HEALING RETURNING VETERANS: THE ROLE OF STORYTELLING AND COMMUNITY

Zieva Dauber Konvisser, Ph.D.
Fellow, Institute for Social Innovation, Fielding Graduate University
Adjunct Assistant Professor of Criminal Justice, Wayne State University

Abstract: There is growing recognition and research on the lifelong psychological impact of exposure to the trauma of military-related adversities and stressors experienced by veterans of wars worldwide. There are also a growing number of interventions and resources being developed to support veterans in their transitions from battlefield to home and their reintegration into families and society. Among these is the powerful medium of story-telling. Stories have the power to transform lives. Telling the stories of their lived experiences within a community can help veterans heal and move forward by gaining a better understanding of what has happened to them and discovering the meaning they take away from their experiences. In hearing their stories, families, friends, clinicians, counselors, employers, and communities gain valuable insights for helping veterans through and after the recovery process. In retelling their stories, we build public awareness of the impact of such traumas and provide empirical evidence for new treatment and support modalities. This chapter describes several emerging strategies beyond traditional evidence-based pharmacotherapy and psychotherapy treatments for posttraumatic stress to benefit veterans as they work to process mentally the impact of their war experiences and moral injuries. These approaches focus on connecting veterans with other veterans, sharing their stories, building community, and building resilience.

Keywords: Moral injury, posttraumatic stress, PTSD, resilience, posttraumatic growth, storytelling, community building, veterans, trauma, healing retreats

Trauma and the human impact of trauma.

Although the original meaning of the Greek word *trauma* is wound, or damage to body tissue, today we use the term *psychological trauma* to describe a condition in which a person has experienced a difficult event that has wounded his or her psyche. Traumatic events include natural disasters, serious diseases, or car accidents, as well as human-induced traumas, such as sexual assault or abuse, terrorism, genocide, and, the focus of this paper, *combat exposure*.

There are two factors that make an event traumatic: threat of death or serious injury to us or to another person; and a strong feeling of fear and helplessness. The traumatic event is usually unpredictable and uncontrollable. It may shatter our sense of security and leave us feeling vulnerable and agitated. Traumatic events may overwhelm the ordinary systems of care that give us a sense of control, connection, and meaning, and overwhelm our ordinary human adaptations to life. Thus, trauma may result in feelings of

intense fear, helplessness, loss of control, and threat of annihilation. In addition, trauma may produce profound and lasting changes in our ability to feel, think, and do (Herman, 1997) and can shatter our fundamental assumptions about ourselves and our world.

However, the frightening and confusing aftermath of trauma also may be fertile ground for unexpected outcomes. "While survivors of trauma have learned that the world is evil and meaningless, that life is terminal and that people are unworthy, they have also experienced that there may be hope even in the worst of their experiences" (Janoff-Bulman, 1992). Viktor Frankl, the noted neurologist, psychiatrist, and Holocaust survivor, describes in his autobiographical *Man's Search for Meaning,* how personal strength, wellness, and other positive outcomes can result from the struggle with a trauma or life crisis and stresses the freedom to transcend suffering and the defiant power of the human spirit to make choices and embrace life,

> *…even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation… we are challenged to change ourselves. (Frankl, 1984, p. 116)*

How individuals respond to trauma.

Individuals vary in their responses to trauma, ranging from succumbing, to survival with impairment as in posttraumatic stress (PTS), to returning to the pre-adversity level of functioning as in resilience or recovery, and to thriving as in posttraumatic growth (PTG) or moving forward and experiencing positive psychological change as a result of the struggle with highly challenging life circumstances (Carver, 1998).

In the aftermath of trauma, reports of growth experiences far outnumber reports of psychiatric disorders (Tedeschi & Calhoun, 2004a). Typically, the struggle with the aftermath of trauma can produce a mixture of negative and positive experiences and continuing personal distress and growth often coexist (Tedeschi & Calhoun, 2004b).

Who is resilient or grows? Who is vulnerable or at risk?

Each person is unique. The manner in which each individual experiences the traumatic event, the meaning which each ascribes to the event, and the actions each takes result from his or her personal characteristics, past experiences, present context, and physiological state. Although there is no single factor or magical combination that ensures a positive – or a negative – outcome after experiencing adversity, certain factors are protective and enhance stress resilience and growth, while others appear to be risk or vulnerability factors for poor adaptation; still others can either support resilience or undermine it depending on their quality or, in some cases, quantity (Butler, 2007).

People who are resilient and grow share some common qualities – ones that can be cultivated to master any crisis. These include: positive emotions and optimism, self-confidence, humor, creativity, religion/spirituality, tendencies toward action, altruism, the capacity to recover from negative events, stress inoculation, (Southwick, et al., 2005; Tedeschi & Calhoun, 1995, pp. 43-57), as well as the ability to tell their stories to an interested and empathic listener in a safe space, especially to someone who has been there and understands.

The value of stories and storytelling.

The cognitive processing of trauma into growth is enabled by storytelling or self-disclosure to supportive others, including friends, family, other traumatized people, professionals, society and culture (Calhoun & Tedeschi, 2006, pp. 11-13). "Supportive others can aid in posttraumatic growth by providing a way to craft narratives about the changes that have occurred and by offering perspectives that can be integrated into schema change" (Neimeyer, 2001; Tedeschi & Calhoun, 1996; in Tedeschi & Calhoun, 2004b, p. 8). Change in sense of identity and self-image may follow as people produce personal accounts of what happened to them (Tedeschi, Park, & Calhoun, 1998, p. 227; see also Lieblich, et al., 1998).

While some stories may remain untold, unheard, untellable, and unknown (Pearce, 1989, 1997, 2008) or unsaid, incommunicable, unbearable, and irretrievable (Greenspan, 2014), there is great value for trauma survivors to be able to tell their stories, as we have learned from Holocaust survivors who have documented and shared their life stories – the oral histories or testimonies of their lived experiences – and as I also have heard from survivors of other traumatic events, including terrorism and wrongful conviction.

