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## Body Based Meditative and Mindfulness Practices for Veterans with Combat Related PTSD

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Body Based Meditative and Mindfulness Practices for Veterans with Combat Related PTSD

Capstone Thesis

Lesley University

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Master of Arts in Clinical Mental Health Counseling with Specialization in Dance Movement Therapy

Professor Elizabeth Kellogg

### Abstract

This literature review investigates and examines how body based meditative and mindfulness practices can be an effective treatment method for Veterans with symptoms of combat related posttraumatic stress disorder. Yoga Therapy and other Expressive Therapy modalities (Art, Music) have developed evidenced based practices and supporting research for this treatment area. Dance Movement Therapy (DMT) has shown effectiveness when treating conditions Veterans often present with such as combat related PTSD, Substance Abuse, Anxiety, and Stress. DMT is a modality that focuses on the integration of the mind and body. Veterans benefit from body-based practices because they help to focus on the present moment while simultaneously attempting to slow down racing thoughts. The areas that were explored after reviewing the literature included the prevalence and definition of combat related PTSD, gender differences in diagnoses of PTSD, and body-based practices in treatment such as meditation, mindfulness, and yoga interventions. It has been demonstrated that body based meditative and mindfulness practices for combat related PTSD with Veterans are a holistic, untraditional, and effective approach to treatment.

## Body Based Meditative and Mindfulness Practices for Veterans with Combat Related PTSD

### **Introduction**

During my professional experience at the VA Hospital I have occasionally heard negative comments from Veterans regarding their experiences with traditional treatment like medication. It appears Veterans at the VA are trying to find alternative options for treatment to help cope with medication side effects and the need to stabilize their symptoms. It also appears that Veterans are yearning for exercise and healthy ways to utilize the body throughout the day. Therefore, investigating body based meditative and mindfulness practices for combat related PTSD with Veterans is imperative; not only to provide alternative treatment options to meet their needs, but also to provide for others who feel like more options are needed to mitigate PTSD related symptoms. After researching this topic, I hoped to learn about holistic based practices utilizing the body when treating Veterans with combat related PTSD in order to better serve the population.

According to the U.S. Department of Veteran Affairs (2016), the prevalence of posttraumatic stress disorder (PTSD) in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) Veterans is about 11-20%, in Gulf War (Desert Storm) Veterans is about 12%, and the Vietnam War is about 30% throughout their lifetime. The need for alternative body-based treatments are a necessity given that symptoms such as anxiety and stress manifest inside the body and will continue to be held within the body if not properly released. This literature review investigates research on the effectiveness of body based therapeutic practices in mitigating symptoms of and supporting the recovery process in combat related posttraumatic stress disorder (PTSD). The effect of sensory enhanced yoga on combat related stress in military personnel is significant, additionally the effectiveness of mindfulness in treatment of combat related PTSD

and the benefits of meditation on anxiety, stress, and other combat related PTSD symptoms are also just as noteworthy.

The topics under consideration for this thesis include defining and differentiating posttraumatic stress disorder and combat related posttraumatic stress disorder. Symptoms in a Veteran with combat related PTSD appears very differently from a civilian diagnosed with PTSD. Similarly, the prevalence of combat related PTSD differs from gender to gender. Gender differences, in regard to symptoms of combat related PTSD are investigated to discover how combat related PTSD affects every day lives of the brave men and women who served the country. This review also seeks to examine the rationale and evidence for a wide range of body based therapeutic practices, which fall under the categories of mindfulness, yoga, or meditation.

According to Boland, “Though a relatively small number of Dance/Movement Therapies service Veterans in their practices, DMT for Veterans is an under-researched and under-resourced area” (2015, p. 28). These topics are important to look at when considering holistic approaches for Veterans diagnosed with combat related PTSD. A common focus in the treatment of combat related PTSD is to cultivate nonjudgmental skills for managing trauma related thoughts and feelings, as well as to tolerate distress held inside of the body. Body based holistic practices allow Veterans to focus attention on their actions and behaviors in the present moment. Utilizing the body as the main vehicle helps to foster a greater sensitization to internal bodily cues, therefore providing awareness to self-regulate in a more adaptive manner. For instance, Alexander and Stone (2015) examined the effectiveness of mask making in art therapy with wounded Veterans. The traumatic events that Veterans experience overseas change their physical and mental capacities in ways that many cannot articulate in words. Creating painted masks has assisted Veterans with expressing their feelings without having to use words. Just like

DMT, the process of art heals, and the power of the “finished product” speaks for itself. DMT focuses on mind body connectivity, using the body as a vehicle of self-expression comparable to utilizing the masks as a form of self-expression. On the other hand, the mask is the finished product in the art therapy session, whereas in DMT the finished product is the self, with a hope that client’s will continue to build relationship with oneself and heal themselves through connecting with the power of the body.

