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## Re-experiencing Military Trauma in Groups: A Veteran's Case Study

### Revivre les traumatismes militaires en groupe : Étude de cas d'un ancien combattant

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#### ABSTRACT

Re-experiencing the distressing trauma(s) is a central component across trauma-focused psychotherapeutic orientations. Various orientations use different interventions to facilitate trauma re-experiencing. Via an in-depth case study, this article describes a military veteran's experience and the benefits of a group-based intervention designed to facilitate re-experiencing through therapeutic enactment. Findings indicated that therapeutic enactment enabled the veteran to vividly re-experience the trauma, reducing trauma-related guilt and maladaptive self-schemas. Theoretical and applied implications are discussed.

#### RÉSUMÉ

Revivre un traumatisme pénible est un aspect central des orientations psychothérapeutiques axées sur les traumatismes. Les diverses orientations font appel à différentes interventions pour faciliter la reviviscence du traumatisme. S'appuyant sur une étude de cas approfondie, cet article décrit l'expérience d'un ancien combattant et les bienfaits d'une intervention de groupe qui vise à favoriser la reviviscence du traumatisme au moyen d'une reconstitution thérapeutique. Les résultats indiquent que la reconstitution thérapeutique a permis au sujet de revivre de façon très intense le traumatisme et a atténué la culpabilité liée au traumatisme et les schémas de soi mésadaptés. L'article traite également des implications théoriques et appliquées.

Although different theoretical orientations for trauma-focused psychotherapy exist, foundational to all of them is re-experiencing the trauma to explore trauma-related thoughts and emotions (Foa, Huppert, & Cahill, 2006; Paivio & Pascual-Leone, 2010). The underlying assumption across these orientations is that avoidance of the trauma-related thoughts and emotions leads to psychological distress. Further, by re-experiencing the trauma, new and more adaptive information is integrated into clients' emotional and belief structures.

Various theoretical orientations use different interventions to facilitate re-experiencing trauma. For example, prolonged exposure—a cognitive-behavioural orientation—utilizes imaginal exposure (Foa, Hembree, & Rothbaum, 2007).

During imaginal exposure, clients recount the trauma in the present tense, recalling as many specifics as possible, and the therapist facilitates specificity by asking the client to recall omitted details. This narrative is repeated until the client experiences reduced distress due to habituation to the memory. In cognitive processing therapy—another cognitive-behavioural approach—clients write their trauma narrative and, with the therapist, utilize the written account to identify and alter maladaptive beliefs related to the event (Resick, Monson, & Chard, 2007).

In psychodynamic orientations, therapists often use the therapeutic relationship to explore the experience and meaning of traumatic events (Kudler, Krupnick, Blank, Herman, & Horowitz, 2009). For example, a psychodynamic psychotherapist may use transference to bring traumatic reactions into the present for interpretation, processing, or other purposes. In emotion-focused therapy, therapists use imaginal confrontation (IC)—the client speaks to the offender in the trauma as if the offender were sitting across from the client (Paivio & Pascual-Leone, 2010). IC facilitates eliciting the client's thoughts and emotions toward that person and the event to explore and resolve the negative emotions related to the self, offender, and trauma.

The vividness of re-experiencing has been found to mediate psychotherapeutic outcome. Across therapeutic orientations, higher levels of feeling emotions in one's body during psychotherapy predict better outcomes (Bohart, 1993; Hendricks, 2002). In a related line of research, the degree to which therapists focus on hot-spots—the most distressing moments of the trauma memory—predicts clients' posttraumatic stress disorder (PTSD) symptom reduction (Nijdam, Baas, Olff, & Gersons, 2013). Taken together, this literature indicates the importance of creating and evaluating interventions for re-experiencing trauma memories.

#### THERAPEUTIC ENACTMENT: A GROUP-BASED INTERVENTION

Therapeutic enactment (TE) is a group-based intervention used to vividly re-experience traumatic events (Westwood & Wilensky, 2005). Prior to the group, one or both group therapists meet with each group member to identify the most distressing trauma (i.e., the index trauma) and the surrounding events. Together, the client and therapists plan and construct the scenario to be enacted so the therapists are aware of what the enactment will be and thus able to actively direct the trauma scene. This further facilitates clients' vivid experiencing during the enactment; because the group therapists instruct, organize, and plan the sequencing of events throughout the TE, clients can focus on their present experiences. In the group session, six to eight group members take turns enacting their index traumas (we have conducted TEs in several-day-long retreat-style groups and in more traditional once-a-week group sessions over several weeks). While description and evaluation of programs that utilize TE as one of several interventions have been presented elsewhere (see Cox et al., 2014), the present article focuses solely on TE.

