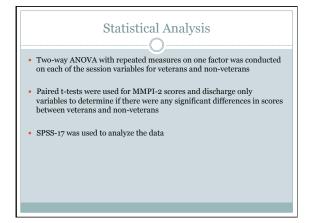


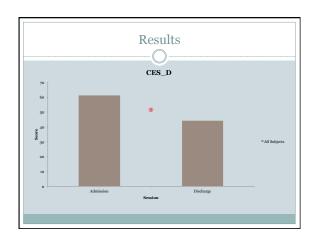
| Patient Demographics                |  |  |  |
|-------------------------------------|--|--|--|
| Veterans (n=15) Non-Veterans (n=15) |  |  |  |
| Age (in years)                      | 40.6 years   | 44.7 years   |  |
| Gender                              | Males (n=12)<br>Females (n=3)  | Males (n=12)<br>Females (n=3)  |  |
| Program                             | Day (n=2)<br>Residential (n=13)  | Day (n=6)<br>Residential (n=9)   |  |
| Insurance                           | WSIB (n=0)<br>Other (n=15)   | WSIB (n=11)<br>Other (n=4)   |  |
| Litigation                          | Litigation (n=1)<br>No Litigation (n=14)   | Litigation (n=4)<br>No Litigation (n=11)   |  |
| Years in Canada                     | Born in Canada (n=11)<br>Outside of Canada (n=4)   | Born in Canada (n=13)<br>Outside of Canada (n=1)*  |  |
| Marital Status                      | Married or Common-law<br>(n=6)<br>Single (n=4)<br>Divorced, Separated, or<br>Widowed (n=5) | Married or Common-law<br>(n=8)<br>Single (n=5)<br>Divorced, Separated, or<br>Widowed (n=2) |  |

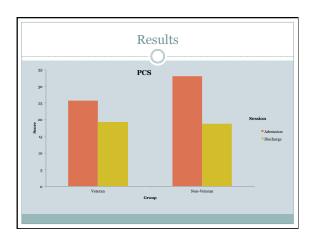
| Patient Demographics   |   |   |  |
|------------------------|---|---|--|
| Occupation             | Military Personnel (n=3)<br>Retired Military Personnel<br>(n=3)<br>Retired-Other (n=1)<br>Other (n=8) | Military Personnel (n=0)<br>Retired Military Personne<br>(n=0)<br>Retired-Other (n=0)<br>Other (n=15) |  |
| Employed               | Employed (n=6)<br>Unemployed (n=9)  | Employed (n=2)<br>Unemployed (n=13)   |  |
| Last Employed (months) | 58.07 months*   | 47.86 months  |  |
| Years of Education     | 13.10 years   | 11.14 years*  |  |
| Pain duration (months) | 137.13 months   | 108.46 months   |  |
| Number of injuries     | 1 injury (n=2)<br>2 injuries (n=4)<br>3+injuries (n=9)  | 1 injury (n=7)<br>2 injuries (n=2)<br>3+ injuries (n=6)   |  |

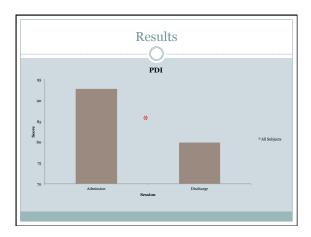
| Program Evaluation   |
|--|
| 0  |
| <ul> <li>Assessment of patient progress at the CPMU is similar to that used in<br/>many rehabilitative programs (Arnstein, P., Vidal, M., Wells-Federman, C.,<br/>Morgan, B., &amp; Caudill, M., 2002; Lang, E., Liebig, K., Kastner, S., Neundorfer, B., &amp;<br/>Heuschmann, P., 2003; Lorig et al., 2001.</li> </ul> |
| At admission and discharge, patients are assessed on:     Pain intensity, disability, depression, anxiety, coping strategies, readiness to adopt a self-management approach to pain, acceptance, program satisfaction and goal attainment.   |
|  |
|  |

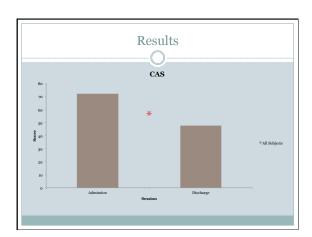


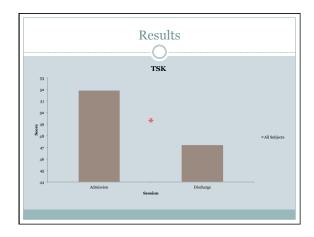


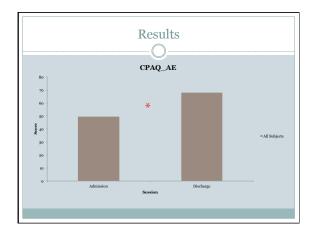


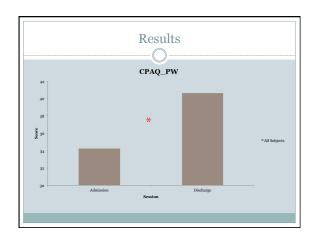


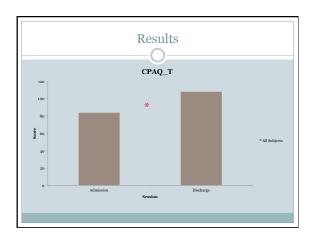


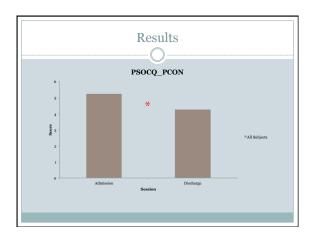


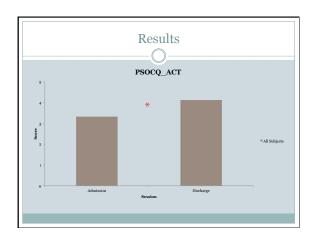


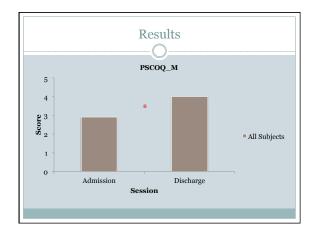


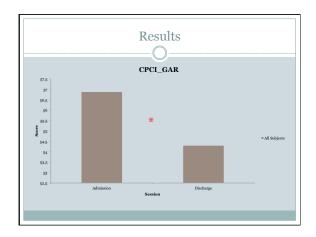


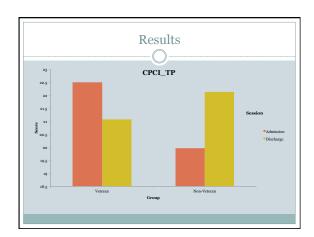


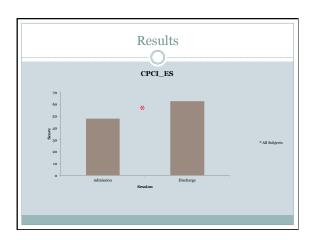


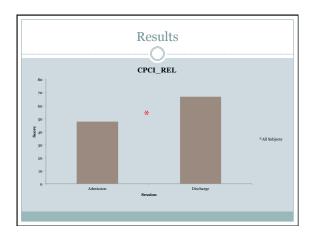


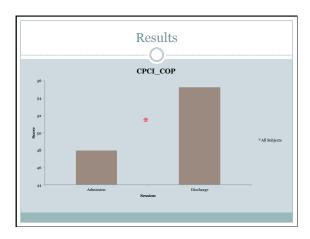


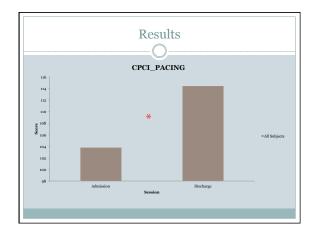


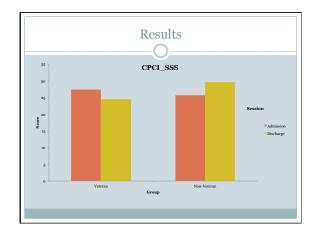


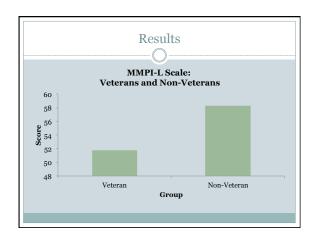


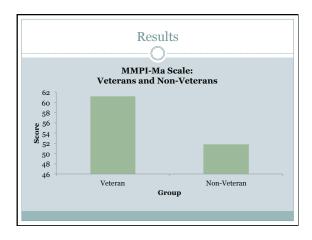




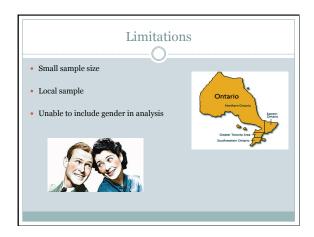












#### Conclusions

- Scores on the PCS and CPCI provide evidence suggesting that veterans experience more anxiety and fear-related symptoms than non-veterans
- Veteran PCS scores may reflect heightened anxiety based on combat exposure, which would play a role in catastrophizing thoughts
- Veteran CPCI scores may reflect
  - Distrust of others based on past traumas
  - Isolation and avoidance behaviours, characteristic of PTSD
- Dominantly, veteran and non-veteran scores improved at discharge, which supports the effectiveness of the CPMU program

# Clinical Implications Help clinicians to better understand pain adjustment Changes within treatment programs





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# Understanding and Building Effective Narrative on Veteran Experiences to Compel Program and Policy Action

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Suzanne Lo (losu@vt.edu)
Virginia Polytechnic Institute and State University

#### **Abstract**

Virginia has the third highest per capita population of veterans, and the seventh highest in total population. Many of these veterans are faced with wide-ranging and complex health issues, which vary greatly depending on their age, time of service and location of residence. Virginia's geographic and socio-economic diversity provide for varied and unique characteristics among its general and veteran populations. Those conditions yield a rich research environment, but also a heightened need to translate and disseminate findings to varied populations and individuals. A growing body of veterans' assessment and clinical research is aimed at improving health services for military service men and woman returning from deployment. Concurrently, military and veterans advocates are calling for improved connections between community health providers and the U.S. Department of Veterans Affairs, as well as, integrated care provision among physical, mental and behavioral health specialists.<sup>1</sup>

The Virginia Tech Institute for Policy and Governance conducted the 2010 Veterans Needs Assessment which asked the broad questions of "what are the needs and experiences of Virginia veterans, particularly needs and experiences related to veterans' health and wellbeing" and "how do the needs and experiences of veteran differ based on key characteristics of the veteran". Subcategories of health and well-being questions included the following topics: physical health, with emphasis on traumatic brain injury, hearing loss, orthopedic conditions, chronic disease, access and utilization, mental and behavioral health, which included PTSD, depression, substance use, family relationships, access and utilization, education and employment measures and life status satisfaction. Characteristic categories for the assessment included stratification by region of residence, era served, branch of service, age, type of service and deployments. In order to obtain representative results

<sup>1</sup> Post, E. P., & Van Stone, W. W. (2008). Veterans Health Administration primary care-mental health integration initiative. *NC Med J*, *69*(1), 49-52.

across characteristics, the research team surveyed over 2,000 veterans. Additionally, researchers were able to add texture to the data through conducting focus groups with veterans and service providers throughout the state to consider the needs and experiences identified in the survey and to determine strategies for meeting unaddressed needs and improving services.