## **Literature Review**

### **Posttraumatic Stress Disorder (PTSD)**

According to the Diagnostic Statistic Manual of Mental Disorders, (5<sup>th</sup> ed. American Psychiatric Association, 2013) for a person to be diagnosed with PTSD the individual needs to meet the following criteria: (a) exposure to a traumatic event that involved actual or threatened death or serious injury of self or others, and the person’s response involved intense fear, helplessness, or horror (b) persistent re-occurrences of the traumatic event, (c) persistent avoidance of stimuli associated with the traumatic event, (d) negative alterations in mood and cognitions associated with the traumatic events, beginning or worsening after the traumatic event took place, (e) marked alternations in arousal and reactivity associated with the traumatic event, (f) the persistence of the symptoms must occur for more than one month, (g) the symptoms are cause of significant clinical distress or impairment in social, occupational, or other important areas of functioning, (h) the disturbance is not attributable to the psychological effects of a substance of another medical condition (APA, 2013).

Banks, K., Newman, E., and Saleem, J. (2015) stated that 25-30% of people who experience a traumatic life event go on to develop PTSD. In other words, 3 out of 10 people who have experienced a traumatic event in their lifetime develop PTSD. Kearney, et al. (2012)

proclaimed that PTSD has been shown to have a greater effect on quality of life than major depression and obsessive-compulsive disorder. PTSD also presents with a significant lifetime risk of suicide. Kearney, et al. (2012) stated the risk of suicidality is higher than any other anxiety disorder. A civilian with PTSD often experiences disruptions in personal relationships, challenges with maintaining full time jobs, and increased risks of physical illnesses or substance abuse (Kearney, et al., p. 14, 2012).

### **Combat Related Posttraumatic Stress Disorder versus Civilian PTSD**

According Stankovic (2011), “Currently, up to 11% to 20% of veterans of the Iraq and Afghanistan wars and 30% of Vietnam veterans have been affected by PTSD” (p. 23). Combat related PTSD remains one of the most serious diagnoses because it typically involves long term stress regarding uncertainty about the future (anxiety) when arriving home or adjusting back into civilian life. There are many similar symptoms related to an individual diagnosed with combat related PTSD and a civilian diagnosed with PTSD such as nightmares, flashbacks, isolation, guilt, hyperarousal, anxiety, irritable, trouble with concentration, and being easily startled. Veterans are at a particular higher risk of developing combat related PTSD compared to civilian PTSD given their increased exposure to traumatic events overseas.

Symptoms that arise may present similarly, but there are also major differences in the presentation of both diagnoses. Winter (2014) stated more than 40% of the US soldiers from the Iraq and Afghanistan wars seen at the VA hospitals suffer from a mental disorder or a psychosocial behavioral problem. Combat related posttraumatic stress disorder is a specific type of PTSD experienced by men and women who have been in combat. Osborn and Welson (2013) explained the root of much PTSD, especially combat related, comes from physical trauma, fear of physical trauma, or the dehumanization an individual has experienced from having physically

performed, or acquiesced to, things which they, and society, have deemed heinous their entire lives.

One of the major differences between civilian and combat related PTSD is the obligatory adjustment to “normalized” thoughts, behaviors, and actions to society after returning home. Veterans who experience combat related PTSD are in a unique frame of mind due to the nature of war and rigorous combat training. A civilian diagnosed with PTSD is previously programmed to act and behave in certain ways based on his or her lifestyle/environment he or she grew up. Civilians have a different baseline of safe and vigilance as to what to be vigilant about, whereas Veterans have been trained to always be hypervigilant. These natural intrinsic thoughts are not necessarily programmed inside of Veterans. Thoughts like such may not have been true, even before enlistment, let alone when facing challenges related to societal adjustment after returning home from war. On the other hand, when a Veteran is diagnosed with combat related PTSD and symptoms arise, he or she may be apt to act upon hyper aroused behaviors instilled from rigorous combat training in military culture. Veterans are challenged with readjustment back to “normalized” societal behaviors. Additionally, different from civilians with PTSD, Veterans continue to carry home trauma related experiences from combat overseas.

**Gender Differences in Combat Related PTSD.** Pereria’s (2002) research suggested women are generally more often diagnosed with PTSD than men, however mental health practitioners diagnose PTSD at higher rates in male Veterans than in female Veterans. The sampling method consisted of men and women Veterans selected from the Dom Affairs Medical Center in Columbia, South Carolina from the year of 1996 to 1998 (Pereria, 2002, p. 24). However, because the number of men was greater than the number of women sampled, women were included in the study on a daily basis and men were included only 1 to 2 days each week



(Pereria, 2002, p. 24). Level of symptomology was measured using the Mississippi Scale for Combat Related Posttraumatic Stress Disorder, a 350 item self-report scale derived from the DSM.

