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Exploring How Veterans Use Metaphor to Describe Experiences of PTSD and the

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by

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MSW Clinical Research Paper

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The Metaphors They Carry: Exploring How Veterans Use Metaphor to Describe Experiences of

PTSD and the Implications for Social Work Practice

By Patrick S. Foley

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Working with military veterans poses significant challenges for social work practitioners.

Among the most notable are learning to appreciate military culture, understanding military

jargon, and engaging veterans who have experienced Post-Traumatic Stress Disorder (PTSD).

The purpose of this project was to explore veterans' use of metaphor in describing experiences of

PTSD and to consider the therapeutic value of metaphor for social work practitioners. Using a

secondary data analysis design, 359 online video interview segments of 56 veterans were

reviewed with respect to the way that metaphor was used to describe experiences of PTSD. The

metaphors identified in the secondary data were analyzed inductively and deductively by

deriving themes from the metaphors that veterans used and associating them to conceptual

themes identified in the literature on military culture. The findings indicate that veterans make

use of metaphor to describe how PTSD once dominated their life, how they came to manage

their PTSD symptoms, and how they used their experience of PTSD to promote a survivor's

mission. The findings also suggest that the metaphors that veterans use can also be associated

with the conceptual themes identified by the research. These findings underscore the value of

using metaphor in therapy with veterans who have PTSD as metaphor has been shown to

facilitate cultural accommodation, symptom mitigation, and narrative integration.

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Previous studies focusing on working with military veterans cite a number of challenges for mental health practitioners. One of the challenges for practitioners from a non-military background is appreciating military culture. Specific cultural differences cited in the literature have to do with understanding military language and acquiring an appreciation for the major theme of the military being a "fortress" (Wertsch cited in Hall, 2011, p. 8). The dispositions that are an outgrowth of this cultural context include, "identifying with the warrior" and needing to exercise "secrecy", "stoicism", and "denial" for the sake of mission readiness (Wertsch cited in Hall, 2011, pp. 8, 14). Another major challenge for mental health professionals has to do with engaging veterans suffering from post-traumatic stress disorder (PTSD). Studies show that veterans have difficulty presenting for PTSD treatment due to not wanting to appear weak, feeling ashamed or embarrassed, feeling a sense of guilt for being a survivor, and, finally, adhering to the military doctrine of operational secrecy (OPSEC), which inculcates the fear of mission or tactical compromise (Hall, 2008, pp. 10-17).

For approximately the past decade, various forms of exposure therapy have become the "first-line" treatment for PTSD symptom mitigation (Cukor et al., 2009, p.716). However, some studies in the treatment of veteran PTSD point to co-morbid disorders such as, "current chemical dependency, psychosis, a history of impulsivity, and suicidality" as being factors which may contraindicate the use of exposure therapy (Litz et al., cited in Hembree et al., 2003, p. 560). An additional contraindication for the use of exposure therapies that should be noted is a veteran with type II, or complex PTSD (Gafner & Benson, 2001, & Wells, et al., 2008). One way to

address the abovementioned cultural divide and the difficulty of disclosing trauma is through the

use of client-elicited metaphor.

Therapists who work with traumatized persons have used client-elicited metaphor as a

means to indirectly address and process traumatic events (Carmichael, 2011, p.7). Client-elicited

metaphor therapy refers to an approach whereby the practitioner makes therapeutic use of

unsolicited client metaphors or asks that the client produce a metaphor to describe her or his

experience (Mason, 2011, p. 54). The benefits of this approach is that it allows the client to more

freely disclose, "where they are" regarding memory of a traumatic event and also allows them to

have more control in guiding therapy (Abbatiello, 2006, p. 208). Consequently, such an approach

naturally lends itself to being more person-centered and less problem-focused. A critically

important aspect of using client-elicited metaphors to refer to trauma is that they serve as a buffer

between the client and the traumatic event and can therefore help a client to more easily regulate

his or her physiological and emotional response (Carmichael, p. 7). The capacity of metaphor to

lessen the strong and negative physiological and emotional responses to memories of trauma

makes it an ideal therapeutic intervention for veterans with PTSD who have difficulty disclosing

their experiences.

The use of metaphor has proven to be both a successful direct therapy and a successful

adjunct (i.e., complement) in treating PTSD. A case study involving a twelve-session

intervention using an adaptation of a client-elicited metaphor proved effective in indirectly

addressing combat trauma, alleviating PTSD symptoms, and enhancing functioning in a veteran

of the Israeli Army (Witztum, Dasberg, & Bleich, 1986). Additionally, client-elicited metaphor

has more recently been used to address the existential angst and lack of meaning that veterans

experience as a consequence of combat (Southwick, Gilmartin, McDonough, & Morissey, 2006).

The successful use of metaphor in both non-combat and combat related PTSD therapy provides the following research rationale.

The purpose of the present study is to explore the way that veterans use metaphor to describe experiences of PTSD. The value of metaphor therapy, especially for social work therapists, is that it meets the veteran "where" he or she is by exploring the metaphors he or she uses to describe his or her experience of PTSD. In meeting a client where he or she is by exploring the metaphorical language he or she uses, a therapist is more person than symptom focused and will likely also become more attuned to military culture. Finally, the metaphor approach focuses not only on PTSD symptoms but also traces client-elicited metaphors to their deeper conceptual source, allowing for the possibility of expanded self-awareness and the integration of the traumatic event into the client's overall narrative. The research question for the present study is, "how do veterans use metaphor to describe experiences of PTSD?"

To explore the above research question, the data on the use of metaphor in describing PTSD experiences was drawn from a series of veteran interview segments found on the About Face website, a website established by the Department of Veterans Affairs and the National Center for PTSD (http://www.ptsd.va.gov/apps/AboutFace). The About Face website is comprised of approximately 359 video interview segments (lasting between 10 seconds and two-and-a-half minutes) of 56 veterans who vary in gender (48 males and 9 females), age (estimated to be between 23-85), ethnicity, branch of service, military campaign, (WWII, Korea, Vietnam, Desert Storm, OIF and OEF), and type of PTSD event experienced (i.e., combat related and non-combat related PTSD).

With regard to methodology, the first step was to isolate the metaphors that veterans used in their interviews and the immediate context of the metaphor. Once the metaphors were identified, the emotional emphasis placed on the metaphor was also ascertained and a subjective interpretation was offered (based on the context, metaphor, and the author's own military experience). Finally, using directed content analysis (Berg, 2012), the metaphors that were isolated were also associated with the conceptual military metaphors identified in the research (as appropriate). There were several findings identified by this study. To begin with, the initial finding was that veterans make liberal use of metaphor in describing their experiences of PTSD: a total of 82 metaphors were isolated for analysis by this research study. A second finding was that there were some themes that could be ascertained in the way that veterans used metaphor. Overall, the metaphors used by veterans could be categorized as metaphors that describe the symptoms of PTSD being in control of their lives, metaphors that describe how veterans were taking control of their PTSD symptoms, and metaphors that speak to how veterans had gained more complete control of their lives by using their PTSD experience to foster a "survivor's mission." Finally, many of the 82 metaphors identified by this study could readily be associated with one or more of the six conceptual military metaphors identified in the research on military culture. We will now consider the research on military culture and the use of metaphor in therapy in greater depth.

Literature Review

This literature review will follow the structure of the introduction and purpose. It will

begin with a review of articles that highlight some general challenges in working with military

veterans and note the concomitant importance of acquiring competence in military culture. The

review will then examine research articles that describe some specific challenges in providing

mental health services to veterans with PTSD. The final section of the review will discuss

research in the use of metaphor therapy with non-combat PTSD afflicted persons and veterans

with PTSD (henceforth simply referred to as "veterans").

Common Challenges in Working with Veterans

Recent articles concerning mental health outreach to members of the military have

highlighted the challenge that military culture presents to civilian mental health practitioners. In

an anecdotal article on their experience of military culture, Reger, Etheredge, Reger, and Gahm

(2008) point to the need for cultural competency with respect to the Army based on their

assertion that, "to the extent that a culture includes a language, a code of manners, norms of

behavior, belief systems, dress, and rituals, it is clear that the Army represents a unique cultural

group" (Reger et al., p. 22). The assertion of these researchers is based on their experience as

Army psychologists and illuminated through a case example that illustrates various differences

between the military and civilian sectors with respect to language, hierarchical rank structure,

customs, values, and mobile lifestyle (Reger et al., 2008). In addition to isolating and examining

these differences, the authors cite some research studies and the American Psychological

Association (APA) Ethics Code to support the need for cultural competency in working with

service members. One strength of this article is that it is based on the direct practice experience

of four Army psychologists. Another strength is the connection of the need to understand certain

facets of Army culture with the APA Ethics Code concerning cultural competency. However, the study does not mention the need for cultural competency in working with military veterans nor does it touch on how the military experience imprints itself in an indelible and ongoing way after one has left the military. In order to understand how the military experience affects former service members, the following research articles are insightful.

Two literature reviews on military culture by Hall (2011) and Coll, Weiss, and Yarvis (2011) pick up where Reger et al. leaves off in elucidating how the military experience impacts service members both during their period of service (Hall, 2011) and in a manner that endures after they leave (Coll et al., 2011). Hall, a social worker and social work researcher, establishes the need to understand and appreciate the military culture in working with service members firmly upon a person-in-environment approach by asserting that, "all experiences originate from a particular cultural context; the [social worker] must be attentive to this context and the role that cultural identity plays in a client's life" (Dass-Brailsford quoted in Hall, 2011, p. 5). Through her review of research studies on the importance of military cultural competence, Hall identifies some of the major cultural themes that imbue this culture and the overall psychological impact of military service.

The major cultural themes Hall identifies that are relevant to mental health practitioners and the present study are the following: the military as a "fortress" (Wertsch cited in Hall, 2011), "isolation and alienation" (Hall, p. 9), the "class system" of officers and enlisted (Hall, p. 10), "importance of mission" (Martin & Mclure cited in Hall, 2011, p. 12), and "preparation for disaster" (Hall, p. 13). Three psychological traits that are an outgrowth of these cultural themes are "secrecy, stoicism, and denial" (Wertsch cited in Hall, p. 13). As in the Hall article, one of

the main themes identified by Coll et al. (2011) is the separateness and distinctiveness of military culture (Coll et al., p. 490). However, unlike the person-in-environment, macro-style analysis that Hall used to gain an appreciation of the military culture and context, Coll et al. approach the topic more from a strengths-based, micro-level orientation (Cook cited in Coll et al., p. 490). At the micro-level of working with individual service members and transitioning veterans, the authors make reference to the potential for a negative and judgmental counter-transference by the clinician (Coll et al., p. 490). In an effort to avoid this, the authors site research that encourages social work clinicians to remain strengths-based by acknowledging the virtues of the military and the sacrifice of those who have served (Cook cited in Coll et al., 2011, p.490). The need to focus on strengths is similarly echoed by Hall who asserts that best practices in working with service members indicate the need to remain strengths based and cognitively focused rather than, "focusing on feelings and emotions" (Hall, 2011, p. 16). Coll et al. conclude their article by asserting that, to be effective in helping service members and veterans, "counselors must demonstrate a cultural competency of this military subculture when treating veteran clients" (Coll et al., p. 498).

The strength of both the Hall (2011) and Coll et al. (2011) articles are that they summarize findings from articles, books, or policy manuals on best practices in culturally astute approaches to working with service members and veterans. A methodological weakness of these articles is that they constitute a review of best practice research rather than conclusions derived directly from qualitative or quantitative studies. The importance of these articles for this study is that they clearly summarize some of the challenges in becoming culturally literate with respect to the military subculture. Another important aspect of acquiring military cultural familiarity entails gaining an appreciation of the challenges posed by PTSD.