With the assistance of the group members, therapists recreate the index traumatic event of one group member (hereafter referred to as the lead) at a time.

One therapist focuses on the lead and directs the scene while the second therapist attends to the other group members. The trauma is enacted twice; first, it is enacted as a narrative account that mirrors the actual event. The lead begins by telling the story of the event. During this narrative, the group therapist and the lead identify group members to play roles. The therapist instructs group members on their role in the enactment. The therapist also asks the lead questions about the setting to facilitate accuracy (e.g., Was the sniper holding his gun like this? Was the child sitting or lying?). As the scene progresses—with the group therapists directing both the lead and the other group members—the therapist slows down or repeats elements of the enactment to draw attention to important therapeutic moments. During these moments, the lead is directed to be aware of bodily feelings and to identify currently experienced thoughts and emotions.

During the TE, the lead takes different perspectives—the role of other people in the event or a third-person perspective where the lead is removed from the scene and watches while another group member plays the lead's role. Throughout the process of the lead taking different perspectives, the therapists remain directors of the enactment; however, therapists frequently confer with the lead to ensure the scene's accuracy. This observational perspective is a key element in TE because the lead experiences different perspectives of the traumatic experience never before considered. At the conclusion of the TE (enactments typically take 60 to 90 minutes), the group enacts the same scene again, but this time the scene is enacted the way the lead wishes the event would have occurred. This final enactment does not start from the beginning of the event, but at a point where the lead wishes he or she would have done something differently. The lead then enacts the different behaviour(s). The group therapists identify this point with the lead prior to the TE. While some of the changed behaviours during these TEs are exceptional (e.g., running into a burning building to save someone's life), others are more commonplace (e.g., telling the abuser how the abuse impacted the lead).

#### CONSIDERATIONS FOR THERAPEUTIC ENACTMENT

Group approaches for traumatic stress reactions are growing in popularity in military and veteran contexts (Shea, McDevitt-Murphy, Ready, & Schnurr, 2009). One reason for this may be that the loss of group support following deployment and after leaving the military increases personal difficulties, and using group approaches may reintroduce protective factors (e.g., belongingness) into clients' lives (Koshes, 1996; Sweet, Stoler, Kelter, & Thurrell, 1989). Further, group environments naturally confront the socially avoidant tendencies that contribute to negative reactions following traumatic events (Greene et al., 2004). Thus, components innate to group approaches are indicated when working with military members and veterans experiencing traumatic stress reactions.

When selecting therapeutic approaches for clients suffering from adverse reactions to trauma, counsellors should also consider contraindications. Although there are no absolute rules regarding selection of a group approach for traumatic

stress reactions, some have suggested that clients who are suicidal, have severe substance abuse issues, have never spoken about their trauma(s), or have borderline personality disorder are poor candidates (Koss & Harvey, 1991; McCann & Pearlman, 1990). In a review of literature examining contraindications for exposure therapies such as re-experiencing trauma with clients who have PTSD, Van Minnen, Harned, Zoellner, and Mills (2012) concluded that exposure is not contraindicated when clients have severe co-occurring problems, but that clients should concurrently engage in individual counselling. The authors drew these conclusions after reviewing the literature on exposure therapy with clients who had PTSD and (a) dissociation, (b) borderline personality disorder, (c) psychosis, (d) substance use disorders, or (e) major depressive disorder. Although TE is not synonymous with exposure, the two approaches share the communality of facilitating trauma re-experiencing. Thus, when counsellors are considering TE for clients, we encourage them to evaluate clients for their appropriateness in group in the same way that they would evaluate any client prior to enrolling them in group. Further, when clients have substantial co-occurring problems, it is recommended that those clients concurrently participate in individual counselling.

The overall purpose of this case study was to increase our understanding of a client's experience of TE—a group-based trauma-focused intervention that emphasizes re-experiencing. Specifically, the first objective was to present the experience of a veteran with military-related PTSD who participated in TE. The second objective was to identify the veteran-described benefits of TE. Lastly, we sought to understand this veteran's experience of TE compared to imaginal exposure—a major component of prolonged exposure therapy for PTSD.