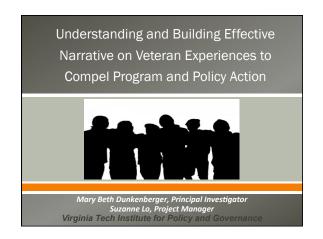
To update and build on this 2010 Veterans Needs Assessment the Institute will strive to do so in a manner that will most fully benefit veterans, inform agencies and providers in Virginia who serve veterans, and set a national standard for conducting veteran population needs assessment. Considerations for updating the 2010 Virginia Veterans Needs Assessment in 2015 will require the development of a methodology to not only update the assessment, but allow for continued nuancing and texturing of the veterans story through interviews and focus groups. The Veterans in Society: Humanizing the Discourse Conference will provide an opportunity for the research team to present their methodology for the revised mixed methods approach, focusing on methods to help build narrative on the experiences of military personnel and veterans and their place in society that will compel program and policy action.

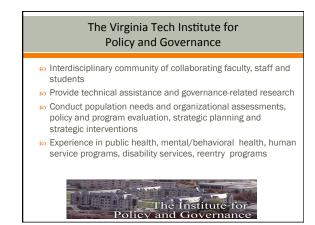
Keywords: veteran culture, health, communication, research methodology, narrative

#### Authors

MARY BETH DUNKENBERGER, senior program director at Virginia Tech Institute for Policy and Governance, provides leadership in aligning research and outreach capabilities with public agency and nonprofit organizational needs. Since 2009, she has led research and technical assistance projects to advance design and implementation of Veteran support programs on behalf of the Virginia Wounded Warrior Program, the Virginia Department of Veterans Services, and the Virginia Center for Innovative Technology. Ms. Dunkenberger received a bachelor of science in commerce from University of Virginia and a masters of business administration from George Washington University, and is a PhD candidate with Virginia Tech Institute for Policy and Governance.

**SUZANNE LO**, a research faculty member with Virginia Tech Institute for Policy and Governance, is an established public health researcher. Her areas of expertise include bridging basic, clinical, public health, and communications research and methodologies to effectively address public health issues. She is currently working on a project on veterans' healthcare and broadband access in Virginia, and its implications for healthcare planning and policy. She holds a bachelor of arts in psychology from Marist College and a master of public health from Johns Hopkins School of Public Health.







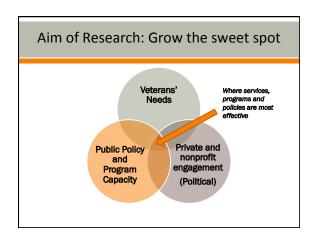


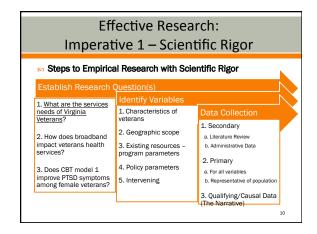
# What are the challenges? Weterans are faced with wide-ranging and complex health and well-being needs. Veterans experiences and resulting needs vary greatly Nature of OIF and OEF deployments and combat have resulted in different and more immediate impacts than in prior conflicts. Veterans services and programs remain fragmented and institutionally grounded rather than individually focused.















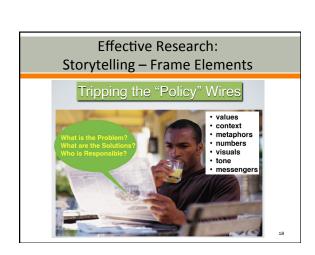


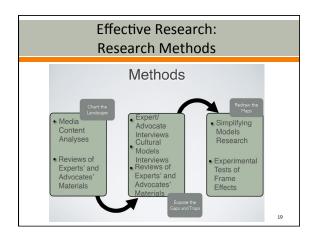






# Effective Research: Storytelling – Frame Elements "The way a story is told – its selective use of particular values, symbols, metaphors, and messengers – which in turn, triggers the shared and durable cultural models that people use to make sense of their world" – FrameWorks Institute Different stories set up different solutions episodic vs. thematic Values, Order, Context, Metaphors, Social Math, Solutions, Tone, Visuals, etc...







Needs Assessment as Case Study

Framing veteran issues for public understanding and support is imperative.

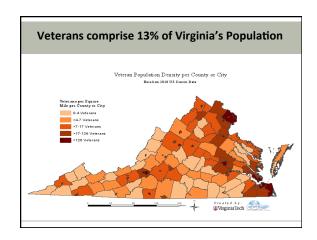
It is necessary to utilize research-based approaches to better public understanding and engagement.

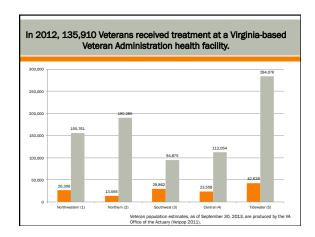
Outcomes:

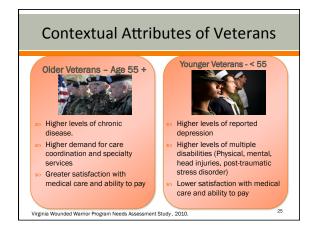
Understanding of veteran culture around issues and needs

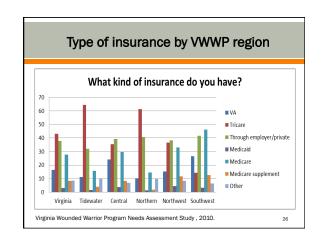
Understanding of what veteran and their families want to convey

Reframes will help bridge the gap— deepen public understanding, perceptions, knowledge and therefore help communities make informed decisions, including supporting policies that will help veterans and their families









#### Contextual Attributes of Veterans

- n Rural Virginia Veterans have....
  - > higher rates of reported depression, traumatic brain injury (TBI), substance abuse and posttraumatic stress disorder (PTSD).
  - > higher rates of chronic health conditions such as diabetes and hypertension.
  - > less access to medical center or specialist care.

Virginia Wounded Warrior Program Needs Assessment Study , 2010.

#### Priority Health Service Needs of Veterans

Identified health needs of Veterans from the narrative:

- nclusiveness and Accessibility of Healthcare
- Availability of Healthcare
- Dilutural Competency of Healthcare Providers
- Double of the services of the

Virginia Wounded Warrior Program Needs Assessment Study, 2010.

#### Priority Service Delivery Preferences from the Narrative

- · Want to be able to help them selves independence, not dependence in services
- · Veterans trust other veterans
- Shared experience is the key, not current or past status
- · Better connections between the science and the experience
- · Ability to create, not react- take the initiative to connect and learn from one another - structure follows action, not vice
- View need for ongoing services to individual and family as

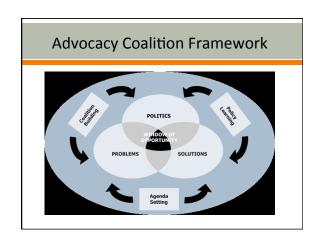
#### Connection to Discourse Discussion

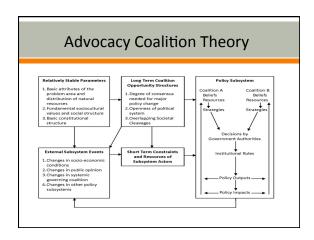
- Focus on Emerging Populations
  - Student Veteran
  - Female Veterans
  - Military/Veteran Families
- The Power to Communicate (lesson from Sophocles)

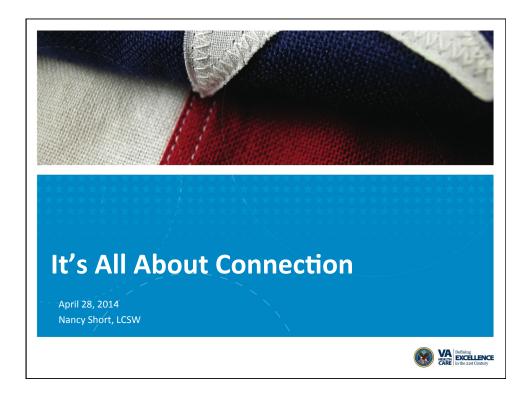
  - Advocacy coalition framework broad stakeholders

    Ability to create, not react-take the initiative to connect and learn from one another structure follows action, not vice versa
- How do you make the narrative consumable and effectual to larger audience?
  - Bridge the gap among those with military experience and between those with and without military experience









# **HOW WE ARRIVED AT THIS**

- Discussion regarding abandoning my previously titled presentation "The Changing Face of War" due to a similar topic at the conference and my decision to speak frankly about how what I do fits the conference topic.
- The wearing of multiple hats, as most conference participants, I too wear multiple hats in my job at the Salem VA Medical Center.
- My foremost job is to facilitate the transition of returning combat Veterans into civilian life and into the VA system.

# **CONNECTIONS ARE VITAL**

- My job varies from outreach to answering phone calls or meeting with Veterans and family members; from providing the number for the GI Bill hotline to talking with a suicidal Veteran standing on a bridge.
- I survive on connection, which will be the focus of my presentation.
- Connection is what I do.

VETERANS HEALTH ADMINISTRATION

# **CONNECTIONS ARE VITAL**

- I must first connect with the Veteran or family member, then I
  must make the proper connection to the resources,
  information and/or services they are requesting.
- Lastly, my job is to develop these connections among providers and community agencies.

# WHERE IT STARTS

- We as humans CRAVE connection—we are hard wired for it.
- Seeking this connection can look very different:
  - Maybe it looks like being a part of a military unit and the comradery that comes with it
  - It could look like being a member of a support group
  - It could be in the arms of a lover
  - It could be connection with a beloved pet
  - It could be with art, music, nature

VETERANS HEALTH ADMINISTRATION

# WHERE IT CAN GO

- However, when the wires get crossed (through a variety of means), this connection may look very different
  - May use substances to help facilitate discussion, this works in the short-term but it is not a real connection and it also has physical, psychosocial and possibly legal consequences
  - Lack of connection may end up in domestic violence and other criminal activity
  - PTSD is a problem with emotional connection surrounding a traumatic event
    - This is a lack of healing and/or cognitive issues as a result of the trauma
- Lack of connection can lead to isolation and hopelessness

# SO HOW DO I CONNECT?

- · Honesty: don't be something you are not
- Be genuine: Veterans are trained in BS detection, they will know if you not being genuine or honest
- Connection leads to vulnerability: You have to put yourself out there, but do this with caution—do not dump your problems onto the person you are trying to help
- Discharging "less than" thinking:
  - We all have thoughts that somehow we are "less than" others
    - · We didn't serve in the armed forces
    - · We served, but weren't in combat
    - We were in combat, but didn't get injured
    - We were injured, but didn't die

VETERANS HEALTH ADMINISTRATION

### SO HOW DO I CONNECT?

- Don't assume: don't think that just because you are a Veteran or family member you will have an automatic connection.
  - Some providers who are Veterans receive the most complaints.
- All connections must be genuine, regardless of status.
- · Listen: Don't judge
  - Identify that you recognize their emotions and experiences
- Show connection through your actions
  - Your actions are steps towards building trust
  - If you get someone
- When giving bad or negative news, give options and also help problem solve

# SO HOW DO I CONNECT?

- · Show connection through your actions
  - Your actions are steps towards building trust
  - If you get someone a \$30,00 prosthetic limb, they know they can count on you for assistance
- The following statement is extremely powerful
  - "No, I have not walked in your shoes, but I am willing to stand with you now and walk this journey with you"

VETERANS HEALTH ADMINISTRATION

# THE NEXT LEVEL OF CONNECTION

- Developing a web of connections for Veterans and family members, to refer them to for resources and services
- · But first, we have to connect with each other
  - This conference is a wonderful example of this
- When we are connected to each other, the referral process is easier and more streamlined for the Veteran/family member

# WHERE DO WE GO FROM HERE?

- Your work/research helps provide people like me with resources
- · Research helps develop policy/funding
- You need to make the connection with what you do and the Veterans/family member you are helping
  - By doing this research, I'm helping identify a gap in services, which will in turn help obtain funding for these services
  - VT Needs Assessment: impacts Veterans in Southwest Virginia
    - Virginia Wounded Warrior Program—fills gaps in services
    - · Helped TBI research come to the Salem VAMC
    - Helps providers identify education that family can benefit from

VETERANS HEALTH ADMINISTRATION

# **CONCLUSION**

- Don't focus on the things that separate us, find ways to connect with each other
- If you are always looking for someone with the exact same experiences as yourself, you will lead a very lonely life

# VETERANS IN SOCIETY CONFERENCE 2014

# Humanizing the Discourse



# April 27–28, 2014 Hotel Roanoke (Roanoke, VA)

**Presented by** the VT Veterans Studies Group; **Hosted by** the Center for the Study of Rhetoric in Society, Dept. of English



#### WELCOME LETTER

Welcome to the 2nd Veterans in Society Conference. For those of us on the planning committee, this event is a labor of love and a commitment to continuing our academic and civic work in support of the men and women who serve our country and in support of their families who hold them up and sustain them during and after that service.