PTSD is characterized by intrusive thoughts, arousal, and avoidance (DSM V). Since becoming a clinically diagnosable syndrome in 1980, much research has been conducted and many approaches to treating the condition have arisen (Cukor et al., 2009, p. 716). Furthermore, as difficult, disruptive, and disturbing as PTSD symptoms can be, some veterans may have difficulty disclosing their experience due to the "secrecy, stoicism, and denial" characteristics of military culture identified in the above Hall, et al., article along with the desire to avoid "signs of weakness" (Dahn quoted in Hall et al., 2008, p. 15) and powerful feelings such as shame and guilt (Hall, 2011). With respect to PTSD treatment, among the most notable, and research-validated treatments, is exposure therapy. Other research-based therapies include psychopharmacological, behavioral, interpersonal, imagery based, group, couple, and virtual reality based exposure therapy (Cukor et al., 2009). Although there are many and varied approaches to treating PTSD, in a comprehensive review of research articles pertaining to the abovementioned interventions, Cukor et al., state that, "despite the abundance of evidence pointing to the efficacy of exposure therapy, PTSD remains a difficult disorder to treat and identifying alternative treatment options is imperative" (Cukor et al., 2009, p. 716). The authors base this statement on the assertion that, "the high rate of treatment failures calls for the innovation and dissemination of alternative or augmented treatments" (Cukor et al, p. 717).

In a meta-analysis of PTSD exposure therapy studies, Hembree et al., (2003) cite five seminal research articles that implicate exposure therapy style treatment with an exacerbation of PTSD symptoms (Kilpatrick & Best, 1984; Pitman et al., 1991; Pitman et al., 1996; Tarrier et al., 1999, and Foa et al., 2002 cited in Hembree et al., 2003). The purpose of the Hembree et al. study was to analyze the results of twenty-five studies that used various methods to treat PTSD (including exposure methods) in order to determine if exposure therapies resulted in a higher

dropout rate relative to non-exposure therapies and study control subjects. The authors found that exposure therapies did not result in a higher dropout rate relative non-exposure therapies. Specifically, "the average rate of dropout was 20.5% from exposure treatments, 22.1% from [Cognitive Therapy] and [Stress Inoculation Therapy] 26.9% from combinations of exposure and other CBT techniques, and 18.9% from EMDR" (Hembree et al., 2003, p. 557). While the Hembree et al., study would seem to support the research basis for the success of exposure therapy and mitigate the professional cautions in using it, there are significant limitations to the study. The authors note that none of the studies analyzed offered data on why participants prematurely dropped out (Hembree et al., 2003, p. 559). Finally, the researchers state that, "although clinicians should use sound clinical judgment when matching patients with treatments…many individuals with chronic PTSD have co-morbid psychopathology and many hundreds of them have benefited greatly from exposure therapy" (Hembree et al., p. 560). The problem with the statement that, "hundreds…have benefited greatly from exposure therapy" is that this assertion goes beyond the scope of the researcher's study. Other researchers have made the opposite assertion that certain types of co-morbid conditions make it more difficult to safely and successfully administer exposure therapy for the treatment of PTSD (Litz et al., cited in Hembree et al, 2003, p. 560; Gafner & Benson, 2001, & Wells et al., 2008).

The Hembree et al. (2003) study cites the aforementioned research by Litz, Blake, Girardi, and Keane (1991) in which the researchers advise caution in administering exposure therapy to veterans with, "current substance abuse, history of impulsivity, and suicidality" (Litz et al., cited in Hembree, p. 560). The purpose of mentioning the difficulty in veterans disclosing PTSD, the studies that caution against using exposure therapies indiscriminately, and the assertion that more treatment avenues must be explored is not intended in any way to discredit

the validity of exposure therapies. Rather, it is simply meant to provide support for the assertion

that alternative or adjunctive PTSD treatment approaches should be a part of a therapist's clinical

treatment repertoire. The use of metaphor has proven effective as one such approach to treating

both non-military service and military service related PTSD.

Metaphor in Non-Veteran PTSD Therapy as a Means of Cultural Accommodation,

Symptom Mitigation, and Narrative Integration

Before continuing the literature review, it is important to define what is meant by

"cultural accommodation", "symptom mitigation" and "narrative integration" (as they are used in

this study). Cultural accommodation refers to making space in the therapeutic relationship to

receive and make use of a client's "culturally informed" sense of self. Symptom mitigation

simply implies actions taken to reduce the impact of adverse psychological or behavioral

symptoms. Finally, narrative integration refers to consciously acknowledging and accepting

events that have occurred in one's life as being a part of one's overall story (as opposed to

"disintegration", or splitting events off from the self narrative). We will now return to a

consideration of how metaphor has been used in non-veteran PTSD therapy to facilitate the

above.

In an anecdotal article describing their practice and methods in working with victims of

torture from South America, Gafner and Benson (2011) cite the literature regarding the

limitations of applying exposure therapies to persons who have PTSD and who also suffer from

co-morbid psychological issues such as, "personality disorders, suicidality, impulsivity,

substance abuse or resistance" (Gafner & Benson, p. 138). After describing research supporting

the use of hypnosis and metaphor as a way to address trauma and the effects of PTSD, the

authors explain their own use of these techniques to promote "indirect ego-strengthening"

(Gafner & Benson, p. 142). By this the authors refer to building ego-strength through the use of metaphor in persons whose self-esteem or self-agency have been damaged due to chronic PTSD (Gafner & Benson, p. 142). In particular, in addition to using hypnosis, the authors use metaphors that are client-elicited and culturally appropriate. The authors note that, "it is always most curious to us how all clients, including refugees with PTSD, appear to self-reference metaphors in their own particular fashion" (Gafner & Benson, p. 142). This strong statement on the universal use of metaphor suggests the importance of practitioners paying special attention to this figure of speech and perhaps also points to the need of making more systematic use of the rich and loaded language clients use to describe traumatic events. The authors conclude their article by noting that "ego-strengthening techniques" can serve as an end in itself or can be used as an adjunctive means of preparing clients for a more direct, exposure style type of therapy (Gafner & Benson, p. 142).

In another article on the cross-cultural application of metaphor in the indirect treatment of PTSD, Rahill et al. (2011) describe a case study in which story and metaphor were used in therapy with a Haitian refugee named Jeanne-Pierre who was suffering from symptoms of PTSD. As in the above study by Gafner and Benson, Rahill made use of client-elicited metaphor to successfully "join with the client" (p. 136) in order to bridge the cultural divide and form an effective therapeutic alliance. Rahill notes that the divide was also bridged by her awareness of the Haitian culture and knowledge of what to listen for regarding "key discourse" (p. 136) that could be used in therapy. As with the Haitian client in question, the importance of this insight for engaging veterans is that a practitioner must have at least a *cursory* awareness of the major themes that organize the military experience in order to identify metaphors that can be instrumental to building an alliance and producing a good therapeutic outcome. Along these

lines, Rahill et al., note three critical roles that metaphor can serve in forming an alliance and

marking out a strategy for therapy: "[1] communication that will enhance the practitioner's

understanding of the client's world, [2] establishment of rapport with the client so that a

"working alliance" is formed, and [3] indicator of change" (Lydon et al., 2001, quoted in Rahill

et al., 138). Again, for the purposes of the present study on the metaphors veterans use to

disclose their experiences of PTSD, it is important that the authors note the role that metaphor

can serve in revealing the cultural world of the client.

  In the study by Rahill (2011), the therapist used the metaphor of "letting things out of the

box" (p. 144) to connect with Jeanne-Pierre about the importance of expressing one's feelings

regarding difficult-to-describe or horrific events. The therapist found this a successful way to

create mutual understanding around the need to speak about disturbing emotions with Jeanne-

Pierre in a manner deemed culturally acceptable. In taking the time and putting forward the effort

to meet Jeanne-Pierre where he was, the therapist demonstrates a key concept in the therapeutic

use of metaphor: "One of the specific aims of using metaphors in CBT has been to translate key

messages that the clinician wants to convey during the session in the context of a client's

framework, thereby increasing the likelihood that the client will remember those messages"

(Blenkiron cited in Rahill, 2001, p. 137). Applying this principle to working with veterans

implies that if a therapist aims to connect with a veteran, he or she must be able to associate

therapeutic concepts with military concepts in a way that brings about a vital connection between

the two realms. This is easier said than done considering the possibility that, because of the

tendency to dichotomize military and civilian culture (Hall, 2011), veterans may frame military

and therapy objectives as antithetical. A meaningful metaphor can usher in the critical insight

that one realm need not necessarily be opposed to the other.

The author's intervention with Jeanne-Pierre yielded a successful and powerfully healing transformation of his interpretations of the trauma he had endured and the trauma symptoms he was living with. The measurement of Jeanne-Pierre's progress can be qualitatively gauged by his own words to the therapist toward the end of therapy:

> "I am going to tell you a story about you, if you permit me [therapist accedes]. It's as if you found me locked up in a tiny, *tiny* (his emphasis) room. It was dark in that room. It had no air in the room. I was *toufe* (suffocating)! *Lespri-m te brize* (my spirit was broken)! I knew I could never come out and would stay there forever. You came, you opened the door, you let the light in the room and I can breathe again" (Rahill, p. 145).

The study by Rahill mainly demonstrates how metaphor can affect a strong therapeutic relationship between a therapist and client from different cultures. An article by Carmichael (2008) further elucidates the utility of metaphor in processing trauma and the particular way that it functions as an alternate form of trauma therapy.

In a case study of how a metaphor was used as an indirect means of processing a natural disaster in a small, rural community in Alabama, Carmichael (2008) goes into detail about the utility of metaphor as an alternate means of processing trauma. According to research cited by the author, "metaphorical story is especially appropriate for the client experiencing a crisis because stories provide distance, identification, and projection for the client" (Wells cited in Carmichael, p. 7). Additionally, metaphor provides, "a symbolic representation of their experience, thus neutralizing the emotional impact of the ordeal" (Shwartz-Borden cited in Carmichael, p. 8). Perhaps most relevant to this study is the research finding that, "the indirectness [of metaphor] is especially powerful for persons who may be expected to be stoic and embarrassed by personal emotional disclosure" (Carmichael, p. 8). As previously mentioned,

veterans certainly fit the category of persons with PTSD who would be stoic and embarrassed at the idea of disclosing emotions associated with combat events.

In describing the procedure used with the above 30 survivors of a natural disaster, Carmichael outlines how the main themes of the Wizard of Oz, the main characters, and the salient qualities of the characters were introduced by a therapist in a one-time group therapy session as metaphorical analogues of what the survivors might be experiencing. Through a question and answer type dialogue, the therapist and the group reconstructed the narrative of the Wizard of Oz and highlighted aspects of the story that were especially relevant to the survivors' recent trauma experience (Carmichael, 2008). After identifying and exploring central themes, characters, and character traits, group members naturally and seamlessly transitioned into talking more directly about their recent experience of surviving a natural disaster (Carmichael, 2008). The fact that the survivors were able to make this transition and derive a more hopeful, strengths-based approach to what they had endured and who they were as resilient survivors provides a compelling reason to make liberal use of metaphor in working with trauma victims (Carmichael, 2008).

A quantitative study by Wells et al. (2008) demonstrated the capacity of metaphor to be an effective adjunctive part to a broader intervention in treating 13 patients with chronic PTSD. In the Wells et al. study, patients diagnosed with PTSD were treated via Meta Cognitive Therapy (MCT) as an alternative to traditional exposure therapies. In general, MCT seeks to correct the post-traumatic, autonomic reaction of hyper-vigilance against any future threat (Wells et al., 2008, p. 85). Participants were given pre- and post tests regarding PTSD (via the Impact of Events Scale and the Penn Inventory) as well as anxiety, and depression (via the Beck's Anxiety

Inventory and Beck's Depression Inventory) and also evaluated at three and six months post

study (Wells et al., p. 85).

