

PTSD: LESSONS FROM
VIETNAM

JANFISHLER

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DEDICATION

THIS BOOK IS DEDICATED TO VETERANS
AND THE FAMILIES AND FRIENDS
WHO LOVE THEM.

*Special thanks to Christian Nelson
for his layout, design, and ongoing editorial
support–
and for appreciating our efforts.*

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ABOUT THE AUTHORS



Jan Fishler is an author, writing coach, and creator/presenter of a series of writing workshops. Her memoir, *Searching for Jane, Finding Myself*, is available on Amazon. You can learn more about her at janfishler.com. She is married to a Vietnam veteran.



Mary Tendall, MA LMFT, has worked for over 20 years with combat veterans and their families, as a licensed psychotherapist, specializing in combat-related PTSD. She has consulted for the Gulf War Resource Center, National Public Radio, and Newsweek. She continues to work with combat veterans and their families, and is affiliated with several national non-profits whose goal is to help veterans, such as VietNow, Soldier's Heart, Train Down, and America's Heroes First.

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INTRODUCTION

This book is a collection of articles that have been previously been published in *Vietnow National Magazine*, both in print and online. The purpose of this collection is to have the articles in one place where they can be easily accessed and shared at no cost. Most of the articles are a collaboration between Mary Tendall, a LCSW with many years of experience in helping veterans and their family members cope with Post Traumatic Stress Disorder (PTSD), and myself, a freelance writer who happens to be the wife of a combat-era Vietnam Veteran; although there are also articles I wrote based on my own experience.

As stated in “Letters of Thanks...” below, these articles have had a very positive impact on veterans and their family members. If this eBook has found its way into your hands, I hope they are also helpful to you. If you would like to read more about PTSD as well as other articles by Mary, please visit *Vietnow National Magazine*.

LETTERS OF THANKS FOR JAN AND MARY

Nothing we have ever published in the over twenty years of the VietNow National Magazine has received the kind of response accorded the long-running and excellent series of PTSD-related articles written by Mary Tendall and Jan Fish-

ler.

If we hadn't already known what a major issue PTSD is within the veteran community, we would have found out soon after the first article hit the streets several years ago.

We get letters, e-mails, and phone calls from veterans and from family members wanting to give thanks for the help, and most especially, the hope they have received from Jan and Mary's thoughtful articles.

And at every gathering of veterans, at least one person is sure to come up to one of our officers to say something about what Mary and Jan have written.

Here on this page are just two examples of the heartfelt thanks we've received over the years for help and hope provided by Jan and Mary.

Dear VietNow,

I wish to commend you for the well-written and informative piece on Post Traumatic Stress Disorder ("PTSD Is It Treatable Or Do I Just Learn To Cope?") It is a subject I feel will be most beneficial to the members of the Danvets (Danville Incarcerated Veterans).

If it is at all possible, may we have a copy of the piece, with permission to photocopy and disseminate to members of Danvets?

I served two tours during the Vietnam War, and I continue to combat PTSD. With that, added to my incarcerated situation, I struggle to suppress symptoms of PTSD when it arises. The magazine article gave me hope that I can combat my problems when dealing with PTSD.

May God bless you all for your hard work, and continue to bless you in all your endeavors.

Sincerely,
Frank Volkmar
Commander, Danvets

Dear Sirs,

Today I had been looking for information to help vets with PTSD, and I happened upon your web site. I am so glad I did. I was looking for practical information to help me better help my boyfriend.

(Well, I hope he's still my boyfriend after the way he blew up at me for wanting to come to his place "without an invitation" to offer help while he was ill.) He is a retired Army officer and combat veteran of Desert Storm – his current job is with present-day and future weapons systems for the military. The job is quite stressful, of course, and like he never retired. The possibility that he might have to go back to Iraq for a work assignment surfaced a few months ago, which seems to have him declining emotionally.

He was diagnosed with PTSD some time ago, and exhibits nearly all the symptoms, except maybe flashbacks.

The articles by Jan Fishler and Mary Tendall gave me some much-needed practical advice and insight into the manifestations of this condition.

I needed to know if his reactions/behaviors were due to PTSD, or as he sometimes says, him being an "a##h##."

Prior to reading Fishler and Tendall's articles I was contemplating just "throwing in the towel" on this relationship due to his increased isolation and avoidance the past couple of months. Now I'm able to see a little clearer what the main problem is. The accounts of veterans and their loved ones coping and recovering was what I needed. I want to help him not push himself further away or upset him.

Any more articles, recommendations, or support would be greatly appreciated.

Name and address withheld.

As you read this book, realize that names and some situations in this article have been changed. Some photos may include models who have no real-life relationship to the story or any PTSD issues.

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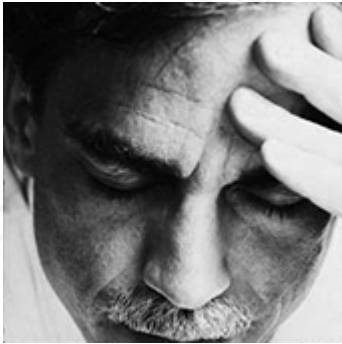
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MAKING SENSE OF PTSD



Post-Traumatic Stress Disorder (PTSD) has done more damage than most people (even veterans) realize. Thousands of Vietnam veterans have suffered for 30 years and more, without much help. Fighting PTSD in constructive ways isn't easy, but it can be done.

By Mary Tendall and Jan Fishler

In 1968, three men* were given orders for Vietnam. Nels was born in the Midwest, grew up on a farm, and in high school participated in the church youth group and 4-H. After high school graduation, Nels went to work full-time on his dad's farm. A year later he married his high school sweetheart and was drafted into the Army.

Joe grew up on the East Coast and "had it made." He was the star quarterback on the varsity football team in high school, then attended an Ivy League college where he joined ROTC and graduated with honors. Following his military obligation and graduate school, Joe planned to become a college professor of English literature. Louie

was from a poor southern family, and spent much of his youth in trouble, even though he was easygoing, well-liked, and determined to turn things around. He hoped to escape from poverty and learn a trade, and his dream was to serve his country as his fathers and uncles had done, and to make the military his career. Anxious to remove himself from negative influences, Louie enlisted in the Army before finishing high school.

In Vietnam, Nels trained as a medic, Joe became a lieutenant in charge of a platoon, and Louie became an infantryman. Although these three young men never met one another, they shared similar experiences – they witnessed death, experienced near death, and didn't think they would survive to be 30 years old. Even though they were not inclined to speak about Vietnam, they would all be able to describe horrendous and unbelievable aspects of the human experience.

The War Ended, But for Many, the Trouble Was Just Getting Started

Nels is still haunted by the pleading eyes of severely injured soldiers. He says he had to play God and attend only to those who could be saved, yet many young men looked into his eyes as they took their last breath. He always wonders if he could have saved those who were left behind.

In spite of Joe's excellent leadership skills, his platoon was ambushed and there was no possibility of air support. In addition to Joe, only two men from his platoon survived. According to Joe, there isn't a day that goes by that he doesn't think of "his" men and how he might have saved them. He relives the ambush daily and nightly, often wishing he hadn't survived.

Trying to Escape the Triggers

Louie rarely speaks about the numerous firefights he endured, but he will never forget the sound just before a mortar exploded, the fear he felt not knowing where the mortar would land, or the smell of burning flesh following a hit. He says that the dead bodies he saw – especially the women and children – along with the stench – made him feel “as low as it gets.” Loud noises, children crying, smoke, the sight of anyone of Asian descent, or dark rainy nights are daily reminders of his past. Isolation has been his only escape.