Several of us on the planning committee are veterans; several are married to or are children of veterans; and several are close friends of veterans. Because of our experiences and relationships, all of us have come to understand something intimate and important about the costs of service that veterans and their families pay. Our hope is that this event will help to build a community of individuals from all ranks of society who are unified by a vision linked to an ethic of and call to service.

As we envisioned this event, we were emboldened by our belief that the university, and specifically, the humanities and social sciences, offer in the words of Robert Coles, "a special kind of clarifying" value in our quest to understand the complexity of the veteran experience. We brought together a wide range of activities related to the arts and humanities, believing that they will provide windows into that veteran experience. Our goal is not to paint verbal pictures or elicit emotions for emotions' sake; rather we want to share works and ideas that provide "realism for promise, admonition, solace, vengeance, foretelling, [and] instruction." As a retired officer and a humanist, I know how stories and poems and songs help me better understand the human condition and what Coles calls its "vicissitudes, victories, and defeats." I offer a few quotations below from works I sought out as I contemplated writing this welcome.

"The Latin word finis has two meaning: the end or finish, and a goal to reach."

—Viktor Frankel, Man's Search for Meaning

"Each morning, despite the unknowns, they made their legs move. They endured. They kept humping. They did not submit to the obvious alternative, which was simply to close their eyes and fall."

—Tim O'Brien, *The Things They Carried* 

"Performance during battle is like the tip of an iceberg. It requires a whole lot of support—under the surface, behind the scenes—before the first round is

—Col. Dandridge M. Malone, Small Unit Leadership: A Commonsense Approach

"The words of a dead man / Are modified in the guts of the living."
—W. H. Auden, "In Memory of W. B. Yeats"

"We must gather from the whole store of things such as make most for the use of life."

—Francis Bacon, *The Advancement of Learning* 

"When [Odysseus] arrives on Ithaca with his treasure he does not recognize the place, and no one recognizes him—no one but his dog. This, the poet tells us, is a contrivance of the goddess Athena, but how could it be otherwise after so long an absence? Any veteran knows."

—Paul Woodruff, *Reverence* 

I share these particular quotations because they help me frame my understanding of this conference. During the next day and a half, you will hear words from those who are living as well as words from the dead. You will be shown or told about some of the many mornings of endurance, as well as the contemplations and, to everyone's loss, the enactments of what O'Brien called the "obvious alternative." As many of us have come to know, these enactments most often happen post-deployment when veterans, for whatever reason, cannot quite see past that first definition of finis, when whatever goal they may have envisioned pre-deployment has been obscured or seems no longer reachable or no longer clear. You will learn about some of the means of support, particularly those behind the scenes. And, by the end, we expect some modification in your guts, hearts, and minds will have occurred.

Our hope is that, as a community, we will gather from these things we see, hear, and feel "such as to make most for the use of life." Our goal is to advance learning, to create a framework for such learning, and to use what we learn in support of our brothers and sisters and their families—to help them during and after their return from deployment, and to help prepare a well-deserved place called home for them.

Thank you for joining with us.

Jim Dubinsky

#### HOSTED BY THE CENTER FOR THE STUDY OF RHETORIC IN SOCIETY

We are especially grateful to the CSRS, and particularly to Director Kelly Belanger and Research Assistant Heidi Nobles, for their generosity in time, funding, and staff support throughout the development and execution of this conference. Thank you!

#### **About the CSRS:**

The Center for the Study of Rhetoric in Society examines communications in public, nonprofit, academic, corporate, and governmental settings to better understand language in use.

How does language inspire people to action? How does writing change society, and why? The CSRS searches for answers by studying everything from the communication strategies of a national social change movement to "everyday rhetorics" that often go unnoticed or unexamined.

All of the center's research and creative projects combine research methods developed in rhetoric and writing studies with methods across the disciplines. Through externally funded research and outreach, the CSRS seeks to translate analysis into action.

The CSRS welcomes collaboration and partnerships with other academic units, community organizations, corporations, scholars, and activists in Virginia, the United States, and internationally. Please contact them to learn more. Their website is http://www.rhetoric.english.vt.edu/.

#### Mission:

Our mission is to restore the arts of rhetoric to a meaningful place in education and civic life.

#### Vision:

Our vision is to empower speakers and writers to foster problemsolving rhetoric, challenge unethical discourse, and sustain positive, productive communication in professional and public contexts.

#### **PROGRAM SCHEDULE**

| SUNDAY—APRIL 27 |  |           |  |
|-----------------|--|-----------|--|
| 1600-1800       | Screening of Where Soldiers Come From                    | 4–6 pm    |  |
| 1700-1900       | <b>Registration</b> (Lower Conference Foyer)             | 5–7 pm    |  |
| 1800-1900       | Opening Reception  | 6–7 pm    |  |
|                 | (Lower Lounge; hors d'oeuvres served)                    |           |  |
| 1930-2130       | Outside the Wire performance                             | 7:30-9:30 |  |
|                 | (Washington Lecture Hall)                                | pm        |  |
|                 | Welcome remarks by Conference Chair                      |           |  |
|                 | James M. Dubinsky  |           |  |
|                 | Special Guest: Bryan Doerries, artistic director, OTW    |           |  |
|                 | Introduced by Rev. Dr. J. Wesley Smith, St. John's Epis- |           |  |
|                 | copal Church, Roanoke, VA                                |           |  |
|                 | Performers: Sanam Hashemi and Matthew Schott,            |           |  |
|                 | Virginia Tech  |           |  |
|                 | Panelists: Andrew Hawks, Chloe Tunze, Felta Virginia,    |           |  |
|                 | Travis Stevens   |           |  |

#### MONDAY—APRIL 28

| 0730-0900 | Registration   | 7:30-9 am     |
|-----------|--|---------------|
| 0800-0900 | Breakfast (Lower Lounge)   | 8-9 am        |
| 0900-1015 | "Growing Up Military" (Washington Lecture Hall) Introductory remarks by Conference Vice Chair Heidi Nobles Special Guest: Donna Musil, writer and director | 9–10:15<br>am |
| 1020 1120 | D 1 C 1 C 1 V. 4 C 1   | 10.20         |

1030–1130 Panel Session 1: Speaking as Veterans, Speaking as Civilians (Washington Lecture Hall) 11:30 am

\*Moderator: John Burton, Virginia Tech\*

"Where Soldiers Come From and Where Veterans Go" Kevin Stoy, George Mason University, and Heather Courtney, independent filmmaker, with Dominic Fredianelli, independent artist

"Bridging a Gap Between Knowledge and Experience: Civilian Views of Military Service" Phil Hayek, Virginia Tech 1135-1235

#### Panel Session 2

11:35 am-12:35 pm

12:45-2

pm

**2A:** Veterans across Cultures (Wilson) *Moderator:* Irene Leech, Virginia Tech

"Veterans as a Stabilising Factor in Politics:
West Africa as a Case Study"
Lt. Kehinde Olaoluwatomi Oshigbo,
African Maritime Academy (read by proxy)

"The Contributions of Veterans in Business and Economy: Africa as a Case Study" Lt. Taiwo Oluwaseyi Oshigbo, African Maritime Academy (read by proxy)

> "Veterans as Intercultural Educators" Luke McClees, Eastern Kentucky

# **2B: Writing and Preserving Veterans' Words** (Monroe)

*Moderator:* David Cline, Virginia Tech

"How Do Military Veteran Students Write?: Exploring the Effectiveness of Current Writing Pedagogy" Meredith Singleton, Northern Kentucky

> "Writing War from the Inside Out: Multimedia Narratives of Veterans in the Composition Classroom" Jennifer Orth-Veillon, Georgia Institute of Technology

"The Role of Military Archives in the Conversation on Veterans in Society" James Ginther, Library of the Marine Corps

1245-1400

Lunch (Crystal Ballroom)

Introductory remarks by Bruce Pencek, Virginia Tech
Guest Speakers: Wendy Lang,
Operation College Promise, and
Rod Davis, Veterans Support Office, TAMU

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1415–1515 Panel Session 3 2:15–3:15 pm

3A: "How to Tell a Woman's War Story: Gender, Service, Support, and Storytelling" (Wilson)

Moderator: Barbara Weimerskirch, Virginia Tech

Mariana Christina Grohowski, Bowling Green State University; D. Alexis Hart, Allegheny College; and Kathryn Broyles, American Military University

**3B: Medicine and Policy** (Monroe) *Moderator:* Kathleen Jones, Virginia Tech

"Examining the Differences in Veterans and Non-Veterans at the Chronic Pain Management Unit" Alisha Jiwani, Adler Graduate School

"Understanding and Building Effective Narrative on Veteran Experiences to Compel Program and Policy Action" Mary Beth Dunkenberger and Suzanne Lo, Virginia Tech

> "The Changing Face of War" Nancy S. Short, Program Manager, Salem VA Medical Center

1515–1615 Featured Panel: "Support the Troops? 3:15–4:15
A Community in Dialogue" pm

(Washington Lecture Hall)

Moderator: Eric Hodges, Virginia Tech
Invited Speakers: Col. John Montgomery,
Prof. Steven Salaita, and Rev. Gil Ott

1630–1730 Closing Discussion: 4:30–5:30 "The Future of Veterans Studies" pm

(Washington Lecture Hall)

hers: James M. Dubinsky, Bruce F

**Panel Members:** James M. Dubinsky, Bruce Pencek, Barbara Weimerskirch, David Cline

1800–2000 Screening of *Brats: Our Journey Home* 6–8 pm (Washington Lecture Hall)

\*Additionally, artwork by Dominic Fredianelli will be displayed throughout the conference for open viewing.

#### FEATURED SESSION DESCRIPTIONS

(listed in order of scheduled appearance)

#### Screening of Where Soldiers Come From

Dominic Fredianelli will be present to screen the Emmy award-winning documentary, *Where Soldiers Come From*, which follows him and his peers, and to talk to viewers afterward and during the conference.

#### About the Film

From a snowy small town in Northern Michigan to the mountains of Afghanistan and back, *Where Soldiers Come From* follows the four-year journey of childhood friends, forever changed by a faraway war.

