The first few moments of an encounter with a veteran may be crucial in establishing a therapeutic alliance. A posture of respect and acknowledgment of their service provides a good start. Political observations should be avoided. Many service members identify with the archetypal warrior, laying down their lives to protect others and have a sense of betrayal that their purpose has been interrupted. They are often reluctant to talk about their experiences, or engage with a mental health practitioner, because of similar past experiences that did not bring relief. EFT is useful in this context because it can be used without the veteran describing the emotionally triggering event. Veterans may experience these as real, present-time events, not as memories distant in time. Service members may also be afraid that their mental health symptoms may make them appear weak to their comrades and superiors, potentially damaging their careers. Symptoms like flashbacks and nightmares often occur when healthcare providers are unavailable, and a portable self-help method like EFT is useful at such times. EFT also provides a coping technique to families of service providers and improves resilience. Successful implementation in a military culture requires sensitivity to these issues.

Keywords: veterans, PTSD, therapeutic alliance, memories, flashbacks, EFT (Emotional Freedom Techniques)

Ingrid Dinter is one of the most active practitioners in the Iraq Vets Stress Project (www.StressProject.org). The project connects veterans seeking energy psychology (EP) counseling with practitioners offering EP. About 100 practitioners in North America and Europe offer free or low-cost EP sessions to veterans through the project. The project has also completed two pilot trials of EFT for war veterans (Church, Geronilla, & Dinter, 2009; Church, 2009), and in both studies, the average scores of veterans on PTSD assessments indicated that they were PTSD-negative after the intervention. Long-term follow-ups of up to a year showed them remaining PTSD-free.

Ingrid Dinter and the other practitioners in the project have assembled a valuable collection of insights in how to work with some of the difficult problems encountered with this population. Veterans are typically treatment-resistant, often associating psychotherapy with re-traumatization. For this reason, the project offers peer-to-peer coaching with life coaches, as well as diagnosis and treatment with licensed mental health professionals. A series of field reports from the Iraq Vets Stress Project will offer informal clinical observations growing out of this work, in order to equip practitioners dealing with this population with the tools to be effective.

Abstract

The first few moments of an encounter with a veteran may be crucial in establishing a therapeutic alliance. A posture of respect and acknowledgment of their service provides a good start. Political observations should be avoided. Many service members identify with the archetypal warrior, laying down their lives to protect others and have a sense of betrayal that their purpose has been interrupted. They are often reluctant to talk about their experiences, or engage with a mental health practitioner, because of similar past experiences that did not bring relief. EFT is useful in this context because it can be used without the veteran describing the emotionally triggering event. Veterans may experience these as real, present-time events, not as memories distant in time. Service members may also be afraid that their mental health symptoms may make them appear weak to their comrades and superiors, potentially damaging their careers. Symptoms like flashbacks and nightmares often occur when healthcare providers are unavailable, and a portable self-help method like EFT is useful at such times. EFT also provides a coping technique to families of service providers and improves resilience. Successful implementation in a military culture requires sensitivity to these issues.

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Ingrid Dinter is an interfaith minister, EFT coach and a rostered alternative provider with the New Hampshire Board for mental health practice. As the daughter of a WWII veteran, she helps veterans and their families heal from the trauma of war with EFT. She has developed the EFT4Vets coach training and teaches EFT to health professionals and lay people. Contact healingnow@comcast.net. Disclosures: The author declares no conflict of interest.

“No one comes back unchanged.”
—Col. Tom Burke, Department of Defense, Director of Mental Health Policy

Many healing practitioners are now reaching out, excited about offering their effective healing methods to the military
and veterans community. However, most share the experience, that establishing trust and rapport with a warrior is one of the most challenging obstacles to overcome. Yet it is essential to do this before the work can begin, and measurable results created. In the following brief report, I attempt to shed light onto some of the reasons for this problem, as well as some solutions that I find useful and effective.

**A Successful Start**

The first 15 seconds of the initial meeting often decide whether a war veteran sees the practitioner as friend or enemy. This is a personal matter of trust and also an opportunity. Therefore, I usually don’t talk much about EFT in the beginning. I understand that if a war veteran doesn’t trust me personally, he or she will not be interested in hearing about the rather strange technique (EFT) that I offer.

Instead, I thank the veteran for his or her service and acknowledge the relevance and importance of “checking me out” before he or she decides to trust. We usually talk for a moment about my motivation to help veterans and their families heal. Since my father was a WWII veteran and POW, it is usually easy to explain this.

I also tell him or her, that I am aware that only veterans can truly understand veterans, and that I am not pretending to be able to do this in all its depth. This is important, as most veterans are very annoyed when civilians come up with “I know just how you feel, because …” stories. The trauma of war does not translate into the civilian world and talking about this with acknowledgement and respect can help veterans to feel safe and honored.

**Don’t Talk Politics**

Many practitioners have a political opinion about the righteousness of a specific war or any war. However, these discussions should be held with politicians, not with veterans. War veterans follow military command and what is decided upon by their commander-in-chief is what will be done. The military culture does not question this and starting a discussion about political issues can be deeply annoying for a veteran.