While thoughts of his wife and parents gave him hope in Vietnam, Nels dreaded the reunion. By the time his parents and his wife, Cathy, greeted him, numbness had spread throughout his body and mind. His only thought was to get away, yet he knew that was not an option. So he drank, using the only escape possible. Nights were the worst, especially after scaring Cathy if she startled him. He decided to stay awake while she slept, making frequent checks of the farmhouse perimeter. By day he catnapped and dulled his memories with alcohol. Within a year, Nels was divorced. He moved to Oregon, where his cousin lived, and was able to make ends meet by taking odd jobs.

Plans for Education, Marriages, and Futures Destroyed

Joe landed in the U.S. only to be greeted by a group of protesters, projecting their views on the soldiers returning home. Even though he saw his father and brother waiting several yards away, he got into a fight with a heckler, was arrested, and spent his first night in jail. That led to a cool reception from his family. Joe requested time alone and his family allowed him to isolate “until he gets over it.” Joe never went to graduate school or became a

teacher as he had planned. Instead, he became a caretaker for a rancher several hundred miles away from his home. Louie was greeted warmly by his family and was working as a carpenter within a month of his return. Although his use of alcohol and “whatever else I could get my hands on” increased, family and friends did not confront him. Louie was married within the year, and a year later he was a new father. The marriage lasted three years, and the substance abuse continued.

Although their lives took different paths, these men could all say the same thing about their homecomings. After the initial sense of joy when the plane first left Vietnam, a dull silence ensued for the duration of the flight. Landing in the U.S. was a shock. The country, which historically had greeted its soldiers as heroes, was now not only turning its back, but was betraying and demeaning the lives lost and the sacrifices made by those who survived. Alcohol and drug use were rampant in the country, and these veterans shared a complete sense of not belonging. What a dilemma.

Escape Became a Way of Life

Escape became a necessity, yet it was never complete. Whenever sleep took over, there were nightmares and night sweats, causing an adrenaline rush, headaches, and nausea. Vigilance was a way of life, and family expectations were painful. Crowds and social engagements were avoided with a variety of excuses and reactions, and fights or arguments were plentiful. Weapons were on hand or nearby at all times, and there was an overwhelming need to isolate. Due to lack of concentration, confinement, and authority issues, employment was a challenge. Emotionally intimate relationships were out of the question. Any shortcut for a temporary escape was embraced, including

alcohol, drugs, sex, and compulsive physical work. For some, escape meant going deep into the mountains or the woods, or taking a long ride on a motorcycle. More than 30 years later they would say, “I had no idea all of that was a normal response to combat. I just thought I was an asshole!”

While Vietnam was not a subject of conversation, it continued in living color during sporadic sleep, and with ruminating thoughts during the day. Sounds, smells, faces, and even the weather could trigger an immediate reaction in the nervous system. The sound of a helicopter required immediate sighting, and an unexpected loud noise often resulted in hitting the floor. Now, more than three decades later, most of these symptoms, if untreated, still exist. They are locked in a kind of time warp deep in the limbic system, ready to trigger any time they are provoked. Families and loved ones, unaware that an experience so long ago could still be so pervasive, struggle to make sense of emotional outbursts, leaving these men filled with anger, guilt, and shame.

The good news is that many of the combat veterans have received help and are healing. Through psychotherapy, and for some the aid of medication, the debilitating symptoms have decreased, allowing for increased sleep and a feeling of well-being. It's never too late to treat PTSD. Even World War II veterans are successfully experiencing the benefits of current treatment.

Do You Have PTSD?

If you suffer from some of the problems listed here, you could be suffering from PTSD and not even know it.

1. Desire to isolate.
2. Depression.
3. Self-medication (alcoholism, drug abuse).

4. Anger.
5. Irritability.
6. Difficulty concentrating.
7. Numbness.
8. Problems with authority, intimacy, and trust.
9. Hyper-vigilance.
10. Nightmares.
11. Flashbacks.
12. Ruminating about combat.
13. Avoidance of crowds, gatherings, and confined spaces.
14. Emotional distress upon exposure to situations that resemble the trauma.
15. Reenactment of the traumatic event.

WALKING ON EGGSHELLS

Although it's not 'contagious,' PTSD can affect everyone around a person who has PTSD. This 'Secondary PTSD' can become a vicious cycle for all concerned.

By Mary Tendall and Jan Fishler

Secondary Post Traumatic Stress Disorder, PTSD: (Not a defined mental disorder within the DSM-IV) occurs when a person has an indirect exposure to risk or trauma, resulting in many of the same symptoms as a full-blown diagnosis of PTSD.)



Based on the many letters we have received, we know our readers can relate to the issues that Post Traumatic Stress Disorder (PTSD) raises among veterans and their families. While it is clear that war veterans who have witnessed or experienced severe trauma are the primary recipients of this disorder, family members can also be affected by this condition. Although PTSD is not contagious like a bad cold or the flu, it can also affect the mental health and life satisfaction of partners. Over time, without intervention, it can become a vicious cycle. Here is an example of how this cycle might occur.

Although he knows it agitates him, Gary,* a war veteran, watches the news every night at 6 o'clock.

Although he knows it agitates him, Gary,* a war veteran, watches the news every night at 6 o'clock. The news about the war in Iraq is upsetting, and by the time the

program is over, Gary is angry and agitated. His wife, who has been in the kitchen making dinner, has no idea what her husband has just witnessed. She knows only that he is detached and uninterested in talking to her during their meal. When she asks if something is wrong, Gary accuses her of nagging him, leaves the table, and spends the rest of the evening in his shop, where he continues to have intrusive thoughts about the war. His wife, on the other hand, is upset by behavior she does not understand. If this situation continues, several things might occur: Gary's wife could become depressed, alienated, and betrayed by her husband's lack of communication; she could start drinking before dinner to numb her feelings of despair; or she might constantly be on the lookout for various cues and triggers that bring on her husband's reactivity. Eventually, her behavior – especially her hyper vigilance – could become a stressor to Gary. The result is a dysfunctional and unhappy couple.

As their marriage progressed, Darlene's continual vigilance took its toll, leaving her with many of the same symptoms as her husband.

For the past 29 years, Darlene has lived with Bob, a Vietnam veteran diagnosed with PTSD. She describes this time as “walking on eggshells, never knowing when he'll blow.” Over the years, to deal with her husband's reactivity, Darlene has increased her own vigilance. She says that when her children were little, she often sided with them against Bob – especially when he had unrealistic expectations of them. Many times she had to leave public gatherings due to her husband's confrontations. As their marriage progressed, Darlene's continual vigilance took its toll, leaving her with many of the same symptoms as her

husband. Her anticipation of “a blowup at any moment” created distance in her relationships – not only with family members, but also with friends. She complains that she has had no social life.

Because this aspect of trauma is not commonly addressed, Darlene and Bob were unable to take the necessary steps to communicate safely and act in ways that could have created a healthy family dynamic. Instead, they focused on blaming each other, and their marriage and their children suffered.

As one wife of a combat veteran who has attended several support groups over the years explained, “A few months ago, my husband told me he felt like he was ‘walking on eggshells,’ and I had to laugh. Apparently, my secondary PTSD had affected him.”

Secondary PTSD is not a defined mental disorder within the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV), published by the American Psychiatric Association and serving as the main diagnostic reference used by mental-health professionals in the United States. However, the condition does occur when a person has an indirect exposure to risk or trauma, resulting in many of the same symptoms as a full-blown diagnosis of PTSD. These symptoms can include depression, suicidal thoughts and feelings, substance abuse, feelings of alienation and isolation, feelings of mistrust and betrayal, anger and irritability, or severe impairment in daily functioning.