      In addition to teaching reflective skill building, MCT therapy involves psycho-education

and the use of a "healing metaphor" to symbolize the brain's capacity to recover from trauma

(Wells et al., 2008, p. 90). The healing metaphor was also an important part of the instructions

given to the participants post-study in that it served as a symbol that, "reinforc[ed] the strategy of

recovery" (Wells et al., p. 92). The results of the study seemingly validate the use of MCT as an

alternate form of therapy to traditional exposure therapies and also provide support of metaphor

as a complement to MCT. Of the 13 participants in the study, 11 participants demonstrated a

statistically significant decrease in PTSD, anxiety, and depression symptoms post-treatment and

at three and six months follow up. The use of metaphor as a form of PTSD therapy in itself or as

an adjunctive component of other therapies is beneficial not only in terms of cultural

accommodation and symptom mitigation, but also as a means of narrative integration. Wurmser

(2011) takes an epistemological and psychoanalytic approach to metaphor to support the notion

that it can serve as a bridge between concepts or experiences that are seemingly opposite or

contradictory (p. 107). In terms of what humans know and how they know (i.e., epistemology),

the author cites passages of classical philosophy texts from Aristotle, Augustine, Confucius, and

Lao Tzu to support the thesis that metaphor, in large part, serves a symbolic function of holding

disparate concepts in dynamic tension, promoting knowledge acquisition through association,

and, ultimately, fostering a union of opposites such that one's understanding of reality and self

are substantively enhanced (p. 207). Wurmser's psychoanalytic focus on the importance of

metaphor comes from the fundamental disposition that human knowing and experiencing are

infused with tension and conflict.

Operating out of this conflict-orientated commitment, Wurmser cites psychoanalytic literature supporting this approach to mental health and states that, "our approach centers on the vision of conflicts of contradictory forces or parts or values and their possible complementarity, i.e., that such opposites do not exclude each other, but complement them," (Wurmser, 2011, p. 109). What can be derived from this article on metaphor theory is that metaphor has epistemological and existential utility by bridging the divide between opposite experiences or concepts and forging a bond of complementary acceptance. This is alluded to in the Rahill (2011) study of the experience of Jeanne-Pierre when he speaks of the therapist opening the door and letting in light and air so that he could breath. It is important to note that Jeanne-Pierre was not rescued from the room he was in (presumably, a metaphor for his traumatic experience) but that he seemingly learned how to allow light, air, darkness, difficulty, and possibility to peaceably co-exist within the same space. In an analogous way, the veteran who suffers from PTSD and yet learns to hold and accept the complementary tension between, for example, being strong and being vulnerable, can establish a basis for the narrative integration of traumatic experiences. The critical importance of cultural accommodation, symptom mitigation, and narrative integration in working with veterans with PTSD, and the power of metaphor to accomplish this independently, or as an adjunctive part of a more comprehensive treatment intervention, is illustrated through the following studies.

Metaphor Therapy as a Means of Cultural Accommodation, Symptom Mitigation, and Narrative Integration in Treating Veterans with PTSD

In an anecdotal article by Southwick et al. (2006) a therapy team of two psychiatrists and two social workers working at the Connecticut Veteran's Hospital PTSD Program discuss how the program has used logotherapy as a complement to traditional exposure therapies since 2001.

Logotherapy is an existential therapy designed by the Austrian psychiatrist Victor Frankl, a survivor of Auschwitz, to address the need that humans have for meaning and transcendence (Southwick et al., p. 162). According to the authors, logotherapy was included as part of the PTSD Program for veterans with chronic PTSD in addressing the symptoms of, "a foreshortened sense of future, an external locus of control, guilt and survivor guilt and existential loss of meaning" (Southwick et al., p. 163). The authors note that logotherapy was implemented as an adjunctive form of therapy to, "[enhance] rather than [supplant] other treatment approaches" (Southwick et al, p. 163). The way that logotherapy has enhanced the PTSD program is by, "addressing a person's strengths and his or her personal search for meaning and purpose in life. As such, logotherapy does not specifically focus on symptoms although symptom reduction may be the byproduct of a successful meaning based therapy" (Southwick et al, p. 163).

For the purposes of the present study, the importance of this article is that it highlights an approach to PTSD therapy that is person or meaning centered (rather than symptom based), strengths focused, and meets the veteran where he or she is by adapting to his or her "personal search for meaning and purpose in life" (Southwick et al, 2006, p. 163). The explicit components of the therapy that help veterans derive meaning and purpose includes, "Socratic dialogue, topical discussion using quotations, volunteerism, collective service projects, and group process" (Southwick et al., p. 172). An implicit, though very discernible, element of the program is the use of metaphor. Veterans use the metaphor of "being on a new mission" to describe a sense of meaning and purpose (Southwick et al, pp. 170, 174). Furthermore, the motto that serves as the overarching principle to the program is the metaphor that, "the dress rehearsal is over" (Southwick et al., p. 172). Through this motto and logotherapy based programming, "a sense of foreshortened future becomes a catalyst for deciding on and acting upon the legacy one decides

to leave" (Southwick et al., p. 172). As in the Wurmser study (2011), these therapists seek to promote healing through a complementary union between the disparate categories of a foreshortened future and leaving a legacy.

At first glance, it would seem that the role of metaphor in this program is of ancillary importance compared to the other components. However, a further analysis of the role that metaphor plays in this program reveals that it serves as a bridge to promoting narrative integration by helping to transform life-taking military experiences into life-giving possibilities. One veteran enrolled in the program spoke of his post-traumatic stress as a "heavy gift" and that he was *more* resilient because of his PTSD (Southwick et al., 2006, p. 174). Another example of this is the transformation of the word "mission" - originally often having the connotation of a military operation that can result in a loss of lives - to something along the lines of what Judith Herman calls the, "survivor mission", which implies using one's experience of having survived trauma for the sake of helping others (Herman cited in Southwick et al., p. 166). In accommodating veteran's use of the metaphor of mission, a healthy tension was created between veteran's original experience of the term and the possibility that it could now be used in a new, more expansive and life-giving way. It is also interesting to note that the PTSD symptoms of external locus of control and foreshortened future were also transformed, in part, by the "dress rehearsal is over" metaphor such that this reframing technique helped veterans move from a state of inaction to a state of action. The research by Southwick et al. (2006), offers strong programmatic evidence of how metaphor, as part of a meaning based adjunctive therapy, can facilitate both cultural accommodation (i.e., use of mission metaphor) and narrative integration (i.e., use of mission and dress rehearsal metaphors).

A quantitative case study by Witzum, Dasberg, and Bleich (1986), demonstrates how metaphor can also be used as a direct, and alternative means to treat military related PTSD. Witzum et al. describe how metaphor was used as a direct means of therapy in the case of a veteran of the Israeli army who had dealt with PTSD for a period of 10 years. At the time that the veteran in the case study presented for help, he had already been in therapy for several years and had not experienced any significant reduction of his symptoms. Due to his PTSD symptoms, the subject had diminished levels of functional ability at work, in relationships, and in the Israeli Army Reserve unit that he was required to serve in. Therapy consisted of eight sessions over a period of eight months. During the first three sessions, the veteran was administered the Brief Symptom Inventory (identifying symptoms), the Target Complaint scale (presenting problem), the Goal Attainment Scale (goals for life improvement), and was also given a DSM III diagnosis of PTSD (Witzum et al., 1986). These initial treatment sessions yielded a great deal of insight into the veterans mental health profile and uncovered a negative attachment pattern in reference to his father and authority figures (some of whom had abandoned the veteran during his war experience). A major theme identified by the veteran was his stated desire to, "go home." Based on the other information that he had disclosed in therapy, this metaphor was reinterpreted by his therapist in the fifth session as an overarching metaphoric theme of trying to play it safe by, "hiding in a shelter" (Witzum, p. 460). When this was proposed to the client, the researchers state that he became physiologically dysregulated – but not so severely that he could not continue with the therapy session.

When the client arrived for the sixth treatment session, the client revealed that the metaphor had resonated a great deal and had stirred much reflection, introspection, dreams, and related material (Witzum et al., 1986, p. 461). The seventh session also yielded a great deal of

psychological and relational material that was likewise linked to the metaphor of living in a

shelter. The researchers state that, "for the first time, A. left his emotional shelter and was able to

express his pain with hope instead of fear" (Witzum et al., p. 461). The authors attribute this

breakthrough to the shelter metaphor having built "a bridge between the patient's world and to

his painful experience, giving him the feeling of understanding" (Witzum et al., p. 461). After a

brief interlude in treatment, the veteran returned for two more appointments and reported that he

was no longer living his life in a shelter and was engaging life's difficulties rather than running

or hiding from them (Witzum et al., p. 461).

The overall results of the metaphor focused therapy were a reduction in symptoms, a

"remarkable" decrease in presenting complaints, and "much higher than anticipated" favorable

results regarding goal attainment (Witzum et al., 1986, p. 462). At one year post treatment, the

researchers report that the client was "symptom free for the first time since 1973" (Witzum et al.,

p. 461). Like the other studies that point to the ability of metaphor to create new possibilities and

to expand perception, Witzum et al. attribute the client's improvement to the "newer and wider

meaning" that was gained through the systematic and repetitive use of the shelter metaphor (p.

463). The above research studies now permit consideration of the following research question.

Summary and Research Question

The articles comprising this literature review consist of article analysis, case studies, and

programmatic information pertaining to the challenges of working with veterans, the need for

cultural competency, and the use of metaphor as an alternate or adjunctive means of PTSD

therapy. One weakness of the case study or programmatic information approach is that they offer

support of the use of metaphor as an alternative or adjunctive form of PTSD therapy that may be

difficult to replicate or generalize beyond individual cases or specific programs. The strength of

these approaches, on the other hand, are that they go beyond merely quantifying the reduction of

PTSD symptoms (i.e., a symptom focused approach) and place an emphasis on more person-

centered values such as meeting clients where they are, emphasizing strengths and resilience, and

addressing the need for clients to derive meaning from experience. As previously mentioned,

various exposure therapies have been regarded as the mainline treatment for combat-related

PTSD. However, exposure therapies are inherently symptom focused in seeking to alleviate the

effects of trauma and therefore may overlook the importance of cultural accommodation (i.e.,

meeting the veteran where he or she is and focusing on strengths and resiliency) and narrative

integration (i.e., the need for veterans to impute meaning to their experiences). At present, the

dearth of articles on the use of metaphor in military related PTSD therapy indicates that the

method is not very widespread. Social workers working with veterans suffering from PTSD

could seemingly benefit from using metaphor either as an alternate or adjunct to traditional

PTSD therapies due to metaphor's capacity to affect cultural accommodation, symptom

mitigation, and narrative integration. The potential therapeutic value of using metaphor, and,

especially, client-elicited metaphor, to meet veterans where they are and help them mobilize their

strengths and resiliency leads to the following research question: "how do veterans use metaphor

to describe their experiences of PTSD?"

<div align="center">**Conceptual Framework**</div>

Metaphor Theory, Use of Metaphor in PTSD Therapy, and Social Work Principles

Strictly defined, metaphor is a figure of speech that compares a "literal" object with an

apparently dissimilar "figurative" object for the sake of establishing a connection of similarity

(Orange, 2011, p. 200). According to the contemporary existential philosopher Hans George

Gadamer, metaphorical comparisons are not merely playful, comparative distortions of the

meaning of words. Rather, metaphors are inherently holistic, integrative, and expansive in the way that they broaden language and the reality that language helps to create (Gadamer cited in Orange, 2011, p. 200). Drawing from the philosophical insights of Gadamer that metaphor does not *bend* language and reality but helps to *create* them, contemporary mental health therapists have used metaphor as a means of helping their clients become more expansive and integrative in the way they approach their lives and the mental health challenges they face through a process of metaphorical comparison and narrative integration – i.e., self re-organization (Orange, 2011, p. 202). In addition to constructing reality, tracing client-elicited metaphors (i.e., metaphors that originate with the client) can lead to discovering even more fundamental, "conceptual metaphors" that offer insight into the way persons interpret their experience (Beckett, 2003, p. 628).

For social work therapists working with persons from different cultures or subcultures (i.e., service members or veterans), tracing client-elicited metaphors also deepen a practitioner's appreciation of the culture of his or her client and helps the therapist to meet the client where he or she is (Rahill et al., 2011). More specific to this study, making use of veteran-elicited metaphor as an alternate or adjunctive form of PTSD therapy follows best practices in working with veterans by using an approach that is strengths based (Hall, 2011, p. 16). The concept of metaphor and metaphor therapy as an adjunctive or alternative form of PTSD treatment was chosen as a topic of research due to being person-centered, culturally accommodating (i.e., person-in-environment), meaning focused, strengths based, and integrative. In other words, the use of metaphor in PTSD therapy as an alternative or adjunctive intervention very much aligns with social work values. We will now discuss the method that this study will employ in exploring the way that veterans use metaphor to describe their experiences of PTSD.