Stories provide order, structure, and meaning (Bolkosky, 1997). In the aftermath of extreme experiences, coping involves the arduous task of reconstructing one's world to incorporate the traumatic experience. Trauma survivors do not forget their traumatic experiences nor minimize their suffering; however, by giving voice to their lived experiences, over time, they are able to integrate and own the painful emotions of their situation, make them part of their story, and live with them in a productive way. In struggling to make sense of the event, they are helped to realize a greater appreciation of what is really important and meaningful versus what is trivial (Konvisser, 2013, pp. 292-302; Konvisser, 2006). Telling their stories within a community can help trauma survivors heal and move forward by gaining a better understanding of what has happened to them and discovering the meaning they take away from their experiences. As Austrian-born American child psychologist Bruno Bettelheim has written: *"What cannot be talked about can also not be put to rest; and if it is not, the wound continues to fester from generation to generation"* (1984, p. 161).

Why should we listen to these stories?

As Henry Greenspan wrote about listening to Holocaust survivors, *"The sufficient reason to listen to survivors is to listen to survivors. No other purpose is required"* (2010). However, listening to their stories

also affords us historic memory and connection, as Chaim Potok wrote: *"Without stories there is nothing. Stories are the world's memory. The past is erased without stories"* (2001, p. 74).

Thus, these stories can help to personalize and contextualize historical events, humanize the people who have survived or in some cases perished, and establish real faces in the overwhelming sea of facts and statistics. In hearing their stories, supportive others, including families, friends, clinicians, counselors, employers, and communities, can gain valuable insights for helping the survivors through and after the recovery process. In retelling their stories, we build public awareness of the impact of such traumas and provide the empirical evidence for advocacy, reform, and interventions that could not only mitigate the negative effects of these horrific traumatic events, but also help foster more positive, long-term adaptations for the survivors (Hollander, et al., 2012, p. 30).

We also bear witness. As so eloquently expressed by Elie Wiesel, Holocaust survivor, Nobel Poet Laureate, and Founding Chairman of the U.S. Holocaust Memorial Museum, we must remember the past and our responsibility to the future: *"For the dead and the living, we must bear witness"* (1993).

The human impact of military trauma.

There is growing recognition and research on the lifelong psychological impact of exposure to the trauma of military-related adversities and stressors experienced by veterans of wars worldwide. Studies have estimated prevalence rates of PTSD as high as 31% among veterans returning from Iraq and Afghanistan (Ralevski, et al., 2014). Moreover, 19% of veterans may have traumatic brain injury (TBI) and 7% of veterans have both PTSD and TBI (Veterans statistics, 2015). Veterans are also at risk for depression, substance abuse, aggressive behavior problems, and the spectrum of mental illness precipitated by the stress of war (Litz, 2016).

Military service involves a unique context of exposure to trauma, including extended tours of deployment that often approach or exceed one year in locations that are far from home and the soldiers' natural support networks (e.g., family, friends, churches, community organizations), as well as ongoing exposure to the risk of death, injury, or sexual trauma (Bowling & Sherman, 2008). On their return home, the reintegration of veterans with their families requires an extended process of adjustment. Factors that can complicate this adjustment process include long periods of separation, exigencies of leaving the military and finding new jobs, existence of injuries or disabling medical conditions, exacerbation of mental disorders, disruptions in family routines, and potentially compromised parenting stemming from injuries or exposure to traumatic events and subsequent health problems (Tuval-Mashiach & Patton, 2015).

In the aftermath of these extreme stressors, returning veterans may experience (a) trauma to the body, (b) trauma to the brain/nervous system (PTSD), and (c) trauma to the spirit, values, or deeply held beliefs (moral injury). The first can be treated by medical doctors, the second by clinical psychologists, and the

third through shared meaning-making in community and restoration of human connections. (Buechner & Jinkerson, 2016.)

However, 50% of veterans with PTSD do not seek treatment; of those that seek treatment, only half get "minimally adequate treatment (Veterans statistics, 2015)." They may choose not to seek the medical help that they are entitled to because of the stigma associated with treatment; institutional barriers (e.g., staff skill and sensitivity); logistical barriers (e.g., accessibility of service) (Ouimette et al., 2011); the distaste of reliving their trauma and/or talking about it (Ritchie, 2015, p. 4); and concerns that the use of mental health services will negatively affect employment and constrain military career progression (Tanielian, 2008, p. 25). Moreover, with the changes in the definition of PTSD made in DSM-V, fewer veterans meet this definition of PTSD, but many more will have embodied effects of combat service that are not symptomatic, and significant numbers will encounter moral injuries as second-order phenomena upon their return to a society in which they may no longer feel that they belong (Buechner & Jinkerson, 2016).

Treating the invisible wounds of war: PTSD and moral injury.

The principal evidence-based treatments (EBTs) of PTSD and its symptoms of re-experiencing, avoidance, negative cognitions and mood, and arousal (Understanding PTSD, 2013, p. 4) were developed by the American Psychological Association, Department of Defense, and Veterans Health Association and include pharmacotherapy or medication and psychotherapy (Understanding PTSD, 2013, p. 7; Ritchie, 2015, p. 9). The two psychotherapies in widest use are cognitive processing therapy, where patients learn to think about their experiences in a different way, and prolonged exposure, in which the therapist guides the patient through re-experiencing his trauma again and again, to teach the brain to process it differently. A similar therapy, Eye Movement Desensitization and Reprocessing (EMDR), involves focusing on sounds or hand movements while patients tell about the trauma (Understanding PTSD, 2013, p. 7). These therapies target life-threat or danger-based posttraumatic memories and beliefs among victims of trauma and help a lot of veterans — about 40 percent of those who go through treatment are cured; but there are many, many more suffering veterans who are not helped (Rosenberg, 2012).

Many of these suffer from moral injury, the signature wound of the wars in Iraq and Afghanistan. Although there is also more recent acknowledgement and understanding of the concept of moral injury (Buechner & Jinkerson, 2016; Maguen & Litz, 2012), it perhaps is the most difficult psychological wound to overcome, and the least discussed (See Buechner & Jinkerson; Dettmer, 2015; Laifer, 2015). Moral injury is a distinct syndrome that stems from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectation …" (Maguen & Litz, 2012) and is often accompanied by shame, guilt, and self-handicapping behaviors. Moral injury and traumatic loss "cause deeply complex challenges across multiple domains – behavioral, biological, cognitive, social, and spiritual

– in ways that are significantly different from danger-based harms," (Laifer, 2015) addressed in traditional PTSD interventions.