The study conducted measured if PTSD is underdiagnosed in female Veterans and concluded that PTSD symptomology varies by gender and with types of trauma. For instance, women reported greater levels of distress than men when exposed directly to war trauma. Women are exposed to greater stressors in combat, which many continue to have serious emotional, relationship, and psychosocial problems, affecting daily functioning and quality of life. Pereira (2002) explained how technology and changing gender roles have increased women's role in combat, so that combat and related stressors can no longer be associated with only men. It is imperative that mental health practitioners who work with female Veterans are aware of gender discrimination in the diagnosis of mental health disorders. Practitioners must remember that women experience combat related posttraumatic stress disorder and respond to war related trauma similarly to that of men in combat.

Moreover, Pereira (2002) formulated a crucial consideration for present and future mental health practitioners to consider: female Veterans are at a higher risk for under diagnosis of combat related PTSD. Under diagnosis can be related to the societal stigma of the number of female Veterans. The assumptions about female Veterans in this country can be underestimated. Horton (2016) stated "An unprecedented number of women served in the Iraq (OIF) and Afghanistan (OEF) conflicts – approximately 300,000 since September 11, 2001" (p. 51). Many support groups and research programs have been implemented in places such as the VA to support the increasing number of female Veterans. It is imperative that present and future mental health practitioners continue to recognize and respect female Veterans who may even be serving

in the same everyday danger as their male counterparts. According to the U.S. Department of Veteran Affairs, in 2008, 11 out of every 100 Veterans (or 11%) from the Afghanistan and Iraq military operations were women and these numbers are expected to keep rising.

According to Horton (2016), “A recent study found only 37 percent of women Veterans feel recognized, respected, and valued as citizens in civilian life” (p. 51). Many women Veterans feel isolated and invisible in a society that either cannot empathize what they have experienced or discounts their military experience as somehow less than men. Many women Veterans find returning to civilian life extremely difficult due to the lack of understanding of their experience and the challenge of establishing themselves into a strong network of support (Horton, 2016, p. 52). This is not to suggest that all women in the military have negative experiences returning to civilian life, but this should be a consideration for mental health practitioners working with female Veterans.

### **Challenges in Treating Combat Related PTSD**

Posttraumatic stress disorder is not an easy diagnosis to treat. Many Veterans do not prefer solely traditional treatment approaches in their road to recovery, and these methods are actually not very helpful when separated from other forms of alternative treatment in their recovery process. For example, Alexander (2015) interviewed Melissa Walker, an art therapist who works with Veterans to help them heal from traumatic conditions, like Combat Related Posttraumatic Stress Disorder. In 2010, Walker implemented a mask making program for active duty service members from any branch of service, any age, and any rank. She believed that mask making was an important therapeutic approach to treatment because it gives Veterans a way to express themselves without having to use words, and simultaneously integrates the left

and right hemispheres of the brain through the treatment process. In the interview with Walker, Alexander (2015) reported:

...the masks have given service members a visual voice that has helped them in many areas of treatment and their lives so they're able to reflect what's going on inside of themselves, how their injuries affected them, and for the first time, are able to see, are able to convey what they're going through (para. 8).

Stone (2015) interviewed a multitude of Veterans about their stories in service and about their experiences adjusting into civilian life. The process of creating a mask was influenced by personal history related to combat experience. For instance, Army First Sgt. David Griego, who served in Iraq in 2008 and Afghanistan in 2012 reported his experience in combat and stated, "it's not an outside room its inside...sometimes you find yourself saying, I wish ... I would have lost a body part, so people will see—so they'll get it." His mask appeared to be split in half, one side depicting his feelings and the other side depicting reality in civilian life after arriving home from war. Additionally, Marine Gunnery Sgt. Aaron Tam (Ret.) served in the Iraq war in 2004 and 2007 reported "Detonation happened, and I was right there in the blast seat. I got blown up." His mask depicted the explosion and his difficulties surrounding raising a family with such an impactful physical injury (Stone, 2015). A Veteran experiencing symptoms of Combat Related Posttraumatic Stress Disorder versus civilian experiencing trauma related symptoms can present very differently as evidenced by the example above.