A film about growing up, *Where Soldiers Come From* is an intimate look at the young men who fight our wars and the families and town they come from. Returning to her hometown, Director Heather Courtney gains extraordinary access following these young men as they grow and change from reckless teenagers, to soldiers looking for roadside bombs in Afghanistan, to twenty-three-year-old veterans dealing with the silent war wounds of Traumatic Brain Injury (TBI) and PTSD.

Enticed by a twenty thousand dollar signing bonus and the college tuition support, best friends Dominic and Cole join the National Guard after graduating from their rural high school. Soon their group of friends joins them, and eventually the young men are sent to Afghanistan, where they spend their days sweeping for Improvised Explosive Devices (IEDs). By the time their deployment ends, they are no longer the carefree group of friends they were before enlisting; repeated bombs blowing up around their convoys have led to TBI symptoms, and they have all become increasingly disillusioned about their mission.

The challenges really begin to surface when they return to their families and communities in Michigan. *Where Soldiers Come From* looks beyond the guns and policies of an ongoing war to tell a human story about family, friendship, and community and how they all change when young people go off to fight.

Where Soldiers Come From also won the 2012 Independent Spirit Truer Than Fiction Award and is a co-production of Quincy Hill Films and ITVS, in association with American Documentary | POV. The film had its national broadcast premiere in Fall 2011 on PBS's award-winning documentary series POV, and has been chosen as an encore broadcast in September 2012.

You can also hear Director Heather Courtney's joint presentation with poet Kevin Stoy on Monday at 1030/10:30 ("Where Soldiers Come From and Where Veterans Go").

#### **Outside the Wire performance**

Special Guest: Bryan Doerries, Artistic Director Performers: Sanam Hashemi and Matthew Schott, Virginia Tech Panelists: Andrew Hawks, Chloe Tunze, Felta Virginia, Travis Stevens

Outside the Wire is a social impact company that uses theater and a variety of other media to address pressing public health and social issues, such as combat-related psychological injury. Their Theater of War (ToW) presents readings of Sophocles' *Ajax* as a catalyst for a facilitated town hall discussion about suicide, combat stress, alcohol and substance abuse, and the impact of war on families. For the past three years, this ground-breaking initiative has been a catalyst for powerful dialogue at military installations worldwide, as well as at colleges, universities, and regional theaters. More than one hundred acclaimed actors have participated, including Blythe Danner, Paul Giamatti, Charles S. Dutton, Terrence Howard, David Strathairn, Debra Winger, and Dianne Wiest.

For our conference, Artistic Director Brian Doerries will be partnering with actors local to the New River Valley in a distinctive performance, and will moderate interactive discussion afterward in what is sure to be a compelling event.

# "Growing Up Military" Special Guest: Donna Musil, Writer and Director

We are glad to have with us Donna Musil, the founder of the nonprofit Brats Without Borders, who wrote and directed the award-winning film *Brats: Our Journey Home* (www.bratsourjourneyhome.com). This film documented the "hidden American subculture" of more than fifteen million people raised in the military system.

In this session, Donna Musil will screen key scenes from the film and discuss her experiences working with military brats of all ages, including considerations of the ways in which today's young (~eighteen and under) military kids—having grown up in a decade of war—might also be seen as veterans.

\* \* \*

You can also watch the full-length film and talk with Donna Musil afterward on Monday evening at 1800/6:30.

#### Lunch

Guest Speakers: Wendy Lang, Director, Operation College Promise, and Rod Davis, Director, Veterans Support Office, TAMU

College campuses are increasingly supportive environments for a military-affiliated population and a haven for bridging the civilian-military divide. Today, we see the pride of wearing the uniform and the support of civilian students, faculty, and administrators. Veterans and servicemembers on our campuses are now stewards in their service and take deserved pride in their service to our nation. They are respected for their real-life experiences and skills acquired through them.

There was a time when student veterans were not believed to have strong potential in academia. That has changed. In fact, new research from Operation College Promise (OCP) and others argues just the opposite. At campuses across the country student veterans are moving toward their degree as efficiently as their traditional counterparts, and in many cases more so. Highly disciplined, motivated and task oriented, these student veterans address their school work with the same determination they learned in the military. And unlike most previous generations of veterans, the post 9-11 veterans are proving the success-benefit of the support that campuses are offering. These include maximizing entitlements for tuition, housing, healthcare and other expenses related to their education. Today's student veterans are mission-oriented and well aware that there they must use their benefits wisely, efficiently and within deadlines.

Today's GI Bill is generous – the most generous since WWII. Its potential to be a game-changer for higher education is more evident than ever. As did the eight million servicemembers who took advantage of that original GI bill, some two million veterans of the post-9/11 conflicts are taking advantage of what is available to them now. The results are predictable, and positive, for our veterans and our country. These students will are using higher education as both a reintegration mechanism and opportunity that will lead to higher lifelong learning and expanded opportunities to change and improve America.

It is crucial that the progress made thus far continues, as a million more servicemembers return to civilian life over the next five years.

This presentation by OCP Director Wendy Lang will focus on the findings of the OCP's newest "Completing the Mission" report to show strong, positive data regarding vet success at a number of campuses across the country where strong veterans support programs are in place. The findings suggest a kind of blue print for what to do to create a successful environment for our military and veteran students and their families.

Joining Lang will be Rod Davis, director of the Veterans Support Office for The Texas A&M University System, where a data-gathering project among the System's thirteen campuses provides a case-study of how positive campus support programs can be measured and implemented.

# Featured Panel: "Support the Troops? A Community in Dialogue" Invited Speakers: Col. John Montgomery, Prof. Steven Salaita, and Rev. Gil Ott

In August 2013, a Virginia Tech professor published a controversial op-ed piece with Salon.com on why he objects to corporate fundraising campaigns that use the phrase "support our troops." In the weeks that followed, community members participated in wide-ranging discussions responding to the article and language choices surrounding the military in society. This panel will include representatives from both military and civilian perspectives: Panelists Col. John Montgomery, Prof. Steven Salaita, and Rev. Gil Ott will address strategies for making conversations across ideological differences more productive.

# Closing Discussion: "The Future of Veterans Studies" Panel members: James M. Dubinsky, Bruce Pencek, Barbara Weimerskirch, David Cline

Representatives of the conference planning committee will reflect on the presentations and dialogue, the emerging field of veterans studies, and areas needing additional study in the near future. Microphones and comment cards will be available to encourage audience participation as attendees feel most comfortable.

#### Screening of *Brats: Our Journey Home*

Donna Musil will join us to screen her trailblazing film and talk with audience members afterward. *Brats: Our Journey Home* has won numerous awards and been screened in over 100 locations around the country, including almost 2 dozen film festivals. The film was featured on CNN's "This Week at War" and NPR's "All Things Considered," and has been broadcast on Armed Forces Network Television in 178 countries around the world.

(see next page for film description)

#### About the Film

It's hard to imagine a military brat's childhood. Moving from base to base around the world, they are at home everywhere—and nowhere. There are two million children being raised in the military today. An estimated fifteen million Americans are former brats. They include singers Pink and Lionel Richie, author Suzanne Collins (of the *Hunger Games*), basketball star Shaquille O'Neal, and Heisman Trophy winner, Robert Griffin III, actors Julianne Moore, Robert Duvall, and Neil Patrick Harris, and many more.

Brats is the first cinematic glimpse into a global subculture whose journey to adulthood is a high-octane mixture of incredible excitement and enormous pain. Make no mistake—*Brats* is not about the U.S. military—it's about their children, who grow up in a paradox that is idealistic and authoritarian, privileged and perilous, supportive and stifling—all at the same time. Their passports say "United States," but they're really citizens of the world.

Singer/songwriter and Air Force brat Kris Kristofferson leads us through the heart of their experiences, sharing intimate memories with fellow brats, including General Norman Schwarzkopf and author Mary Edwards Wertsch, whose groundbreaking book, *Military Brats: Legacies of Childhood Inside the Fortress*, was one of the seminal inspirations for this film. Their stories reveal the peculiar landscape of their childhood, the culture that binds them together, and the power it exerts over their adult lives.

A seven-year work of passion by independent filmmaker Donna Musil, *Brats* features rare archival footage, home movies, and private photographs from post-war Japan, Germany, and Vietnam.

\* \* \*

You can also hear Donna Musil's presentation on the making of the film and her work with brats around the globe on Monday morning at 0900/9:00.

#### BIOGRAPHICAL SKETCHES—INVITED GUESTS

Rod Davis is director of The Texas A&M University System's first Veterans Support Office, created in 2011 by the A&M System Board of Regents.

An award-winning novelist and writer, Davis is the recipient of the fiction award in the inaugural PEN Southwest Book Awards in 2005 for *Corina's Way* (NewSouth Books, 2003). The novel is described by Kirkus Reviews as "a spicy bouillabaisse, New Orleans-set, in the tradition of Flannery O'Connor or John Kennedy Toole: a welcome romp, told with traditional Southern charm."



His newest novel, *South, America* (NewSouth Books), was released in April and has been compared to the works of Mickey Spillane and James M. Cain.

He also is author of *American Voudou: Journey into a Hidden World* (UNT Press, 1998, paperback, January 2000), a study of West African religion in the United States. It was selected as one of the "Exceptional Books of 1998" by *Bookman Book Review Syndicate.* 

A six-part series on the Texas-Mexico border, "A Rio Runs Through It," appears in *Best American Travel Writing 2002*, the annual anthology from Houghton-Mifflin. His PEN/Texas award-winning essay, "The Fate of the Texas Writer," is included in *Fifty Years of the Texas Observer* (Trinity University Press, 2004). His PEN/Texas award-winning essay, "The Fate of the Texas Writer," is included in *Fifty Years of the Texas Observer* (Trinity University Press, 2004), and his *Texas Monthly* story, "Wal-Marts Across Texas," is included in *True Stories* by David Byrne.

He is a member of the Texas Institute of Letters, PEN Center USA, and the National Book Critics Circle. National professional honors have included a fellowship at the Yaddo Colony, a Eugene V. Debs Award for investigative reporting, a Lowell Thomas Award (Bronze) for personal commentary on post-Katrina New Orleans, and Gold and Silver Awards for feature writing from the City/Regional Magazine Association (CRMA).

Davis served as executive editor at *Cooking Light*, a Time, Inc. magazine, and is a former editor of the critically acclaimed *The Texas Observer* and also a former editor of *American Way*, the magazine of American Airlines. He has been a senior editor at *Houston City* and *D Magazine*, a reporter for *The Rocky Mountain News*, and an editor at *The Associated Press*, as well as associate director of the Texas Film Commission and travel editor at the *San Antonio Express-News*. He is a former managing editor of the Teaching Tolerance project at the Southern Poverty Law Center.

He received an MA in government from Louisiana State University and studied further at the University of Virginia before joining the Army in 1970, serving as a first lieutenant in South Korea. He has taught writing at the University of Texas at Austin and Southern Methodist University in Dallas.



Bryan Doerries is a New York-based writer, translator, director, and educator. He is the founder of Theater of War, a project that presents readings of ancient Greek plays to service members, veterans, caregivers, and families as a catalyst for town hall discussions about the challenges faced by military communities today. He is also the co-founder of Outside the Wire, a social impact company that uses theater and a variety of other media to address pressing public health issues, such as combat-related psychological injury, end of life care, prison reform, political violence and torture, and the de-stigmatization of the treatment of substance abuse and addiction. He is a self-described "evangelist" for classical literature and its relevance to our lives today. In addition to his work in the theater, Bryan lectures on his work at colleges and universities.



