

Helping Veterans Overcome Their Fears; Guided Imagery Tape Shows Promise in Treatment of Post-Traumatic Stress Disorder [FINAL Edition]

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When Vietnam veteran Jim O'Rourke first listened to a "guided imagery" tape for people with the anxiety disorder known as post-traumatic stress disorder (PTSD), he was fully prepared to dismiss it.

"Relaxation-type tapes in past treatment programs never worked for me," says O'Rourke, 52, of New Bedford, Mass. "I'm a construction worker, and I'm supposed to be some kind of tough guy, you know? But after three weeks of listening to the trauma tape, one day tears started rolling down my cheeks, and I was able to say, 'I'm worth fixing. I'm worth repairing.' "

The tape was created for the Vietnam veterans program at the Louis B. Stokes Veterans Affairs Medical Center in Cleveland. Its enthusiastic reception by people such as O'Rourke has prompted the Department of Veterans Affairs (DVA) to order nearly 400 copies. Officials plan to distribute them across the country for veterans with PTSD, whose symptoms include flashbacks, hypervigilance and emotional numbness.

O'Rourke believes his service in Vietnam in 1968 and 1969, plus some childhood traumas, have resulted in 30 years of such problems as gambling addiction, alcoholism and frequent nightmares. But having completed a 13-week recovery program that included the guided imagery tape, he says, "I'm looking people in the eye. I'm talking to people in the hallways. I couldn't do those things before."

A government-funded survey of Americans early in the 1990s found that PTSD occurs in about 15 percent of those who experience severely troubling events--for example, a life-threatening accident; witnessing someone's being badly injured or killed; or being involved in a fire, flood or natural disaster.

Exposure to combat is considered more likely to lead to PTSD: In another study, more than half the American men who served in the war in Vietnam and almost half the women--1.7 million people in all-- were found to have experienced "clinically serious stress reaction symptoms," with a majority of this group expected to develop PTSD during their lifetimes.

The audio tape "Healing Trauma" couples the soft, soothing voice of a narrator with New Age background music, prompting the listener to address problems linked to his or her traumatic experience.

In the first half of the 60-minute recording, the listener is asked to "make your way through . . . ragged heaps of lost innocence, crusty outcroppings of old guilt and blame

and sticky tar pits of shame. . . . You can't make this place go away, but your courage in exploring it will change it in time and there are gifts for you here."

The tape also includes a section on "affirmations"--positive sentences spoken in the first person, such as, "I am better and better able to be kind and gentle to myself. . . . I understand there are treasures to be discovered in the anguish of my past."

Guided imagery became popular in the mid-1980s, and according to a spokesperson for the American Psychological Association, it has become an accepted form of therapy. A survey of 46 studies showed "preliminary evidence for the effectiveness of guided imagery in the management of stress, anxiety and depression, and for the reduction of blood pressure, pain and the side effects of chemotherapy," according to the 1999 edition of the Annual Review of Nursing Research.

DVA psychologist Beverly Donovan commissioned Health Journeys, a company based in Akron, Ohio, to create the tape. She is among the mental health experts who stress that guided imagery must be used in conjunction with conventional treatments such as drugs and psychotherapy.

"Guided imagery is important and useful, but it is only one component of learning relaxation," says Bruce Compas, a University of Vermont psychology professor who is the principal researcher for a \$2 million study measuring the effects of relaxation techniques on women with breast cancer. The study, funded by the National Cancer Institute, includes a guided imagery tape created by Health Journeys.

"One of the most important things about any kind of relaxation technique is that the individual must be exposed to the source of the trauma and to sustain that uneasiness in order to overcome it," says Compas. "Denial or avoidance only increases the stress. You have to keep the patient there, sustaining the uneasiness, until they learn to extinguish the fear on their own"

As for war-related PTSD, Compas says, "It's one thing to get vets to talk about war experiences, but you need to give them tools to learn to manage the fear. And you can't just listen to the tape a half-hour a day. You need to learn to reproduce those same [fear-management] effects on your own."

Although DVA programs have occasionally used relaxation tapes to help treat PTSD, the trauma tape is new. "I had never heard of one that speaks to trauma specifically and so vividly," says Laurent Lehmann, the department's acting chief consultant for mental health. "The tape is good for our purposes because it is not particularly focused on just the Vietnam war, but all wars, and even other kinds of trauma."

Belleruth Naparstek, a former social worker who has made 20 tapes for Health Journeys, sat in on 13 weeks of group therapy with veterans to learn the language of their trauma and to reflect it in her script.

"You have to be very, very careful with traumatized people," she says, because of their emotional fragility. "They're very skinless."

Naparstek says she met one veteran who had felt he was forced to choose between killing a Vietnamese girl and being discovered by the enemy. "He sat next to the girl for an hour, trying to decide," she says. "In the end, he slit her throat, and that girl's ghost still lives with him today."

Naparstek and Donovan found that veterans benefit particularly from guided imagery because they can listen to the tapes alone. They say many veterans find group therapy, where patients are encouraged to talk openly about their experiences, a painful violation of their privacy and pride.

"Often you end up forcing them to relive the trauma, beating them up with it, over and over again, without alleviating the pain that goes with it," Naparstek says of other efforts to relieve PTSD. "Guided imagery allows them to get under the trauma, to access that part of the brain that isn't damaged."

Donovan, who developed and launched the Cleveland program in 1992, says the tape has helped veterans overcome guilt and shame, boosted their self-esteem and reduced the incidence of nightmares.

"One man simply couldn't listen to it at first because of its intensity," she says. "It took him about five weeks to come around." By contrast, O'Rourke says the tape was so powerful for him that he listened to it 12 times the first day. Now he typically plays it once a day.

The tape has been offered to 30 or 40 veterans since it was introduced 10 months ago. Donovan, whose program serves about 60 veterans every year, says the preliminary response has convinced her that the tape could be valuable for veterans of all wars. Using the tapes at other DVA centers should provide solid evidence on how effective this treatment technique actually is.

"A few of the fellows thought the tape sounded sissyish," says O'Rourke. "All that talk about 'putting together your broken heart.' But I was pretty desperate for help, and I'm sure that I'm changed because of the tape."

[Illustration]

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