With men and women who experience war related PTSD, he or she may experience symptoms such as intrusive thoughts, hallucinations, nightmares, hyperarousal, physiological reactions, elevated heart rates and blood pressures as a result of a traumatic event. Body based interventions address many of these symptoms being innately rooted in the body. For instance, a

hallucination may present as a form of hyper arousal occurring the brain based on unrealistic belief. A body-based practice, such as a guided meditation, can assist with mitigating these unrealistic thoughts. Specific to women, offering women-only yoga programs or body-based program workshops can be an important way to connect women Veterans with one another and support gender specific health concerns.

Furthermore, Boland (2015) explained that common treatment approaches when working with Veterans are focusing less on medication and more on overall well-being and whole-person centered health. More than likely, multiple psychotropic drugs will be prescribed for a single Veteran and may lead to significant side effects and might not be effective (Boland, 2015). On the other hand, some people heavily rely on and benefit from medication. Fortunately, body-based practices can serve as an additional treatment approach with medication in order to balance internal strength, build social support, and improve overall holistic well-being, which are all crucial in the practice of treatment.

### **Body Based Practices**

Some of the most important body based holistic practices that Veterans experiencing symptoms of combat related PTSD can pursue include forms of meditation, mindfulness, and yoga. Body based practices focus solely on the body, sensing bodily sensations, becoming aware of what is occurring in the moment without having to worry about the past or future, remaining in the present moment. Body based practices can allow military combat Veterans to let go of a tendency of wanting things to be different, of wanting things to be right or wrong, and allowing them to be just as they are without one way to feel, think, or act. The breath acts as a vehicle for support during any body-based practice, allowing the natural capacity of the breath to move freely in and out of the body as it does every day we are living on this planet earth.

Allison Winters, BC-DMT, is a dance movement therapist working with Veterans. Winters (2013) stated that forty percent of veterans seen at Veterans Affairs hospitals suffer from some sort of mental disorder, and twenty-two veterans die by suicide every day. Almost half of all veterans coming back from war suffer with a mental disorder. Winters provides the opportunity for Veterans to witness and express themselves through movement of the body, which gives them a means to communicate some of the most difficult emotions. One of the most common goals of any DMT group is to create mind body connection, which is a practice that seems to be helpful for Veterans when returning home. In addition to mind body connection, relating to self and others, empathetic awareness, connection versus isolation, rhythmic cohesion, and creating feelings of empowerment throughout the group is beneficial when suffering from a mental disorder. Furthermore, under the umbrella of mind body practices lies meditation which is said to be categorized as a holistic practice focusing on connection to self.

### **Meditation**

According to Hilton, Maher, Colaiaco, Apaydin, Sorbero, Booth, and Hempel (2017), meditation is a mind-body technique that refers to a broad variety of practices with the general goal of training the mind through regulation of attention and/or emotion to affect body functions, symptoms, and state of being. Breathing based meditation practices may be particularly beneficial for PTSD given that it is a stress disorder characterized by hyperarousal, autonomic dysfunction, negative affect, and difficulties with emotion regulation (Seppala et al., 2014, p. 397).

One specific meditation has been demonstrated to be an effective treatment in mitigating symptoms of PTSD and depression, called the loving-kindness meditation. This meditation is a practice designed to enhance feelings of self-acceptance and kindness towards self and others.

Specifically, a directive that is repeated several times throughout the script states, “May I be filled with loving kindness...May I be held in loving kindness... May I feel connected and calm... May I accept myself just as I am... May I be happy... May I know the natural joy of being alive...” (Smith, 2015). Kearney (2013) proclaimed that the Loving-kindness meditation is postulated to represent another form of teaching mindfulness and acceptance. Furthermore, Kearney (2013) explained how mindfulness practices are thought to facilitate acceptance through nonjudgmental observation of the breath, thoughts, emotions, and bodily sensations, and through the use of personally meaningful phrases setting the intention of ease for oneself and others. In the loving-kindness pilot study, Kearney (2013) demonstrated increased self-compassion and mindfulness skills in Veterans with PTSD, who were also mostly willing to take part in the intervention as self-referrals. The results would most likely be different if this procedure was a mandated treatment because Veterans may be at different stages regarding levels of self-acceptance and filtering distraction.

Evidence suggests meditation-based interventions have the potential to reduce symptoms and improve well-being (Seppala, 2014, p. 397). According to Seppala (2014), “Breathing-based meditation practices may be particularly beneficial for PTSD given that it is a stress disorder characterized by hyperarousal, autonomic dysfunction, negative affect, and difficulties with emotion regulation” (p. 397). Seppala specifically addresses the practice of Sudarshan Kriya, a form of yoga where individuals sit silently in meditation for a long period of time. This form of meditation may be challenging for many Veterans because of the prevalence of anxious behaviors with high degrees of physiological arousal. On the other hand, this practice may be extremely beneficial for those who have a challenge with sitting silently for long periods of time.