#### METHOD

To address the research question, we used an in-depth case study approach (Stake, 1995). Stake described a case study as “the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (p. xi). In this study, the particular case was a veteran, and the important circumstances were his experiences of therapy to address his military traumas. The data sources for this study were two individual research interviews. After informed consent was given, the first author interviewed the participant twice for approximately two hours per interview. The first interview consisted of open-ended questions regarding the participant's early life history, military history, traumatic life events, military trauma, treatment history, and specifically his experiences of imaginal exposure and TE. In the second interview, the participant was asked more specifically about the benefits and limitations of his imaginal exposure and TE. Each interview was transcribed verbatim using Lapadat and Lindsay's (1999) method. The second author conducted a thematic analysis of the data using Braun and Clarke's (2006) approach. Thematic analysis is designed to identify, analyze, and describe patterns or themes that exist within the data. In this method, a theme captures “something important about the data in relation to

the research question, and represents some level of patterned response or meaning with the data set” (p. 10). There are six phases of analysis: (a) familiarization with the data, (b) generating and organizing initial codes, (c) searching for themes, (d) reviewing the themes, (e) naming and defining themes followed by analyzing data within themes, and (f) producing the report. Following the analysis, we conducted a member check by sending the original transcript and the thematic analysis to the participant for review. No changes were made to the findings.

## RESULTS

Following is the clinical case of “Brad,” a veteran who served in several combat zones overseas. We briefly present Brad’s life and military history and describe his experience of TE, the self-noted benefits of TE, and his comparison of TE with imaginal exposure.

### *Brad’s Personal and Military Background*

Brad is a 52-year-old male veteran, married, with three young adult children who no longer live in the family home. He lives in Western Canada where he is an administrative planner for a nonprofit organization. Brad grew up in Eastern Canada and describes his childhood as “pretty normal,” living with his two parents and being the eldest child with two younger sisters. “We lived a middle class lifestyle; my dad made enough money to bring us on holiday once a year. I didn’t really suffer as a child in any way.”

After completing high school, Brad moved to the west coast. At the age of 19, Brad joined the Army Reserves and served for 9 years. He joined the regular Canadian Forces as an officer at 28. In total, Brad served for 33 years. When asked why he joined, he stated that it was something that he had always wanted since he was a kid.

I was a good fit for the military and the military was a good fit for me.... It was a goal, a personal goal, and to be commissioned as a specialist officer was extra special for me. There is a certain level of prestige to being a commissioned officer.

His military service included operations in the first Gulf War, Rwanda, and Afghanistan. Brad disclosed several traumatic incidences in Rwanda involving massacred people being cut down by machetes, small arms fire, or explosive devices. He stated that in Rwanda

I was seeing that horror multiple times during each day in the beginning of the tour, and I think it injured me or traumatized me in that I was starting to see the world in a different lens.... So I found that to be traumatic and it really still sticks with me.

In 2004, Brad was diagnosed with PTSD and major depressive disorder. Following approximately a year of individual therapy, which Brad described as mostly

supportive, and being prescribed medication for his depression, he deployed to Afghanistan in 2008 and again in 2009. After these deployments, he was again diagnosed with PTSD and depression and given a medical release. Brad stated that in Afghanistan the most impactful traumas were seeing the loss of allied troops:

The devastating injuries that were coming in, some of them leading to death, it was a very traumatic event to see young kids, the age of my own kids, coming in blown in half or missing a leg or whatever or they're coming in and they are psychologically traumatized because their best buddy just got killed by a sniper and it just as easily could have been them but it wasn't and you just sort of witness that trauma day by day.

*Experience of Therapeutic Enactment (TE)*

In 2012, following his medical release, Brad joined the Veterans Transition Program. This program occurred over three long weekends at a retreat centre. The program consisted of several components (e.g., psychoeducation about PTSD symptoms, emotion regulation skills training, goal setting) including TE. Brad chose to enact a trauma from his Rwandan deployment. While on patrol, Brad's group came across two starving men lying on the side of the road. Although these men were too weak to speak, they reached toward Brad and his group, mutely asking for help. Brad moved toward the men, but his commanding officer stopped him and told him that they needed to leave before dark. Reluctantly, Brad obeyed the order and left the men to their probable deaths.

