

January 22, 2010

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Posted: December 1, 2009 09:07 AM

## More Troops, More Rotations, More PTSD: Will Positive Psychology Save Our Soldiers?

What's Your Reaction?

Recently the Department of Defense decided to introduce Positive Psychology to our active military in Iraq and Afghanistan, in hopes of reducing the incidence of PTSD.

Positive Psychology focuses on things like authenticity, productivity, creativity, altruism, gratitude and connection with community, instead of targeting symptoms and pathology. The idea is to build on strengths.

So you do things like write down 3 things that went well each day and try to assess why. You identify and ponder personal strengths and see how they can contribute to the Whole. Exercises like these are worthwhile for corporate team building and personal growth.

But do they have the mojo to counter the profound soul loss, despair, terror, grief, fury and deep disorientation that comes from the horrors of combat? That's a leap. I don't see how. War assaults identity, sense of safety and reason. In asymmetric war, where civilians may or may not be the enemy, it undermines the mores and ethics that formed us by creating impossible choices.

The gains from positive self-talk and reframing negative perceptions are bound to fragment along with that first terrifying IED blast that blows up a friend's legs and all sense of justice along with it.

So, yes, there's research showing this approach has been good for middle school kids and teenagers suffering from iffy self-esteem, adolescent angst and hormonal doldrums. It's reduced depression in a self-selected study of online volunteers. But as far as I know, it's not been shown to make a dent on posttraumatic stress, especially the soul-killing kind that comes from the horrors of combat.

PTSD sits in the primitive, survival-based structures of the brain and nervous system. Even deep-dish talk therapy barely touches it, because it's the wrong chunk o' brain involved. PTSD is the result of perceived threat to life and limb, so we're on the turf of the reptilian brain stem and mid-brain. It deals in perception, sensation, images, emotion and muscular reactivity. That's why guided imagery and hypnosis can reach it. So can certain kinds of acupoint tapping and body work. But talking and thinking? Not so much. And by definition, Positive Psychology is Talking & Thinking, Lite. It's designed that way.

When I discussed the whys of this choice with a Pentagon official who was present at the meetings where the decision was made to use Positive Psychology, it was explained to me that PP was not seen as something to treat PTSD sufferers. Rather they hoped this would be a skill set troops could learn pre-deployment, in hopes of increasing their resiliency and thus mitigate the likelihood of acquiring PTSD later.

Now, \$120 million is a hefty price tag for an intervention with no specific track record for either a military population or for PTSD prevention - especially one that doesn't get up close and personal to those critical primitive brain structures. Indeed, this method barely air-kisses the neocortex.

The V.A., on the other hand, has been pretty risk averse, getting behind only a few things at the official level: Prolonged Exposure Therapy and a few related protocols grounded in cognitive behavioral technique. (PET is based on learning theory, where overblown survival responses are extinguished through sheer repetition in a safe setting.)

These techniques are often effective when completed, but (1) they're labor intensive; (2) it's hard to avoid dropouts, because of the initial distress they create in the first few sessions; (3) they require 8-12 weeks with a specially trained therapist – rare in many parts of the country; (4) they're met with reluctance by many V.A. therapists, who find it unnecessarily harsh on the patient; and (5) they're avoided by most service people, because it's counseling, after all.

Yet this is what the pre-Shinseki V.A. has been pressing staff and patients to use. Even EMDR (Eye Movement Desensitization & Reprocessing), which has been well researched and which gets pretty decent results for a substantial number of traumatized people, (and often without the distress catalyzed by PET), did not make the very short list of officially endorsed therapies at the V.A.

This is not to say, by the way, that front line V.A. practitioners aren't doing inventive, effective, creative new work, because they are – all over the place. They're a font of new wisdom and methodology. But their work is not officially endorsed and it's therefore inconsistent and scattered.

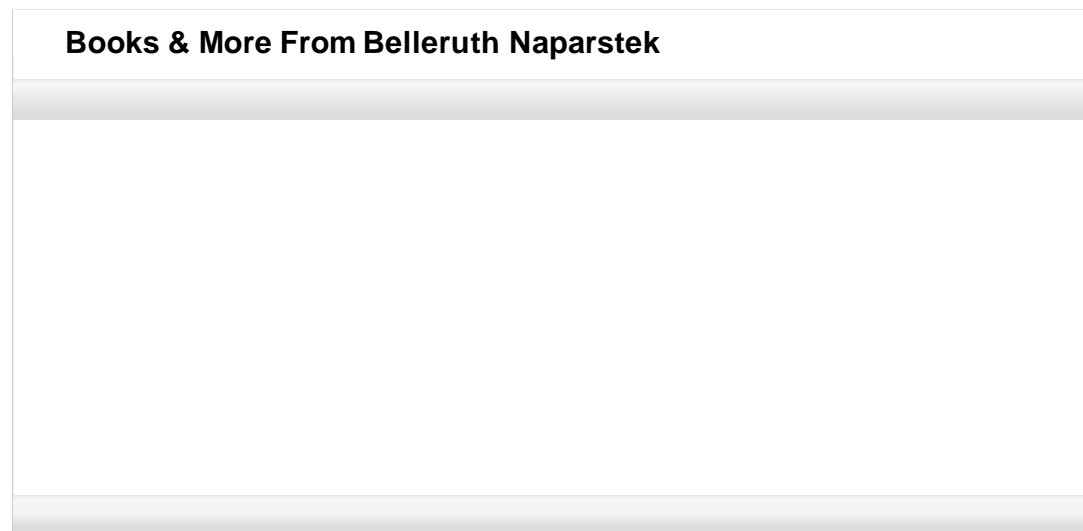
My fear is that the DoD, which is doing its best to break out of the mold, even if with a less than ideal choice, will get blowback from trying the Feckless New and run screaming back to the Feckless Old. And the V.A. will see what's going on over there and feel justified in its caution.

That would be a shame. There are a lot of effective, portable, user-friendly, self-administered, uncomplicated, inexpensive protocols going on, thanks to those clinical pioneers at the V.A., as well as at Walter Reed and Bethesda Naval Hospital. They're using biofeedback, guided imagery, Healing Touch, meditation, hypnosis and several EMDR-like acupoint tapping protocols.

Let's hope someone who decides these things is paying attention and is not easily discouraged. The right methods exist. There's even some research on them. We can use what we know right now to cobble together some effective treatment combinations, even as we're learning how to do it all better, faster, simpler.

And if I'm wrong about Positive Psychology and it turns out that it does manage to inoculate our troops against getting PTSD, I'll be very surprised, but genuinely thrilled.

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