In service of broadening the discourse on moral injury, the National Center for PTSD (Maguen & Litz, 2015) generated and is currently testing two interventions that specifically target moral injury among veterans of war. The first treatment, Adaptive Disclosure (AD), takes into account unique aspects of the phenomenology of military service in war in order to address difficulties such as moral injury and traumatic loss. AD is an experiential exposure based approach, designed to expose patients to corrective information about the meaning and implication of their war experiences. In an open trial with 44 Marines in garrison, participants demonstrated significant reductions in PTSD symptoms, depression symptoms, and negative posttraumatic appraisals; AD was also associated with increases in posttraumatic growth (Gray, 2015).

The second intervention, *Impact of Killing in War (IOK)*, is presented within a cognitive- behavioral framework and includes sessions on forgiveness and making amends. Preliminary data from pilot testing demonstrated significant improvements for participants on overall psychiatric symptoms, anxiety, and depression, compared to a control group, as well as greater community involvement and increased ability to share personal thoughts/feelings with others (Maguen & Burkman, 2014; Burkman, et al., 2013).

In the meantime, there have been modest attempts to develop other interventions to address the perceived need and gap for services to ease the transition of soldiers back into society (Peace of Mind; Baum, et al, 2013; see also Ritchie, 2015, pp. 9 and 11, describing other treatments now considered to be evidence-based). Many of these incorporate the concepts of storytelling and community building into their programs. While the results of these interventions are mostly anecdotal – as in the testimonials from veterans participating in the various programs – some service providers are pursuing more rigorous evidence-based scholarship to show their effectiveness in supporting veterans in their transitions from battlefield to home and their reintegration into families and society.

Lessons from abroad.

Peace of Mind (POM) for demobilized soldiers in Israel (Baum, et al., 2013) is an evidence-based intervention that focuses on resilience building, incorporates the elements of psychoeducation, increasing social support, and the search for meaning, and embeds this intervention into an outdoor training context – all elements that individually had proven to be effective in previous interventions attempting to ease the transition of soldiers back into society – and ones that might be considered in developing and assessing others interventions both in Israel and the United States.

While working on my Fielding doctoral dissertation in 2003, I was introduced to the work of the Israel Center for the Treatment of Psychotrauma (ICTP) of Herzog Hospital in Jerusalem (Peace of Mind). At the time, during the Second Intifada, the Israeli trauma professionals were immersed in the treatment and intervention of trauma responses resulting from exposure to terrorism and were receptive to my research

perspective on the possibility of posttraumatic growth coexisting with posttraumatic stress. I was welcomed during eight extended visits to Israel between 2004 and 2010 to interview 63 terrorism survivors and family members and to learn how they overcame the overwhelming psychological effects of such indiscriminate and horrific attacks (Konvisser, 2006). My work, like that of ICTP, emphasizes that hope and meaning can be found after struggling with and surviving a terrorist attack – or any life crisis and the importance of building emotional resilience – a person's ability to cope with the difficulties and stresses of life, and to emerge from them stronger than before, having learned something from the experience.

Because army service is so pervasive in Israel and is mandatory for most men and women, for the most part there is great acceptance, love, and admiration showered on Israeli soldiers. The alienation experienced by returning U.S. veterans from the Vietnam War is virtually inconceivable in Israel. Nevertheless, the transition period between army service and civilian life is fraught with challenges and largely overlooked by both the army and Israeli society at large (Baum, et al., p. 605). While the Israeli army has an office of demobilized soldiers, like the U.S. Veterans Benefits Administration (US Department of Veterans Affairs), providing information on scholarships, monetary grants, and health insurance available to soldiers who are completing their service, there is no mandatory demobilization screening to assess mental health needs of soldiers as they move into civilian life (Baum, et al., 2013, p. 650) and no mechanism to help make the transition from combat soldier to young adult civilian. Every year, thousands of young Israelis are discharged from their military duties back to civilian life. The majority of them take from six months to a year or more to adjust to civilian life. To clear their minds from their experiences, many flee the country to trek to the Far East or South America (Baum, et al., 2013, p. 650).

As a result, there is an urgent need to strengthen the discharged combat soldiers, while simultaneously instilling in them the proper tools to successfully handle and mitigate the impact of the psychological traumas that they faced during battle on their daily lives. Besides the enormous physical efforts, soldiers live under continuous threat, and are exposed to grotesque injury and death. Although most soldiers from combat units display remarkable resilience, there are long term effects of this accumulated traumatic exposure, including: difficulties letting go of hyper-alertness, frequent intrusive recollections, and a negative change in how they view the world. These can lead to substance abuse, bouts of anger, and difficulties in building relationships.

POM focuses on mental health and normalization of responses, as well as on processing of traumatic experiences and strengthening capacity. During the POM program, these young men and women receive a proper place for sharing and processing their combat experiences. For most of the participants, all of whom served together in a combat unit, this is the first time they are able to talk about these experiences while sharing their personal angle of the difficult events. The setting, often outside of Israel, allows the soldiers to disconnect from the stresses of Israel and also from their immediate environment. It also provides a

unique and intimate atmosphere which would be more difficult to achieve at home. The warm welcome and acknowledgment received by the hosting community makes it possible for participants to open up, too, helping them to understand that they are not fighting only for the State of Israel, but for the Jewish people – which is "an integral part of our healing process." The data has shown an increase in personal growth factors, such as personal resilience, relationships with others, new opportunities, and appreciation of life following the participation in the program. Participants also report a feeling of empowerment in their lives and are much freer to begin their adult civilian lives ("Peace of Mind" program description, 2012).

I had the opportunity to host thirteen former soldiers from an elite IDF combat unit in my community and personally witnessed the tremendously positive impact for the soldiers, as well as the hosting community. A soldier said, "We were able to focus on important issues that have burdened us since our military service. We do not want to have to carry these burdens for another thirty years." Upon meeting them two years later, they thanked me and shared that "…the most significant thing you can do for a warrior is to give him a chance to be open without being afraid that somebody will judge you. And this is a really big present to us – allowing us our own peace of mind" (Konvisser, 2014b).

A United States-based initiative, the *Heroes to Heroes Foundation* (Heroes to Heroes), synchronously parallels the Israeli Peace of Mind project, providing a suicide prevention/PTS management program for wounded veterans through spiritual healing and peer support. The program teams up ten veterans for a life-changing journey to Israel where they are joined by five Israelis and two team coaches. Why Israel? Many American soldiers, returning home from Iraq and Afghanistan shaken and numbed by bloody conflict, have found their communities – and sometimes their families – cannot relate to their condition. They perceive that in Israel, much of the population has been more closely involved with the war and can provide the emotional and spiritual support needed to help traumatized vets (Price, 2013). Like POM, this program is designed to help participants develop social and emotional bonds with one another while pushing themselves physically, as well as exploring their spirituality by visiting holy sites, being baptized in the River Jordan, and being offered the time for soul-searching and inner peace (Heroes to Heroes, 2016).