Method

Introduction

      The purpose of the present study is to explore the way that veterans use metaphor to

describe experiences of PTSD. The data on the use of metaphor in describing PTSD experiences

will be generated from a series of veteran interview segments found on the About Face website,

a website established by the Department of Veterans Affairs and the National Center for PTSD

(http://www.ptsd.va.gov/apps/AboutFace). Because the data to be generated will be drawn from

a series of preexisting interviews, the study design is a secondary data analysis. We will now

consider this secondary data sample in greater detail.

Sample

      The About Face website is dedicated to encouraging veterans who may be experiencing

symptoms of PTSD to seek help. The site is comprised of approximately 359 video interview

segments (lasting between 10 seconds to two-and-a-half minutes) of 56 veterans who vary in

gender (48 males and 9 females), age (estimated between 23-85), ethnicity, branch of service,

military campaign, (WWII, Korea, Vietnam, Desert Storm, OIF and OEF), and type of PTSD

event experienced (i.e., combat related and non-combat related PTSD). To encourage veterans to

present for treatment and not to be afraid of self-disclosure, all of the veterans interviewed

disclose their name, branch of service, years of service, and theater of combat that they served in.

The questions that veterans respond to are the following: 1) how I know I had PTSD, 2) how

PTSD affects the people you love, 3) why I didn't ask for help right away, 4) when I knew I

needed help, 5) what treatment was like for me, 6) how treatment helps me, and, 7) my advice to

you (Retrieved from http://www.ptsd.va.gov/apps/AboutFace/questions--who-i-am--2.html).

Protection of Human Subjects

Because of the public domain and self-identifying nature of the About Face interview

segments (the interviews are also on YouTube, c.f.,

http://www.youtube.com/watch?v=qr082CNtV9M), veteran data selected for inclusion in this

research project do not require confidentiality or protection. The very purpose of the About Face

website and the interview segments contained therein is to encourage veteran self-disclosure of

PTSD experiences by modeling this through the self-identifying disclosure of the veterans

interviewed for the project. When one considers the public domain and self-identifying nature of

the About Face interview segments along with the purpose of the About Face website in seeking

to encourage self-disclosure through the modeling of it, this leads to the conclusion that there is

minimal risk to the veteran subjects whose data will be used for this study.

Measurement

The research question of how veterans use metaphor to describe their experiences of

PTSD was measured by selecting veterans who use metaphor as a way of responding to one or

more of the seven questions outlined in the above section describing the secondary data sample.

Metaphor and metaphoric responses were earlier defined in terms of the comparison of a "literal"

object with an apparently dissimilar "figurative" object for the sake of establishing a connection

of similarity (Orange, 2011, p. 200). In the case of the veterans interviewed at the About Face

website, the literal object is their experiences of trauma or PTSD symptoms. The figurative

object is the word, image, or symbol that veterans compare the literal object (i.e., PTSD or

trauma event) with in the attempt to forge a bond of similarity. For example, some veterans have

compared the experience of combat (the literal object) to, "seeing the elephant" (the figurative

object) for the sake of establishing a similarity of both being dramatic and chaotic. The

metaphors identified in the veteran interviews were analyzed in the following way.

Data Analysis

The analysis technique that will be used for interpreting the metaphoric data of the interview can best be described as directed content analysis (Berg, 2012). This technique involves extracting interpretive codes, categories, and themes from previous research and using them as the primary lens through which interview data is interpreted (Hsieh & Shannon cited in Berg, 2012, p. 352). In particular, the articles reviewed for this study on military culture highlighted a conceptual metaphor and a number of conceptual themes that organize the military experience such as the conceptual metaphor of the military as "fortress" (Wertsch cited in Hall, 2011, p.9), and the conceptual themes of, "isolation and alienation" (Hall, p. 9), "importance of mission" (Martin & Mclure cited in Hall, p. 12), and "preparation for disaster" (Hall, p. 13). Additionally, three conceptual and psychological subthemes that are an outgrowth of the above cultural metaphor and themes are the dispositions of "secrecy, stoicism, and denial" (Wertsch cited in Hall, p. 13). To begin with, interview segments will be selected for data analysis on the basis of a veteran using metaphoric language to describe his or her experience of PTSD. Next, the context of the metaphor will be established and an interpretation of the metaphor's meaning will be made based on the content and context of the metaphor and this researcher's own military experience. Finally, the metaphor will be associated with the above conceptual metaphor and conceptual themes (as relevant) in order to explore the possible deeper, conceptual origins of the metaphor.

Results

The Metaphors Veterans' Use To Describe Experiences of PTSD

Of the metaphors extracted from the approximately 359 video interview segments reviewed, 82 were selected for further analysis and categorization (c.f., metaphors 1-82 in Appendix). The 82 metaphors were selected based on a discernible association between a literal object (e.g., PTSD) and a figurative object (e.g., PTSD as "baggage" – c.f., #26). The general metaphoric patterns that emerged are as follows. Many metaphors describe the physiological effects of PTSD: being easily "set off" (#1), "suffocating" (#2), being "on guard" (#5), "hiding" #9), being in "combat mode" (#11), etc. Some metaphors describe the effects of PTSD on one's disposition: being a "Tazmanian Devil" (#13), being overly "mission oriented" (#16), being a "zombie" (#23), overly identifying with the warrior - relying on "Colonel" persona (#29) and being a "Spartan Warrior" (#56), etc. Other metaphors were used to describe PTSD itself: [PTSD] "tears away" (#22) and "breaks down" (#24), PTSD as a "load", PTSD as "baggage" (#26), PTSD as a "battle" (#45), etc. Finally, a number of specifically "military" metaphors were used to describe various experiences of PTSD. "Military metaphors" refers to figurative terms or phrases that one acquires directly from military culture. Approximately 18 of the 82 metaphors selected could be described as specifically military metaphors. Examples of these type of metaphors are the following: "squared away" (#12), "mission oriented" (#16), "ready to 'rock and roll'" (#21), "driving on" (#36), "break you down and build you up" (#37), and "suck it up" (#39). The relatively large number of metaphors identified and selected for analysis and interpretation permitted the development of the following inductive and deductive categories and themes.

Metaphor Thematic Categories

Table 1.

Inductively and Deductively Developed Thematic Categories

PTSD in Control (Having Survived Trauma)	Controlling PTSD (Surviving PTSD)	Veteran in Control (Survivor's Mission)
Being "set off"	Letting Guard Down	Big Wall / Breaking Down Wall
Safe Place	Drop My Guard	We Battle PTSD
Fighting	Trying to Build Up	Band of Brothers
We hide	Driving On	
Being on Alert	Going Through PTSD Bootcamp	
Getting in Deep	Pushing Through	
Mission Oriented	Fighting Forward	
Breaks Down / Build Up	Don't Give Up the Battle	
Force Field		
Baggage		
Climbing the Wall		
Hardened Wall		
Hiding Behind Wall		
We Build Walls		
Putting up the Wall		
On the Ground Training		
Driving On		
Pushing Through Pain		
Sucking it Up		
Decades Delayed Battle (PTSD)		
Crushing Weight (PTSD)		

The above table outlines three general categories inductively and deductively developed to further categorize the types of metaphors that veterans use in describing PTSD. The category "PTSD in Control" (Having Survived Trauma) was inductively derived from veteran's liberal use of metaphor to describe how PTSD once dominated their lives to the point that they were experiencing a significant loss of control in one or more areas of their life. The category labeled "Controlling PTSD" (Surviving PTSD) was also derived from a number of veterans using metaphor to articulate the movement from PTSD having control of their lives to learning to control the symptoms of PTSD. Such a transition could be described as an existential movement from merely having survived a traumatic event to more actively "surviving" the effects of the

trauma (PTSD). A metaphorically loaded interview segment by Stacy P. illustrates an example of this existential movement: "When you join the military, they are going to break you down and build you up into what they want you to be. And that's somebody who's going to push through the pain, suck it up, soldier on, and finish until the mission is complete…the stigma [of admitting to weakness] that had been so cemented in our conscious was as hard as a wall and we were brick by brick trying to break it down."

To begin with, the context of this statement is Stacy speaking to the way that she was trained as a soldier to not admit to weakness nor allow any outside (or inside) influence compromise mission readiness or mission completion. This training was so strongly reinforced that it became a "stigma" that was "cemented" into Stacy's consciousness. This initial part of Stacy's statement speaks to being enabled by military training to survive hardships – including trauma – in part by precisely *not* focusing on the negative *effects* of trauma (i.e., "admitting to weakness"). The metaphor in this statement is that the stigma of admitting to weakness (i.e., PTSD) had become a very hard, concrete wall. The existential movement can be discerned in the statement when Stacy uses the metaphor of deconstructing the same wall brick by brick. At this point, the wall metaphor is transformed from a metaphor that encouraged a relatively "mechanistic" survival of trauma (the first category) to a "humanistic" metaphor that enables surviving PTSD (the second category).

The above statement by Stacy P. also gives rise to inductively deriving the final metaphoric category of "Veteran in Control" (Survivor's Mission). Immediately after Stacy speaks of dismantling the wall against showing weakness "brick by brick", she states, "And I think it's still a very big wall and it's gonna take a lot more of us to help break it down." This statement speaks not only to controlling PTSD but illustrates a further existential

development in the veteran regaining fuller control of her life by making use of her experience of surviving PTSD to join with and help others in changing the culture that produced the stigma in the first place. At this point in Stacy's statement, there seems to be another transition from merely surviving PTSD to what the research refers to as a "survivor's mission" (Herman cited in Southwick et al., p. 166). This transition also connects the inductively derived categories of "PTSD in Control" and "Controlling PTSD" to the inductively *and* deductively derived category of "Veteran in Control" (Survivor's Mission). Furthermore, Stacy's metaphorically loaded statement, the existential transitional themes contained therein (i.e., the movement from PTSD in Control to Controlling PTSD to Veteran in Control), and the other data suggests that these categories not be conceived of in isolation from one another but along an existential continuum of surviving trauma, surviving PTSD, and leading a survivor's mission.

It should be noted that the metaphors falling into the category of "PTSD in Control" numbered more than are listed (whereas the metaphors listed in the other categories are listed in their entirety). These metaphors were not listed exhaustively due to being too numerous and repetitive. The large number of these types of metaphors relative to the metaphors in the other categories is likely due to the fact that four of the seven questions posed by the About Face website are related to the negative effects of PTSD (i.e., "PTSD in Control") and are less focused on actively surviving PTSD and embarking on a survivor's mission. The numerousness and repetitiveness of the metaphors that were recorded for analysis did, however, permit for the creation of metaphoric themes and associations with the conceptual metaphor and themes identified in the research (c.f., Hall, 2011, pp. 9-13). We will now consider these metaphoric themes as outlined in Table 2.

Metaphoric Themes and Conceptual Metaphor/Theme Associations

Table 2.

Metaphoric Themes and Conceptual Metaphor/Theme Associations

Metaphor Themes (Metaphor #)	Conceptual Metaphor/Theme Associations					
	Fortress	Isolation & Alienation	Importance of Mission	Preparation for Disaster	Stoicism	Denial
Being Set Off (1, 20)				✓		
Safe Place (3, 7)	✓					
Fighting (6, 75)			✓		✓	✓
Hiding (9, 48)	✓	✓				
Being on Alert (10, 11, 17, 21, 66)				✓		
Being in Deep (15, 19)		✓				
The Mission (16, 41)			✓			
Breaking Down / Building Up (24, 37, 43, 61)			✓		✓	
The Force Field (25, 51)		✓				
The Wall (30, 42, 43, 71, 77)	✓	✓			✓	✓
Training (33, 69)		✓	✓			
Driving On (36, 72)			✓		✓	
Pushing Through (38, 73, 76)			✓		✓	
Sucking It Up (39, 47, 82)					✓	
The Battle (45, 68, 71)			✓		✓	✓

Metaphoric Themes

Table 2 is comprised of 15 metaphoric themes that were identified among the metaphors chosen for analysis (the individual metaphors that make up each theme are noted by number in parenthesis under the metaphor theme title - c.f., appendix for each metaphor). "Metaphoric themes" refers to the thematic categorization of metaphors with a similar meaning. Additionally, using the aforementioned method of directed content analysis (Berg, 2012, p. 352), these metaphoric themes were interpretively connected to the conceptual metaphors and themes mentioned in the Hall article for the sake of gaining insight into the deeper strata of meaning that the metaphors may refer to. Finally, the basis for making the interpretive connection between the metaphor themes identified in the About Face interviews and the conceptual metaphors and themes in the Hall article is the content and context of the metaphors as well as this author's own subjective experience of the military. The metaphoric themes will now be described according to the conceptual metaphor that they were categorized under.