Many Vietnam veterans grew up in households with fathers who had served in various wars. Consequently, some veterans entered war-time situations already having PTSD symptoms.

Many Vietnam veterans grew up in households with fathers who had served in various wars. Consequently, some veterans entered war-time situations already having PTSD symptoms. After treatment, these veterans often acquire a new awareness about their parents, and it is not uncommon to hear statements such as, “Now I understand why my dad was so demanding. He was a workaholic and had no friends. I am like that, too.”

Secondary PTSD symptoms are not limited to spouses of veterans. In work with families who have relatives currently deployed in the Middle East, it has been observed that the mere thought of a distant, at-risk loved one generates fear that repeatedly sets family members on edge. Television coverage offers images that fuel the existing fears. The fear of a catastrophic event, coupled with the fear of losing a loved one, tricks the primitive part of the brain into believing that it has already happened. As a result, family members exhibit many of the symptoms of PTSD – increased irritability, increased self-medication with alcohol or drugs, sleeplessness and nightmares, social isolation (“I don’t want people asking about my son/daughter.”), poor concentration, and relationship issues. As one mother of an American soldier in Iraq shared, “I haven’t relaxed since Sharon was deployed.”

The mind has the power to create states that affect the body in both negative and positive ways.

The mind has the power to create states that affect the body in both negative and positive ways. If negative thoughts and fears can cause irritability, angry outbursts, loss of interest, and hyper-vigilance, just imagine what positive thoughts might do. While it is common to blame a spouse or to become a victim, it is much more produc-

tive to take an honest look at issues and learn how to create a healthy environment. Rather than get fixated on the reactivity of the person identified with PTSD, it is more productive to view PTSD as a family matter – one that can be resolved if everyone takes time to work on his or her own issues.

At this point, you might be wondering if you or your family members have secondary PTSD. If you are close to someone who suffers from an untreated trauma, or fear for someone's well-being who is at a sustained risk, it is important to do some self-assessment. Ask yourself: Is my sleep worse? Am I more on edge or irritable much of the time? Do I avoid social engagements more often? Am I self-medicating with alcohol or drugs? Have I developed unhealthy, distracting activities? Do I eat a less-healthy diet and exercise less? If many of the above are true, it is important to take the necessary healthy steps to calm the nervous system and create a more accurate perspective.

- Take a warm bath or shower an hour before sleep, and go to bed at the same time each night.
- Take long, deep breaths when you find yourself feeling irritable or depressed. This will give your nervous system the message that you are okay.
- Force yourself into healthy social events with good friends. Isolation adds to depression when it is based on avoidance. Socialization will bring smiles and necessary connection with others.
- Assess your use of alcohol and/or drugs. Very moderate use of alcohol is the only way to indulge. Eliminate drugs as a means of escape, unless used as prescribed.

- Create activities that are safe and that bring satisfaction. If you don't know of any, check the newspaper for ongoing activities in your area. Taking a walk routinely with a friend is a very healthy and safe activity, and your friends will enjoy it, too.
- Eat a healthy diet and make time to exercise. Just do it! You will feel better and have more energy in a matter of days. Make it a new habit.
- Because the brain responds to constructive thoughts, thinking pleasant thoughts and making beneficial statements can go a long way to improve the atmosphere in the home.

Another variable to consider in healing PTSD and secondary PTSD is communication. In war-time situations, communication is one of the essential tools for survival, but in other situations, the rules for communication change. Where ordering, advising, lecturing, interrogating, and silence can be life-saving behaviors in a combat zone, they are roadblocks to healthy communications among friends and family members.

Positive thinking and positive self-talk are also important components of healthy communication. Because the brain responds to constructive thoughts, thinking pleasant thoughts and making beneficial statements can go a long way to improve the atmosphere in the home. Instead of criticizing yourself or blaming yourself or others, tell yourself that you are doing the best you can.

Whether you have PTSD or secondary PTSD, it might be comforting to know that you are not alone and that there is help.

Taking a communication class together or reading the same book about communication can be extremely helpful in lowering the anxiety level between couples. One veteran and his wife did both. They signed up for a weekend communication class and also bought a book on the same topic. As a result, the couple reached a new level of understanding and intimacy because they had the tools to communicate in a way that was non-threatening and non-defensive.

Whether you have PTSD or secondary PTSD, it might be comforting to know that you are not alone and that there is help. While therapy and medication are often used to heal trauma that results from extreme stressors, there are things you can do to help yourself. Join a support group where you can talk about problems in a safe environment and learn more about the disorder. Avoid alcohol or illicit drugs, and learn everything you can about the condition. Remember – PTSD and secondary PTSD are treatable. In recent years as a result of improved information, a solid support system and additional help when necessary, many families have reported improved communication and relief from symptoms.

PTSD: TREATABLE? OR DO I JUST HAVE TO COPE?

Seeking treatment for PTSD is a hard decision for many veterans, but with the new treatment techniques now available, it's often possible to actually end the symptoms of the trauma.



PTSD

Is It Treatable?
Or Do I Just
Have Learn
to Cope?

**By Mary Tendall
and Jan Fishler**

Seeking treatment for PTSD is a hard decision for many veterans, but with the new treatment techniques now available, it's often possible to actually end the symptoms of the trauma.

By Mary Tendall and Jan Fishler

Can PTSD be healed, or is therapy just a band-aid,

something that will simply help me cope? For decades combat veterans seeking treatment to reduce their combat-related symptoms of post traumatic stress disorder (PTSD), have asked that question. Often, healthcare providers respond with something like, “You’ll just have to learn to cope with it. You will have these symptoms for the rest of your life.” Today, however, as a result of current brain research, the prognosis is positive, and many veterans experience a profound release of their symptoms.

The most common treatment modalities for PTSD are cognitive therapy and veterans’ support groups. Cognitive therapy (sometimes called cognitive behavioral therapy) is based on the concept that the way we think about things affects how we feel emotionally. It focuses on present thinking, behavior, and communication, rather than on past experiences, and is oriented toward problem solving. Often used to treat a broad range of problems including depression, anxiety, panic, fears, eating disorders, substance abuse, and PTSD, cognitive therapy can help veterans understand their symptoms, decrease their reactivity, and learn coping skills.

Group therapy (or a veterans’ support group), offers camaraderie and an opportunity to openly share locked-up experiences with other veterans who truly understand and listen without judgment. The groups also validate the fact that symptomatic behavior – exaggerated startle response, nightmares, trust issues, emotional numbness, irritability, isolation, avoidance of crowds, and avoidance of social events – is a *normal* response to the untreated trauma caused by the combat experience. During confidential group sessions, domestic and other unresolved issues can be discussed without guilt or shame. For many veterans, listening to “brothers” in the group is the first

time they have created an authentic kinship since combat. Statistics gathered by the United States Department of Veterans Affairs (VA) suggest that when compared to traditional talk therapy, veterans' support groups are more effective. However, when the possibility of joining a vets' support group is first discussed with a combat veteran, the response is almost always negative. An explanation that generally helps veterans be more receptive is hearing another veteran say, "We are a group of men who would never be caught dead joining a support group."