The value of community.

What I observed with these soldiers and what others have been intuitively and now empirically showing is the value of creating a healing community, albeit temporary, in which there is unconditional love, acceptance, and a willingness to listen; letting people be themselves and have their space, while inviting them to be in community, share their stories, rebuild identity, and make meaning of their experiences together. "In some ways, the temporary nature of the communities created may contain some of the power of the approach – this is liminal space, outside of normal experience, space, and time. Beyond the everyday and commonplace, the memories and bonds created may have lifelong effects, perhaps because they are so ephemeral in nature" (Buechner, personal correspondence, February 3, 2016).

In the United States, the value of "community" – both among veterans and between veterans and the broader society – is starting to be understood and put into practice (Clinton Health Matters, 2015). The remainder of this paper will describe interventions for combat veterans in the United States that resonate with this need for community building and which may take place in residential settings, in group retreats, or in virtual one-on-one connections. It will not address the full range of such programs and services, but is intended to be illustrative. Using information gleaned from the world-wide-web and the individual websites, the paper will focus on several emerging strategies to benefit veterans as they work to mentally process the impact of their war experiences. These approaches focus on connecting veterans with other veterans, sharing their stories, and building community.

Residential interventions.

One of the earliest was *The Pathway Home*, founded by Fred Gusman in 2008 and co-located on the grounds of the Veterans Home of California in Yountville that opened in 1884 (The Pathway Home). Pathway Home provides comprehensive treatment for military personnel who have served in Iraq and Afghanistan, assisting those impacted by PTS, TBI, and other post-combat mental health challenges to successfully reintegrate into their families and the community at large. Their program integrates evidence-based treatment and constantly evolving best practice models with holistic methods designed to address the needs of this new generation of service members.

One of the most important facets of The Pathway Home program is the involvement of the local community members and businesses, who do everything from participating in social activities with the residents to providing free services such as dental work, financial and/or legal advice and planning, massage therapy, and yoga. These joint collaborations provide an opportunity for residents to practice the tools and skills they are learning, as well as to realize that they are valued members of the community; and for the community to take an active role in helping them to rebound from their difficult war experiences. "This is the essence of the true homecoming that these heroes need and deserve."

The Navy also offers a residential treatment program for active-duty service members who have not found success with treatment for PTSD. *Overcoming Adversity and Stress Injury Support* (OASIS) patients stay at a Navy facility in San Diego, where they participate in group therapy, learn coping skills, and partake in yoga, meditation, or volunteer work (Overcoming Adversity).

Shorter-term interventions and retreats.

Early in 2005, Joseph Bobrow, along with veterans, experienced trauma therapists, service personnel, and interfaith leaders, began thinking about the need for a community response to meet the challenges faced by Iraq and Afghanistan veterans and their families and to ease the wounds of war (Coming Home Project). The resulting Coming Home Project residential retreats (Coming Home Project Retreats) create a safe place of belonging and community and offer free, confidential group support and stress management experiences for veterans, military families, and their professional service providers. Retreat participants are invited to:

share experiences and stories, struggles and breakthroughs, in an atmosphere of mutual support, safety, and trust; find understanding and acceptance; learn new skills, like mindfulness, qigong and yoga, for reducing stress and anxiety and enhancing well-being; improve communication and relationships; express what cannot be spoken through expressive arts such as journaling, drawing, music, dance and movement; enjoy invigorating outdoor recreational activities in scenic, peaceful settings; and tend and transform the invisible injuries of war in heart, mind, identity, spirit, and relationships. An independent program evaluation found that participants reported statistically significant and sustained improvements in every intended outcome (Vieten, 2011, p. 1).

Another evidence-based approach to the health care of veterans who return home with the burden of posttraumatic stress and live with life-threatening symptoms of mental illness, is James Gordon's *Center for Mind-Body Medicine* (CMBM, Wallace). CMBM creates communities of hope and healing, using a holistic, comprehensive model. Since 2007, it has offered veterans a variety of different strategies to choose from: breathing, meditation, guided visual imagery, bio-feedback, self-awareness, dance, self-expression, drawing. In addition, it provides training in mind-body medicine to health professionals and veteran peer counselors (Rosenberg, 2012; Wallace).

Soldier's Heart (Soldier's Heart) has created a unique and comprehensive model to address the emotional, moral, and spiritual needs of veterans, their families, and communities. Their goal is to alleviate the symptoms of PTSD by developing a new and honorable warrior identity through storytelling, purification, community forgiveness and healing, and restitution as outlined in Edward Tick's *War and the Soul* (2005). They promote, train, and guide military, professional and community-based efforts to heal the effects of war. Their retreats provide the opportunity for veterans to face the dark times in their military service in the company of the community in whose name they acted. Looking straight at the past may help restore hope in the future and create places where stories can be shared safely, providing the opportunity for the whole community to learn from and grow with each other. Civilians attend in order to listen to and learn from the veterans and "are honored to hear your true stories and to share your hard-earned knowledge of the best and worst of human nature."

Team Red, White, and Blue (Team Red, White, and Blue) has found that by engaging veterans through fun and rewarding activities they can significantly reduce stress, isolation, and depression, in addition to improving physical health. Since it is accessible to all veterans as well as civilian members of the community, the programs do not feel like therapy. For many veterans, a sustained or renewed sense of purpose, identity, and support is enough to set them on the path toward health and fulfillment. For those that require more acute services, being part of community can provide the knowledge necessary to seek assistance. For some, it may be the knowledge of what programs are available. For others, knowing that

other veterans have shared their struggles and have found their way through is a critical step in moving toward care (Smith, 2015).

One of the newest interventions, the *Chris Kyle Frog Foundation Revitalization Retreats,* is being developed by Tara Kyle, the widow of Chris Kyle – the author of American Sniper (2013). Before his untimely passing, the Kyles knew all too well the issues encountered by military personnel and first responder families and envisioned a foundation to provide meaningful interactive experiences for them to work through many of the difficulties they had experienced post-deployment and enrich family relationships (Chris Kyle Foundation). Their Revitalization Retreats provide married couples with one-on-one time after deployment and time spent serving those in crisis here at home, allowing them to enrich their relationships, reconnect after their time away, and remember what they love about each other. In addition, the retreats create an experience they otherwise could not (or would not) afford; and show gratitude for their service to our country.