Sanam Hashemi is an Iranian-American stage actor from Northern Virginia. As a product of two cultures, she strives to bridge the gap between people—in life and on stage. She wants to investigate relationships on a personal level and on a global one as well. As a full-time student at Virginia Tech pursuing dual degrees in theatre & cinema and international studies, she is exploring these interests each day.



Prior to joining NJASCU in the fall of 2007, **Wendy Lang** worked in state government for ten years, including serving as Senator John H. Ewing's Chief of Staff, managing both the Senate Education and Women's Issues Committee, and later, filling an appointment as Governor Christie Todd Whitman's education policy advisor. She owned and managed an independent consulting firm specializing in K–12 education and public relations from 2000–2006.

In her current position, Wendy is responsible for policy research and initiation, as well as managing annual state budget responsibilities. Since founding Operation College Promise (OCP) in 2008, she has also served as the director, managing programming, outreach, public relations, and partnership development. Operation College Promise (OCP) is a national policy, research, and education program based in Trenton, New Jersey, which supports the transition and postsecondary advancement of our nation's veterans. The program's mission is to support student veterans "To, Through and Beyond" the attainment of their higher education objectives. Founded in 2008 as a web-based resource, the project was initiated by the New Jersey Association of State Colleges and Universities (NJASCU) to centralize transition information for servicemembers on a comprehensive website. Today, the program has reached more than five hundred professionals from thirty states through its signature training—the Certificate for Veterans' Service Providers (CVSP) program—and is a national leader in research efforts on student veterans' progress toward degree and employment, as well as in the development of innovative degree plans for military students.

Wendy currently serves on the Richard Stockton College of New Jersey's Veterans Advisory Board, and has contributed to numerous grant review boards, facilitated for the American Council on Education's inaugural "Veterans' Success" jam and participated in the US Department of Labor's "American Heroes at Work" think tank. She regularly presents at state and national conferences focusing on veterans' reintegration issues and education.

In her spare time, Wendy is a lifelong competitive equestrian who has ridden extensively on the national circuit.



Col. John P. "Bama" Montgomery is the commander of Det. 875 Air Force Reserve Officer Training Corps and professor of aerospace studies at Virginia Polytechnic Institute and State College in Blacksburg, Virginia. He commands an AFROTC unit that administers a college-level officer training program to shape the next generation of commissioned officers. In addition, he chairs the Department of Aerospace Studies with university status of full professor and instructs a curriculum covering foundations of the USAF, Air Force history, leadership, and national security. Before assuming his current position, he served as the last 98th Range wing commander at Nellis AFB, responsible for the Air Force's most important operating space—the Nevada Test and Training Range.

Colonel Montgomery entered the Air Force in 1986 as a graduate of the U.S. Air Force Academy. A command pilot, he has served as a T-38 and F-16 instructor pilot, flight commander, weapons and tactics officer, and chief of standardization and evaluations. He is a 1995 graduate of the USAF Weapons Instructor Course, and a 1998 graduate of the Army Command and General Staff College. Colonel Montgomery has also served as the Advanced Programs flight commander for the 28th Test Squadron, Eglin AFB, FL. In 2001, he arrived at the 55th Fighter Squadron, where he would become the commander. After graduating from the National War College, Colonel Montgomery served as the executive officer to the commander, Component Command Air Izmir (NATO), Izmir, Turkey. Following his overseas tour, Colonel Montgomery reported to Creech AFB, Las Vegas, Nev., and became the first 432nd vice wing commander. The 432nd is the Air Force's first front-line remotely piloted aircraft wing.

**Donna Musil** currently serves as the executive director of Brats Without Borders, the 501(c)(3) nonprofit educational organization that produced the *Brats* film and continues to conduct research and develop programs that raise the awareness of military "brats" and other "third culture kids" and improve the quality of their lives.

Donna Musil's work includes feature screenplay *Cypress Gardens* (Best Feature Drama and second place overall in the Gimme Credit International Screenplay Contest); *Ananse* (currently in development with Visionex/Ghana and Melendez Films/London); and *To Kingdom Come* (which she co-directed as a staged reading with Producer Judith Pearlman in NY Women in Film &



TV's Screenplay Reading Series, representing "some of the best developing women screenwriters"). Other credits include *Rebuilding America's Communities*, a Carter Center documentary (PBS, 1997 WorldFest Int'l Film Festival Silver Award), and dozens of educational and industrial films for Coca-Cola, BellSouth, and M&M Mars/Snickers. Donna was on the board of directors for Women in Film/Atlanta and has been awarded Hambidge Center (GA), Fundacion Valparaiso (Spain), Helene Wurlitzer Foundation (Taos), and Centrum Arts (Port Townsend, Washington) writer's fellowships.

Prior to her writing career, Donna worked as an attorney with the AFL-CIO and the International Brotherhood of Electrical Workers, helping organize unions throughout the South. She has a BA in journalism (magna cum laude) and a JD from the University of Georgia and is a member of the State Bar of Georgia. Donna was raised an Army brat and has lived and worked in Germany, Korea, Ireland, Copenhagen, San Francisco, Los Angeles, Washington, DC, Georgia, North Carolina, Virginia, Kentucky, and France. As a child, she moved twelve times in sixteen years. Her father was a JAG officer and military judge. When she was sixteen, her father died, and two weeks later, her family moved to Columbus, Georgia, where she finished high school.

For the next twenty years, Donna moved nineteen times, graduated college, and worked in a variety of jobs, but always felt "different" from her fellow Americans. In 1997, she learned that she was not alone. While surfing the Internet, Donna discovered a website for her Taegu, Korea, high school. A few weeks later, she attended an impromptu reunion in Washington, DC. It was revelatory. For the first time, Donna felt like she "belonged" somewhere, and thus began her journey "home."



**Gil Ott** is a retired pastor and college chaplain holding credentials in both the United Methodist and Reformed Church in America. He was also a senior administrator at Cornell University for fifteen years. Prior to that, he worked in both industry and government. He completed his graduate work at Yale University, earning both MDIV and STM (Master of Theology) degrees.

He served in the United States Army from 1968–70, including twelve months in Vietnam as an infantryman with the 101st Airborn Division, where he was awarded the Army Commendation Medal for "distinguishing himself in close ground combat" and the Bronze Star for "meritorious service."



Matthew Schott is soon to have his BA in theatre arts from Virginia Tech. Over the course of his acting career, he has played roles such as Bottom in *A Midsummer Night's Dream*, Walker/Ned in Three Days of Rain, and The Narrator in The Pavilion. This summer, he will be touring an original solo performance piece produced by Critical Point Theatre called Refresh, which will head to the Edinburgh Festival Fringe in Scotland in August.



**Steven Salaita** is an associate professor of English at Virginia Tech.

He is the author of six books and writes frequently about Arab Americans, Palestine, Indigenous Peoples, and decolonization. His current book project is entitled *Images of Arabs and Muslims in the Age of Obama*.

Steven grew up in Bluefield, Virginia, to a mother from Nicaragua (by way of Palestine) and a father from Madaba, Jordan. He now lives in Blacksburg, Virginia, with his wife, bichon frise, and orange tabby.

#### PAPER ABSTRACTS

(listed in alphabetical order by paper title)

"Bridging a Gap Between Knowledge and Experience: Civilian Views of Military Service" Phil Hayek, Virginia Tech

Assume that knowledge can never exceed experience. In the case of studying the military and veterans' issues, then, how much can a civilian understand, or how much credibility might a civilian have to leverage when making claims about ideology, motives, or identity concerning veterans? Are the experiences of veterans insulated from the public in a way that deflects any possible judgment from outsiders, from civilians? Consider the value judgments concerning the military that reveal a certain binary opposition: I support the troops (read: thank god it's not me) or I'm anti-military (read: I wouldn't go if you paid me). Both positions have no hope of catching alive the idea of being a part of that military institution. Can anyone outside of the realm of experience observe, or "know," and therefore form value judgments about veterans?

In this paper, Enlightenment- and Progressive-era rhetoricians like Hugh Blair, Richard Whately, and Wayne Booth, among others, offer insights into how the attitude of the American public and the common sense we share plays a role in defining the tastefulness, or appropriateness, of discourse about veterans. A change in society's common understanding of what is tasteful will not only limit how ideas are formed, but these boundaries will disqualify any ideas or discourse outside of what is accepted as tasteful. The articulation of our nation's sentiment surrounding veterans is constricted not only by what is considered tasteful but also by a perceived and actual distance between civilians and military personnel. The burden of proof for arguments concerning the military and veterans rests on civilians who will never have access to the knowledge that experience places in the hands of veterans. Rhetorically, veterans share a common sense language that is removed from the general population, and therefore from popular opinion. Insights from rhetorical theory can be a productive starting point from which to study how veterans as a population resist any value judgments from civilians that fall outside the binary opposition of for or against.

"The Changing Face of War"
Nancy S. Short, Program Manager, and Chloe Tunze, MST,
Salem VA Medical Center

Society has views of warfighters, who they are and the battles they fight. Recently a new group of warfighters have been brought into our consciousness; however, it is necessary to examine how we are influenced by the media, as well as our values and beliefs. Discussion will involve common issues females in the military face, recommendations for future research, and available resources.

"The Contributions of Veterans in Business and Economy: Africa as a Case Study"
Lt. Taiwo Oluwaseyi Oshigbo, African Maritime Academy (read by proxy)

This paper discusses the growing influence retired military men and women are now exacting in African society based on their business franchises, which cut across telecoms, agriculture, mining, shipping, oil and gas, broadcasting, small medium enterprise, and more. These are mass-oriented and beneficial investments not only to the society but to the economic growth of their respective nations, which will be advantageous to the collective development of the society and the continent at large. This paper shows a relationship between the period spent as servic members and in business careers after retirement, which is a positive indicator and a palliative to stem the idea of young military officers nursing the nocturnal ambition of coup d'etat, since life after service years are no longer an armageddon.

This paper takes a periscopic view of how these veterans' impacts and successes in their new chosen careers have positively affected their immediate communities and beyond in the areas of youth employment and empowerment; capacity building; and re-focusing, re-engineering, and social development indicative of a transformation that underscores a paradigm shift in people's perception of the men and women in khaki.

"Examining the Differences in Veterans and Non-Veterans at the Chronic Pain Management Unit" Alisha Jiwani, Adler Graduate School

The CPMU consists of both veterans and non-veterans who exhibit a wide range of chronic pain problems. In this study, it is hypothesized that veterans and non-veterans will score better at discharge than at admission, based on expected trends. In addition, due to their combat exposure, it is predicted that veterans will score differently than non-veterans on a variety of pain-related measures. It is predicted that veterans will exhibit more anxiety and fear-related symptoms than non-veterans.

Patient information was extracted from the CPMU database in order to obtain demographics, program evaluation scores, and MMPI-2 scores. Fifteen veterans were matched with fifteen non-veterans based on age, gender, time of admission, and pain duration. A two-way ANOVA with repeated measures on one factor was conducted on each of the measures at admission and discharge for veterans and non-veterans. Paired t-tests were used for MMPI-2 scores and discharge only variables to assess any differences between veterans and non-veterans.

