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COMBAT-RELATED PTSD AND LOGOTHERAPY

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In accordance with DSM-IV, Posttraumatic Stress Disorder (PTSD) follows from traumatic events that have been experienced, witnessed, or confronted and which involve actual or threatened death or serious injury, or threat to the physical integrity of self or others. In addition, adults who develop PTSD must experience the trauma with a feeling of intense fear, helplessness, or horror, while children may express their distress in the form of disorganized or agitated behavior.[1] Unfortunately, a high percentage of the world's population is exposed to one or more major traumas during their lifetime. Common traumas include natural disasters, war, domestic and criminal violence, child abuse, and accidents. Some traumas are more likely to cause PTSD than others. For example, the likelihood of developing PTSD in the United States is 45% for women who are raped, 65% for men who are raped, 30% for combat soldiers, and 2-10% for survivors of natural disasters.[7,8]

The symptoms of PTSD are divided into three symptom clusters. The re-experiencing symptoms are characterized by recurrent and intrusive recollections of the event, recurrent distressing nightmares of the event, flashbacks, and intense psychological distress and physiological reactivity upon exposure to traumatic reminders. The avoidance symptoms include the persistent avoidance of thoughts, activities, people, and places reminiscent of the trauma, numbing of general responsiveness and restricted range of affect, and a sense of foreshortened future. The third symptom cluster involves the inability to modulate arousal with complaints of insomnia, anger, irritability, hypervigilance, exaggerated startle response, and difficulty concentrating. Additionally, many combat veterans report survivor guilt, depression, affect dysregulation, and an altered world view where fate is seen as uncontrollable and life as devoid of meaning.

Chronic combat-related PTSD is difficult to treat. Therapeutic success rates generally have been modest to moderate. Currently accepted treatments include exposure therapies, cognitive processing therapies, psychodynamic psychotherapy, EMDR, hypnotherapy, and pharmacotherapy.[4] These therapies have primarily focused on the alleviation of specific PTSD symptoms and symptoms of accompanying co-morbid psychiatric disorders. However, even when DSM symptoms respond to treatment, many veterans with PTSD are left feeling hopeless with profound existential questions related to the loss of meaning in life.

In this report we describe the use of logotherapy for the treatment of a combat veteran suffering with chronic PTSD. We chose logotherapy because

it directly addresses the traumatized individual's struggles with several core issues related to free will and meaning. These include: a sense of foreshortened future, an external locus of control, guilt and survivor guilt, and existential loss of meaning. A focus on existential and spiritual issues also has been recommended by Hutzell *et al.* as part of a multimodal approach to treating PTSD. [6]

Logotherapy Case

Jim, a 54-year-old Vietnam veteran who served as a medic in the Marines, struggled with chronic war-related PTSD. He joined a weekly meaning-focused Community Service (CS) group after completing a combination of treatments for PTSD - cognitive behavioral therapy (CBT), pharmacotherapy, skills training (relaxation, anger management, grounding techniques, etc), followed by exposure therapy. These treatments were moderately effective in reducing some symptoms while improving Jim's coping with other, persistent symptoms. Jim also learned he could manage without self-medicating with alcohol after years of heavy drinking to "numb out." Though his symptoms had improved somewhat, Jim still felt empty inside. As he put it: "My life doesn't seem so out of control and I can sleep and function better, but I still don't *feel* better."

Now stable and sober, Jim was ready to join a CS group made up of other combat veterans with chronic PTSD. In the group, members collaboratively develop and implement community service projects that are meaningful to them. Projects tend to be generative, corrective, or redemptive. Personal experiences of suffering, guilt, and loss in war are the impetus for much of the group's work.

Jim was continually haunted by the meaningless deaths he had witnessed, of two events in particular. First, the image of a bombed village, of children and elders he had once helped, now dead. The meaninglessness of this was exemplified for him in the undisturbed face of a dead child: "Her face wasn't burned or anything. She still looked so beautiful and young and hopeful, but she was dead and so were the rest of the children." The image seemed also emblematic of his own experience; though he looked "okay" on the outside, inside he felt dead. Since Vietnam, Jim felt a helplessness and despair and loss of meaning in life.