Alternative approaches.

There is growing understanding of the value of meeting the warriors where they are, and giving them the tools to move forward (Hoge, 2010, p. 121).

Tuval-Mashiach and Patton (2015), acknowledging that younger veterans do not always communicate via the written word, developed a promising new treatment pathway, based on narrative therapy and using filmmaking much like storytelling. The *I Was There (IWT) film workshop* (I Was There) concept is based upon three basic principles – listening, collaboration, and empowerment – to enable veterans to make sense of traumatic service experiences and substantially reduce symptoms of post-traumatic stress. During multi-day, free film workshops, held at major military installations and qualified private facilities across the country, teams of veterans are introduced to theoretical and practical aspects of filmmaking and collaborate to conceive, shoot, and edit short films which help them creatively express challenging aspects of their military service experience. Experienced film instructors, supported by social workers and medical personnel, work closely with veterans to facilitate their storytelling process as they unpack and repack often-traumatic memories associated with service and deployment, and reclaim their personal narratives.

Taking a different approach, *Semper Fi Odyssey* (Semper Fi) is primarily focused on career advancement, but also reinforces the significance of mental, physical, spiritual, emotional, and social well-being. The six-day, holistic transition-assistance event prepares participants for successful lives after military service. Veteran Team Leaders, many of whom have walked in the same shoes and successfully transitioned out of the military and into the civilian workplace, are now "giving back to our men and women who have honorably worn the uniform … with Genuine Concern and Care." Each participant has unique opportunities to practice selling their skills, obtain valuable feedback for improvement and building confidence, and develop an actionable road map to accomplish their life and professional goals.

Virtual resources.

For those who cannot attend a retreat or group workshop, there are several on-line resources for creating connections with other veterans, sharing stories of their experiences, and locating valuable information and referrals.

While their focus is on veterans' benefits and health administration, as well as burials and memorials, the *U.S. Department of Veterans Affair* (U.S. Department of Veterans Affairs) also offers a link to the *Veterans Crisis Line* (Veterans Crisis Line) designed to connect veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives. Another link on their website, *Make the Connection* (Make the Connection), accesses an on-line searchable database of the stories of connection, strength, and recovery of over 600 veterans and family members from across the country. There is an option to personally tailor the stories or recovery because: "Whether you left the military decades ago or just recently transitioned to civilian life, Veterans share a common bond of duty, honor, and service" (Make the Connection Stories).

The *National Veterans Foundation's (NVF) Lifeline for Vets* program (National Veterans Foundation), developed in 1979 by Floyd [Shad] Meshad, serves the crisis management, information, and referral needs of U.S. veterans of all eras, their family members and active duty service members, some while serving overseas in combat deployments. Veterans who are seeking help often want to talk to someone who has been there and understands. Especially when it comes to mental health issues and suicide prevention, having another combat vet on the phone improves the chances of receiving the help that is being offered. Lifeline for Vets counselors find that helping other vets and hearing their stories and how they coped is therapeutic for them as well as for the vets they counsel (Meshad, 2014).

The *Real Warriors Campaign* (Understanding Moral Injury) is an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) in 2009 to encourage help-seeking behavior among service members, veterans, and military families coping with invisible wounds and promote the processes of building resilience, thereby facilitating recovery and supporting reintegration of returning service members. Their interactive website features stories of real service members who reached out for psychological support or care with successful outcomes, including learning coping skills, maintaining security clearances, and continuing to succeed in military or civilian careers (Real Warriors Multimedia). "These Real Warriors are proving through example that reaching out is a sign of strength that benefits the entire military community."

The Real Warriors campaign encourages the use of the *DCoE Outreach Center* (DCoE), a 24/7 call center staffed by health resource consultants to provide confidential answers, tools, tips, and resources about psychological health and traumatic brain injury, and the *Military Crisis Line* (Military Crisis Line), an on-line chat, and text-messaging service.

Recognizing the importance of capturing and sharing the stories of individual combat veterans, the *Witness to War Foundation* (Witness to War) is dedicated to understanding, as much as possible, what it was like to 'be there.' It is about the fear, the emotions, the training, and the previously untapped wells of personal courage that enabled ordinary individuals to survive, and in some cases thrive, under extraordinary pressures and almost unimaginable danger. Their goals are threefold: *preserve* – capture the combat stories of veterans from all wars; *honor* – professionally edit these lengthy interviews into 2 to 5-minute war stories to make them more consumable by today's media savvy generation; and *educate* – teach current and future generations about the price of freedom and the extraordinary valor of their ancestors.

Resilience-building programs.

While the aforementioned initiatives have focused on treating the invisible wounds of war and easing the transition of returning soldiers back to society in the aftermath of combat, it is also important to recognize several programs that focus up-front on building resilience.

The *U.S. Army Ready and Resilient Campaign* (U.S. Army Ready & Resilient) is one such initiative. This initiative integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family – soldiers (active duty, reserve, National Guard), Army civilians, and families. Ready and Resilient creates a holistic, collaborative and coherent enterprise, building upon physical, emotional, and psychological resilience in soldiers, families, and civilians in order to improve their ability to deal with the rigors and challenges of a demanding profession. Elements of this campaign include the *Comprehensive Soldiers Fitness* program, preventively building resilience before deployment and exposure to combat, and the *Comprehensive Soldier and Family Fitness* program (Comprehensive Soldier and Family Fitness Program), designed to build resilience and enhance performance of the Army Family.

A comprehensive approach to combat stress, *OSCAR (Operational Stress Control and Readiness)*, was developed by William P. Nash, a retired Navy psychiatrist and a pioneer in stress control and moral injury (Singsank). Under this program, the Marines embed mental health professionals directly into combat battalions. Leaders, officers and noncommissioned officers are trained to recognize Marines under severe stress and to intervene, removing them from battle if necessary, getting them calmed down, getting them peer support so they do not isolate themselves, and getting higher-level help if needed. It's on-the-spot help from compassionate and wise mentors, the people who know Marines the best, people who can say, "I've been there and done that and I made sense of it by saying this part was my responsibility but all that other stuff I couldn't help" (Wood & Montorio, 2015).