In describing the memory's effect, Brad stated: "When it popped up in my head, it just made me feel bad; it made me feel less than competent—it truly rattled my cage." As the client described his trauma narrative, the TE group leader made sure that the re-enactment was precise:

We did it exactly as it happened and we talked through it and [the therapist] slowed the clock right down. I was moving toward the two guys, then the [therapist] would stop, have me look at the [scene] and then move toward them again. Then I got to see it from the guy's perspective on the ground. I went there and sat on the ground and looked at the vet who was doubling me. The [therapist] had him turn toward me and then my boss's arm sort of stopped me and then I turned back again [to the vehicle and we left].

Brad enacted the scene twice until he was able to understand it cognitively and somatically feel what happened that day in Rwanda.

[The therapist] puts my double in the exact pose I was in. Time's frozen, [the therapist] pulls me out and has me turn towards it and has me recognize each of the parties, who they are, and what they are doing. And I thought it was going to be really flaky, but it wasn't—to me this was very real.... It showed me that they likely saw that I had an intent that was different than what was the end state. They knew that I was going to go to them. Then [the therapists] had the double come to me as the guy on the ground and I got to speak to me as the

guy on the ground and I got to say that “I saw you; I saw you move towards us, and that you were stopped.”

### *Benefits of Therapeutic Enactment*

Brad was able to reframe his core beliefs. He took a different perspective on the traumatic experience by seeing it and experiencing it from a different angle, from multiple perspectives, and from the perspective of the Rwandan men left unaided. He stated:

I know that what I did do in reality is different than what my enactment was, but I think that the enactment has brought out what my intent was. What the kind of person I was. And that has somehow made what I did do sit in a different place in my head.... Tremendous guilt, tremendous shame about really going against my own particular value on life and essentially it sort of stabbed my ethical muscle right in the heart. It was something that I did that went against my very core, my every belief.

Upon reflection, he recognized that the reconstruction of the scene was not what actually happened, “but it’s the fact that that’s what I would have done, has made the memory perhaps of what I did do, easier to deal with.” He discussed how reframing this memory helped him situate it in a different place. He was able to get in touch with his core values as a human being, knowing that he is a person with integrity. The therapeutic enactment brought out what kind of person he was and what his intention was—to act with humanity.

Brad further described how TE impacted his memory.

I was starting to feel different already, just re-enacting this [event] because I had never done anything like this before. I was noticing almost immediately that the activity that happened in ’94 and the enactment were starting to blend together. I was starting to accept that the enactment was actually part of what really happened.... It just started to have a different feel, not a feeling of high anxiety attached to it or the horror of it.... It was almost like a feeling of calm about it. There was a major change in the way I thought about it, a sense of peace, inward, inside.... But when the memory strikes me now and I think about the two guys lying on the ground, I think that the enactment piece where I gave them the water and comforted them, and then spoke to them, it’s like part of the real memory because that was what I wanted to do. That was my intention.... it has allowed me to accept it more.

Brad was able to reconstruct the experience and make the memory more acceptable. He also reframed core beliefs and gained new perspectives on what happened. He gained acceptance and new self-awareness of what was lost that day. He also spoke about gaining more self-confidence.

I feel more confident and content in myself that I know that if I had the second chance to do it [assisted the two men] right, I would do it right. So there’s a



feeling of confidence that I was actually okay and my head was in the right place; it was just the circumstances that didn't allow me to do it. The fact that I have carried this for so long, I think tells me that this isn't just a fleeting concern that now I can throw away. This was something that truly bothered me to my core for many years. So knowing that I would have done it, gives me confidence and it reinforces again that my ethical values are in line.... Perhaps there's a different way of thinking about these [memories], so it's kind of led me to a door.

Brad also spoke about the intrusive images that were changed by his participation in his therapeutic enactment. He stated:

What I have learned thus far has planted the seed in my head that if I think about the events that impacted me so much or what my movies [intrusive images] were caused by, I could somehow change where I store these in my head, just with this new perspective of looking at the event from different angles.

Taking multiple perspectives and creating shifts in his thinking were powerful tools in his therapy and helped him gain mastery over these traumatic images and memories. He ended by stating that "instead of really focusing on the negative outcome, I seem now to be focusing more on what my intent was ... that my ethics were in line and my intent was pure." Brad was able to redeem himself and in a sense forgive himself for his actions in this event. He also came to see himself as a soldier again and not a casualty of war.

