Narrative and Mental Health Advocacy: Connecting Treatment and Public Policy

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What We’ll Cover

- Definitions of “narrative”
- How narrative is employed: treatment, advocacy, etc.
- Discussion of my public policy-oriented work around Afghan/Iraq War veterans’ narratives of their service, mental health, etc.
  - How might veterans’ narratives of lived experience help shape the way we see policy and work to change policy toward military/veterans’ mental health?
- Questions/discussion
What is “Narrative?”

My working definition: “a story or stories that frame[s] an event from the perspective of the participant[s] or storyteller[s]”
What is “Narrative?”

Other definitions/contexts:

- A story – one viewed as natural to/from the storyteller – that connects the narrator to the audience
- The systematic recitation of an event or series of events
- The art or process of telling a story or giving an account
- The part of a work concerned with telling a story
- A means of discourse that frames an event or historical period (“The narrative of the ‘American Dream’” – Naomi Wolf)
“Narrative” in the Clinical/Therapy Sense

“Whatever sense we have of how things stand with someone else’s inner life, we gain it through their expressions, not through some magical intrusion into their consciousness. It’s all a matter of scratching surfaces.” – Geertz, 1988
Narrative Therapy

- A “non-pathologizing” approach: problems are “separate from people”
- Uses patients’ skills, values, experiences, competencies to affect how they connect their problems to themselves.
- Creates stories that link events and life themes to an individual’s identity – framed by that person’s emphasis on certain events/themes over others.
- Not “problem-saturated,” but focus on stories of identity
- How a patient and clinician can construct a story that makes sense (John Launer, M.D., 1999)
Narrative Therapy

“To understand patients/clients, MH professionals must know them through the stories and narratives they tell. Narratives are an everyday means of communicating experience...and a culturally congruent way to ascertain and understand experiences.” – Hall & Powell (2011).
Narrative Therapy

“Narrative exposure therapy...is specifically designed for multiple traumatic events, consistent of helping participants construct a biographical life account from birth to present, including organizing fragmented traumatic memories chronologically.”
– Charles Hoge, M.D., Former Chief of Psychiatry, Walter Reed Army Medical Center; leading authority on war-related PTSD interventions (2011)
How Narrative Is Used in Healthcare Advocacy
The Value of “Lived Experience”

- Those who benefit – or are designed to benefit – from public programs become early-stage stakeholders
- In MH, “Nothing about us, without us” is an important element of the global mental health movement and many individual advocacy initiatives
  - Disability rights, drug/substance abuse treatment, suicide prevention, etc.
- Putting those with lived experience at the table becomes therapeutic AND instrumental to good policymaking
  - Translates self-stigma into constructive action (Corrigan, et al, 2014)
  - “Subjective well being” and quality of life (Diener, 2013)
Lived Experience in MH Program Development: Consumer Quality Initiatives (Mass.)

- CQI built around empowerment of consumers with MI – by gathering lived experience narratives
  - Rooted in Patient-Centered Outcomes Research Institute
  - Community Based Participation Research – community should play central role in determining research goals
- “Consumers” of MH services took on “evaluator” role – planning and assessing quality of services
  - Consumers interviewed beneficiaries
Lived Experience in MH Program Development: Consumer Quality Initiatives (Mass.)

- “Qualitative needs assessments” used to incorporated lived-experience narratives into programs to support youth in transition
  - Shared decisionmaking model
- Applicable to some aspects of MH parity law/regulation advocacy and policy development
“Cultural Narratives”

- The stories we live and the experiences we have had or wish to have translate to policy and rhetoric that must align with appropriate “moral frames” (Lakoff)

- Among soldiers, for example, competing narratives of “hero” and “PTSD” (or “crazy”)
  - Conflict between seeking or not seeking help

- PTSD history framed in the popular culture of Vietnam: pro-war vs. anti-war – “the war against the war”: [https://youtu.be/o25I2fzFG0Y?t=2s](https://youtu.be/o25I2fzFG0Y?t=2s)
Applying Cultural Narratives to MH: My Work
Popular Images of Military Men
Popular [Mis]Conceptions of Veterans