Intuitively, many of the significant results illustrated that upon discharge, most subjects performed better on measures that were encouraged by multidisciplinary treatment programs. Results also indicated that scores on the Pain Catastrophizing Scale (PCS), and on both task persistence and seeking social support dimensions of the Chronic Pain Coping Inventory (CPCI) were different for veterans and non-veterans depending on when they completed the questionnaires. Veteran scores were consistent with our hypothesis across measures that detected significant group by session interactions. Further studies need to be conducted to gain a better understanding of the differences between veteran and non-veteran profiles.

"How Do Military Veteran Students Write? Exploring the Effectiveness of Current Writing Pedagogy" Meredith Singleton, Northern Kentucky

Through Post-911 GI Bill benefits, military veterans are flooding college admissions offices and writing classes at rates not seen since the World War II era. According to the United States Department of Veterans Affairs, over 1 million veterans attended colleges and universities between 2009 and 2013; and 53.6 percent of veteran students using benefits applied them toward completing undergraduate work at a college or vocational/technical school ("Annual Benefits Report," 2011). Clearly,

many writing instructors will likely encounter a military veteran in their classes in the near future. Unlike the majority of first-year and undergraduate writing students, these students bring with them deeply engrained professional training that starkly contrasts with current writing pedagogy.

Contemporary writing curricula teach and engage traditional students in communal writing practices focused on self-exploration and personal meaning-making. However, for the returning military veteran, these strategies may prove problematic. Through training in highly structured environments, they learn to do as instructed, not ask questions, and successfully complete the tasks assigned, with little room for error or personal adaptation. In an incredible culture shock, and in direct contrast with their previous superiors, writing instructors encourage these students to determine strategies that work based on personal preferences, actively avoiding prescriptive writing instruction and shunning the idea of presenting writing as a successive, inflexible process. College writing instructors, therefore, need to ask whether or not current writing pedagogy meets the needs of military veteran students and employs their professional training. Furthermore, what can instructors do to better assist these students as they transition from military to academic training? Thus, this substantial shift in the writing student profile presents an opportunity to re-evaluate current teaching strategies to determine approaches that will more directly tap in to these students' highly developed skills.

This paper responds to Hart and Thompson's call to action (2013) to writing programs and instructors to begin exploring their veteran populations. Seeking a better understanding of the military veteran student's unique training, this paper contrasts current military training materials with practices and approaches in the writing classroom. This paper addresses the assumption that entry-level writing students succeed in an environment where they are free to explore flexible writing strategies and methods, an assumption that may leave veteran students at a distinct disadvantage. The results of this analysis call into question the effectiveness of current writing pedagogy for this particular audience, suggesting rather a composition pedagogy that returns to cognitivist theories of composing (Flower, 1989; Flower & Hayes, 1981) and recognizes that these students have learned to succeed in very prescriptive, rigid environments. This paper suggests that it may benefit these students to learn the academic writing process through their prior frame of reference, rather than through the less structured one of current pedagogy. Expanding on an initial case study of one military veteran college writer, the ultimate goal of this research is to explore alternative, effective pedagogies that better intersect with the military training these students possess.

"How to Tell a Woman's War Story: Gender, Service, Support, and Storytelling"

Mariana Christina Grohowski, Bowling Green State University; D. Alexis Hart, Allegheny College; and Kathryn Broyles, American Military University

Heeding Adrienne Rich's insight, "When a woman tells the truth she is creating the possibility for more truth around her," this panel elucidates key discourses surrounding the contributions and constraints servicewomen and female veterans have both fostered and fought. Panelists explore how discourses subsequently "create alienation" (Barthes 1972, pp. 156–7) for servicewomen and female veterans; panelists also offer implications and complications relevant not only for instructors of student veterans, but for all civilians in whose name wars are fought. We are particularly interested in engaging conference attendees around how these discourses manifest themselves and how, even in the digital universe, women veterans proactively manage, resist, and embrace them.

Speaker 1—"Reinscribing and Resisting Gender Norms"

Women veterans not infrequently report the forced iconic characterizations of "bitch," "whore," or "dike" forced upon them by their fellow servicemembers, superiors, and the larger culture both during and after their military service. As a result, they experience a kind of cognitive dissonance. Speaker 1 challenges the connections made between identity, gender norms, and the wedding of nationalism and masculinity when they serve to reject servicewomen by challenging their identities as in sufficiently feminine/female, or when they inscribe upon the female soldier a pseudo-masculinity, concurrently denying her masculine privilege.

Speaker 2—"Standing Up To Be Counted: Female Military Personnel and Online Mentoring"

Women working in male-dominated fields such as science and the military often encounter challenges fitting into their workplace communities, feeling cast into the roles of "weak and powerless [and less intelligent] foreigners." The problems connected to gendered stereotypes do not end once female military personnel leave the military service. As a result, female veterans often downplay their skills and accomplishments and do not identify themselves with the veteran moniker. Speaker 2 examines how several online communities for military women strategically use Web 2.0 technologies to enable them to mentor each other in relatively safe electronic spaces to support the professional and personal growth of participants and to articulate personally and publicly the reasons why women, too, "count" as veterans.

Speaker 3—"Performing for the camera' [?]: A discursive analysis of video-recorded oral history interviews of female military-service personnel"

Speaker 3 examines the discourse female military-service personnel use to describe their military service. Using video-recorded oral history interviews available online from the Library of Congress Veterans History Project, Speaker 3 tests the claim of filmmaker Marcia Rock (Service: When Women Come Marching Home) that the video camera "makes the story important," compelling interviewees to share more because of the camera (Rock). Female military-service personnel's contributions and accomplishments have historically been redacted or omitted from military and national histories, compelling these women to hide/neglect their military service (Ryan, 2009; Benedict, 2009). Comparing oral history interviews that were not video recorded, which Speaker 3 collected, as well as those available online from the Betty Carter Women Veterans Historical Project; Speaker 3 offers future research and deliverables on the affordances of various modalities for collecting military service-personnel's oral histories.

# "The Role of Military Archives in the Conversation on Veterans in Society" James Ginther, Library of the Marine Corps

Military archives, particularly the nation's service archives, are without question one of the nation's vital resources on military operations, doctrine, and policy. While primarily maintained for the benefit of the service branches that fund and operate them, these facilities can, and do, play a significant role in helping the nation help understand its veteran population. For nearly one hundred years, the archival resources of the Archives and Special Collections Branch of the Library of the Marine Corps and its predecessors have not only documented the history of the Marine Corps and its record of combat achievement but also helped the nation to understand its Marines both who they are and what they do and support efforts to ensure that their needs are met. This multi-media program will attempt in a brief way to present the many and varied ways the Branch enters the conversation and provides services that care for Marine Corps veterans long after they take off the uniform for the last time.

During the course of this presentation, we will examine how the Archives Branch of the Library of the Marine Corps aids and fosters conversations about its veteran community. We'll cover the more obvious ways the archives records get used, such as to validate claims for veterans' benefits, to aid historians in telling the nation about their experiences in combat and their role in executing national policy, or to provide the basis for trips down memory lane for reunion groups. But there are less obvious yet perhaps far more significant ways the archive enters and shapes the conversation.

For instance, archives preserve the individual stories of veterans through the personal papers programs, providing a means of leaving to future generations of Marines the benefit of their hard-earned expertise through knowledge management; helping to re-define the term veteran by recognizing and documenting the sacrifices of the families of veterans; documenting veterans' contributions to society at large through the struggle for equality for women and minorities; exploring the relationship of the uniformed community to the civilians who support them; and providing the often-therapeutic effect of oral history. Finally, archives and archivists nationwide connect veterans, families, and researchers through outreach programs aimed at raising the consciousness not just of sacrifices made in conflict but the issues that linger long after their service is over.

We ask our veterans to train, fight, and endure the inconceivable, through voluntary acts of self-sacrifice, which largely leave the general population untouched and unaware. We owe it to them to ask this only in situations where we fully understand not only the desired outcome, but the nature of that request and its cost. By documenting this service and connecting those seeking to learn from that experience, archives play a vital role in the conversation about veterans and our society.

#### "Understanding and Building Effective Narrative on Veteran Experiences to Compel Program and Policy Action" Mary Beth Dunkenberger and Suzanne Lo, Virginia Tech

Virginia has the third highest per capita population of veterans, and the seventh highest in total population. Many of these veterans are faced with wide-ranging and complex health issues, which vary greatly depending on their age, time of service, and location of residence. Virginia's geographic and socio-economic diversity provide for varied and unique characteristics among its general and veteran populations. Those conditions yield a rich research environment, but also a heightened need to translate and disseminate findings to varied populations and individuals. A growing body of veterans' assessment and clinical research is aimed at improving health services for military service men and woman returning from deployment. Concurrently, military and veterans advocates are calling for improved connections between community health providers and the U.S. Department of Veterans Affairs, as well as integrated care provision among physical, mental, and behavioral health specialists.

The Virginia Tech Institute for Policy and Governance conducted the 2010 Veterans Needs Assessment, which asked the broad questions of "what are the needs and experiences of Virginia veterans, particularly needs and experiences related to veterans' health and wellbeing?" and "how do the needs and experiences of veterans differ based on key characteristics of the veteran?" Subcategories of health and well-being questions included the following topics: physical health, with emphasis on traumatic brain injury, hearing loss, orthopedic conditions, chronic disease, access and utilization, mental and behavioral health, which included PTSD, depression, substance use, family relationships, access and utilization, education and employment measures, and life status satisfaction. Characteristic categories for the assessment included stratification by region of residence, era served, branch of service, age, type of service and deployments. In order to obtain representative results across characteristics, the research team surveyed over two thousand veterans. Additionally, researchers were able to add texture to the data through conducting focus groups with veterans and service providers throughout the state to consider the needs and experiences identified in the survey and to determine strategies for meeting unaddressed needs and improving services.

To update and build on this 2010 Veterans Needs Assessment, the Institute will strive to do so in a manner that will most fully benefit veterans, inform agencies and providers in Virginia who serve veterans, and set a national standard for conducting veteran population needs assessment. Considerations for updating the 2010 Virginia Veterans Needs Assessment in 2015 will require the development of a methodology to not only update the assessment, but allow for continued nuancing and texturing of the veteran's story through interviews and focus groups. The "Veterans in Society: Humanizing the Discourse" conference will provide an opportunity for the research team to present their methodology for the revised mixed methods approach, focusing on methods to help build narrative on the experiences of military personnel and veterans and their place in society that will compel program and policy action.

# "Veterans as Intercultural Educators" Luke McClees, Eastern Kentucky

Recently there has been a shift in the language teaching community to organize and better teach culture competency. The current focus does not include many who might be good candidates and leaders for teaching cultural competency in the foreign language classroom. Military veterans tend to be overlooked for their skills and their application of these skills in the classroom. The majority of Americans assume they understand veterans experiences and opinions on world cultures. Sadly, this is a short-sided assumption that could potentially discount a great resource for education.

Student diversity and the need for global cultural competency are rapidly changing in classrooms. More than ever, students are interacting with people from a wide range of origins, both inside and outside of the classroom. Language skills and knowledge of cultures are moving from being attributes to becoming a necessity. This is a fact that the United States military has noticed and has widely acted upon. All troops receive basic cultural training based upon their upcoming orders and exposure. Specialty units and linguist however, are introduced to these concepts through rigorous and in-depth military curriculum. This curriculum, coupled with the real-world experience of military veterans, could serve as a great attribute for increasing effective approaches to culture/intercultural aspects in the foreign language classroom.

#### The objectives of this paper are as follows:

- 1. To reveal how the experiences of military veterans in training, deployment, and military leave can help improve cultural competency in the foreign language classroom.
- 2. To exhibit the diverse work environment experienced by military veterans and how it directly correlates to the needs of today's classrooms in understanding cultural competency.
- 3. To compare and showcase how military veterans can better relay cultural competency as compared to a teacher with only academic training and teacher experience.