### *Benefits of Group*

Brad stated that the peer support aspect of the group "reinforced the strength drawn from the enactments. And that wasn't just from my own [TE], but I got that from every single one we did, all seven of them." He mentioned that the feedback from the group gave him more confidence and offered different interpretations of what happened. "We all saw it from our own angle.... The impact in the room [from observing or playing a role in the enactments] affected a lot of the guys. It made them think of their own experiences ... you don't get that in the one-on-one therapy, it's just not there." Having a homogeneous group of veterans facilitated the work in this therapy group. There appeared to be a common understanding among the group members of the struggles others were having with their memories of their deployments. The core themes of each enactment resonated throughout the group and reinforced the feeling that Brad was not alone in his suffering. Brad stated:

I think that experience there of the incredible honesty and sharing that was going on in the group allowed me to share that piece of information that I basically kept amongst a handful of people. I think the peer support aspect of it and getting ready for the next enactment, the peers in the group would sit around and we would just chat and the conversation could go anywhere, but sometimes it would stay with what had just happened, and it was really interesting to just sit back and hear from a peer's perspective how that impacted them, it was reinforcing strength drawn from the group.



*Therapeutic Enactment Compared with Imaginal Exposure*

Brad compared his experience of TE and imaginal exposure. He stated that he was given the opportunity to work on many memories using imaginal exposure. In TE, he was offered the opportunity to work on one traumatic memory. He stated:

I think they both had great value from my perspective. I responded well to both because I submitted to the process in both cases. The [imaginal exposure] was good but it didn't allow me to see what was happening from any other viewpoint than my own. I was asked to recall the memory and verbalize it and I did that and it was in great detail. She [the therapist] wanted me to give lots of details through the event and it was good to put all of that context to it because it was one of the movies that would trigger in my head and consume me. So it was good but in comparison to what the enactment was, I was able to be extracted from the scene and have it still go on with somebody playing me [the double] and see it. I could see "OK, when I did this, these people on the ground would have seen that." Whereas, I had never thought before in my particular instance where I turn my back on them, I went to them but then turned my back. All that I have thought about for 18 years is me turning my back and they would have seen that. I never once thought, "Well they saw me start to move towards them and go to help them," I never thought that. So that was pretty powerful for me. I don't know if that could have happened in [imaginal exposure]. I don't know if she could have got it to that point.... I am not sure if she would have been able to guide me through that.

In imaginal exposure Brad was able to see things through his own eyes, whereas in the TE, he claimed, "the multiple angles/viewpoints are very effective for me." He further stated that "even though I've gone through them all with my therapist, I've done them with her sort of structure. The TE added a new dimension to it all."

Brad articulated that in imaginal exposure he was able to process many more traumatic memories. Brad found this very helpful and, although it was hard work and took a year and a half to complete, he found it very beneficial. He stated that working on the memories, one at a time, gave him a lot more context to the memory. "Rather than just a little strip of film 8 seconds long, just spinning in my head, it gave it a structure, a story, a context." It gave him something concrete to work on and understand. Brad noted that the TE built on imaginal exposure by facilitating thinking about the traumatic memories and events from different perspectives:

to see that things didn't have to be the way they were because you get to talk about their intention.... I don't know if that could have happened in the imaginal exposure technique, I don't know if she could have got it to that point. I'm wondering if she could have really talked about, "If you could wind the clock back, what would you have done?" But it would have been up to me to imagine it because I'm not sure if she would have been able to guide me through that.

Brad concluded by comparing imagining and enacting.

The big difference is in the prolonged exposure therapy, there's really just my imagination involved, and my thoughts and my memories and I'm required to dig quite deep into the memory to pick out a detail of a character off to the left who did something, I would have to verbalize it and then imagine it in my mind being done again, whereas in the therapeutic enactment, you say what happens and there's going to be a character there actually doing it.

#### DISCUSSION

This case study presents the experience of a veteran with PTSD who participated in TE, a group-based intervention for trauma. TE was designed to facilitate vividly re-experiencing traumatic memories. While this purpose is common across interventions for traumatic stress (Paivio & Pascual-Leone, 2010), TE utilizes a novel, group-based approach in which traumatic events are enacted. The purpose of this case study was exploratory, to understand this veteran's experience of and benefits from TE and to compare his experience of TE to his experience of imaginal exposure.

