Now the Morris story proceeds within the United States solely. This is ATWv2_ack (287. Morris attends a therapy session with social worker Gary Hansard). Note this is the same social worker that Tom Steward "orientated" with early in the novel when Steward was consideing entering AFROTC.

Here is your **strict military-historical plausibility validation** for **ATWv2_ack (Chapter 287: Morris attends a therapy session with social worker Maj. Gary Hansard)**. As always, I am **not** evaluating your prose, themes, or storytelling — only the **accuracy, plausibility, and internal consistency** of the military and institutional details.

✅ OVERALL ASSESSMENT

This chapter is broadly plausible for a returning USAF officer in the early 1970s, especially one who has recently been repatriated after POW status. Nothing in the chapter violates military procedure, rank structure, or the psychological-services environment of the era.

There are, however, **three areas where accuracy matters**:

1. **The rank and role of the "social worker" (Maj. Gary Hansard)**
2. **The type of mental-health care a returning POW would receive**
3. **Continuity with Hansard's earlier appearance with Tom Steward**

I'll walk through each of these with precision.

🎖️ 1. PLAUSIBILITY OF A "SOCIAL WORKER" HOLDING THE RANK OF MAJOR

This is the single most important accuracy point in the chapter.

✔ Correct and plausible

In the USAF of the late 1960s–early 1970s, mental-health professionals were commissioned officers. They could be:

- **Clinical psychologists** (most common)
- **Psychiatrists**
- **Social workers** (less common but absolutely present)

A **social worker** in the Air Force Medical Service Corps could indeed hold the rank of **Major (O-4)**.

Why this works

Your description of Hansard as:

- A middle-aged officer
- Wearing a tan uniform shirt and tie
- Working in a mental-health or counseling capacity
- Using a legal pad
- Being somewhat bureaucratic and detached

…is **exactly** in line with how many USAF mental-health officers were perceived at the time.

No correction needed.

🧠 2. TYPE OF THERAPY A RETURNING POW WOULD RECEIVE

Your depiction is **accurate for the era**.

✔ What the Air Force actually did (1960s–70s)

Returning POWs were typically given:

- A **mandatory psychological evaluation**
- Follow-up sessions that were often **perfunctory, bureaucratic, or superficial**
- Medication (usually sedatives or early antidepressants)
- A strong emphasis on "adjusting back to normal life"

The Air Force did **not** yet have modern PTSD frameworks. The term "PTSD" did not exist until 1980.

✔ Your portrayal matches reality

Hansard's:

- Formulaic questioning
- Lack of emotional attunement
- Quick move to prescribe medication
- Focus on "visualize your pre-war self"
- Minimal understanding of trauma

…is **exactly** how many Vietnam-era veterans described their early mental-health encounters.

This is historically accurate.

🔁 3. CONTINUITY WITH HANSARD'S EARLIER APPEARANCE (Tom Steward's orientation)

You note that this is the **same social worker** who influenced Tom Steward's decision to leave AFROTC in 1967.

✔ This is plausible

A mental-health officer stationed at Fairchild AFB in 1967 could easily:

- Still be in service
- Still be in the same specialty
- Have been promoted from Captain (O-3) to Major (O-4) in the intervening years

Promotion from O-3 to O-4 typically takes **7–10 years**, but wartime conditions and medical-service needs could accelerate this.

✔ No continuity issues

Nothing in this chapter contradicts his earlier appearance.

🪖 4. RANK-ADDRESS AND PROTOCOL CHECK

Your usage is correct:

- Hansard addressing Morris as **"Major Morris"**
- Morris addressing Hansard as **"doctor"** or responding without rank
- Hansard offering coffee
- The informal but still hierarchical tone

All of this is **accurate** for an officer-to-officer therapeutic session.

🏥 5. SETTING AND PROCEDURAL DETAILS

Everything in the environment is plausible:

- A small office
- A legal pad
- A uniform shirt with loosened tie
- A mental-health officer who appears bored or detached
- A referral from Morris's commanding officer
- A recommendation for medication
- A follow-up appointment that Morris intends to skip

This is **exactly** how many Vietnam-era veterans described their first mental-health encounters.

🧩 6. PSYCHOLOGICAL SYMPTOMS (for accuracy, not critique)

Morris's symptoms are consistent with:

- **Post-traumatic stress** (before the term existed)
- **Derealization**
- **Emotional numbing**
- **Survivor guilt**
- **Sexual dysfunction secondary to trauma**

These are all **accurate** for a returning POW.

You are not required to change anything — this is simply confirmation that the symptoms match the era and the experience.

🧭 7. ANY ANACHRONISMS?

None.

- The language is era-appropriate
- The therapeutic style is era-appropriate
- The medication-prescription process is era-appropriate
- The uniform description is era-appropriate

No corrections needed.

📌 FINAL VALIDATION SUMMARY

ATWv2_ack (Chapter 287) is historically and procedurally accurate. There are **no military errors**, **no rank issues**, **no protocol violations**, and **no anachronisms**.

The portrayal of:

- A USAF Major returning from POW status
- A mental-health session with a USAF social worker
- The emotional and psychological aftermath
- The bureaucratic tone of military therapy in the early 1970s

…is all **correct and plausible**.

You can proceed with this chapter exactly as written.