Veterans who chose to participate in continuous breathing activities may lead themselves into immediate observable calming effects for the body and for the mind.

Stankovic (2011) conducted an eight-week study that examined 16 male combat Veterans suffering from posttraumatic stress disorder (PTSD). This study examined the effects of integrative restoration, a form of meditation, at a community mental health agency. iRest, or Integrative Restoration, is a meditative process of self-inquiry where attention is oriented towards specific types of experiences, including the different layers of the self, such as the physical body, breath, feelings, emotions, and intellect. An iRest instructor leads Veterans through body scans, breath awareness, and breath counting, focusing on simple sensations such as warmth, heaviness, and pleasure in order to mitigate PTSD symptoms of anxiety.

In Stankovic's pilot, eleven Veterans attended Integrative Restoration (iRest) sessions one time a week for eight weeks. At the end of each two-hour class, Stankovic conducted weekly questionnaires given to participants. Throughout each session, recordings were conducted to capture in class discussions. At the end of the study, Stankovic conducted anonymous questionnaires about the iRest sessions with each Veteran dealing with symptoms of posttraumatic stress disorder. Stankovic (2011) stated, "iRest appeared to support veterans by providing them with a practice that allowed them to regain a measure of subjective control over their experience, achieve symptom relief, regain feelings of self-efficacy, and experience positive states that had been occluded by PTSD symptoms" (p. 27). Symptom relief that was reported specifically stated increased feelings of peace, self-acceptance, and relaxation and decreased symptoms of anxiety and emotional reactivity. In other words, unlike traditional medication and treatment, iRest enables treatment to be a subjective process and to be tailored to Veteran's unique needs. This type of experience in treatment is extremely valuable since PTSD symptoms

can be debilitating. Veterans are susceptible to so much negativity due to the overwhelming stressors and obstacles they have to overcome when adjusting to civilian life with PTSD.

### **Mindfulness**

Achieving a state of mindfulness is similar to birthing a felt sense of peace and joy, where an individual strives to achieve a present moment awareness. An individual who practices mindfulness becomes aware of his or her environment, with full concentration in order to achieve new insight. Steinberg and Eisner (2015) discussed how mindfulness-based interventions are complementary treatments alongside traditionally used treatment modalities, which can be applied for combat related mental health problems. Steinberg and Eisner (2015) examined the effectiveness of mindfulness in the treatment of Veterans who are suffering from posttraumatic stress disorder (PTSD).

Moreover, Banks, et al. (2015) conducted a study aimed to synthesize and evaluate the use of mindfulness based approaches for symptoms of PTSD in adults, in particular avoidance. For instance, in the practice of mindfulness an individual is trained to learn how to experience non-judgment, which has been shown to account for the variance in PTSD avoidance symptoms. In other words, accepting thoughts without judgment was significantly associated with symptoms of PTSD, especially avoidance-based symptoms. For instance, many Veterans diagnosed with PTSD are challenged when faced with the concept of non-judgement due to pressure put on themselves. On the other hand, emotions such as shame and guilt were also an important symptom and contributing factor to the treatment of PTSD. Banks et al. (2015) suggested that high levels of guilt, shame, or humiliation prevent individuals from presenting to services for any type of treatment, whether body based or traditional medicine. Mindfulness techniques have been useful for working with negative cognitions, such as self-blame, in order to reduce



avoidance. At the same time, mindfulness techniques acknowledge difficult emotions and thoughts in a nonjudgmental manner, which can assist in the process of achieving harmony and peace within oneself.

Steinberg and Eisner (2015) defined mindfulness as a concentrative or non-concentrative technique, depending on the manner in which mental attention is trained. Concentrative techniques include intense focus on a particular object or on one's body such as yoga or other body-based practices. Non-concentrative techniques cultivate awareness and acceptance of self and others without judgement. Steinberg and Eisner (2015) stated, "Understanding one's mind through awareness cultivates kindness and compassion toward oneself, which then extends to others" (p. 11). Another significant reason for utilizing mindfulness-based interventions with Veterans is that neurological changes happen. For instance, this study demonstrated that participation in mindfulness-based therapy practices increases grey matter concentration in the brain stem, indicating that this technique is associated with learning and memory processes, emotional regulation, and self-referential processing. Steinberg and Eisner (2015) concluded, "Researchers indicate successful treatment of PTSD, anxiety, and depression, for veterans with the application of mixed modality interventions that incorporate mindfulness training such as mindfulness based cognitive therapy, dialectic behavioral therapy, and mindfulness-based stress reduction" (p. 11).