Veterans of the U.S. military employed in the foreign language classrooms have much to offer students and learning standards alike. Students can only benefit from a population that has experienced the application and interactions of true cultural competency. Currently, the United States lags behind many other countries in regards to educating linguistically and culturally literate students. Military veterans serving in foreign language education roles can be instrumental in making today's students, tomorrow's leaders.

"Veterans as a Stabilising Factor in Politics: West Africa as a Case Study"

Lt. Kehinde Olaoluwatomi Oshigbo, African Maritime Academy (read by proxy)

This paper discusses civil-military relations in Africa with an emphasis on regional instabilities as they affect the economic, socio-cultural, and political settings of the people. It observes the involvement of war veterans in civil rule as becoming a norm and underscores the interface between the veterans and the professional politicians in government. This research is intended to bring to light the enormous influence veterans hold and have the potential to wielrd in the political landscape in Africa.

The further work of this paper is to explore germane issues such as, who are the likely beneficiaries of veterans in politics? why must veterans embrace politics? and, in whose interest will the veterans' involvement in politics be protected? Veterans, especially those who retire with high military ranks, have built knowledge of and relationships with politicians at every level of governance and also occupy high status position notably because of their military background and perceived affluence, materially and otherwise. Such circumstances have produced a president, senate president, executive governors, local government chairmen, and others in Nigeria. Despite the existence of clearly defined checks and balances, trust for the veterans continues to be elusive and shrouded in fear, distrust, annoyance, and hate. However, this author stands with those who believe that veterans as political leaders have brought stability and peace, and serve as a unification point between extremists, thereby fostering peace and unity and a rare form of democratic rule that is not only unique but evolving.

"Where Soldiers Come From and Where Veterans Go" Kevin Stoy, George Mason University, and Heather Courtney, independent filmmaker, with Dominic Fredianelli, independent artist

The arts play a crucial role in addressing difficult issues faced by veterans and their families. In this presentation, a poet and filmmaker will focus on how they have used their respective crafts to depict military and civilian experiences, and how they came together as fellow artists last fall on 9/11 for a day of service on the George Mason University campus.

Recognizing the worth of an individual veteran's narrative is only a starting point for rendering the complexities of veterans' experiences abroad and their transitions back to civil society. Because there is no single veteran experience, Stoy's poetry moves the reader from one perspective to another in order to position the audience as active and engaged listeners. Whether over a family dinner, on a public bus, or while walking along a creek in southeastern Michigan, Stoy's poems detail one veteran's experience—his brother's—by demanding it be witnessed. In this way, his craft empowers the veteran's voice to demonstrate the tension between duty to family and duty to country, between the private and the public.

In a way that only film can, Courtney's film captures in great detail the transformation of teenaged boys to soldiers in Afghanistan, to 23-year-old combat veterans dealing with PTSD and Traumatic Brain Injury (TBI) upon their return. One of the veterans profiled in the film, Dominic, uses art to deal with the PTSD symptoms he does not understand, painting a large outdoor mural depicting his change from carefree kid to combat veteran. Dominic will be present at the conference for discussion, as well.

By situating itself with other contemporary poetry and film grappling with war, this presentation aims to demonstrate how difficult and therefore necessary it is to acknowledge a family or community member's experiences abroad. Rather than marginalizing them as citizens with needs upon their return, it is important to engage with veterans as powerful sources of knowledge and insight on how we can move toward a more just and civil society.

Both artists hope that by sharing where a few of these veterans currently are in their own lives, this presentation will ultimately generate a productive dialogue on the complex range of veteran challenges and experiences occurring today.

\* \* \*

You can also watch Courtney's full-length film and talk afterward with veteran and artist Dominic Fredianelli on Sunday afternoon at 0400/4:00.

"Writing War from the Inside Out: Multimedia Narratives of Veterans in the Composition Classroom"
Jennifer Orth-Veillon, Georgia Institute of Technology

Gabe Hudson, the author of *Dear Mr. President*, a book about the Persian Gulf War, in a recent email to Dr. Christine Leche, a creative writing professor at Austin Community College, who helps veterans write their memoirs, stated that "Writing war fiction is nearly impossible. The word 'war' is primordial—it's stitched into our DNA—and no matter what you think of war, the word itself is somehow sacred." Despite the wide news media coverage of recent and current wars, it is only the soldier who can give us the real story of what happens on and off the battlefield. Just as they have the duty to fight for our country, they also feel a duty to tell the truth about that experience in their memoirs. But what happens if that "truth" cannot appear in a logical, linear, or journalistic style? What if dreams or fiction tell their story more "truthfully" than nonfiction? This paper will present the findings from a course I taught for four semesters that examined these very questions. ENG 1101-1102, "American Veterans and Non-traditional Memoirs," looked at memoirs, fiction, and poetry written by soldiers from WWI to Iraq and how they manipulated language, history, style, and image to render a true telling from inside their war experience.

I will talk about the ways we in those classes also studied the war experience from the outside. Through phenomena like rationing and "Support the Troops" campaigns, it became clear to the students that war does not just belong to soldiers. As citizens, we elect officials, whom we trust to take us to war, and pay taxes to support the military. War belongs to a whole society and, whether we know it or not, we are responsible not only for what happens in combat but also for what happens when soldiers come home. While it's true that only a soldier can give us the true experience, this has not stopped civilian writers and artists from creating stories of war and its aftermath. In an attempt to understand the way civilians view war and how it compares to the soldier's view, we also studied material about war written by those who have never seen combat.

For the final project, the students worked in groups to write their own multi-media memoir of a veteran, all chosen from alumni at our university, who had served in wars ranging from WWII to Iraq. Following a filmed interview with each veteran and extensive research, the students worked with the veterans to compile stories of their lives that encompassed not only war, but also the way that the soldiers lived as veterans, in their own post-war worlds. In my presentation, I will also give highlights of these projects, which reflect upon the unique ways in which civilians and veterans come together to comprise one story.

#### BIOGRAPHICAL SKETCHES—RESEARCH PRESENTERS

**Kathryn A. Broyles** is an associate professor of English, philosophy, and religion and former director of general education for American Public University System (American Military University). Her work and research concerning online learning and nontraditional students is particularly focused on supporting the success of veterans and their families. She has pursued clinical pastoral education at the Veterans Administration hospital in Durham, NC, and currently volunteers with Military Experience and the Arts.

Heather Courtney won an Emmy, an Independent Spirit Award, and a SXSW Jury Award for her film *Where Soldiers Come From.* The film won awards at festivals around the country and was broadcast nationally on the PBS program POV. Several of Heather's other films have been broadcast on PBS, including award-winners *Letters from the Other Side* and *Los Trabajadores.* Her work has been supported by many grants and fellowships including from ITVS, the Sundance Documentary Fund, the United States Artists Fellowship, the Sundance Edit and Story Lab, the Fulbright Fellowship, and the Austin Film Society. Heather is from the beautiful Upper Peninsula of Michigan, and is proud to call herself a Yooper.

Mary Beth Dunkenberger, senior program director at Virginia Tech Institute for Policy and Governance, provides leadership in aligning research and outreach capabilities with public agency and nonprofit organizational needs. Since 2009, she has led research and technical assistance projects to advance design and implementation of Veteran support programs on behalf of the Virginia Wounded Warrior Program, the Virginia Department of Veterans Services, and the Virginia Center for Innovative Technology. Ms. Dunkenberger received a bachelor of science in commerce from University of Virginia and a masters of business administration from George Washington University, and is a PhD candidate with Virginia Tech Institute for Policy and Governance.

James Ginther received his PhD in naval/military history from Texas Tech University in December 1999. He is currently employed as an archival team leader with the Archives and Special Collections Branch, Library of the Marine Corps, responsible for the archive's reference and outreach programs. He also serves as the vice chair of the Military Archives Roundtable of the Society of American Archivists. Prior to joining the Branch, he served Southwest Collections/Special Collections Library at Texas Tech University as both the senior archivist of the Vietnam Archive and as the archivist of the Southwest Collection.

Dominic Fredianelli joined the Michigan National guard under the 1431st Engineer Company (Sapper) in 2005 and, in 2009, was deployed to Eastern Afghanistan, Khowt province, during which time he appeared in the film *Where Soldiers Come From*. After the film, he attended Finlandia University to study graphic design and then spent a year off traveling and creating murals around the U.S., including one at the National Veterans Art Museum in Chicago and one at the University of Santa Barbra California. He then transferred to the Corcoran School of Art and Design in Washington D.C. after attending a workshop there put on by the Combat Paper Project. He is currently majoring in studio arts and is still doing digital work on the side.

Mariana Grohowski is a doctoral candidate in Rhetoric and Writing at Bowling Green State University. Her dissertation research explores the multimodal literate practices female veterans use for personal and collective advocacy. She is the vice president for the nonprofit organization Military Experience and the Arts and has taught courses in Intermediate and First-Year Writing.

Felta Virginia Hall is a professional artist and art director at Campus Automotive. She has been connected to the military her whole life; first as an Army brat, then as a Chinese linguist in the U.S. Army, and for fourteen years was the wife of an Airborne Ranger— so she is the unique position of having seen all three sides to military life. Homes have been made in exotic and questionably beautiful places that begin with the word "Fort" from one end of the country to the other, over oceans and back. College was completed between military tours using her GI Bill to earn degrees in painting and Mandarin Chinese. Today, Felta is comfortably settled with her two children in Blacksburg, Virginia, and is, for the first time ever, putting down roots.

**D.** Alexis Hart is an associate professor of English and the director of writing at Allegheny College in Meadville, Pennsylvania. A U.S. Navy veteran, Hart has published several articles related to the U.S. military and veterans' issues. She was the co-recipient, with Roger Thompson, of a Conference on College Composition and Communication (CCCC) Research Grant to study veterans returning to college writing classrooms, serves as co-chair of the CCCC Task Force on Student Veterans, and is co-director of research for the volunteer organization Military Experience and the Arts.

Andrew G. Hawks enlisted in the U.S. Army in November 2007 as an 88M (truck driver). While enlisted, he was stationed in Fairbanks, Alaska, at Fort Wainwright with the 25th infantry division. His unit was sent to Iraq in September 2008 through September 2009, where he was on a fast team. While there, he was a gun truck driver and a .50 cal gunner. In addition, he was called upon to help with recovery and support for the infantry. While deployed, he thankfully survived two IED explosions, which have resulted in his suffering from a seizure disorder, TBI, and PTSD, and becoming a disabled vet. In 2011, he was honorably discharged from the Army. In 2012, he and his wife Courtney moved back home to Virginia where they live today.

Before coming to Virginia Tech, **Phil Hayek** was teaching basic writing courses at DePaul University and Truman College in Chicago. Hayek received his BA in English and MA in writing, rhetoric and discourse from DePaul University. He is interested in studying discourses that take military actions as their topic in order to understand militaries, and particularly the United States military, as a rhetorical narrative. He is also interested in how the rhetoric of military discourses influences public, private, and political discourses. He believes that these different discourses are constitutive in the sense that the military finds its subject position within political and social rhetoric while simultaneously providing justification for these rhetorics. He would like to look at how rhetorical strategies and tactics function within and through the military, and how the presence of the military itself functions rhetorically in discourse.