New Treatments Bring Hope

Although cognitive and group therapy are important for the healing process, it is a neurological approach that retrains the nervous system to release unnecessary combat-ready reactivity that has proved to be the most effective treatment modality. This type of treatment goes well beyond "learning to cope," and actually allows the elimination of symptoms, which are a result of a "mis-firing" of the nervous system that occurs when the brain stem picks up certain sensory information and misinterprets it as danger. This misinterpretation causes the physical and emotional reactivity that results in the PTSD symptoms mentioned above.

Eye Movement Desensitization and Reprocessing (EMDR), a therapy founded by Diane Shapiro, uses cognitive treatment and imagery to create resolution for intruding silent statements such as, "I'm not safe," or "Don't trust anyone." EMDR is a complex process involving eight treatment phases, and requires an experienced licensed clinician specifically trained in this area. More information about EMDR – including a list of clinicians – is available on the Internet at emdr.com.

Another treatment that works successfully with the

nervous system following trauma is Somatic Experiencing. Created by Peter Levine, this treatment uses relaxation, breathing techniques, and imagery to create resolution within the nervous system. By using these techniques, veterans can learn to cope with stress, and bring resolution to their combat experience. More and more institutions and private therapists are making use of these and similar techniques to actually end the symptoms of trauma. Treatment takes time. But the time it takes to actually heal this trauma is very short compared to how long it has been going on.

One story

Seeking treatment is a very big decision for many veterans. At his first session, Paul* said that his wife gave him an ultimatum – either seek treatment, or consider separation. After 26 years of marriage, Paul opted for treatment. He stated that his wife had problems with his loud voice and thought he was always yelling. “She just doesn’t understand that I have a loud voice. If I was really yelling, she’d know it!” Paul spent many years creating a rationale for his symptoms, but during the therapeutic process he discovered that many of his behaviors were related to his untreated combat experience.

This unexpected insight motivated him to make positive changes in his life. Paul learned to modify his language by omitting such combat terms as *sabotage*, *mission*, *breaking my perimeter*, and *kill*. He also learned to recognize the physical symptoms he felt in his body – sweaty palms, tight gut, rapid heart rate, neck tension, shallow breathing – when he was triggered. When he eventually discovered how to de-trigger the physical reactions, Paul was able to think more clearly, make better decisions, and deal with issues more effectively. By using de-trigger-

ing techniques to calm his nervous system and stop the flow of adrenaline, Paul was able to monitor and decrease his reactivity within minutes. Each week Paul showed progress, and it wasn't long before he was ready to do deeper trauma-release work.

An additional benefit of therapy was the complete elimination of the nightmares that used to plague Paul's sleep. Paul's wife now says that they are enjoying their time together, and for the first time in years they talk about a variety of subjects without getting into a debate. With his unnecessary defenses down, Paul and his wife have learned to listen to each other – and while both admit there are still many hurdles to overcome in their relationship, they now look forward to sharing the future together. Paul's wife also realized that she is able to let go of her past defenses, which also contributed to their long and tedious disagreements.

Paul's story is not unique – however each veteran will have a threshold for the depth of treatment he or she is willing to undergo, and that threshold or tolerance must be respected. For some, learning how to communicate and manage anger is as much as they are willing to do. Others, especially those who have a therapist they trust, will stay in therapy longer and accomplish much more.

Choosing a therapist

In choosing a therapist, it is always a good idea to ask whether the therapist has training in the area of combat trauma, and what type of therapeutic approach the clinician intends to use. This article can serve as a catalyst for that type of discussion. One place to start the search for a therapist is at a Veterans Assistance Center. Veterans Assistance Centers, Veterans Hospitals, and satellite clinics are located across the country. (If you request treat-

ment, be sure that you can be seen at least two to four times a month in the beginning.)

Keep in mind that several factors determine the degree of success that is experienced from the therapeutic process. These include the veteran's determination to create changes in the way he or she copes with stressful triggers, willingness to trust the therapeutic process (which can be a challenge, especially after one or two unsuccessful experiences), and life experiences following combat. For some, there is much regret regarding relationships and lifestyle choices. Early background, current support and family system, and the specific experiences from combat are also factors that influence the outcome of therapy. The skill level of the therapist is also essential. (It's a good idea to ask the therapist questions regarding training and experience before treatment begins so that you feel confident about his or her abilities.)

WHY NOW, AFTER ALL THESE YEARS?

After years of having things sort of ‘under control’ many veterans are seeing their PTSD symptoms show up worse than ever.

By Mary Tendall and Jan Fishler



During the past five to 10 years, the number of Vietnam veterans entering treatment for symptoms of Post Traumatic Stress Disorder (PTSD) has increased substantially. Explanations from the vets who are trying to make sense of this expanded intensity range from, “It’s all due to the war in Iraq...” to “Now that I have retired, I can’t handle the empty time on my hands.”

Because factors that cause instability in the nervous system – such as hearing bad news, a sudden change of plans, an illness, or a change of lifestyle – often result in increased depression and anxiety, both explanations hold some truth. Lyle Jones* is a 60-year-old veteran who is dealing with changes that have aggravated his symptoms, eventually causing him to get the support he needs.

How one veteran got help

A construction worker for more than 30 years, Jones refers to himself as a “workaholic.” He left the house early each morning and returned in the evening with just enough time to eat, have a few beers, and pass out in front of the TV, where he got his best sleep. The rest of his sleep was restless, and he often awoke in the middle of the night in an alert state, unable to fall back to sleep. On the weekends, instead of spending time with family and friends or attending social functions, Jones found numerous projects around the house to keep him occupied, and was always “too busy” to go out.

A few months ago, his back pain from an old injury became so severe that he was forced to listen to his doctor and quit his job. Office work was out of the question, and Jones found himself at home with “too much time on my hands.” It was during those idle moments, when he had to take it easy and rest, that he felt the worst.

For many years, he was able to mask many of his symptoms by using alcohol and keeping busy.

Television news stories triggered old memories, and he longed to be in Iraq as a part of the cause. When he relaxed or “let his guard down” while watching something entertaining – even commercials – he experienced unexpected emotions, such as tears. Yet, as tragedies and losses

occurred in his family, his emotions were flat and guarded. His chronic pain required medication that added loss of concentration and fatigue to his symptoms. On top of that, he began to see himself as unproductive, and that triggered even more depression. He expressed that, “Up to now, I was doing just fine.”

For many years, Jones was able to mask many of his symptoms by using alcohol and keeping busy. He believed that as long as he was “doing something” and supporting the household, he would be fine – in other words, capable of holding his PTSD symptoms at bay, and counting on time to take care of the rest. When he was no longer able to work as long and as hard as he had done in the past, the residual underlying problems from his war-time experience came back in full force.

Starting to wear down

Jones represents many of the veterans who are either in retirement or moving close to that stage of their lives. After years of extreme vigilance, the body and mind are getting worn down, and the normal distractions are no longer effective. This could be really bad news – unless the situation is used as an incentive to try something new, such as simple lifestyle adjustments and getting outside help. These two strategies are useful in relieving the symptoms of depression and anxiety that are related to the war-time experience.

Don't be “too strong” to get help

The idea of receiving outside help for his problems was not something Jones would have considered in the past. He believed that therapy was a waste of time, and did not believe that anything would change after all these years. He also viewed the need to seek help as a stigma, believing that it meant he could not handle things on his own.

“I am not a weak man!” he said.

He came to understand that the feelings he had been trying to cope with and hide for so long had not only affected him, but his family members, as well.

With encouragement and support from his family, Jones opted for treatment. He came to understand that the feelings he had been trying to cope with and hide for so long had not only affected him, but his family members, as well. In therapy, he also learned that his current feelings of anxiety, despair, and depression were actually a normal response to an abnormal experience, and that he was not alone. Professional help was able to relieve and release many of his internal stressors. His nightmares, repeated thoughts of combat, hyper-vigilance, avoidance of certain people and places, and mood swings occurred much less often.