Steinberg and Eisner (2015) explained in great detail each and every mindfulness-based technique that can be utilized when working with Veterans. The authors reported profound statements related to Veteran's mindfulness-based experiences in this study. For instance, the authors stated when integrating this type of treatment in addition to traditionally used treatment, Veterans can become aware of tendencies toward habitual, dysfunctional, cognitive behaviors

which help change emotional experiences. Mindfulness based practices can be effective with this population because it can assist with slowing down and focusing solely on the breath, and in the process, can help to slow down thoughts, worries, and stressors. For instance, Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-Based Relapse Prevention (MBRP) are all interventions incorporating training in mindfulness that are clinically relevant to treatment of PTSD (Vujanovic, Niles, Pietrefessa, Schmertz, and Potter 2013, p. 26).

Furthermore, Possemato et al. (2016) conducted a study where mindfulness-based treatment was provided at an Upstate New York Veteran Affairs Health Care System (VA) to help patients develop emotional awareness and distress tolerance necessary to succeed in evidence-based exposure therapies. Possemato et. al. (2016) stated, “In a large military cohort, more than two thirds of service members and Veterans with a history of PTSD reported using one or more complementary or alternative treatments” (p. 180). The study developed a four-session brief mindfulness training to be delivered to patients with symptoms consistent with a diagnostic level of PTSD. The first aim of the study was to test the effectiveness of brief mindfulness training by developing four sessions within a period of four weeks, followed by an eight week follow up. The second aim of the study was to explore whether changes in specific mindfulness domains mediated observed changes in PTSD and depression severity. Mindfulness training aimed to cultivate skills for managing trauma related thoughts and feelings and tolerating distress. The training served as an indirect mechanism of exposure, therefore fostering emotion regulation. According to Possemato et al. (2016), mindfulness-based stress reduction (MBSR) is the most well researched mindfulness treatment program that focuses on the

progressive achievement of mindfulness through meditation, yoga, psychoeducation, and group discussion.

This study demonstrated the effectiveness of mindfulness-based practices; many Veterans are lacking mind body connectivity when arriving home from war. Possemato et al. (2016) concluded, "...participants who attended at least three out of four PCBMT sessions experienced clinically and statistically significant decreases in symptoms of PTSD and depression compared with those who did not receive mindfulness training" (p. 188). The authors suggested that more research is needed on the development and evaluation of this type of treatment for Veterans with PTSD, but the future is promising for improving patient care.

## **Yoga**

Yoga has been suggested as an effective modality for developing mindfulness. Dick, et al. (2014) suggested that yoga or other movement practices may stimulate cognitive processes related to meditative awareness and provide a more salient and appealing vehicle for focusing attention than seated meditation due to the enhanced sensory awareness that comes with movement and learning new skills (Dick, et al., p. 1171). Veterans who experience symptoms of combat related PTSD can benefit from this practice. Overtime, a Veteran will learn how to attend to the present moment, leading to increased self-acceptance and greater cognitive flexibility, therefore decreasing certain negative symptoms of PTSD. Vujanovic, et al. (2013) explained that with increased mindfulness training, Veterans might be better able to notice repetitive negative thinking and to prevent extensive engagement with maladaptive ruminative processed by attending to the present moment (p. 27). Yoga practice may also assist Veterans with applying a framework of psychological flexibility to their everyday life and also assist with increasing psychological flexibility, in other words learning how to be mindful.

Additionally, Stoller, et al. (2012) examined the effects of sensory-enhanced hatha yoga on Veterans with symptoms of combat stress and compared Veteran's anxiety and sensory processing with that of civilians. Seven military personnel that had been deployed to Iraq participated in hatha yoga for this study. According to Stoller, et al. (2012), "Sensory-enhanced hatha yoga was shown to be effective in reducing both state and trait anxiety in deployed military personnel" (p. 68). State anxiety can be described as a temporary experience of unpleasant feelings when faced with a certain situation. On the other hand, trait anxiety can be described as a personality characteristic that ranges in intensity and situations rather than a temporary feeling. Stoller, et al. (2012) concluded, "One possible explanation may be that the intervention triggered an inhibitory effect on the autonomic nervous system, which in turn may have contributed to improvements in health and quality of life interactions" (p. 68). Similar to other civilians with any form of posttraumatic stress disorder, Veterans with PTSD have a shortage of physical experiences that might counter the sense of physical and emotional helplessness that results from military trauma.