The metaphor themes of "Safe Place", "Hiding", and, "The Wall" were connected to the conceptual metaphor of "Fortress." It is probably not too terribly difficult to understand why these metaphor themes would be associated with "Fortress" as each connotes a retreat to a secure, personal, inner sanctum when faced with a PTSD symptom inducing situation. The metaphor themes of "Hiding", "Being in Deep", "The Force Field", "The Wall" and "Training" were associated with the conceptual theme of the military experience being one of "isolation and alienation." The theme of "Training" may not seem at first glance to fit so easily into this category. Combat veteran Arthur J. speaks to the metaphor of training in the following way when describing his hesitation to meet with a non-veteran counselor: "You [the therapist] have a lot of 'book sense' but you don't have that 'on the ground training." In this context, the metaphor of "on the ground training" is being used to highlight the difference between the military and the

civilian world. It is precisely Arthur's stressing of the *difference* between the two worlds that brings to mind the deeper conceptual association of the alienating experience of being in the military (Hall, 2011).

The metaphors associated with the conceptual thematic category of "Importance of Mission" are "The Mission", "The Battle", "Fighting", "Breaking Down/Building Up", "Training", "Driving On" and "Pushing Through." Only the first two of the above seven metaphor themes are explicitly related to the conceptual theme of "Importance of Mission." The implicit connection of the latter five to this conceptual theme is established on the basis that these themes are frequently corollaries of "Importance of Mission." When service members or veterans speak of "fighting", "breaking down and building up", "training", "driving on", and, "pushing through", very often they are speaking of these metaphors as a means to realizing the successful completion of some type of mission. Stacy P. speaks to the importance of mission directly in her metaphorically loaded sequence when she states, "When you join the military, they are going to break you down and build you up (#37) into what they want you to be. And that's somebody who's going to push through the pain (#38), suck it up (#39), soldier on (#40), and finish until the mission is complete (#41)." Sometimes, however, the mission mandate is *implied*. For example, Rick C. exhorts his fellow veterans to keep "fighting forward" through their PTSD treatment. What can be inferred by this metaphor is that "fighting forward" is referred to as a means to completing the *implied* mission of successful PTSD treatment.

The conceptual theme of "preparation for disaster" speaks to the awareness of those in the military that chaos and death may visit without warning (Hall, 2011, p. 13). Some veterans in the About Face interviews spoke to the physiological and psychological response to this possibility through the metaphor themes of "Being Set Off" and "Being On Alert". In general,

these metaphors indicate that veterans were either quick to over-react to an inane threat or were

constantly on guard against a threat. In either case, these metaphor themes highlight the fact that

many veterans are prepared for serious harm or death even after they are no longer faced by it.

The last two conceptual thematic categories, "Stocism" and "Denial" will be considered together

as they could seem very similar. Under the column marked "Stocism" are the metaphor themes

of "Fighting", "Breaking Down/Building Up", "The Wall", "Driving On", "Pushing Through",

"Sucking It Up", and, "The Battle". All of the metaphors categorized under this theme in some

manner express the capacity to, "keep up the appearance of stability and the ability to handle

whatever stress [that one encounters]" (Hall, p. 14). Stacy P's abovementioned metaphorically

rich statement speaks precisely to the military ethos of stoicism.

While similar to stoicism, denial as a conceptual theme of military experience describes

more of a systematic suppression of any thought, emotion, or behavior that would reveal

weakness or make one vulnerable (Hall, p. 14). Edward R. speaks to denial of his PTSD

symptoms through the metaphor of "fighting": "I had no idea I was depressed, I thought it was

normal, I thought it was just me, I was fighting it." As similar as stoicism is to denial, it is

critically important to distinguish one from the other in terms of social work practice. Bearing

this in mind, we will now move to a discussion of this study and consider the implications of the

results precisely for social work practice with veterans.

Discussion

The purpose of this study was to explore the metaphors that veterans use to describe their

experiences of PTSD. The metaphors that were identified through secondary data analysis

permitted the development of three metaphor thematic categories (Table 1), 15 metaphoric

themes (Table 2), and associations between these metaphoric themes and six conceptual

metaphors and themes identified in the research (Hall, 2011).

Metaphor Thematic Categories

The three metaphoric categories developed to interpret veteran's metaphoric responses to

their experience of PTSD were, "PTSD in Control (Having Survived Trauma)", "Controlling

PTSD (Surviving PTSD)", and "Veteran in Control (Survivor's Mission)". All three categories

were inductively derived based on the context and content of the metaphors. The third category

was also deduced from research findings that some survivors of trauma and PTSD develop a

"survivor's mission" as part of their recovery (Herman cited in Southwick et al., 2006, p. 166).

Furthermore, the above metaphoric categories should not be viewed in isolation from one

another but are indicative of developments along an existential PTSD survivor's continuum. The

"metaphorically loaded" statement of Stacy P., again, embodies a successive movement from

one existential category to another and implies that veterans not only experience PTSD passively

but also actively derive meaning from it. Southwick et al. (2006) in their research on existential

therapy as an adjunctive complement to traditional PTSD therapies state the following with

regard to the question of meaning for veterans with PTSD:

> "it is our experience that many veterans, when given the opportunity, are eager to engage
>
> in discussion about existential struggles. In fact, many want these struggles to be
>
> understood and they frequently bring core issues of meaning into the therapeutic
>
> dialogue." (pp. 163-164).

The findings of this research study lend support to the notion that, along with addressing

the symptoms of PTSD, it is also imperative to acknowledge and treat the underlying, meaning

based implications of military trauma (Southwick et al., 2006). Making therapeutic use of

veteran elicited metaphor is one such way to acknowledge and treat the rupture to meaning that can occur as a result of trauma. The Southwick et al. (2006) and Witzum et al. (1986) articles both demonstrate how veteran elicited metaphor served the therapeutic purpose of reconstructing meaning for veteran clients. In the Southwick et al. (2006) article, one veteran describes his struggles with PTSD metaphorically as a "heavy gift" that has made him stronger as a person (p. 174). Witzum et al. (1986) made extensive use of a veteran's initial reference to "wanting to go back home" (reinterpreting this as "living life in a shelter") as a therapeutic vehicle that helped him to become relatively fully functioning. In the case of the metaphoric thematic category table developed by this study, metaphors that translate from one existential category to another might be more easily used as therapeutic vehicles for a healing of meaning. The metaphor of "building up and breaking down", for example, is found in all three categories of the existential PTSD survivor's continuum. What this implies is that the metaphor itself is relatively flexible in terms of the type of meaning it can readily represent or co-create. In other words, this particular metaphor seems to be highly adaptable and translatable from existential category to existential category. Another way of determining which metaphors might serve as good therapeutic tools is by exploring the underlying conceptual metaphor or theme that they may refer to. To explore this aspect of the therapeutic value of veteran elicited metaphor, we turn our discussion to Table 2.

Metaphoric Themes and Conceptual Metaphor and Theme Associations

To reiterate, the metaphoric themes and association of these themes with the conceptual metaphor or themes identified in the Hall (2011) article were made on the basis of the content of the veteran-elicited metaphors, the context that they were used in, and the author's own subjective military experience. Table 2 illustrates that all of the 15 metaphor themes derived from this study can be associated with one or more conceptual metaphors or themes. This seems

to suggest that veteran-elicited metaphor may often issue from a deeper conceptual source and that it is therefore imperative for social work practitioners to be aware of this source, or, "military worldview." Another interesting point about associating the 15 metaphor themes of this study with the conceptual metaphor and themes identified by Hall is that doing so may suggest a relative and flexible "therapeutic utility" of a given metaphor based on the type of conceptual source from which it may issue. For example, it would seem that the metaphors associated with the conceptual metaphor of "Fortress" and the conceptual themes of "Isolation and Alienation", "Preparation for Disaster", and "Denial" may be less flexible to being used in therapy relative to those metaphors associated with the conceptual themes of "Importance of Mission" and "Stoicism."

The above distinction regarding metaphor flexibility is made based on the likelihood that the former four conceptual metaphor and themes deal with the most negative and alienating effects of PTSD while the latter two conceptual themes have to do not only with negative effects of PTSD but also are associated with metaphors that describe positive and adaptive outcomes associated with PTSD and PTSD therapy. This likelihood is also seemingly supported by the fact that the metaphors associated with the conceptual metaphor and themes of "Fortress", "Isolation and Alienation", "Preparation for Disaster", and "Denial" are also listed under the category of "PTSD in Control" in Table 1 while the metaphors associated with "Importance of Mission" and "Stoicism" can also be found in the categories of "Controlling PTSD" and "Veteran in Control". It should be noted that comparing some metaphors with others to ascertain a relative flexibility and utility in no way is meant to suggest the therapeutic *value* of the metaphors that veterans use in describing experiences of PTSD. As a matter of fact, the following discussion on the implications of this study will speculate that using an "inflexible" metaphor that is seemingly

diametrically opposed to a positive and adaptive outcome may in fact yield the greatest measure

of a positive and adaptive outcome in terms of cultural accommodation, symptom mitigation,

and narrative integration.

Strengths and Limitations of Present Study

The first strength of this study is that it demonstrates that veterans do make liberal use of

metaphor in speaking about their experiences of PTSD. Another strength of the study is that it

yielded a fairly large number of metaphors that shed light not only on the effects of PTSD and

PTSD therapy but also offer insight into how the military worldview may be expressed via

metaphor (especially when connected to research on military culture). Lastly - and as previously

mentioned – four of the seven questions that veterans responded to on the About Face website

were constructed to reveal the negative effects of PTSD on a veteran's life. An unintended effect

(or, weakness) that this presented for the study is that the sum total of veteran responses yield a

much more predominant picture of what a veteran's life is like when "PTSD is in control"

relative to when a veteran is in control of PTSD or when a veteran makes use of his or her

experience of PTSD to carry on a survivor's mission.

Conclusion

This study offers insight into the way that veterans use metaphors to describe their

experiences of PTSD and the connection between these metaphors and the deeper, conceptual

metaphors or themes that are expressive of the military worldview. The connection between the

individual metaphors that veterans use to describe their military related experiences and the

deeper conceptual metaphors and themes that represent the military worldview implies that,

when social work practitioners receive these metaphors and foster their therapeutic use, a

significant degree of cultural accommodation can be achieved. There are perhaps fewer, more

profound ways of meeting persons on their terms than to actively receive the words they use and

trace them to their conceptual source. Another reason why it behooves social work practitioners

to make therapeutic use of veteran-elicited metaphor is that this follows best practices in working

with veterans by using a strengths and resiliency approach (Hall, 2011, p. 16). The large number

of metaphors identified by this study that can be connected to the conceptual, "strengths-related"

themes of "Importance of Mission" and "Stoicism" (c.f., Table 2) provide strong support for a

strengths and resiliency rationale. An additional role of veteran-elicited metaphor in PTSD

therapy is the alleviating effect that it can have on PTSD symptoms. The articles by Southwick et

al. (2006) and Witzum et al. (1986) either implicitly (Southwick, et. al.) or explicitly (Witzum, et

al.) point to how metaphor can mitigate the symptoms of PTSD. Though this aspect of the effect

of metaphor on PTSD symptoms was beyond the scope of this study, it would likely not be

difficult to make a case for how the metaphors identified by this study could be used to help

veterans speak to trauma in a way to facilitate a mitigation of PTSD symptoms.