- Veterans are “crazy” – most have mental illness
- All soldiers/veterans are heroes and deserve special treatment

82nd Airborne vet – “Suicide Porn”
https://youtu.be/Y7N_6JvktMo

- Reality: Americans both openly proud of returning “heroes” (especially in uniform) and inclined to see veterans as having mental health problems – so they keep veterans (and discussions of military issues) at arm’s length
  “We love the troops, but we’d rather not think about them.” (Fallows, 2015)
Cultural Gaps/Culture Shocks

• **Reality: Veterans and civilians disconnected, culturally separated**
  - The other “99 percent” don’t understand or relate to the one percent who serve.
  - Civilian perceptions/stereotypes, combined with expectations of masculinity directly opposed to some aspects of the military environment, create culture shock for veterans when they come home

• “Once a warrior, always a warrior”; the “soldier’s switch” (Hoge 2011) not easily unlearned
  - Civilian culture (including healthcare providers) often views/pathologizes veterans’ behaviors, discourses as “cognitive distortions” (Hoge)
  - Stuck in the “after-war” (Finkel 2013), longing for return to the Band of Brothers
  - Reengagement: lack of purpose, disconnection feed depression, family breakups, substance abuse, financial/job struggles, etc. – “The New Normal” (Hautzinger/Scandlyn 2014)
Study Background

- Unprecedented numbers of diagnoses of mental health, PTSD, TBI among Afghan/Iraq War veterans (up to 40 percent of servicemembers)
  - Only about ten percent deployed in combat/fighting roles

- Human and financial costs of war huge; among the fastest-growing elements of federal budget

- Suicide a critical (and gendered) issue:
  - Every 65 minutes, a veteran or active-duty military servicemember takes his own life
  - Predominant among Vietnam-era, Afghan/Iraq War vets 18-24
Men infer and confirm masculinity through other men’s approval of behavior/discourse, including via “homosocial” rituals/events (Kimmel 1994).

Approved masculine discourse comes from behaving “like a man” in line with expectations and practices of others deemed “masculine” by other men.

“Communities of practice” (Kiesling 2007) confer ritualized behaviors in a defined group; acceptance in that group requires pressure to conform.
Purpose of the Study

- How servicemen articulate/navigate conflicting expectations of masculinity in the military culture.
- How their narratives reflect experiences in that culture, especially in a high-stress environment.
- How their narratives signal discourses that reflect conflict between expectations and lived experiences of masculinity in the military culture.
- Whether and how MH issues can be expressed without challenging what it means to “be a man.”
Research Questions

★ What are the expectations of masculinity in the military culture/community of practice?
★ How might men’s lived experience of masculinity in the military culture align with or differ from these expectations?
★ How, if at all, can psychological stress and mental health problems be expressed without challenging the essence of “being a man” in the military culture?
The Study

- Ten participants, all Afghan/Iraq War combat-deployed veterans:
  - Eight U.S. Army, two U.S. Marines
  - Seven enlisted men, two officers, one Reservist
  - Ages 26-47, average age 34
  - Six white, three Latino, one Asian-American

- One-to-one interviews of up to 1 hour, 45 minutes; in-person or via Skype

- Loosely structured interviews allowing for sharing of life stories, focus on probing deeper into issues that arose during interviews
Key Findings and Themes

- An ethic of duty and being a professional soldier
- The respected leader
- Physical/psychological toughness, strength
- The transformed or new man
Key Findings and Themes

- Longing for the band of brothers: going back or wanting to go back
- How language, including gendered language, is used to motivate/belittle
- Deferred expression/acknowledgement of emotion[s]
- Reengagement, psychological, coping struggles
Key Findings: Three Articulations/Discourses of Masculinity

- **Explicit discourses:** defined as masculine in military and mass culture; articulated as masculine by participants
  - Physical/psychological toughness, aggression, resilience