Staples, et al. (2013) conducted a study that evaluated the feasibility and effectiveness of a yoga program as an adjunctive therapy for improving post-traumatic stress disorder (PTSD) symptoms in Veterans with combat related PTSD. Yoga was chosen as a method in this study because it has been shown to improve quality of life in military personnel, improve sleep, and decrease back pain (Staples, et al., 2013, p. 855). The yoga intervention in this study was designed for Veterans involved in a PTSD clinical team at a Veterans Affairs Health Care System in the Southeast region of the United States to provide the experience of focus, peace, and calmness. The yoga intervention was held for one hour twice a week for six weeks, twelve

sessions total with each session consisting of self-awareness (mind and breath), postures with breath awareness, full body relaxation, and guided visualization (Staples, et al., 2013, p. 856).

According to Manafort and Libby (2013), "...yoga practices will help you feel calm and in control. These practices work by decreasing sympathetic nervous system activity fight or flight and activating the parasympathetic nervous system" (p. 9). In other words, the parasympathetic system is in control of relaxation responses in order for the body to heal and repair. Mindful yoga therapy can help to learn how to activate the parasympathetic nervous system during times of stress. More specifically, Yoga Nidra is a powerful practice that can lead Veterans into the deepest level of relaxation in the body and in the mind. Nidra is a state of consciousness between waking and sleeping, similar to a "going to sleep" stage. Manafort and Libby (2013) claimed Yoga Nidra can be far more effective than the rest achieved in conventional sleep. Yoga Nidra has been used to target multiple imbalances in Veterans such as insomnia, trauma, anxiety, fear, and depression (Manafort and Libby, 2013, p. 55). Veterans living in this modern world not only face challenges of readjustment to civilian life, but also immersing themselves into a "world full of overstimulation where people are rewarded for multi-tasking" (p. 56). To find peace and balance in the body and in the mind is a goal that many individuals attempt to achieve. The practice of Yoga Nidra can assist Veterans with this goal towards treatment.

### **Aikido**

Osborn and Welson (2013) defined Aikido as a unique form of martial arts and a powerful form of active meditation in the treatment of combat related PTSD, whose purpose is to teach conflict resolution rather than fighting tactics. One of the strengths of this practice in the treatment of combat related PTSD is working with a partner. Rather than taking a partner's

energy and using it against him or her, similar to the practice of other marital art practices, a partner actually moves off of the line of attacking energy and blends it into his or her own. The harmonizing of energy brings the partnership to a safe place, emphasizing doing something with someone versus to someone. For instance, Tai Chi or Qui Gong are individualized practices, lacking physical contact which is often the root of an individual's underlying trauma.

Osborn and Welson (2013) demonstrated that properly taught, Aikido gives effective, non-violent, non-aggressive methods, physical, mental and spiritual, for resolving any type of dilemma in an individual's life. Veterans who train in Aikido learn to manage stress and conflict by practicing techniques with a partner that channel negative energy into positive energy and offer a path for aggression that minimizes the chances of further aggression. Aikido practice not only is effective for centering oneself mentally, but also physically increasing senses and serving to support and stabilize posture.

Aikido training is a cooperation between two partners, one individual is called the "tori" and the other is called the "uke," in other words the student and the teacher. Partners alternate between being the tori and uke with every intention to keep partners considerate of one another. Aikido teaches partners how to control conflict by blending with the attack energy and seeking the path that confirms survival of the defender and safety of both parties. The essence of Aikido is to develop loving kindness for others and for oneself. Osborn and Welson (2013) stated, "By learning to be in harmonious relationship with ourselves, we learn to be in harmony with others and our environment" (p. 1).

The root intention of this practice is that the student does not take the attackers energy and use it against him or her, but rather the student moves off the line of attacking energy blending it with their own. Next, emphasis is placed on doing something with someone versus to

someone by bringing themselves and the partner to a place of safety and security. Furthermore, many similar forms of martial arts are essentially practiced alone. These forms are very effective in treatment for Veterans with PTSD because they promote inner calm and relaxation, but most of those practices are missing a form of direct contact, in other words, therefore inevitably inaccessible to the powerful feelings of being in a positive physical relationship.

As described in the previous sections, treating symptoms related to combat PTSD is particularly difficult. Veterans are a unique population in that they are trained to physically and mentally push through any type of boundary or obstacle or not to complain in the face of adversity and challenge. In treatment, therapists can face challenges in undoing those held emotions during body-based interventions, such as meditation and mindfulness. Meditation is a subjective process that is tailored to each Veteran's unique needs. This type of practice enables Veterans to commit time for themselves and to take time to focus on positivity in their lives. Similarly, mindfulness practices enable Veterans to eliminate an urge of judging self or others. In addition, mindfulness practice overtime fosters emotional regulation by brining conscious awareness to the mind and body connection. Working with Veterans is a unique experience in that there are many layers and complexities in each individual's treatment in regard to mental health diagnoses.