 The final implication of this study has to do with the therapeutic use of metaphor to

promote narrative integration. As already mentioned in the discussion section of this paper,

narrative integration can be facilitated when a metaphor evolves to embody the full spectrum of

PTSD experience: from "PTSD in Control", to "Controlling PTSD", to "Veteran in Control"

(c.f., Table 1). As Stacy P. alluded to in her "metaphorically loaded" statement when she used

the metaphor of "breaking down and building up", a single metaphor can be used by veterans as

a symbolic vehicle to understand not only what happened to them through trauma but how they

have accepted the trauma and how they wish to use the trauma to help others. The symbolic

utility of a single metaphor to speak to all three areas offers compelling evidence for why social

work practitioners should make use of veteran-elicited metaphor – no matter what metaphoric

"packaging" it comes in. The final implication of this study for social work practice is a

theoretical one. At the end of the discussion section it was mentioned that no value judgment

should be made with respect to the metaphors that veterans use. "Flexible" metaphors may be

more conducive to spanning the PTSD survivor's continuum outlined in Table 1 but making use

of metaphors that speak to the more "negative" effects of PTSD can be used just as effectively.

The Witzum et al. (1986) article offers a dramatic example of how a metaphor that might be

related to the conceptual theme of "Isolation and Alienation" (i.e., "living life in a shelter") was

used to bring about profound and positive therapeutic effects. The way that veteran-elicited

metaphors are used in therapy is therefore not limited by the perceived flexibility of the

metaphors used but, ultimately, the flexibility of the metaphoric imagination that receives them.

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Appendix.

Transcription of "About Face" Interviews
Conceptual Themes/Metaphor Interpretative Key: Fortress **(FORT)**, Isolation and Alienation **(I&A)**, Importance of Mission **(IM)**, Preparation for Disaster **(P4D)**, Identifying With The Warrior **(IWW)**, Secrecy **(SEC)**, Stoicism **(STO)**, and Denial **(DEN)**

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
"How I knew I Had PTSD"			
Daniel H. Speaking of PTSD triggers: "Sometimes I would catch a show or a glimpse of a show that would [Metaphor].	1. "Set Me Off." **(P4D)**	Matter of fact; flat affect; no special emphasis or gesture	"Set me off" likely related to "going off." Implies either/or both re-experiencing traumatic event or thought/emotions/reactions associated with the event.
Ron W. (1). Speaking of returning to a job he had prior to his military service: "I was on track for a great career as a drug counselor. It offered me everything except I was [metaphor] cuz' I had no adrenaline rush	2. "Suffocating." **(I&A)**	Strong verbal emphasis on word, "suffocating" relative to words surrounding it	R's life had become intolerably mundane to the point that he could barely "breathe" in an existential sense.
Ron W. (2). Speaking of his self proclaimed, "Chernobyl period". "I never felt that there were Viet Cong in the tree line…intellectually …I knew I was home, and that was a [metaphor] "but in my spirit, in	3. "Safe Place" **(FORT)**	No verbal non-verbal emphasis on words "safe place"	R knew, intellectually, that he was in a "safe place" in terms of an actual locale of safety and security.
	4. "Under The Sniper's Scope" **(P4D)**	Verbal emphasis placed on the word, "scope"	High anxiety and adrenaline associated with the imminent possibility of being

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
my anxiety I felt like I was always [metaphor]			killed.
"I still felt vulnerable, and I still felt like I was the only one [metaphor]; my adrenaline would get so high just thinking of being there and the only person armed	5. "On Guard" **(P4D)**	No special emphasis	Mental, physical, emotion state of readiness for combat.
Edward R. Speaking of the fallout of his inability to cope with PTSD symptoms: "I had no idea I was depressed, I thought it was normal, I thought it was just me, I was [metaphor]	6. "Fighting It." **(STO/DEN)**	Strong verbal emphasis on words, "fighting it." Body gesture suggest E. was surprised that his symptoms of depression and 'fighting it' were indicative of PTSD.	Attempt to stay "strong" and "steel" himself against "it" – PTSD. PTSD regarded as an "enemy".
Mary W. Speaking of grocery shopping at night: "I could go and just have some peace, and not worry about, you know, being in constant human contact. It was a [Metaphor] for me to be."	7. "Safe Place." **(FORT)**	Some non-verbal emphasis on "safe place": eyebrows raised at this metaphor and eyes became more intense and larger.	Safe place associated with being away from people which induce a sense of ambiguity, vulnerability and uncertainty.
Elizabeth H. Speaking of owning rifles after her return from Iraq: "After I came back from Iraq I felt like a rifle was	8. "Rifle was my Best Friend." **(P4D)**	Verbal emphasis on words "best friend" relative to surrounding words	The best ally to have in a world of potential violence is a tool of immediate and forceful response.

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
my [metaphor]			
Jerry R. Speaking of trying to cope with PTSD	9. "You know…We hid. We hide it." (**I&A/SEC**)	No difference in emphasis	"Hide" hear likely implies concealing PTSD symptoms, weakness, or vulnerability.
Christopher G. Speaking of an incident where a car backfired and that triggered a threat response	10. "Ready to go." (**P4D**)	No emphasis	Ready to engage a perceived threat; a physical and mental state of readiness to fight or flee.
Louis B. Speaking of the rage he lived with habitually	To "snap" with rage	No emphasis	
Edward F. Speaking about how certain times of the year are "trigger points" for him.	"It's like a ghost in the night"	No emphasis	Speaks to memories, flashbacks, or dreams about combat that haunt like a spectre [may imply being "haunted"]
	"certain songs can 'get me off'…and rolling right down the hill with anger or depression"	No emphasis	"get me off" – off a stable track; "down the hill" – going down "into the dumps" or into an emotional abyss
Josh H.	11. "Combat mode." (**P4D**)	Flat affect	Fight or flight; threat identification and elimination
Laurent T. II.	12. Having things "squared away" (**P4D**)	Intense affect	Squared away refers to being in a heightened state of preparedness for disaster; through CPT, transformed this metaphor from being

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
			prepared for disaster to being prepared to help others (stranded on the side of the road)
Horace C.	13. "When things didn't go the way I wanted, a Tazmanian Devil came out of me". **(P4D)**	No emphasis; matter of fact	Tazmanian Devil a reaction to the threat of calamity or disaster; the desire to impose control over a situation no matter what the cost
Damien H. Speaking of looking for keys he had misplaced	14. "Blowed it up [the situation of losing keys] like the world was going to end." **(P4D)**	Intense affect	Metaphor speaks to preparation for disaster or trying to avoid it at all costs.
Robert M. Speaking of how he discovered that he had PTSD while at the VA seeking information on exposure to Agent Orange	"I backdoored into PTSD."	No emphasis; matter of fact.	Speaks to an unanticipated, surprising insight or occurrence that one "falls into."
Wanda P. Speaking of having isolated to the point that she felt left alone by those close to her	15. "I had really gotten deep" (deep into a situation of isolation). **(I&A)**	No emphasis; matter of fact.	Metaphor indicates a situation of isolation that one gets one self into from the sum total of making many small decisions to remain alone. Eventually, one creates a large rut of isolation that one is then stuck in.
Tom R. Speaking of the inconveniences of traffic and wanting to get to his	16. "As mission oriented as military guys are, all you want to do is get from point A to point B and not	No emphasis; matter of fact.	Mission orientation is equated or compared to the desire to get from point A to point B and not be hassled. The

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
destination	really be hassled by it." **(IM)**		three metaphors are: mission orientation, getting from point A to point B, and not being hassled. The suggestion is that the military mindset is rarified down to establishing mission parameters and than executing those parameters as quickly and efficiently as possible with the least amount of hassle (an extremely black and white way of approaching life. Life is not a "mission")
Brad S. Speaking about the need to be prepared	17. "I don't like to get caught with my pants down." "not getting caught off guard." Gun that he slept with under his pillow for nine months after returning from Iraq was his, "safety blanket." 17 (a) "I can let my guard down on stuff and chill out a little bit." **(P4D)**	No emphasis; matter of fact statements regarding all three metaphors.	Metaphor connotes not wanting to be exposed or vulnerable and wanting to be protected (gun under pillow = safety blanket). Letting guard down, etc., metaphors that describe his post PTSD experience of being able to let go, to be a bit vulnerable, and to relax.
Donald S. Speaking of how he would deal with his PTSD.	"driving became my release."	No emphasis; matter of fact.	Metaphor of "release" speaks to easing of the confinement D. felt. Likely confinement imposed on him by the stress of PTSD.
Craig S. Speaking about how he isolated and	18. "I felt like that if I trusted somebody and somewhat opened up, I	A bit of emphasis on the idea of opening up and getting hurt.	Metaphor speaks to a fear of being vulnerable or exposed and

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
alienated himself from family and friends due to an inability or unwillingness to trust	was going to get hurt…I was going to get screwed in the process…this wasn't going to work." **(I&A)**		subsequently being hurt.
Curtis T. Speaking of sudden mood swings	19. "A transition would happen that was just mystery to me. My mood would sink really deep and I'd just be in a huge funk." **(I&A)**	Stronger emphasis on the metaphor of "mystery", "sink really deep", and, especially, the metaphor of "funk." No special emphasis; matter of fact.	Metaphors speak to being confounded by mood swings and sinking to a level of emotional despair.
Richard A. Speaking of being irritable and having a violent temper	I snapped a lot at people	No special emphasis; matter of fact.	
Timothy L. Speaking of last anxiety attack while at a movie.	20. "It just set it off right away." **(P4D)**	No special emphasis; matter of fact.	Metaphor of setting off equivalent to triggering.
Jim V. Speaking about the experience of PTSD	"PTSD doesn't give a damn about rank…it's just gonna knock hell out of ya' every now and again."	Straightforward and matter of fact.	PTSD as an entity that invades awareness and causes disturbances tantamount to "knocking hell out of ya'."
Bill T. Speaking about struggles with PTSD and how it adversely affected him vocationally and professionally.	"I ended up fighting myself." "There were times when I was the devil." "I went down to the bottom."	Strong emphasis on"fighting myself." A bit more emphasis on "going down to the bottom."	Metaphor speaks to internal struggle of how PTSD disrupts sense of self and causes one to betray one's own best intentions and desires. Going down to the bottom a spiraling out of control into a pit of depression.