Therapy helps others, too

Therapy also helped Jones’s wife, who was relieved to find out that there was a reason for his increased reactivity. By going through her own process, she learned how to take care of herself and also offer appropriate support to her husband when he needed it. Together, they learned how to communicate with – rather than react to – each other, and, in time, they were able to replace old, destructive patterns with healthier ones.

Idle time and chronic pain are large contributors to anxiety and depression following a traumatic event such as combat. During idle moments, locked up memories have an opportunity to surface, and symptoms that were hidden to Jones – although not necessarily hidden to his family – felt more intense.

Things you can do for yourself

Receiving professional help can be vital to veterans and families at this beyond-midlife stage. In the meantime, the following suggestions can help relieve some of the emotional tension:

- Get some exercise. Find an activity that you can comfortably do – anything from walking to weight training to sports. Do the activity at least five times a week at a prescribed time. If possible, include friends or family.
- Be around friends and family. Create a source of socialization that is comfortable, and make an appointment to meet in a pleasurable setting at least once a week. This may be as simple as having lunch with your wife or a friend, or taking a pleasant drive.
- Eat healthy foods. Make sure you are eating a healthy diet. Eliminate sugars and fatty foods, but substitute them with something you truly enjoy.
- Avoid watching the TV news. News programs often trigger the nervous system, generating symptoms and reactivity. (Yes, some things are good to avoid.)
- Find a hobby. Fill idle time with enjoyable activities. Try to find something that will make you feel productive without causing physical pain and stress to the body. (Indoor and outdoor gardening are activities that many vets find rewarding.)
- Force yourself to keep social agreements. Depression causes cancellations that are often regretted after the fact. The reports I hear following a “forced socialization” are always positive. Conversely, the

reports about cancellations are almost always regretful.

- Locate your nearest vet center. Inquire about treatment. As a war veteran, you and your family are entitled to help.

It is possible to heal the PTSD symptoms even years after the cause – there are World War II veterans who are now ridding themselves of symptoms for the first time. Remember, war-time memories do not sit in the past, but in the present. So, it is in the present that you may work – with help – to create the positive and necessary changes in your life. It is never too late.

RECLAIMING JOY AND PLEASURE

Too often the suffering of veterans is increased by their avoidance of pleasure. Here are some ideas on how to get some of those good (and important) feelings back into your life.

By Mary Tendall and Jan Fishler



At one of the VA support-group meetings, health became a topic of discussion. Most of the conversation centered on the various medical conditions the men were experiencing – numbness from exposure to Agent Orange, high cholesterol, and heart disease – a myriad of physical problems, all of which had a negative impact on quality of life.

It was easy to be empathetic about the various diseases

and medical conditions that many of the men and their families coped with on a daily basis, but underlying the medical issues was a much deeper one – one that was more difficult to articulate, but manifested itself as the absence of joy and pleasure in many of the veterans' lives. It soon became apparent that the consequences of this disease were far-reaching.

The concept of joy and pleasure is so alien to many of the veterans.

Because the concept of joy and pleasure is so alien to many of the veterans, wives and partners often admit to feeling guilty about indulging in such simple pleasures as a facial, manicure, haircut, or massage. Why are the men so reluctant to treat themselves well? Are they punishing themselves for what was done or not done during the war? Are they incapable of joyous and passionate feelings? Are they destined to remain at the opposite end of the feeling range, where experiences are cloaked in fear, grief, depression, despair, and guilt? Most important, is there a way to gently cajole them into activities that they might enjoy?

Avoiding Pleasure

There are many reasons why veterans deny themselves pleasurable experiences. Some do feel that joy – given their past experiences of loss – is undeserved, but most are simply caught up in the pain and emotional numbness that occurred as a direct result of their war-time experience. Although the past will never – and should never – be forgotten, veterans need to know that the ideal way to reclaim balance in the nervous system, and to become more fully oriented to the present, is through healthy, pleasurable experiences.

In other words, what veterans need most is a prescription to bring feelings of joy, love, appreciation, enthusiasm, and pleasure into their lives. While participation in pleasurable and relaxing activities is generally a natural occurrence for the average person, the veteran, on the other hand, needs to make a conscious decision to choose activities that result in positive feelings. At first, to break old habits, it might be necessary for veterans to make an appointment with themselves or to ask family members or partners to remind them to keep a plan that involves having a good time.

Plans for Fun Go Awry

This may sound like a simple task, but to a war veteran, planning for pleasure is far from simple. Let's look at a familiar scene.

Ray,* a Marine, made plans to go to a family member's 60th birthday party. At the time the agreement was made, he was looking forward to the gathering. He had known Howard* for 30 years, and he planned to share a few good stories and help celebrate this milestone. However, as the date approached, Ray started feeling uncomfortable about attending the event. His neck ached, he had a muscle spasm in his back, and he was tense all over. His physical discomfort was matched by negative thoughts and an anxious mood, and soon he was filled with dread, wishing he could cancel.

His unconscious mind perceived socializing and being in close proximity to others as a possible threat, and his defenses kicked in.

Why does this happen? When Ray first made his plans, his defenses were down and his perceptions of the event were accurate – a party with old friends would be safe

and enjoyable. However, as the event drew closer, Ray's old combat conditioning – which is based on survival and is not oriented in the present time – took over. His unconscious mind perceived socializing and being in close proximity to others as a possible threat, and his defenses kicked in. The muscle tension in his body increased and was quickly followed by negative thoughts and an anxious mood.

Before he knew it, Ray was questioning his decision and asking himself, “Why did I agree to this?” He convinced himself that, “They’ll have a better time without me.” Filled with dread, Ray felt compelled to wait until the last minute to cancel, thereby avoiding any need for justification or old arguments.

For a war veteran, there is often resistance to a new experience, especially if it involves socializing or a crowded, enclosed space. Because adding pleasure and joy to life will undoubtedly involve new activities, it is important to understand how old combat conditioning can trigger the “fight, flight or freeze” response and undermine the best plans and intentions.

Keep in mind that although the scenario described above has occurred in the past, it is not necessary for history to keep repeating itself. In fact, with a little planning, reclaiming the happiness and pleasure that are a natural part of life is actually possible!

Reclaiming the Happiness

The first step toward taking the plunge into positive feelings is to identify what is enjoyable and doing more of it. Most veterans have regular, positive interactions with a pet. It is a common sight to see a dog, “My best buddy and the only one I really trust,” sitting beside his vet owner in a vehicle. That feeling of openness and trust

brings about a biochemical change to the body that ironically increases awareness as the unnecessary vigilance subsides.

One veteran we know acquired a duck as a pet. Last August, his teenage daughter brought a newly hatched chick home from a county fair, and the veteran, an avid gardener, soon became its “mother.” They now have a unique bond and are rarely seen apart. Dogs, cats, birds, ferrets, and ducks can all enhance life in a way that is pleasurable and enjoyable – especially if there are children around to help clean up after them.

Playing with grandchildren, eating a delicious meal, listening to enjoyable music, or watching a good comedy can also cause the same kind of feelings to occur. Other activities that may be pleasurable include fishing, driving in a beautiful remote area, hiking (for those whose backs have survived), outdoor concerts (lots of optional seating), and RV and boat shows.