Conclusions and recommendations for further study.

In addition to the community-based programs surveyed for this article, there are several other evolving academically-based projects that specifically address moral injury among U.S. military veterans. These

include: *The Moral Injury Project* at Syracuse University (Moral Injury Project), founded to address veterans looking for answers about their service and experiences; the *Soul Repair Center* at Texas Brite Divinity School (Soul Repair Center) dedicated to research and public education about recovery from moral injury; and the *Warrior's Journey Campaign* (Warrior's Journey), a campus based dialogic engagement program that seeks to connect humanities faculty with veterans to spark additional exploration of the meaning for our broader society of veterans' experiences. The Warrior's Journey Campaign is being organized by the Coordinated Management of Meaning Institute (CMM), and uses social construction theories and interpretive methods of constitution of reality through communication to engage the shared meaning-making process.

By sharing these initiatives, we learn from the successes and failures of previously-employed treatment modalities and interventions for healing the invisible wounds of war, and provide information that might lead to better ways to help heal these invisible wounds through a more nuanced understanding of the nature of those experiences. We also gain deeper insight into the traditional importance placed by civilians on honoring the warriors' experiences, and reclaim the abilities and capacities to learn from their stories how we too might recover – and even grow – as a result of our struggle with highly challenging life circumstances. By recognizing that the traumatic experiences of our warriors are not all the same, and do not necessarily lead to mental illness, we can create more normalized ways for them to come home, and for the rest of us – in whose name they have served – to learn and grow from knowing their stories.

I conclude by suggesting that this work should continue to be expanded by formalizing more humanities and philosophically-based programs in our institutions of higher education, and encouraging and inviting more veterans to participate in these programs as an integral part of their "coming home" process. As we build awareness and coordination of these interventions, we also must ensure the availability of resources – human and financial – to provide the essential care and support for our returning veterans for as long as needed.

References

Baum, N. L., Brom, D., Pat-Horenczyk, R., Rahabi, S., Wardi, J. & Weltman, A. (2013). Transitioning from the Battlefield to home: An innovative program for Israeli soldiers. *Journal of Aggression, Maltreatment, & Trauma, 22*(6), 646-649.

Bettelheim, B. (1984). Afterword. In C. Vegh (Ed.), R. Schwartz (Trans.). *I didn't say goodbye*. New York, NY: E.P. Dutton (p. 166).

Bolkosky, S. (1997). *The search for meaning.* Retrieved April 30, 2002 from http://www-personal.umd.umich.edu/~sbolkosk/meaning.htm

Bowling, U. B., & Sherman, M. D. (2008). Welcoming them home: Supporting service members and their families in navigating the tasks of reintegration. *Professional Psychology: Research and Practice,* 39(4), 451-458. doi:10.1037/0735-7028.39.4.451. Cited by R. Tuval-Mashiach, & B. Patton, Digital storytelling: Healing for the YouTube generation of veterans. In J. L. Cohen, J. L. Johnson, & P. Orr (Eds.) (2015), *Video and filmmaking as psychotherapy: Research and practice*. New York, NY: Routledge.

Buechner, B., & Jinkerson, J. (Forthcoming, 2016). A tale of two syndromes: Moral injury and posttraumatic stress disorder as viewed through lenses of clinical, phenomenological and communication perspectives.

Butler, L. D., Morland, L. A., & Leskin, G. A. (2007). Psychological resilience in the face of terrorism. In B. Bongar, et al. (Eds.), *Psychology of terrorism* (p. 412). New York, NY: Oxford University Press.

Burkman, K., Madden, E., Bosch, J., Dinh, J., Neylan, T., & Maguen, S. (2013, November 8). *Preliminary findings from a pilot study of a novel treatment among Veterans with PTSD who have killed in war*. Paper presented at the 29th Annual Meeting of International Society for Traumatic Stress Studies, Philadelphia, PA. In S. Maguen & B. Litz (2015, August 17). *Moral injury in the context of war*. Retrieved from http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp

Calhoun, L. G., & Tedeschi, R. G. (2006). *Handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Lawrence Erlbaum Associates.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkage. *Journal of Social Issues, 54*(2), 246.

Center for Mind-Body Medicine. Retrieved February 16, 2017 from http://cmbm.org/our-work/our-work/healing-our-troops/

Chris Kyle Foundation Revitalization Retreats. Retrieved February 3, 2016 from https://www.chriskylefrogfoundation.org/programs/

Clinton Health Matters Initiative. Retrieved February 3, 2016 from https://www.clintonfoundation.org/our-work/clinton-health-matters-initiative

Cohen, J. L., Johnson, J. L., & Orr, P. (Eds.) (2015). *Video and filmmaking as psychotherapy: Research and practice*. New York, NY: Routledge.

Coming Home Project. Retrieved February 2, 2016 from http://www.cominghomeproject.net/chp_background

Coming Home Project Retreats. Retrieved February 2, 2016 from http://www.cominghomeproject.net/chp_retreats

Comprehensive Soldier and Family Fitness Program. Retrieved February 3, 2016 from http://csf2.army.mil/

DCOE Outreach Center. Retrieved February 16, 2016 from http://www.dcoe.mil/Families/Help.aspx

Dettmer, J. R., Kappes, E. M., & Santiago, P. N. (2015). Shame and moral injury in an Operation Iraqi Freedom combat veteran, pp. 35-44. In Ritchie, E. C. (Ed.), *Posttraumatic stress disorder and related diseases in combat veterans*. Cham, Switzerland: Springer International Publishing. doi: 10.1007/978-3-319-22985-0_1

Frankl, V. E. (1984). *Man's search for meaning: An introduction to logotherapy* (3rd ed.). New York: Simon & Schuster.

Gray, M.J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansiung, A. Maglione, M., Lang, A.J., Litz, B.T. (2012). Adaptive Disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior Therapy, 43,* 407-415. doi: 10.1016/j.beth.2011.09.001. In S. Maguen, & B. Litz (2015, August 17), *Moral injury in the context of war*. Retrieved from http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp

Greenspan, H. (2010). *On listening to Holocaust survivors: Beyond testimony*, 2nd ed. St. Paul, MN: Paragon House.

Greenspan, H. (2014, June 9) *Distinguishing the unsaid, the incommunicable, the unbearable, and the irretrievable.* Presentation to International Oral History Conference: Looking at Then, Now, Jerusalem.

Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror* (Rev. ed.). New York, NY: Basic Books.

Heroes to Heroes. Retrieved February 3, 2016 from http://www.heroestoheroes.org/

Hoge, C. (2010). *Once a warrior: Navigating the transition from combat to home, including combat stress, PTSD and MTBI.* Guilford, CT: Globe Pequot PressLife. Cited by R. Tuval-Mashiach, & B. Patton, Digital storytelling: Healing for the YouTube generation of veterans. In J. L. Cohen, J.

L. Johnson, & P. Orr (Eds.) (2015), *Video and filmmaking as psychotherapy: Research and practice*. New York, NY: Routledge.

Hollander-Goldfein, B., Isserman, N., & Goldenberg, J. (2012). *Transcending trauma: Survival, resilience, and clinical implications in survivor families.* New York: Routledge.

I Was There Film Workshop. Retrieved February 3, 2016 from http://iwastherefilms.org/film-workshops-for-veterans-and-families-working-through-pts/

Israel Center for Treatment of Psychotrauma. Retrieved February 3, 2016 from http://traumaweb.org/

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma.* New York, NY: Free Press.

Konvisser, Z. L. D. (2006). *Finding meaning and growth in the aftermath of suffering: Israeli civilian survivors of suicide bombings and other attacks*, Ph.D. Dissertation, Fielding Graduate University, Santa Barbara, California, September (available at ProQuest Dissertations & Theses, publication number 3234197).

Konvisser, Z. D. (2013). Themes of resilience and growth in survivors of politically motivated violence. *Traumatology, 19* (4), 292–302.

Konvisser, Z. D. (2014a). *Living beyond terrorism: Israeli stories of hope and healing.* Jerusalem: Gefen.

Konvisser, Z. D. (2014b). Remarks to Congregation Beth Shalom (July 25).

Kyle, C., McEwen, S., & DeFelice, J. (2013). *American sniper*. New York, NY: HarperCollins.

Laifer, A., Amidon, A. D., Lang, A. J. & Litz, B. T. (2015). Treating war-related moral injury and loss with *Adaptive Disclosure*: A case study. In E. C. Ritchie (Ed.), *Posttraumatic stress disorder and related diseases in combat veterans* (pp. 331-349). Switzerland: Springer. doi: 10.1007/978-3-319-22985-0_1

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis and interpretation* (Vol. 47). Thousand Oaks, CA: Sage Publications.

Litz, B. & Orsillo, S. (2016, February 23). The returning veteran of the Iraq War: Background issues and assessment guidelines. From *Iraq War clinician guide* (2nd ed., Chapter 3). Retrieved from http://www.ptsd.va.gov/professional/treatment/vets/vets-iraq-war-guidelines.asp

Maguen, S., & Burkman, K. (2014, May 22). *Killing in war and moral injury: Research and clinical implications*. Invited lecture presented at 17th Annual VA Psychology Leadership Conference, San Antonio, TX. In S. Maguen, & B. Litz (August 17, 2015), *Moral injury in the context of war*. Retrieved from http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp

Maguen, S. & Litz, B. (2015, August 17). *Moral injury in the context of war*. Retrieved from http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp

Maguen, S. & Litz, B. (2012). Moral injury in veterans of war. *PTSD Research Quarterly, 23*(1).

Make the Connection. Retrieved February 3, 2016 from http://maketheconnection.net/

Make the Connection Stories of Connection. Retrieved February 3, 2016 from http://maketheconnection.net/stories-of-connection

Meshad, F. S. (2014, October 28). *Vet-to-vet: How we know it works*. Retrieved from www.nvf/vet-to-vet-how-we-know-it-works/

Military Crisis Line. Retrieved February 16, 2016 from https://www.veteranscrisisline.net/ActiveDuty.aspx

Moral Injury Project at Syracuse University. Retrieved February 14, 2016 from http://moralinjuryproject.syr.edu/

National Center for PTSD. Retrieved February 3, 2016 from http://www.ptsd.va.gov/

National Veterans Foundation's (NVF) Lifeline for Vets. Retrieved February 14, 2016 from http://nvf.org/

Neimeyer, R. A. (2001). Meaning reconstruction and the experience of loss. Washington, DC: American Psychological Association.

Ouimette, O., Vogt, D., Wade, M., Tirone, V., Greenbaum, M. A., Kimerling, R., & Rosen, C. S. (2011). Perceived barriers to care among veterans health administration patients with posttraumatic stress disorder. *Psychological Services*, 8(3), 212-223. doi:10.1037/a0024360. Cited by R. Tuval-Mashiach, & B. Patton, Digital storytelling: Healing for the YouTube generation of veterans. In J. L. Cohen, J. L. Johnson, & P. Orr (Eds.) (2015), *Video and filmmaking as psychotherapy: Research and practice.* New York, NY: Routledge.

Overcoming Adversity and Stress Injury Support (OASIS). Retrieved February 14, 2016 from http://www.med.navy.mil/sites/nmcsd/pages/services/overcoming-adversity-and-stress-injury-support-(oasis).aspx

Peace of Mind. Retrieved February 2, 2016 from http://traumaweb.org/peace-of-mind-program/

"Peace of Mind": Helping Combat Soldiers Make the Transition to Civilian Life. The Israel Center for the Treatment of Psychotrauma. Program description (March 6, 2012).

Pearce, W. B. (1989). *Communication and the human condition.* Carbondale: Southern Illinois University Press.

Pearce, W. B. (2008). *Making social worlds: A communication perspective* (1st ed.). Hoboken, NJ: Wiley-Blackwell.

Pearce, W. B. & Littlejohn, S. (1997). *Moral conflict: When social worlds collide* (1st ed.). Thousand Oaks, CA: Sage Publications, Inc.

Potok, C. (2001). *Old men at midnight.* New York, NY: Alfred A. Knopf.