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
Tyler J. Speaking of not being able to sleep and experience of hyper-vigilance.	21. "Ready to 'rock and roll'." **(P4D)**	No emphasis, matter of fact.	Ready to fight (to rock or be rocked) and ready to roll with whatever happens (worst case scenario; preparedness for disaster)
Robert E. Speaking of how he used to react to being ridiculed by people for being a Vietnam Veteran.	"Before [my PTSD treatment] I would have fired."	No emphasis, matter of fact.	Metaphor for shooting at an adversary, going off, or defending one's self from an attack.
Sarah H. Speaking to the need to express emotions.	22. "It'll just tear away all the relationships in your life if you don't learn to unlock them…get those emotions out." **(STO/DEN)**	Bit more emphasis on the need to unlock emotions	Emotions are something that are guarded and held close and that letting them go is akin to unlocking and releasing them.
"How PTSD Affects the People You Love"			
Sarah H. Speaking about the affects of PTSD on family dynamics	23. "Families suffer a great deal when a mom or dad, you know… come home…just, lost with PTSD…my ex-husband…he used to tell me that 'my wife never came home…just this zombie in the house." **(STO/DEN)**	No emotional emphasis, mater of fact.	"Lost with PTSD" suggests being 'taken away' to physiological, emotional, psychological, and, spiritual condition that is unfamiliar and disorienting. "Zombie" speaks to one who is alienated from what would be considered normal responses in the abovementioned areas of life.
Craig S. Speaking of experience of family members to his	"They felt lost…they, they tried, and my friends tried, to reach out and said, 'what can	Strong emphasis on the word, "lost."	Family and friends "lost" in terms of not having any idea of what to do to be

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
PTSD	we do to help you?"		helpful.
Rick C. Speaking of the affects of PTSD on his relationship with his family and son.	24. "PTSD really breaks down someone at such a young age…because the love is there for the family, but, because of PTSD, it's hard to feel it. (**I&A** – if interpretively connected with "breaking down" of bootcamp)	Strong emphasis on the words, "feel it."	PTSD as a psycho-emotional force that doesn't cause a break down so much as it "breaks one down." In this context, it breaks down the capacity to feel. Interesting to note that the metaphor of "breaking one down" is also akin to the military metaphor of "breaking one down" (in order to, "build one up"). The metaphor could be transformed into a positive, survivor's mission metaphor by suggesting that, if PTSD has broken one down, how might it be used to build one back up? [Collier's experience as a rifleman in the USMC likely means he encountered the "break down to build up" metaphor in his training].
Josh H. Speaking about how he responded to others as a result of his PTSD	25. "when you're suffering from PTSD…you have a major field around you, a force field that's pushing everyone away." (**I&A**)	Emphasis on "major field" and "force field".	PTSD can cause one to generate energy which protects and deflects one's self from interactions with others.
Josef H.	"It's hard to live with	No special emphasis;	PTSD introduces

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
Speaking about how difficult it was for his family to love him due to his PTSD	someone that is miserable… with someone who is 'broke' on the inside."	matter of fact.	misery as the experience of being "broke" on the inside.
Brad S. Explaining how he deals with PTSD by communicating his experience to his wife	"If I have issues, I'll let my wife know…you know, that, 'I'm kind'a on edge tonight." [speaking to how his wife can sense when his PTSD is being activated even before he realizes it and will suggest he needs a therapy session]: "she'll realize that I am kind of slippin'…and I'm fallin' back into my old ways…and she'll say, 'hey, I think you need to go down to the VA and talk to somebody because your fuse is getting shorter than it used to be. She kind'a keeps me on track."	Definite emphasis placed on the word, "edge."	The metaphor of being "on edge" or, "slipping" and "falling back" suggests that PTSD pushes one to the brink of losing control in some way, shape, or form. Short fuse indicates that PTSD has the effect of making a person less tolerant and resilient to stress. Staying on track is a metaphor that suggests the opposite of the above.
Ron W. Speaking to his need of healthy distancing from his family and friends in order to not be burdened by their "baggage."	26. "I was standing in a pile of my own baggage that was…I could never imagine that 27. I'd go to a place that dark and that horrible…and I worked hard to get out of there." (I&A)	Special emphasis placed on "horrible" and "worked hard to get out of there."	PTSD a "place" of darkness and horror that R. had to "go to" in order to definitively "leave" it behind (in terms of it controlling where he was in life)
Elizabeth H. Speaking about how PTSD caused her to avoid her significant	28. "I would run away from the situation…I was still in a warzone in my mind." (I&A)	No emphasis; matter of fact.	PTSD as contributory to "flight" response to stress or pain in a relationship.

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
other of 27 years			PTSD inducing a cognitive and psychological state of being in a "warzone."
Mary M. Speaking about her son's response to her symptoms of PTSD	29. "you know, Mom, it used to be that you only brought the Colonel out when it was absolutely necessary and now that's your 'go to' mode. What's going on with you?" "When I bring out the 'Colonel mode', there's no question that the Colonel is there…and it's not always pretty. Colonel mode is, 'you'll do it my way or it won't be done at all,' 'I know what the answer is', 'this is not acceptable,' 'Just get it done." **(IM)**	No emphasis; matter of fact.	"Colonel" or, "Colonel mode" metaphor for being, according to M. Martin, in a relatively black-and-white, right-and-wrong, dogmatic, rules based, power over approach to people in an effort to control from without the lack of control one is likely experiencing within.
Jim V. Speaking to experience of having a flashback	30. "In the middle of the night, when you've seen a war movie or something has happened, you flashback and you'll end up climbing the wall." **(P4D)**	Very definite Escalating emphasis on "climbing the wall" with an increasing emphasis from "climbing" to "wall" (as if he were climbing it vocally).	The "wall" seems to be a metaphor for the barrier that keeps the memories and effects of war from breaking into consciousness. Climbing the wall means going over that barrier back to the combat event or events that are contained in one's waking state.
Robert E. Speaking about how he interacted with	31. "I was a good-time Charlie…they knew me as a really nice	Emphasis on a "really nice guy."	Good time Charlie cover and concealment for what was really

Context	Metaphor and Interpretation/Conceptual Metaphor Association	Emphasis/Affect (verbal/non-verbal)	Subjective Interpretation
co-workers and friends	guy…likes to drink and have fun…but deep down I was a mess…it was just a cover…it was the way that I stuffed everything inside me." **(I&A)**		there. A subtle, but no less pernicious, form of self-alienation and self-isolation
Stacy P. Speaking of how she distanced herself from others when she returned from war	"down range I lost friends that were close to me."	A bit of emphasis on words, "down range".	Down range a metaphor for combat zone or combat theater. More specifically, on a firing range, "down range" refers to that area where the targets are (and the area where the bullets or munitions are fired)
Damien H. Speaking to his tendencies to isolate from others	32. "That's too much for me…forget it! I'm shuttin' myself up in my little hole…I'm good…lemme come out when I want to come out." **(I&A)**	Emphasis on "too much for me", "I'm good", and "lemme come out when I wanna come out."	Hole a metaphor for being in a safe, controlled environment (like a "fox hole"). This interpretation admissible especially since D. Holmes was an infantry soldier.
"Why I Didn't Ask for Help Right Away"			
Arthur J. Speaking to his hesitation to getting treatment for PTSD because of the presupposition that a non-military therapist would not understand	33. "You [the therapist] have a lot of 'book sense' but you don't have that 'on the ground training (**FORT/I&A**).'" And, "the more sessions I had with her…the more I was able to 34.'drop my guard'."	A little emphasis on the metaphor of "dropping my guard."	On the ground training similar to "boots on the ground." Both metaphors connote the degree to which one understands the nature of training for or being in combat. Dropping my guard a metaphor that connotes being in a "fight or flight" mode of hyper-vigilance.
Timm L.	35. "And I think, not	Very definite	Spartan mentality:

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Speaking of his experience of leaving the military and checking the "right boxes" so as not to be flagged for PTSD (in order to expedite the transition).	only is it, is it, umm, this kinda 'Spartan mentality' **(STO)**, that we have to have…that we have to be untouchable.	emphasis on the word "Spartan." Sharp, distinct emphasis.	there can be nothing wrong with me because I was trained to be strong and resilient. An aura of invincibility.
Ray M. Speaking to how his civilian employer suggested therapy.	36. "My civilian job, after I had 'blown up'. "Than the military, during my deployments, medicated me, and, um, said I was 'ok', so I kept driving on." **(STO)**	No emphasis; matter of fact.	"Driving on": continuing with the mission: single-minded focus on striving for mission readiness, mission effectiveness, and mission completion [one drives on with the mission]
Stacy P. Speaking to the military experience as making it difficult to present for treatment.	"When you join the military, they are going to 37. **break you down and build you up (STO)** into what they want you to be. And that's somebody who's going to 38. **push through the pain (STO),** 39**. suck it up (STO),** 40**. soldier on (STO), and finish until the** 41**. mission is complete (IM).**" "The **stigma** [of admitting to weakness] that had been so **cemented** in our **conscious** was as 42. **hard as a wall (STO)** and we were brick by brick trying to break it down.	Emphasis on each of the highlighted words/phrases [this metaphor could also be a STRENGTHS and RESILIENCE based metaphor]	Fascinating interview segment: begins with notion of the military breaking down and building up and ends with the metaphor of soldiers breaking down the stigma of not admitting to weakness and PTSD. BEGIN PRESENTATION WITH THIS SEGMENT? Breaking down: deconstructing civilian experiences and, even, civility. Building up: the military mentality of being strong and resilient and sacrificing everything for the mission. Building up an

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	And I think it's still a very 43. big wall and it's gonna take a lot more of us to help break it down.		anti-civilian bias and being indoctrinated into a subculture that is fundamentally at odds with civilian polity. Pushing through pain/sucking it up: denying weakness, vulnerability, or physical, mental, and emotional compromise. Stigma associated with admitting to weakness as strong as cement or a wall.
Mary W. Speaking to how she hesitated to get help because she associated VA with the military.	44. "so, going into a military situation would have been a '**no-go**' for me." **(I&A)**	No special emphasis.	No-go = non-starter.
Curtis T. Speaking about his hesitancy to go to the VA because of associating it with the military	45. "It doesn't have to be the decades delayed battle **(STO?)** that I went through."	No emphasis, matter of fact.	PTSD itself is a battle or battlefield
Edward F. Speaking on getting over the stigma of having PTSD and receiving treatment.	46. "If you get treatment…if you come in 'from the cold.' **(I&A)** You can have a good life."	Matter of fact; no emphasis.	Coming in from the cold = not receiving treatment. The cold might be the icy denial of human contact with one's self and others.
Joshua B. Speaking of how he was inspired to confront and address his PTSD symptoms through the example	"[SF NCO] to J. Brown: it's just like going into combat with a weapon…your fire it and it's gonna get dirty…well, the same	A bit of emphasis on, "foul up."	The mind gets dirtied by combat (fouled up) or may even misfire (another interpretation of the military metaphor of "fouling

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of a Special Forces (SF) NCO.	thing with your mind…in combat, it's gonna **foul up**."		up"). Importance of this metaphor is that it is a STRENGTHS and RESILIENCE based metaphor.
Wanda P. Speaking of how she didn't seek treatment because she compared herself to other veterans who didn't make it back and thought she had no reason to complain or seek treatment.	47. "**Suck it up (STO)**…and be grateful that life is still here…and I was **locked into that**."	Emphasis on, "suck it up" and "locked into that."	Suck it up: not showing emotion, not letting emotion flow. Suck it back to its place of origin.
Rick C. Speaking on veteran's hesitation to seek help because of stigma or being worried what others might think.	"When you second guess everything, and **give the power away** to everyone else, you're not going to be able to heal and move forward at all,"	Emphasis on, "give the power away."	The metaphor of giving away one's power = to worrying what other's will think rather than worrying about one's well being. Seeking treatment for PTSD – DESPITE WHAT OTHERS THINK - could therefore be a matter of reclaiming one's power (again, a strength's based approach)
Jeremiah C. Speaking about not wanting to get help for PTSD because he didn't think he should have problems relative to what other veterans have dealt with.	"You come back and you're like, 'I made it…I'm for whatever reason having all these issues…**I'm a dirtbag**, **I'm weak**."	Strong emphasis on "I'm a dirtbag and I'm weak."	To show weakness or to be weak is tantamount to being a dirtbag in the military.

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John A. On his experience of why some veterans have a difficult time presenting for PTSD therapy.	48. "It seems to be that people with PTSD want to hide behind a **wall (I&A)** that's not really there…an illusion of something they don't believe in…instead of facing the facts that they have a problem."	Very strong emphasis on the word, "wall".	Wall again mentioned as a metaphor. **Could be connected and interpreted as the type of "wall of stigma" identified by S. Pearsall.** If so, then the "wall of stigma" would be something that veterans is not only an obstacle, but, perhaps an excuse of some type (either explicit or implicit).
Josh H. On overcoming the stigma of being weak	"a lot of soldiers will say it's a weakness to go get the help…but, in a way you can also turn that around and say you are being **weak** by not going in and getting the help… '**man up**' and get the help	Emphasis on "weak" and "man up" (especially on the phrase, "man up")	Perfect example of how a military metaphor (being weak) that one is indoctrinated with in order to de-humanize or subjugate one's humanity is transformed into a metaphor that serves the purpose of the PTSD survivor's mission (which is to re-indoctrinate to one's humanity). Excellent STRENGTHS BASED approach.
Damien H. On his personal difficulty with coming to terms that he needed help	"It was hard for me to come to terms that I needed help…cuz' you're…we weren't 49. **bred (STO)** like that…we're **bred that we're tough, and strong, and tough-skinned and everything like that…it doesn't**	Strong emphasis on bolded words	Bred a metaphor for trained, raised, or indoctrinated.