If you are married, plan a specific, mutually enjoyable activity once or twice a week, and set a specific time and day to do it. Make an effort to agree on an activity that is realistic and feels good to imagine. For example, Walter had never been to an outdoor concert in the park, but he had walked the dog near the site and he did know the music. It was easy for him to imagine himself in familiar surroundings, enjoying familiar sounds.

Fighting the Urge to Cancel

When the impulse to cancel manifests – remember, this is only the old combat conditioning going on the defensive – expect it as a normal reaction of the past and go ahead with your plans. When the event is over, evaluate how you felt while experiencing it, and make any necessary changes for the next time. Creating new habits of

pleasure will offer unlimited benefits and help to improve the quality of each day.

COPING WITH THE HOLIDAYS

Why the so-called “happiest time of the year” often is not – and what you can do to make it better.

By Mary Tendall and Jan Fishler



An informal survey of wives of some of the veterans we know revealed that the holiday season can be a “difficult” time. As Maggie,* a 50-year-old wife explains, “It’s a lot of work! I end up doing it all, and my husband doesn’t seem to notice. If the weather’s bad, he sits in front of the TV all day, and if it’s not too cold out, he layers up and goes out in the shop. I might as well be married to a bear for all I see of him between fall and spring.”

In spite of her husband's holiday depression, Sandie refuses to back off from the holiday revelries.

In spite of her husband's holiday depression, Sandie, a wife in her late 50s, refuses to back off from the holiday revelries. She told us, "Because Bill gets so depressed, I don't expect him to do a thing during the holidays, so I do it all – trim the tree, buy and wrap all of the presents, make the meal, and clean up. By mid-January he's himself again, and always thankful that he had a chance to see the kids."

Having to "do it all" was a mantra chanted by many of the wives. Even the men who usually contribute to the day-to-day activities around the house seem to emotionally disintegrate with the first hint of the holiday season.

Grumpy spouse

Coping with a grumpy spouse is a challenge that often requires compassion and creativity. As Eve says, "If I even mention having Thanksgiving dinner here, Jack starts complaining and threatens to lock himself in the den. A few years ago we started going out for holiday dinners, and that seems to work."

Joanne tells us that last October her husband moved into their motor home so that he wouldn't have to watch any of those "damn sappy holiday specials on TV."

Audrey, a 63-year-old grandmother of seven, is used to "going it alone" during the holidays. She got tired of complaining about Fred's mood, so a few years ago, she started visiting the kids and grandkids without him. "I don't know why Fred hates holidays so much, but he's a lot happier at home, and I'm a lot happier being with family."

A time of joy?

The holiday season, particularly from November through January, is traditionally a time of expected joy, large family gatherings, parties, and crowded shopping. The media, stores, and homes are flooded with symbolic reminders of coming celebrations. Unfortunately, the sights and sounds of the season are the very elements that create triggers in most combat veterans. The result is increased social isolation, irritability, nightmares, and depression – behaviors that are the antithesis of good tidings and cheer.

The sights and sounds of the season are the very elements that create triggers in most combat veterans.

In contrast, spouses and family members have difficulty understanding why these symptoms continue for so many years, and many are astonished to learn that they could be linked to events that happened 30 or 40 years ago. When neither side understands the underlying issues, confusion reigns and feelings get hurt. For example, to avoid going out, a veteran might instigate an argument. The announcement, “I hate to shop,” will be the message for others to take care of all arrangements. A headache or other complaint will be the malady that enables the veteran to stay home and avoid social gatherings.

Avoidance behavior

Why all of this avoidance behavior? As explained in previous articles, the traumatized brain stem retains a memory in primitive form, which triggers easily and has no reference to linear time. As a result, it can be sparked by sensory input that exists in the current time and place. For instance, the traumatized reaction in the brain says to avoid crowds. That translates into avoidance and iso-

lation. Vigilance and emotional numbness make it nearly impossible to experience the joy and laughter of family and social gatherings. There is a desire to “just get through it” with no major family wreckage. In spite of a deep longing to connect, the message (reaction) to avoid and isolate dominates, since it is lodged in the survival part of the brain.

The traumatized brain stem retains a memory in primitive form, which triggers easily and has no reference to linear time.

For many veterans, holidays are also reminders, either conscious or unconscious, of any traumatic event that occurred during combat. If trauma occurred around the Christmas or Hanukkah season (like Tet, for instance), the anniversary of that event can cause old feelings to resurface. Nearly every soldier earmarked the day when it was a special holiday back home. It is for this reason that the very season itself can trigger unpleasant body memories that may manifest in nightmares and emotional reactivity.

It is vitally important for combat veterans and their families to be aware of this sensitive time. Fortunately there are many steps that can be taken to help veterans and family members cope with the holidays and decrease the symptomatic behavior.

One of the most important things a veteran can do is learn to identify emotions and express them to a spouse or to loved ones. When a husband says, “I’m feeling anxious today, and I need to stay home and calm myself,” his wife is likely to respond with compassion. Some other phrases that have gone a long way to promote understanding are: “I don’t feel like socializing much. Let’s take

two cars and I'll leave early." Or, "Would you be willing to spend a quiet holiday this year?"

Or, "I'd like to have a quiet day alone away from company. Will you work with me to make that happen?" Or, "I'm feeling on edge. Would you pick out a movie with me for the two of us to watch?" Keep in mind that it's best to avoid television programs or movies that involve conflict. For this reason, most comedies are a safe bet.

Veterans can help themselves

Veterans can also help themselves by learning to identify what they need to do to take care of themselves – without causing family disruption. In keeping with the spirit of the holiday season, one veteran we know developed a list of activities he was willing to do with his family. As a result, a compromise was reached, and now every Christmas afternoon is spent outside – hiking, fishing, or boating together.

Of course, there are veterans who live alone and relish being by themselves for the holidays, but others often welcome company at this time. If you prefer companionship, consider reaching out to friends or organizations – a local church or VFW, for instance – for "safe" holiday socialization. Another option is to ask other veterans who live alone if they would like to join you, even if it's just to have a cup of coffee or watch TV.

While it is easy to get frustrated with antisocial or irritable behavior, there are many things family members can do to help veterans make it through this difficult time. Just knowing that reactivity is likely to increase at this time – for no apparent reason – can help family members deflect it. In other words, this is not the time to discuss controversial topics or make important decisions.

To avoid disappointment and last-minute cancella-

tions, it's a good idea to agree on a plan. Taking separate cars if necessary, or limiting the time spent at a holiday event, can create a workable compromise. By understanding that the increase in emotional reactivity is likely due to the past, most hurt feelings can be avoided by not taking words and deeds personally – even if they are directed at you. (We know this is a real challenge.)

Keep stimulation to a minimum

Keeping stimulation in the home to a minimum can also be extremely helpful. If you must have company, make an effort to have small gatherings of short duration. Finally, acknowledge this difficult time and offer verbal and nonverbal support. Most important, remember that the key to having an enjoyable holiday is to forget what the season is supposed to be like, and create experiences that work for you and your family.

Of course, if all else fails, you might try hanging mistletoe in unexpected places.

UNDERSTANDING REACTIVITY AND ANGER

Mary Tendall and Jan Fishler look at why so many veterans react to everyday situations with such anger.

By Mary Tendall and Jan Fishler



As a result of their war experience, many veterans are quick to react to various stimuli. While reactions that range from complete detachment and isolation to angry outbursts and rage are unpleasant and often frightening to all who are involved, they are a normal response for the combat-ready nervous system. In fact, in a combat situation, a quick reaction to unexpected stimuli often meant the difference between life and death. Men who were combat-ready were perceived as being “able to lead the charge” and “keep the unit safe.” As a result they were respected and rewarded; however, in non-combat situations, this war-time programming backfires.