Price, M. (2013, February 26). Heroes to Heroes helps wounded US vets recover. Retrieved from http://www.csmonitor.com/World/Making-a-difference/Change-Agent/2013/0226/Heroes-to-Heroes-helps-wounded-US-vets-recover

Ralevski, E., Olivera-Figueroa, L. A., & Petrakis, I. (2014). PTSD and comorbid AUD: A review of pharmacological and alternative treatment options. *Substance Abuse & Rehabilitation*. 5, 25–36. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953034/. In *Veterans statistics: PTSD, depression, TBI, suicide* (2015, September 20). Veterans and PTSD. Retrieved from http://www.veteransandptsd.com/PTSD-statistics.html

Ritchie, E. C. (2015). Introduction and overview: Posttraumatic stress disorder and related diseases in combat veterans. In E. C. Ritchie (Ed.), *Posttraumatic stress disorder and related diseases in combat veterans* (p. 4). Switzerland: Springer. doi: 10.1007/978-3-319-22985-0_1

Ritchie, E. C. (Ed.), (2015). *Posttraumatic stress disorder and related diseases in combat veterans*. Switzerland: Springer. doi: 10.1007/978-3-319-22985-0_1

Rosenberg, T. (2012, September 26). For veterans, a surge of new treatments for trauma. *The New York Times.* Retrieved from http://opinionator.blogs.nytimes.com/2012/09/26/for-veterans-a-surge-of-new-treatments-for-trauma/?_r=0

Semper Fi Odyssey. Retrieved February 14, 2016 from http://www.outdoorodyssey.org/?page_id=1056

Singsank, J. A. Operational Stress Control and Readiness (OSCAR). Retrieved October 16, 2016 from http://www.med.navy.mil/bumed/comms/MEDNEWS/Pages/OperationalStressControlandReadiness.aspx

Smith, B. (2015, February 3). Building a community to improve veterans' health. Retrieved from https://www.clintonfoundation.org/blog/2015/02/03/building-community-improve-veterans-health

Soldier's Heart. Retrieved February 3, 2016 from http://www.soldiersheart.net/

Soul Repair Center at Texas Brite Divinity School. Retrieved February 14, 2016 from http://www.brite.edu/academics/programs/soul-repair/

Southwick, S. M., Vythilingam, M., & Charney, D. S. (2005). The psychobiology of depression and resilience to stress: Implications for prevention and treatment. *Annual Review of Clinical Psychology, 1*, 255–291.

Tanielian, T. & Jaycox, L. H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery (p. 25). *RAND Center for Military Health Policy Research Report*.

Team Red, White, and Blue. Retrieved February 3. 2017 from http://teamrwb.org/

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering.* Thousand Oaks, CA: Sage Publications.

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9. 455-471.

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.) (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Lawrence Erlbaum.

Tedeschi, R. G. & Calhoun, L. G. (2004a). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times, XXI*(4).

Tedeschi, R. G. & Calhoun, L. G. (2004b). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*. 15(1), 1-18.

The Pathway Home. Retrieved February 7, 2016 from http://thepathwayhome.org/. (Note that the program's operations are currently suspended, pending resolution of focus and funding issues for sustainability.)

Tick, E. (2005). *War and the soul.* Wheaton, IL: Quest Books.

Tuval-Mashiach, R. & Patton, B. (2015). Digital storytelling: Healing for the YouTube generation of veterans. In J. L. Cohen, J. L. Johnson, & P. Orr (Eds.) (2015), *Video and filmmaking as psychotherapy: Research and practice*. New York, NY: Routledge.

Understanding moral injury at Real Warriors. Retrieved February 14, 2016 from http://www.realwarriors.net

Understanding PTSD (2013, August). Retrieved February 14, 2016 from http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

U.S. Army Ready and Resilient Program. Retrieved February 3, 2016 from http://www.army.mil/readyandresilient/

U.S. Department of Veterans Affairs. Retrieved February 3, 2016 from http://www.benefits.va.gov/benefits/

Veterans Crisis Line. Retrieved February 3, 2016 from https://www.veteranscrisisline.net/

Veterans statistics: PTSD, Depression, TBI, Suicide (2015, September 20). *Veterans and PTSD*. Retrieved from http://www.veteransandptsd.com/PTSD-statistics.html

Vieten, C., & Lewis, P. (2011, February 25). Coming Home Project independent program evaluation. Retrieved February 2, 2016 from http://www.cominghomeproject.net/sites/all/files/images/Coming%20Home%20Project%20Combined%20Retreat%20Analysis%20Final.pdf

Wallace, H. A fighting chance. *Spirit Airlines Magazine*. Retrieved February 4, 2016 from http://cmbm.org/wp-content/uploads/2015/03/Spirit_A_Fighting_Chance.pdf

Warrior's Journey Campaign. Retrieved February 14, 2016 from http://www.cmminstitute.net/documents/warrior%E2%80%99s-journey-project-update

Wiesel, E. (1993, April 22). *Remarks at the dedication ceremonies for the United States Holocaust Memorial Museum).* Retrieved from http://www.ushmm.org/research/ask-a-research-question/frequently-asked-questions/wiesel

Witness to War. Retrieved February 3, 2016 from http://www.witnesstowar.org/

Wood, D., & Montorio, J. (2015, April 9). Moral injury. *Dart Center for Journalism & Trauma.* Retrieved from http://dartcenter.org/content/moral-injury. Originally published in the *Huffington Post* (March 2014) http://projects.huffingtonpost.com/moral-injury/the-grunts, http://projects.huffingtonpost.com/projects/moral-injury/the-recruits, and http://projects.huffingtonpost.com/projects/moral-injury/healing

About the Author:

Zieva Dauber Konvisser, PhD, is a Fellow of the Institute for Social Innovation at Fielding Graduate University and an Adjunct Assistant Professor of Criminal Justice at Wayne State University. Her research focuses on the human impact of traumatic events, such as terrorism, genocide, combat, and wrongful conviction. Her passion is to collect and share the "stories" – the oral histories or testimonies – of survivors of traumas – to make known the human stories behind the headlines. She served on the National Commission on American Jewish Women and is currently on the international board of the Israel Center for the Treatment of Psychotrauma, the advisory board of Strength to Strength, and the board of Proving Innocence. Her publications include: *Themes of Resilience and Growth in Survivors of Politically Motivated Violence* (Traumatology, 19, no. 4 (2013): 292-302); *Psychological Consequences of Wrongful Conviction in Women and the Possibility of Positive Change* (DePaul Journal for Social Justice, Spring 2012); *"What Happened to Me Can Happen to Anybody" – Women Exonerees Speak Out* (Texas A&M Law Review, 3, 2015); and *Living Beyond Terrorism: Israeli Stories of Hope and Healing* (Gefen, 2014).

Zieva Konvisser may be contacted at zkonvisser@comcast.net or visit her website at www.zievakonvisser.com.