### **Discussion**

Separating yoga, mindfulness, and meditation can be useful in terms of explaining treatment of symptoms in combat related PTSD, but generally the objectives of the three techniques are very similar. Objectively, yoga, mindfulness, and meditation are all exercises for attaining bodily or mental control and holistic well-being. Veterans have thrived in these disciplines, all of which I have observed to be effective treatment methods. For instance, one of

the purposes of providing meditation for Veterans is to cultivate a propensity of kindness to oneself, while simultaneously bringing awareness inwards, transformed into a relaxed physical state. Meditation practices have helped Veterans to cultivate awareness of the breath, to the mind, to the body, and to other areas in his or her life. Overtime, I have seen how meditation has decreased negative emotions, activated empathy and emotional processing, increased compassion, and curbed self-criticism, therefore has increased several Veterans' self-confidence and hope in the process of treatment or on the road to recovery. After conducting multiple therapeutic groups and interventions utilizing these practices, I hear the word hope and hopefully more than anything else. Providing Veteran's with this type of body-based treatment has been extremely rewarding because it has opened up many of their minds to an additional pathway of support.

Additionally, utilizing the breath as a vehicle of support through the practice of yoga, meditation, and mindfulness has soothed Veterans physical presentations if they have arrived in session in a hyper aroused state. Concentration on the breath slows mind racing and decelerates the heart rate, therefore bringing awareness to the breath has been an extremely powerful tool in therapy, especially in the beginning and end of each treatment session.

There are many strengths that soldiers have, cognitively and physically, that can be explored in a DMT session. Utilizing Veteran's strengths/skills to the best of his or her ability and introducing new techniques for his or her well-being is key to success when working with this population. In my opinion, further research will continue to demonstrate the effectiveness of DMT with Veterans.

Veterans have thrived using the disciplines of Meditation, Yoga, and Mindfulness, which have been demonstrated to be an effective treatment. Specifically, the Bedford VA Hospital is



shifting from a health care system focused primarily on treating disease to one rooted in forming continuous healing relationships that support Veterans in achieving their greatest well-being (Office of Patient Centered Care, 2017). The result of this change is a whole health approach, which targets Veterans who are proactive about their health and well-being. The whole health approach centers on physical, mental, emotional, spiritual, and environmental elements that work together to provide the best treatment for each Veteran (Office of Patient Centered Care, 2017). There will be several clinicians trained on this model and who will be providing complementary and integrative health approaches based on each Veteran's health plan. This new approach gives me hope that more VA's across the country can begin to implement different forms of complementary treatment in addition to traditional medical models.

What is needed for future treatment includes thorough community partnerships with local yoga centers and VA Hospitals, additional body-based treatment programming implemented into VA Hospitals, and more research on the effectiveness of DMT with Veterans. It is important for a VA employee included in a Veteran's treatment team to establish quality relationships with outside vendors and provide supplemental treatment in addition to traditional hospital procedures. Not only will additional body-based treatment programs benefit Veterans greatly, but also will expand the opportunities and choices for Veterans who are proactive with their healthcare.

Staples, et al. (2013) stated, "A recent survey on the use of yoga in specialized VA PTSD treatment programs showed that yoga programs have been implemented in 28.8% of VA specialized PTSD treatment programs" (p. 858). It is imperative that appropriate staff throughout country VA's continue to train in alternative treatment methods, such as in yoga and

meditative practices, to increase the percentage of VA specialized treatment programs in order to increase access to yoga for PTSD Veterans.

Horton (2016) concluded:

We are equally committed to offering the practice of mindful yoga as a life-long resource that helps build self-awareness and self-knowledge, decrease emotional reactivity and negative mental patterning, strengthen our ability to form positive relationships, and connect to our deeper selves in ways that nurture our overall growth and development as human beings (p. 117).

In conclusion, implementing body-based treatment at the VA for Veterans suffering from symptoms of combat related PTSD is greatly beneficial for healing the mind, body, and spirit. Also, body-based practices and/or integrative medication should be readily available as a standard VA service nationwide, being offered to all Veterans at the VA and not just those that are suffering or those that are referred. For instance, all concentrative techniques in body-based practices involve focusing on calming words, therefore allowing an individual's attention to let go of unpleasant thoughts and feelings, helpful for mitigating symptoms of combat related PTSD. Ultimately, the implementation of body-based practices are aimed for assisting Veterans to appropriately adjust into civilian life. Successful Veteran reintegration into civilian life rests upon providing Veterans with supplemental treatment in addition to medication when necessary. Body based treatments, like yoga, meditation, and mindfulness practices, build on Veterans military knowledge and skills and help to promote civilian transition essential for holistic well-being.

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