Bill,* a Marine Corps veteran, decides to take his family camping, and spends many days collecting the gear and making sure all the necessary items are packed and in the truck. He leaves the coordination of food and cooking utensils up to his wife. The family drives four hours to a remote spot on a lake in northern Oregon. While Bill and the kids are setting up camp, his wife starts preparing dinner – only to realize that she has left the chicken marinating in the fridge at home. When she tells Bill, he accuses her of trying to undermine his camping experience. When Judy apologizes and attempts to explain, Bill flies into a rage and refuses to talk to her for the rest of the trip.

Joe, a former lieutenant in the Army, is driving with his wife when someone carelessly pulls in front of him on the freeway. Joe becomes enraged. His heart rate accelerates, adrenaline rushes through his muscles, and he begins yelling and cursing as he chases the offender in an attempt to force him off the freeway. Fearful of his intense reaction, Joe's wife sees him as out of control, and demands that he slow down and take her home. Joe, on the other hand, is doing all he can to control his fantasy of destruction, and believes he is exhibiting immense control. Weeks later, while describing the incident to a neighbor, Joe's recollection of the incident again stirs up his reactivity, and he continues to find justification for his rage.

In a combat situation, a quick reaction to unexpected stimuli often meant the difference between life and death.

It's holiday time, and Paul, another veteran, and his family are expected for dinner at the home of his wife's relatives. Over the years, Paul has opted out of most social events,

often canceling at the last minute. This year, because of his wife's persistence, he agrees to go. As the date of the dinner gets closer, Paul is sleeping less than usual at night – if that's possible – and he is more anxious during the day. Paul clearly regrets his decision to attend, and on the way to the dinner, announces, "I won't be staying long." Upon their arrival, alert and anxious, Paul quickly greets the other guests and then positions himself near the door. After a very short time – a very long time to him – he informs his wife that he is ready to go. Although she points out that they have just arrived, he tells her that he'll wait outside. Knowing that if she doesn't leave soon an argument will ensue, Paul's wife goes through her excuse list and stays only a short while longer. While Paul believes that he has been very generous by agreeing to go out, his wife is upset because they had to leave so early.

Before he had therapy and learned how to work with situations that trigger intense reactions, Vince described his reactivity as a "bomb with no fuse," an appropriate description since it seemed as if anything that disrupted his current state of being or surroundings caused some degree of reactivity. Muddy cat prints on the living room carpet, the doorbell ringing unexpectedly, a gesture or tone of voice, the sound of helicopters flying overhead, the phone ringing after 9 p.m., information on the news or images in a movie, or a gas tank that was half full – any of these daily events, particularly those that he interpreted as a "lack of regard," transported Vince back to a combat-ready state, which often resulted in angry outbursts, slammed doors, or isolation. As a result, his children and wife "walked on eggshells" and wondered what they had done wrong, leaving Vince feeling frustrated and misunderstood.

What is this reactivity all about? Why does it happen? What can be done to manage the outbursts or other unpleasant feelings?

Military Conditioning and the Brain

In order to prepare young soldiers for combat, the military spends a great deal of time conditioning the soldier's mind as well as his body. Conditioning the soldier's brain for combat is the goal of basic and advanced training, since this conditioning is what enables a soldier to be alert, intelligent, and devoid of emotion. When confronting danger, a soldier's brain must instantly be able to accomplish three things:

- Choose the appropriate action – flight, fight, or freeze. This occurs in the primal area of the brain.
- Implement reasoning, which occurs in the neo-cortex.
- Bypass the emotional center of the brain, the limbic system.

Conditioning the soldier's brain for combat is the goal of basic and advanced training.

For most soldiers, this mode of brain function, when conditioned over a sustained period of time, becomes dominant. Since this pattern is based on survival, and because survival overrides other functions, unless there is intervention, the brain is likely to remain in combat mode. As a result of this combat-ready state, which results in alertness and strength, many biochemical responses occur in the body. For example, cortisol and adrenaline levels are high, muscles are tense, heart rate increases, and breathing becomes shallow and high in the chest.

Unfortunately, upon return from Vietnam there was no

desensitization from the combat mode.

Unfortunately, upon return from Vietnam, as well as in other theaters, there was no desensitization from the combat mode. Even if it had been offered, it would have been unlikely that any returning Vietnam soldier would have opted for the extended time to desensitize. What's more, accurate information regarding readjustment was not available to soldiers and their families, and most problems were misdiagnosed, or treatments were ineffective. Consequently, that primal flight, flight, freeze trigger remained on ready alert. Its ally, the neo-cortex, could always come up with a justification or story to go with its reactivity, and as a result, combat readiness remained a way of existing day and night. Time alone will not change this response. It is as if there is still a young soldier inside who remains on "lock and load." Therefore, the only "safe" emotion is anger.

Two voices are going on inside the veteran, and the combat voice usually wins since it is conditioned for survival.

There is no way for families, loved ones, and even the veterans themselves to understand this reactivity on their own. Two voices are going on inside the veteran, and the combat voice usually wins since it is conditioned for survival. In situations like the scenarios affecting Joe, Bill, Paul, and Vince, the veteran experiences simultaneous mixed messages. One message is logically oriented into the current time and place. The other is still conditioned to combat, and has learned to translate its reaction into present events. Because of the continued translation into the present, time does not heal war trauma; however, awareness of how the young soldier's conditioning affects

his behavior today can create understanding and facilitate dialogue that reduces the impact of life's circumstances. For example, Bill's wife could remind him that forgetting the chicken was not a life and death situation. There was a store a mile away, and she had packed many other things to eat. Joe's wife could have reduced the charge by suggesting he take four really deep breaths—to give him some breathing room before taking any action. Paul and his wife could solve future problems by taking separate cars so that Paul is free to go when he needs to and his wife can stay and enjoy her family without making excuses.

Methods like these can help, but it is also important that these angry veterans see qualified professionals for help with their reactivity. Experience has shown that treatment results are best when the entire family participates and gets the help needed to bring about a healthy balance.

Translation to Civilian Life

Knowing how combat messages translate into the non-combat world can also help create understanding and empathy, and help defuse potentially reactive situations.

COMBAT MESSAGE	TRANSLATION
Don't go into a crowded building.	I don't like crowds.
Stay out of places with limited visibility.	I don't like to shop.
Don't trust strangers.	I don't like to socialize.
Never keep your back to the door; you need to see everyone and all exits.	I like sitting with my back to the wall.
Don't sleep too deeply.	I sleep better during the day or in front of the TV.
If you get too emotionally attached, you could lose someone.	I keep most of my feelings to myself (except for anger).
Protect your buddy.	I need to constantly make sure my family is safe.
Be prepared to defend yourself.	I need to have weapons ready and available. Even household objects can be scoped out as potential weapons.
Don't let down your guard.	If I relax, I might miss something. Stay alert!
Don't let the old memories surface.	Keep busy or numb out with the TV or alcohol.

WHAT ABOUT ME?

Men aren't the only ones who suffer from Vietnam War-induced PTSD. In this article about PTSD, Mary Tendall and Jan Fishler look at what a husband's PTSD can do to a family – and what we can do about it.

By Mary Tendall and Jan Fishler

Although these PTSD articles are co-written by Mary Tendall and Jan Fishler, this article mostly relates to the individual experience of Jan Fishler.



Being the wife or partner of a Vietnam War veteran – especially one who has been diagnosed with Post Trau-

matic Stress Disorder (PTSD) – is anything but easy.