Alisha Jiwani received her honours bachelor of arts degree in psychology, neuroscience and behaviour from McMaster University. She conducted her undergraduate research with Dr. Eleni Hapidou, PhD, C. Psych., psychologist, at Chedoke Hospital's Chronic Pain Management Unit in Hamilton, Ontario, which offers exemplary interdisciplinary treatment of individuals in chronic pain. Specifically, they examined the differences between veterans and non-veterans who had completed this program. Moreover, Ms. Jiwani has mental health and stress management experience working with various populations. At present, she is completing her master of psychology in clinical psychology at Adler Graduate School in Toronto, Ontario, concurrently with a certificate in psychometric assessments.

Suzanne Lo, a research faculty member with Virginia Tech Institute for Policy and Governance, is an established public health researcher. Her areas of expertise include bridging basic, clinical, public health, and communications research and methodologies to effectively address public health issues. She is currently working on a project on veterans' healthcare and broadband access in Virginia, and its implications for healthcare planning and policy. She holds a bachelor of arts in psychology from Marist College and a master of public health from Johns Hopkins School of Public Health.

Ernest Luke McClees Jr. is a tenure-track faculty member at Eastern Kentucky University where he teaches both Spanish and arts & humanities at the Model Laboratory school. He also serves as an instructor for the Veterans Studies Program. Eastern Kentucky University was recently recognized for its veteran focus by Michelle Obama, and named Most Veteran Friendly University two years in a row by *G.I. Jobs* magazine. Mr. McClees is a doctoral student in the Educational Leadership and Policy Studies department at Eastern Kentucky University. His areas of research include intercultural competency, veterans in education, comparative education, and critical education.

Lt. Kehinde Olauluwatomi Oshigbo is an officer of the Merchant Navy with a PhD in education administration & management, professional PGD/masters in transport administration, and several other professional certificates; a member of the Institute of Transport Administration of Nigeria and the Nigeria Institute of Shipping; and a fellow of the Port & Terminal Academy. He co-authored several books with his twin. He is a researcher and has been working at African Maritime Academy, the largest privately owned academy in west Africa in the last ten years. He served as the academy's registrar for eight years and now serves as rector.

Lt. Taiwo Oluwaseyi Oshigbo is presently the P.A. to the D.O.S/Planning/CEO, HOD foreign affairs & provost, NIDs (National Innovative Diploma School) in African Maritime Academy, as well as a coordinator/member of the Nigeria Institute of Shipping & Institute of Transport Administration (IOTA), and a fellow of Ports & Terminal Management Institute and other professional institutes. His academic background includes a focus in shipping & transport management; a professional diploma in marine engineering, a higher diploma in maritime studies (shipping & logistics), a professional PGD/masters in transport management, and a PhD in education management. He has delivered countless papers/speeches and co-authored multiple books, one of which is *Merits of Seafarers*.

Jennifer Orth-Veillon holds a PhD in comparative literature from Emory University and specializes in traumatic narratives and testimony. A Marion L. Brittain Postdoctoral Fellow in the School of Literature, Media, and Communication at the Georgia Institute of Technology in Atlanta, she teaches first-year literature and writing classes on war and human rights. She is a translator of French writer Bernard Marie Koltès' plays, which have been performed in Atlanta. Her creative and scholarly work has appeared in *Lunch Ticket, Techstyle*, and *Les cahiers du judaïsme*. She also leads the first creative writing workshop for student veterans at Georgia Tech.

Nancy Short, LCSW, graduated from James Madison University with a degree in psychology; she then obtained a master of social work from the University of Kentucky. She has served returning combat Veterans at the Salem VA Medical Center for the last five years, first as the Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn clinical case manager, and now as the OEF/OIF/OND program manager. She also spent ten years working as a police officer and then at Catawba Hospital as a clinical social worker. She provides veteran-centric care while assisting recently returning veterans with navigating the Department of Veterans Affairs, addressing needs such as benefits, healthcare, post-deployment readjustment issues, employment issues, mental health concerns, housing, and financial assistance. She also serves as the point of contact for the Salem Veteran Community Partnership.

Meredith Singleton is a professional writing lecturer in the English department at Northern Kentucky University. She also teaches composition and technical and professional writing at the University of Cincinnati while working toward her PhD in composition and rhetoric. Her dissertation work focuses on understanding how military veteran students write to allow instructors to better access the skills and assets these students already possess. Her goal is to help faculty tap in to the military veteran student's previous training and experience and bring those traits to the academic writing classroom, which can present opportunities to better engage these students in the composition process.

Travis R. Stevens-White enlisted into the National Guard in 2007 as an infantryman. In 2009, he deployed to Iraq with the 56th Stryker Brigade (PA Guard) and in 2010 to Afghanistan with the 86th Infantry Brigade (Mountain) out of the Vermont Guard. During both tours, he was a M249 SAW gunner. He recently changed MOS's (aka 'jobs') within the Guard to military intelligence systems integrator & maintainer and currently serves in a Special Forces support company in the West Virginia Guard. He spent the last year or so on active duty at Ft. Huachuca, AZ. He is also a student at Virginia Tech, studying geography.

**Kevin Stoy**'s poems have most recently appeared in *Cobalt Review, Southern Poetry Review, 42opus*, and *Boxcar Poetry Review*, among others. He read from his work at the 2012 Split This Rock Poetry Festival in Washington, D.C.; at an off-site event during 2011's AWP conference; and in 2010 at the War, Literature and the Arts Conference at the United States Air Force Academy in Colorado Springs. He earned his MFA from George Mason University, where he now teaches and serves as the living learning coordinator for the school's Honors College.

Chloe Tunze, PhD, graduated from Colorado State University with a degree in psychology. She then earned her doctorate in clinical psychology from Indiana University-Purdue University Indianapolis. She completed her postdoctoral training in trauma and PTSD at the VA San Diego Healthcare System and is currently a staff psychologist in the Center for Traumatic Stress at the Salem VA Medical Center. She provides veterans from all eras with evidence-based care, primarily targeting PTSD and trauma-related symptoms, including prolonged exposure, cognitive processing therapy, and dialectical behavior therapy. She is involved in research with a primary interest in trauma-related shame. She is also the military sexual trauma (MST) coordinator for the Salem VAMC, and in this role, she helps facilitate access and availability of care for veterans with a history of MST.

# ABOUT THE VETERANS STUDIES GROUP AT VIRGINIA TECH

#### Overview

The Veterans Studies group at Virginia Tech is committed to researching and engaging the enduring questions raised by military veterans, including questions of identity, role in society, and how past veterans' experiences can inform today's policies and action.

We are comprised of faculty, staff, and students; we include veterans, military family members, and community members, all committed to the important work of exploring veterans issues in contemporary society.

Our work is grounded in the humanities and social sciences, seeking to contextualize and make connections among the experiences of veterans of different eras, locations, and modes of service. We value rich scholarship with meaningful connections to the world beyond academia.

#### **Mission Statement**

The Veterans Studies group calls attention to the rich diversity and experiences of veterans and military families. We encourage new ways of thinking that promote both inclusive communities and inclusive scholarship that takes seriously veterans as a category of analysis.

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# **Conference Planning Committee Members**

Chair—Dr. James M. Dubinsky is associate professor of rhetoric and writing in the Department of English at Virginia Tech (VT) where he directs the Undergraduate Studies program. From 1998 until 2007, Jim was the founding director of the Professional Writing program, and from 2008–11, he served as founding director of VT's Center for Student Engagement and Community Partnerships (CSECP), now VT-ENGAGE. Jim is also a veteran, having served in the U.S. Army from 1977–1992 on active duty and from 1992–2004 in the reserves before retiring as a lieutenant colonel.

**Vice Chair—Heidi Nobles** is a writer and editor. She is also a research assistant with the Center for the Study of Rhetoric in Society and a long-time military brat. She earned her MA in English literature from Baylor University and her MFA in Writing (Nonfiction) from the University of South Carolina and is currently a doctoral student in rhetoric and writing at Virginia Tech. Her first book, *Hidden Histories: Stories Military Brats Lived When No One Was Watching*, is due out in Fall 2015.

**Dr. Kelly Belanger** is an associate professor of English at Virginia Tech, where she directs the Center for the Study of Rhetoric in Society. She is coauthor of *Second Shift: Teaching Writing to Working Adults* and author of a recently completed book on communication strategies related to Title IX, institutional change, and college sports. She has been part of a military family for more than twenty-five years.

**Dr. Eric Hodges** recently completed his PhD in government and international Affairs. Eric is also a veteran, serving in the U.S. Marine Corps from 1998–2002. His dissertation research focused on how military training might contribute to community engagement. Eric recently presented some of his findings at the 2013 TEDxVirginiaTech event, held at the VT Center for the Arts, in a talk titled "The Moral Injury of War."

**Dr. Bruce Pencek** is one of the founding organizers of the Veterans in Society Conference and has been Virginia Tech's librarian for social science and history since 2001. In that capacity, he manages collections and provides research instruction and consultations to the university's ROTC detachments, the Departments of Political Science/International Studies and History, and the School of Public and International Affairs, among others. He received his PhD in government from Cornell University and his MS in library and information science from the University of Illinois.

**Daniel Pierce-Parra** is a Marine Corp Veteran and current student at Virginia Tech. He is the Vice-President of Veterans@VT, Virginia Tech's Student Veterans of America chapter. He currently works in the Office of Veterans Services on campus and is preparing to go to Officer Candidate School for the Marine Corps this summer.

Barbara Weimerskirch is the associate director of the Student Success Center at Virginia Tech. Barb serves on the university's Veterans Support Initiative team and provides transition and academic support services for veteran and military students at Virginia Tech. Barb also works closely with Veterans@VT, the student veterans' organization at Virginia Tech. Barbara received her undergraduate degree in economics from the University of Virginia, a masters in health administration from the Medical College of Virginia at Virginia Commonwealth University, and a masters in counselor education from Radford University. Barb has deep family ties with the Navy and is a Navy brat, spouse, and parent.

#### **Collaborators**

**Dr. David Cline** is assistant professor in the History Department at Virginia Tech, where he teaches courses in public history, oral history, museum studies, and historical research methods. Dr. Cline's public history work has included museum exhibits, contributions to radio and film documentaries, and large-scale oral history projects with the Library of Congress and others. He is currently writing a book about the African American experience during the Korean War.

Susanna Rinehart is associate professor and chair of Theatre & Cinema at Virginia Tech's School of Performing Arts. Prior to her 1999 arrival at VT, she was on the theatre faculty at the University of North Carolina at Chapel Hill and a resident actor at PlayMakers Repertory Company for more than a decade. A few of her many Virginia directing credits are *The Shape of Things, Proof, The Laramie Project,* and *The Vagina Monologues*, performances include *Suddenly Last Summer, Dead Man's Cell Phone, Wit, A Little Night Music,* and countless others. She has received numerous teaching awards, most recently named a Diggs Teaching Scholar, and currently she is directing the sold-out Virginia Tech production of *Spring Awakening: The Musical.* 

# With additional thanks for all your assistance to:

Cheryl Jones Patricia Morse Jeneen Preston Robyn Smyth Bridget Szersynski Sally Wieringa

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# PLEASE NOTE

The full proceedings from this conference will be available via open access through VTechWorks at the Virginia Tech Library by the August 2014. We hope you will follow our group on social media for updates about proceedings availability, ongoing research, and future events:

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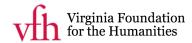
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# VETERANS IN SOCIETY

VT Veterans Studies Group Virginia Polytechnic Institute and State University Blacksburg, VA 24061 April 27-28, 2014