A second traumatic loss involved the combat death of his best friend in Vietnam, which Jim had witnessed. Jim felt he had no right to live a full life with his friend dead. The question - "Why did I come home and he didn't?" - could not be answered. His survivor guilt became more potent with age; while he had attained a mid-level corporate position by his late 30's ("going through the motions"), Jim was destitute and homeless by his late 40's. He frequently voiced disbelief at having "lived this long and for what?"

Ever mindful of not letting others down, Jim quickly became active in a CS group project - planning a toy drive and holiday party for children in the local foster care system. Long anguished over his inability to protect children

in war, Jim now poured his energies into "making sure everything is right." His initial worry over every detail (as if the children's very lives depended on it!) eventually gave way to enjoyment in interacting with the kids. The simple acts of attending to the children - serving juice, helping them put batteries in toys, being the first adult to meet a new doll - brought him into the present and to current opportunities for meaning.

Soon after joining the group, Jim learned that he was granted a pension from the government for chronic PTSD as a result of his military service. This was met with mixed feelings, on one hand, relief from financial worries, but on the other, guilt. Jim, like other veterans with survivor guilt, felt somehow it was "blood money." On top of having inexplicably survived while others didn't, he was now being paid for "making it home." Other veterans in the group helped Jim talk about his dilemma, and he seemed to awaken to the fact that he had choices. Instead of acting self-destructively, as he had so often in the past, Jim chose a different path. Prior to his death, Jim's friend had shared his dream of returning to college after the war. Jim now decided to set aside a portion of his disability pension to fund a partial college scholarship in his friend's name.

Recently Jim's elderly mother has begun to fail. He and his mother are close. Jim has been surprised by his own response to facing his mother's death, which is imminent. Until now, Jim equated death with traumatic death, which he felt was devoid of all meaning. Through the group, he discovered meaningful responses to even the meaningless carnage of war. Jim has embraced what Frankl termed Tragic Optimism, optimism in the face of human suffering, guilt, and death, which enables one to transform tragedy into achievement. This has opened the way for him to experience death and dying in a different way. Jim is able to describe his mother's "full life" with all the objectivity of a storyteller and the subjectivity of a loving son. His feelings are poignant and new as he celebrates her life while preparing to lose her.

Discussion

We have identified four core existential issues that veterans with combat-related PTSD often face and which conventional therapies alone do not adequately address. These include a severely skewed external locus of control, a foreshortened sense of future, guilt and survivor guilt, and loss of meaning. In the case presented, the meaning-focused treatment group combined action and reflection and provided a framework for Jim to address his existential symptoms of PTSD. While previous treatments succeeded in ameliorating other symptoms and in helping Jim find sobriety, he was stuck in the Tragic Triad of death, suffering, and guilt. A logotherapeutic approach was clearly indicated.

Jim was initially "hooked into" the collective service work out of a sense of responsibility to help fellow veterans. Once hooked, responsibleness developed which challenged evidentially his fundamental skepticism that his choices and actions matter. In describing the children's faces as they opened

gifts, he later talked about experiencing something he rarely felt; the sure knowledge that what he did genuinely mattered. Through Socratic dialogue and group process, Jim explored disruptions in meaning, and, through the service work, rediscovered meanings, for example in responding to the children in the moment.

While Jim accepts that he may be unable to prevent tragedies, he has begun to view himself less as a victim of circumstance. Although there is no explanation for the tragic loss of a friend, Jim managed to find meaning in his response to this fate. By initiating the scholarship, he transformed stagnating, and often destructive, survivor guilt into an animating guilt. Jim feels his survivor guilt contributed to prior alcohol abuse and believes that honoring his friend now helps to keep him sober. In addition, his sense of foreshortened future has now become a catalyst for his deciding on the legacy he wishes to leave. Jim's choice to initiate a scholarship in memory of his friend ensures that both their lives count!

Conclusions

We believe that meaning-related issues are a central and neglected aspect of PTSD research and treatment in combat veterans with PTSD. Rigorous research on the use of logotherapy as an adjunctive treatment for trauma-related existential loss of meaning is needed. Future treatment studies may operationalize particular logotherapeutic approaches thought to be well suited for male combat veterans, for example, models emphasizing collective action-oriented approaches. Instruments of meaning and purpose and Existential Vacuum are valid and reliable for use in this research.[2,3,5,9] In our experience, logotherapy uniquely offers the combat veteran who struggles with existential issues, hope for healing through meaning. It also offers opportunities for important future investigation.

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