- **Implicit discourses:** associated with/understood as masculine in military and mass culture, but not explicitly articulated as masculine by participants
  - Leadership, duty, respect
Contradictory Discourses of Masculinity

Themes articulated by participants in a masculine or masculinized way different from or contradictory to mass culture, or, when combined, *contradict each other*

- Subjugation of the individual to the group
- Deferred expression of emotion

Subjugation of the individual: sacrifice; putting others before oneself; *not the “self-made man”*

Deferred expression of emotion: amplified by trauma tied to a soldier’s subjugation to the group when a buddy dies

- Emotion often deferred for many months, years, even decades
Contradictory Discourses of Masculinity: Inherent Conflicts/Questions

- Participants’ narratives reveal a wide array of experiences and articulations of how men live and navigate discourses of masculinity
  - What is expected of soldiers and how their behavior (e.g., loving one’s brother-in-arms vs. restraining emotions when he’s killed)?
  - How to respond to the onset of emotions, especially in line with reengagement to civilian society?
    - How do mass culture’s expectations of masculinity become conflated when soldiers/veterans become aware of their lived experience?
- Is even the “ideal” soldier ill prepared for a return to civilian life?
Popular Culture and the “After-War”
Klay: “Glad as I was to be in the States, and even though I hated the past seven months and the only thing that kept me going was the Marines I served with and the thought of coming home, I started feeling like I wanted to go back. Because $f!$ all this...”

Van Winkle: “...the words erupted...like a cluster of heat-seeking missiles...he was like an IED, left roadside in Iraq, and anything was possible once he exploded....”

Fountain: Americans have “the luxury of terror as a talking point” to feel good about the wars...Loud celebrations to honor soldiers/vets are a “prime-time trigger for PTSD...a sound-and-light show hell...”

“It is sort of weird to be honored for the worst day of your life”
“Alejandro,” 35, part of in Iraq invasion in 2003; now an Army recruiter, on standing ovations given to uniformed vets/personnel at public events:

“Nine times out of ten, the guy in the middle of the field, his family set it up, or some outside agency set it up for recruiting purposes. ‘I got tickets for a game. Wanna go? But you’ve got to wear your uniform.’ I’m not going...I’ve never met somebody who wants to get honored in the middle of the field.”
“Dale,” 34, veteran of 2+ years of combat service in Afghanistan and Iraq, completing his law degree:

“It’s hard with the things we’ve done and seen to hear these people sit around complain that they have class at 8:30 in the morning because all you have to do is show up in your pajamas...You’ve got to revert to living the way everyone else does. [For] some people, it’s just easier to close yourself off...Your perception of what’s necessary and comfortable is a lot lower than what it is to everybody else.”
Kyle, 31, 2nd Lieutenant, Afghan War vet:

“I feel weird when I go to Veterans’ Day parades and people say ‘thank you’...because it’s just something I did. We have a volunteer army, and I volunteered and went to war. I had a duty and obligation and I did it...People think they’re supposed to say, ‘thank you for your service’...But I don’t think I did anything any different from the 500,000 guys who deployed.”
Frank, 29, two deployments with the National Guard:

“What do you say? Do you say ‘you’re welcome?’ The word ‘you’re’ doesn’t belong there. I didn’t do it for you...I’m glad I did it and think I did it for the right reasons. You are thanking me for something that had nothing to do with you.”
Narratives of Soldiers and PTSD

- Wes Moore: Thank you for your service needs to mean something more than a “quote break.”
Policy Implications

How is recognition of contradictory masculine discourses factored into recruitment, training, deployment, and discharge/reentry policies and programs?
Policy Implications

Are soldiers/veterans, military leaders, and others aware of these contradictory discourses and the struggles/costs that may be tied to them?

- How are these issues being addressed/managed? How do they contribute to soldiers’ and veterans’ recognition of/help-seeking for psychological health issues?
Policy Implications

How can appropriate policies and practices be developed and made uniform to address the issues raised in the study?

- What are the best practices related to giving soldiers/veterans the ability to express and share the emotions and experiences they express and articulate?
Questions?

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