##### *Benefits of Therapeutic Enactment*

Brad's act of turning away from the dying men in Rwanda resulted in clinical distress, as his inaction caused a conflict between his values and his behaviours. He believed that a good person helps those in need and that he is a good person, yet he did not help. Brad emphasized two ways that TE reduced his dissonance. The first was taking a third-person perspective. When he stepped away from the scene and watched other group members play him, he saw himself motion toward the dying men, he saw the dying men watch him move toward them, and he saw his commanding officer stop him from helping. This elaboration of Brad's memory—which until then only included him walking away from the men—altered his thinking about himself; he *was* a good person who *did* try to help. Foa and colleagues (2007) similarly discussed how, during imaginal exposure, clients may recall aspects of the trauma that they had forgotten. Further, the narratives recounted during imaginal exposure have been reported as more accurate than the initial memories that caused the distress. Brad stated that the trauma memory's increased accuracy would not likely have occurred in imaginal exposure—imaginal exposure uses solely a first-person perspective, and the third-person perspective facilitated an expanded memory.

By seeing the event enacted through TE, Brad indicated the experience was more vivid—facilitating increased accuracy—and enabled him to reframe his beliefs. This outcome is very similar to those resulting from behavioural and cognitive interventions—one's beliefs about an event and the self are altered and the related distress is reduced (Foa et al., 2007; Resick et al., 2007). From a cognitive-behavioural perspective, this is classified as the cognitive distortion

*personalization* (Burns, 1999)—Brad blamed himself for something for which he was not responsible; once he completed the TE and more equitably distributed the blame, his guilt was reduced. By taking a third-person perspective, clients may broaden their memories of traumatic events to more accurately reflect the event.

The second way Brad indicated that TE reduced his dissonance was by enacting what he wanted to do in the situation but was inhibited from doing by his commanding officer. While other trauma therapies verbally process clients' intentions, TE facilitates experiencing intentions through an embodied narrative in action. Brad stated, "It's like it's become part of the real memory." Brad enacting his intentions facilitated altering his belief about himself and his previous inaction in a way that talking about his behaviours did not.

In our work with trauma, one of the biggest struggles is helping clients recognize that circumstances constrained their actions and that their behaviours were consistent with those of almost any person. However, clients suffering from PTSD often do not accurately appraise their behaviours by recognizing that if the situation was different, they would have done things differently (Resick et al., 2007). Enacting what clients would have done if able creates a new memory of clients behaving consistently with their beliefs. We have found that TE has a strong impact on clients and often helps clients who are struggling with guilt and shame surrounding their action or inaction during an event. Our understanding of this is that because of the vividness of re-experiencing in TE, this new memory impacts clients' beliefs about themselves.

### *Benefits of Group*

Brad also discussed how the group facilitated feelings of safety and trust, which allowed him to be less self-conscious and more vividly re-experience the trauma. Specifically, when he noted that although he very much liked his individual psychologist, sometimes he thought that "she's really not like me, and maybe not as trustable [as the veterans in his group]," so he would hold back. As the members of the group were peers, he was able to be honest and discuss deeply held experiences because he could trust them. This builds on previous literature on the importance of peer groups for veterans dealing with military trauma (Ray, 2009) and the importance of homogeneous group composition (e.g., Burlingame, Fuhriman, & Mosier, 2003). While individual therapies for trauma indicate the importance of rapport between client and therapist (Foa et al., 2007), groups of veterans may better facilitate trust and safety through group cohesion than individual therapists regardless of therapist effort. Future research on cohesion in trauma-focused group therapy is important to facilitate the understanding of the potential benefits of group. Further, qualitative research that is collected via group-based interviews or with several members within the same group would aid our understanding of the process.

We suggest these benefits of group-based approaches while being aware that effect sizes of group psychotherapy for PTSD are generally not as large as those for individual psychotherapy (Sloan, Feinstein, Gallagher, Beck, & Keane, 2013).

While we do not contend with those findings, we hope that this case study adds to previous empirical work by aiding our understanding of clients' experiences of re-experiencing trauma in a group context.

#### CONCLUSION

While several theoretical frameworks for conceptualizing and treating clients with traumatic stress symptoms exist, vividly re-experiencing the trauma is emphasized across those orientations. Presented is a case study of a military veteran who experienced TE—a group intervention for re-experiencing a traumatic event. Our findings suggest that TE facilitates vivid trauma re-experiencing that results in reduced distress. We hope that presenting this case encourages a dialogue on different interventions for facilitating re-experiencing trauma that can be applied by therapists across theoretical orientations.

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