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	matter how much we hurt on the inside, it's the 50**. outside that matters (DEN)…**actually coming to terms that I needed help, it was a **long road** to that		
"When I Knew I Needed Help"			
Sarah H. Speaking to the way the soldiers under her command were pre and post deployment	"He [VA liaison] used a term that I used quite a bit with my own soldiers, talking about the light being **'on' and 'off'**. If you look at pictures of my soldiers before they deployed, there's a **light 'on'** in their eyes. And when I run into them occasionally now that we're home, it's not **there**.	Emphasis placed on bolded words with special emphasis placed on the word, "there."	The light being on and off could refer to a certain naïveté, innocence, or, engagement with life being dampened or extinguished.
Donald S. Speaking to reaching out for PTSD treatment at his local Vet center.	"That was the **start** of ah, really, what is a **continuing journey** today."	Emphasis on words start, continuing, and journey.	PTSD recovery a journey that is ongoing
David E. Speaking to a post-military visit to Nicaragua (back to the same area he had operated in as a Ranger) and coming under fire and suffering what he describes as a 'dissociative"	"I was dissociative…my entire physiological sense was completely different…that I felt like I had a 51. **force-field (I&A)** around me. That I, that I couldn't be hurt**. That I was so **small**…like, I was small inside my head."	Emphasis placed on the bolded words. Special emphasis, both verbal and non-verbal (eyebrows raising) on the word "small."	Part of D's PTSD symptoms included a type of dissociative "split" between his actual, physical vulnerability to being harmed and his psychological experience of being invulnerable through placing a force-field

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experience the following day.			around him or becoming small (becoming a "small target")
Wanda P. Talking about presenting at a VA center for treatment and speaking to a mental health counselor	52. "I had a **load** that I had to **unload**."	Special emphasis placed on words "load" and "unload"	PTSD and effects of trauma a load that W. was carrying that she needed to be unburdened by through "unloading" it
Jeff M. Speaking on how some of the stress of PTSD had to do, in part, with the stress of entering back into the civilian sector.	"Trying to adapt from a life that is very **structured, and you have lots of control over**, to a life in a civilian world that [becoming very animated in facial gestures] **doesn't have a lot of structure**, and, that's kind of controlled chaos, not even controlled chaos sometimes, at least that's what you tell yourself.	Emphasis on bolded words and significant verbal and non-verbal emphasis when speaking about civilian world.	Part of the stress in PTSD seems to have to do with negotiating the "two realms" of military versus civilian world and the military indoctrination one undergoes in believing that one (the military realm) is superior to the other (the civilian realm).
Joseph P. Speaking about the type of PTSD help he received from the VA (help from combat veterans)	53. "They know, what we call, 'seeing the elephant', **which is combat…that's what we call it**." **(P4D)**	Special emphasis on bolded words	Combat is an "elephant": heavy, burdensome, horrifying to behold
Elizabeth H. Speaking to her difficulties prior to seeking treatment for PTSD	54. "I was down a **bad** road (I&A)…if I continued down that road, I don't know if I ever would have ever came back…55. I was	Emphasis on "bad" and "collision".	The symptoms of PTSD can be a "bad road" that places a person on a collision course of confrontation or a definitive

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	on a **collision** course…I would have either **killed** myself – **not knowing** – or killed myself purposely – that's where I was headed.		resolution of the tension (in E's case, this would have been killing herself)
"What Treatment Was Like For Me"			
Timm L. Speaking to his first experience of treatment	"It was kind of hard to, it was kind of hard to accept a little bit that I was there that I wasn't this 56. '**Spartan Warrior**'." **(STO)**	Emphasis placed on the phrase "Spartan warrior."	
Steven W. Speaking to his reasoning for why some combat vets don't get help	"I know that there are a lot of guys that, hold on to that dearly, that they don't wanna talk to somebody who hasn't been there…ah, [heaving of chest and heavy breath taken here] and I think that is a 57. roadblock **FORT/I&A)** to getting help.	Heaving of chest and heavy breath before using the word "roadblock."	Roadblock is anything that keeps one from going down the road of PTSD recovery.
Bill T. Speaking to his initial experience of group PTSD treatment	"I know that there are a lot of guys that, hold on to that dearly, that they don't wanna talk to somebody who hasn't been there…ah, [heaving of chest and heavy breath taken here] and I think that is a 57. roadblock **FORT/I&A)** to getting help.	Heaving of chest and heavy breath before using the word "roadblock."	Roadblock is anything that keeps one from going down the road of PTSD recovery.
Bill T.	The classes in the	Emphasis bolded.	Sitting in a graveyard

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Speaking to his initial experience of group PTSD treatment	beginning…it was like we were 58. sitting in a graveyard…**nobody wanted to talk**. **(STO)**		speaks to a lack of life, animation; almost like being among the dead or the walking dead.
Richard B. Speaking about his PTSD treatment and confronting the most disturbing symptoms – his nightmares.	"We fought it to the **end** …but we finally 59. **attacked (IM)** it. That opened so many doors of help…that it really took on a life of it's own." [metaphor follows strengths approach]	Emphasis bolded.	Intriguing paradox: the counterproductive vigor that R. put into fighting against delving into his nightmares became productive when he and his therapist eventually "attacked" the nightmares. <u>Once again, this is suggestive of a metaphoric transformation or inversion of energy in which military metaphor that once militated against acknowledging the need for help is transformed into a helping tool.</u>
Ray M. Speaking to his experience of PTSD treatment	"You've been 60. **dwindled away (I&A)** and everything that was before is **gone** and now you're 61. trying to build it all back up again…and learning new techniques to deal with life."	Emphasis bolded.	Metaphor of being "dwindled away [e.g., broken down…and building back up" again suggestive of the military metaphor of "breaking down and building up". **<u>As in previous instances, this military metaphor had been transformed into a survivor's metaphor (strengths approach)</u>**
Joseph P.	62. "PTSD was	Strong emphasis	PTSD again portrayed

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Speaking to his experience of PTSD treatment	**crushing me**."	bolded.	as a very heavy burden
Josef H. Speaking about his experience of peer support.	63. "We don't hold hands and sing 'kumbayah'…we don't do that crap." **(STO)**	No special emphasis…maybe a bit of emphasis on crap.	Peer support among veterans is not 'emasculating'.
Edward F. Speaking about his positive experience of PTSD counseling	"You'd be surprised: some of the **littlest things** you've **seen** could'a make a long-term **dent** in your mind."	Emphasis bolded.	Trauma is like a hammer in that it creates "dents" in one's mind.
Elizabeth H. Speaking about counseling and being free to speak to her emotions.	"Once you get to those feelings and you let them loose, it's like, it's a **load** off.	Emphasis bolded.	PTSD and its effects is a burdensome load that one carries on one's back.
Stacy H. Speaking about her self-esteem and how therapy has helped restore it	"my self-esteem has just gone, ya' know, to the dogs since I've been home from deployment."	No emphasis.	
Mary M. Speaking about reinserting herself into work and life at her counselor's urging	"I was back **among the living**."	Emphasis on "among the living."	PTSD had caused M. to isolate to the point of being "dead" or like the "walking dead." Going out from seclusion helped her to become alive.
Jim M. Speaking to being in substance abuse treatment with persons he had arrested while a	"I **worked** with the dregs of life, now I was **seeing** the dregs of life."		Again, the inversion of reality: J held himself above the "dregs" but had to lower himself to really experience this within himself and in

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police officer and recalling how he had never really listened to their stories.			others.
"How Treatment Helps Me"			
Arthur J. Speaking to how he handled his PTSD pre and post treatment	64. "Before there was some type of treatment I didn't know how to deal with it. I just put it on the shelf **(DEN)** [PTSD] but now I can 65. take it off the shelf or put it back on the shelf.	No special emphasis; perhaps a bit placed on the word, "shelf."	"Shelf" or shelving something a metaphor that refers to addressing or not addressing PTSD.
Josh H. Speaking about how PTSD treatment has helped him relax.	"The coping skills I've been gettin' from the VA have helped out **tremendously**…so I can continue my life without always 66. bein' on **alert**." **(P4D)**	Emphasis bolded	Being on alert: combat mode, ready to "rock and roll."
Bill T. Speaking to the effects of his PTSD on his life/others lives	67. "It's **baggage** that I'm **carrying**."	Emphasis bolded	Baggage that Bill is carrying speaks to "heavy" consequences of PTSD that have accrued to Bill's conscience.
"My Advice To You"			
Timothy L. Speaking to the positive cycle of getting help for PTSD and than helping others (and how this can start a positive "ripple effect")	68. "And that's how we **battle** PTSD." **(IM)**	Strong verbal and non-verbal (facial) emphasis on the word battle	PTSD is a battle. What's implied by this metaphor when Laynor speaks of helping one's self and then helping others is that the people we help are like, "battle buddies."
Christopher G.	69. "So, why shouldn't	No special emphasis	Going through PTSD

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Making the analogy that just as one literally goes through boot camp in order to go on deployment and do something impressive, one should not hesitate to go through a figurative (metaphoric) boot camp of PTSD therapy in order to again be able to do something with the rest of one's life (post-deploment)	I live my life and go through boot camp [again] and get beat up now, knowing that the end prize is when I'm 30 or 40 and I've worked toward something." **(IM)**		treatment is a type of boot camp that prepares one to "re-deploy" in life and do good things [STRENGTHS BASED METAPHOR]
Kevin C. Speaking on the need to reach out and find people who one can trust	70. "We're a band of brothers (**FORT** – in sense of FRAT), and we all need to help each other."	No special emphasis	Peer support members, or, persons who one can trust to disclose PTSD experiences, are akin to "band of brothers", or, "battle buddy". [second implicit reference to this metaphor]
Louis B. Speaking to how vets put walls up around pain (presumably to neutralize or contain it)	71. "We build **walls (I&A)**, somehow, around all this pain."	Strong emphasis placed on "walls".	Walls are built to contain the pain and to try to keep it from spilling over into life or from making one vulnerable
Daniel H. Speaking on the need for veterans to focus on caring for themselves now that they are back home	72. "We were taught to keep drivin' on in our trainin'." **(STO)**	No special emphasis	Driving on a metaphor for pushing past whatever obstacles are in the way of successfully completing the mission

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Jose S. Speaking to how PTSD treatment makes life better but that there will also be obstacles to progress	"Yes, there's gonna be obstacles…but, I mean, just like in the military, you have to 73. **push through it (STO)**…the world keeps living, and, if you don't keep living, you're 74. **gonna fall behind.**" **(IM)**	Slight emphasis placed on "pushing through it."	Pushing through it a metaphor that is synonymous with, "driving on." "Falling behind" likely a metaphor that is connected to falling behind on a rucksack march (especially likely since Sanchez was a rifleman).
Rick C. Encouraging veterans to persevere through treatment	"I encourage those [who have presented for treatment] to 75. fighting forward **(IM)**, make yourself vulnerable, and 76. **pushing through."** **(STO/IM)**	Slight emphasis on "pushing through."	Pushing through = driving on (metaphor for being resilient)
Chris A. Speaking to his reluctance to fully enter into treatment	77. "I was very reluctant…I found myself starting to put that '**wall**' up again." **(I&A)**	Slight emphasis on wall.	C.f., interpretation from Bickford video clip above
Craig S. Encouraging veterans to not give up the battle	78. "Will this be a battle you think you can't win? Yes… **Do not** give up this battle." **(IM)**	Strong emphasis on the words "do not."	C.f., Interp. Form Laynor video clip above
Mary M. Encouraging veterans to get help if they have PTSD	"**Take the** 79**. bull by the horns…**80**. you've got the right stuff**…go do it." **(STO/IM)**	Slight emphasis where bolded	Metaphors that draw on resilience and strength as reasons for presenting for PTSD
Jim M. Encouraging veterans to seek help	81. "Those demons and skeletons will always be there…but learn how to live with 'em."	No special emphasis.	PTSD symptoms = demons and skeletons

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Ray M. Encouraging veterans not to be so stoic and that they need help	**(SEC)** 82. "As much as you think you can suck it up and make it through it **(STO)**, you need help."	No special emphasis	Suck it up a metaphor for damming or walling up emotion and not letting it flow