**The Warrior Archetype**

The mindset of the archetypal warrior, one who sets out to combat evil and protect his tribe, is very vividly alive in most service members. A warrior has very high moral and ethical standards, and is willing to sacrifice his or her life for that which is right. When I ask war veterans and their families what PTSD is in their perception, they always agree that it is a symptom of the soul, the result of that moral rightness being betrayed. The loneliness they experience, the “black hole” that is left after the soul breaks away, and the rage caused by betrayal of the warrior’s right to finish his or her mission and rite of passage with honor, gives PTSD a spiritual component that all veterans understand. A practitioner’s understanding of this component can greatly enhance the trust and rapport he gains, as well as the positive outcome of subsequent EFT sessions geared to healing the wounds of war.

**Letting Go of the Story**

Many veterans have been re-traumatized by focusing on a trauma which haunts them and they have not experienced any relief from doing so. Even if veterans are at first interested in trying EFT, they often resent the idea of trying another tool, as in their experience “nothing ever worked.” In this context, it helps to ensure them that we will not challenge them to share a story that they are not ready to tell. The beauty of EFT is that we can effectively release the emotional response to trauma, without knowing details of the event itself.

**The True Power of “Re-experiencing”**

As practitioners, we have to understand that the PTSD symptom of “re-experiencing” does not mean having a memory with a strong, negative emotional attachment. It actually means that the war veteran sees people, tastes the stench of war dead, and hears the cries of wounded comrades. They are real events in their minds, not just memories of war. One of my clients told me that he sees me covered in blood and that there is an enemy standing behind me, pointing his gun at him. Others report seeing the enemy hiding behind bushes in the park and other vivid visions. Other war veterans say they are frequently visited by visions of those they killed. The dead are real to them. They haunt them and don’t allow them to find peace. When this happens, a veteran finds him- or herself in a very vulnerable situation, which might cause rage, grief, guilt and hypervigilance. EFT is an amazing tool to help release those visions and
flashbacks, as well as nightmares. Tapping on specifics, as much as the warrior is willing and able to bring up, combined with offerings of forgiveness by the practitioner, usually makes the visions, sounds and nightmares go away for good.

**Unit Coherence and Military Values**

The fears of their own symptoms are just as real and vivid, as the impact of the military training, which strongly focuses on unit cohesion and a mindset of toughness and self-reliance. A Rand Corporation report called *Invisible Wounds of War* states:

“Approximately half of the service members who screened positive for mental health disorders cited concerns about appearing weak, being treated differently by leadership, and losing the confidence of members of the unit as barriers to receiving behavioral health care. More than a third of respondents stated that mental health treatment seeking would have a harmful effect on his or her career.” (Tanielian & Jaycox, 2008, p. 277).

As a practitioner it is important to notice that combat veterans can have values and attitudes different than most civilians. Failing to recognize this can result in a lack of rapport and mistrust, a feeling of being misunderstood and lack of safety. We need to understand that war veterans take pride in their mission and their toughness. They value self-reliance and independence and their ability to tough it out and shake off problems. Some of my Vietnam vets vividly remember saying, “There ain’t nothing to it” whenever they stepped over a dead body or faced a burning village. This formula represented a mindset they were trained to cultivate and many of the issues we are describing here result from war-related trauma. The trauma was not acknowledged when it occurred because, while they were in battle, it was necessary for survival to be free of emotional response and to move forward.

**Interdependence, Reliability and an Open Door**

Modern warfare requires strong interdependence between the troops. Each combat unit fills a unique space, offering a part of the survival for all. If a component fails, it puts the safety of many at stake.

In tough and demanding trainings, soldiers learn to rely on each other, to support and help each other unconditionally. Their lives depend on each other and their mission would not be possible if they couldn’t completely and unconditionally trust each other. This mindset and training prevails long after the soldier has returned home. The devotion to the unit and the trust of their fellow soldiers accounts for more than the need for help.

As practitioners, this can actually present an open door for a positive start of a session. Many veterans are much more willing to talk about their mission and their fellow soldiers than they are about themselves. By honoring this, we can gather a lot of information about the circumstances of war and the deployment in a way that feels safe and appropriate for the veteran.

**The True Power of “Avoidance”**

“Avoidance” is a recognized symptom of PTSD, and avoiding exposure to traumatic memories, even for the purpose of healing, is a natural response for many traumatized veterans. It is important that we understand it as a symptom, and don’t judge it as lack of understanding or willingness to heal.

**The Need for a New Healing Culture for Veterans**

In a recent military culture training, an Army veteran talked about the importance of “never shutting up a warrior when he or she is talking about his or her experiences.” He referred to the limited amount of time that a standard Veterans Administration psychotherapy session allows for each veteran and how this system simply does not work for many traumatized veterans who are finding the courage to talk. He also mentioned the need for care at unusual hours, for example when nightmares and insomnia strike, or a veteran is haunted by flashbacks after his provider’s office is closed. Helping veterans can challenge us to be flexible and able to adjust our schedules to cater to their needs. In my practice, I usually allow for two hour time slots, to ensure that we have enough time for a relaxed and effective healing session.

It also means including the family members, who usually carry the majority of the load, into the healing. EFT can be so easily and successfully taught to lay people (Church, 2009) and implemented into the daily routines of military families during the deployment cycle that effective and
long term support for everybody affected by war trauma can be provided in unprecedented ways.

EFT and other EP techniques can be a true solution for combat-related trauma. Properly applied, and with deep understanding of the military culture and the inner world of veterans and military families, it can bring unprecedented, effective and lasting healing, and give the soldier the opportunity to fulfill his or her rite of passage and transformation.

References