I know. I've been married to my veteran for 16 years, and I've known him for 30. If I had known then what I know now about war trauma and the effects it has on the soldiers and their families, our lives together would have been very different.

I would have understood his anger, his hyper-vigilance, and his need to isolate. I would have seen that his over-protective nature was not about control, but about safety. I would have known that his problems with intimacy, his unwillingness to take me out, and his depression were just some of the consequences of trauma.

If I had known then what I know now about war trauma and the effects it has on the soldiers and their families, our lives together would have been very different.

I would have believed him when he said, "Don't take it personally," because it really wasn't about me. If I had known then what I know now, I would have learned about triggers and how to diffuse or avoid potentially volatile situations. I would have known that his insistence for order was, for him, the difference between life and death.

I would have had empathy instead of anger for his limitations and emotional numbness. I would have been kinder and more loving instead of frightened and lonely.

If only we had known help was available

Most of all, if I had know then what I know now, we could have gotten help earlier. The healing could have begun sooner, and we could have avoided the confusion and pain that consumed our relationship and caused unnecessary emotional suffering to our children.

Most of all, if I had know then what I know now, we could have gotten help earlier.

Although I didn't know it then, I was fortunate enough to learn it before our marriage became another statistic, while there was time to share that information with others so that the understanding and the healing could begin.

The choices you have

If you are the wife or partner of a veteran who knowingly or unknowingly suffers from PTSD, you have a few choices: you can blame and complain, you can leave, or you can use the situation to grow – intellectually, emotionally and spiritually. In my case, I went through a process that began with anger, resentment, and blame. I blamed my husband for my unhappiness.

The things I hadn't noticed

Before we were married and before his knees gave out, my husband and I were friends who shared a variety of activities – from jogging and rollerskating to sailing on the open ocean. Because I had a job and other friends, I didn't realize that in addition to being a lot of fun, my would-be husband had nightmares and flashbacks that kept him up, watching television, most of the night. I didn't notice that he had issues with authority, with trust.

I had no idea that he suffered from an invisible disability that acted like an invisible shield, containing his feelings and emotions until they would burst like a “bomb with no fuse,” as he often explained his outbursts.

I had no idea that he would avoid holiday celebrations and other special events. I had no idea that he suffered from an invisible disability that acted like an invisible shield, containing his feelings and emotions until they

would burst like a “bomb with no fuse,” as he often explained his outbursts.

It wasn't until after we were married and had children that my husband's behavior intensified. In addition to working full time, he became a compulsive gardener, rarely coming into the house until dark. At one point, our daughter, then five, watched wistfully as her father was planting something and said, “Maybe if I was dirt, Papa would pay attention to me.”

Walking on eggshells, and what about me?

In addition to isolating from the family, my husband's over-protective nature, vigilance, and reactivity caused me to “walk on eggshells.” I never knew what might trigger a frightening outburst. It might be the sound of a helicopter flying overhead during the fire season, or the smell coming from a restaurant, or an unmade bed.

I was angry and wanted out of my marriage. It seemed as if our life was always about him and his needs, but what about me?

The fun-loving man I had married had become unpredictable, demanding and controlling, and I felt lonely, abandoned, and very unhappy. I didn't know anything about war trauma and certainly didn't comprehend the impact that sights, sounds, smells – even symbols could have on my husband's nervous system. He blamed me for everything that went wrong, and I blamed him for how I felt.

I was angry and wanted out of my marriage. It seemed as if our life was always about him and his needs, but what about me? The truth is, most vets are completely unaware of the impact their behavior has on their families.

Getting some help at last

Eventually I complained to a friend who directed me to a support group for wives of vets. I was apprehensive about participating in a group, but I was so desperate to feel better, I would have done anything. The group consisted of about 10 women of varying shapes and sizes – all married to combat veterans – all there to share their stories. By the time I left the meeting, I knew my husband had PTSD; that I could learn ways to cope with and improve my current situation, and that there was help for him if he was willing to take advantage of it.

Eventually I complained to a friend who directed me to a support group for wives of vets.

Armed with a brochure about PTSD, which included a list of symptoms, I went home and presented the information to my husband. He still didn't believe there was anything wrong with him, but "to make me happy" (in other words, to get me off his back) he agreed that "just one time" he would see the therapist, Mary Tendall, the co-author of this article. Mary had a lot of experience and success in helping vets and their families recognize, cope with, and heal their disabilities.

That was six years ago. Is life now perfect? Hardly – but it is better. Medication and therapy have helped my husband. He has released some of his ghosts, and in the process has learned ways to cope with and heal the psychological wounds. Individual therapy, a supportive group of women, and knowledge about PTSD have helped me. With time, my anger has turned to empathy and my fear has turned into determination.

I now know that the wives of veterans are incredibly courageous, capable, and strong.

Because of my connection to other women, my loneliness has dissipated, and the only person I blame for anything is myself.

I now know that the wives of veterans are incredibly courageous, capable, and strong. We're the glue that holds our families together. We're the stability and refuge for men who, because of war trauma, often take us for granted. We're also the ones who can facilitate the healing process by healing ourselves first. Rather than demanding love and attention from my husband as I once did, I have learned to take care of my own emotional needs. I have also learned to see my husband not as the person he became because of his trauma, but as the loving person he really is. The more love and kindness he receives, the more he is able to give. Finally, I have come to see our relationship as a healing journey that began with anger and confusion, and is heading in the direction of understanding and love.

Helping yourself

Although individual and group therapy were extremely helpful to me, and are well worth it if you have the time and financial resources to undergo a therapeutic process, there are many other things you can do to take care of yourself and improve the quality of your life.

- Realize that your partner has a disability that needs to be treated with kindness and compassion.
- Read about Vietnam and about PTSD.
- Blow off steam to a close, trusted friend.
- Learn effective communication techniques – take a parenting class or attend a mediation seminar.

- Join a support group. If you can't find a group that knows about war trauma, join any group that supports your growth.
- Write your feelings in a journal. Read the journal aloud or into a tape recorder and listen to it with compassion.
- Be good to yourself. Take a long, hot bath, read some fiction or poetry, call a friend on the phone, meet a friend for coffee, get a manicure – anything that elevates your mood.
- Walk or exercise daily.
- Stay present. Focus on the things that are working in your life.

IT'S NEVER TOO LATE

You can still get your PTSD under control. Believe it.



By Mary Tendall and Jan Fishler

In past articles, we have stated the usefulness of therapy as a path to healing war trauma. While it is possible to function with many of the symptoms of PTSD (post-traumatic stress disorder) without formal therapy, it is nearly impossible to heal trauma without the aid of a trained therapist to help resolve longstanding issues via tools such as cognitive/ behavioral work, talk therapy, breath work, visualization, or EMDR (eye movement, desensitization, and reprocessing). Because many Vietnam veterans are at a stage in life where they are reflecting on the past and looking toward the future, a common perception

is that they fear there is not enough time to do the things they want to do – in essence, that it is “too late.”

Because many Vietnam veterans are at a stage in life where they are reflecting on the past and looking toward the future, a common perception is that they fear there is not enough time to do the things they want to do – in essence, that it is “too late.”

Ironically, many Vietnam veterans who have coped with troubling PTSD-related symptoms for years are just now beginning to ask for help with symptoms such as anger and isolation. While dogs and grandchildren might have served well as safe emotional outlets, there is the growing realization that an emotional connection with other loved ones is equally important. Although the ability to start new in a profession or begin a family is an improbable solution, it is never too late to change the quality of one’s life.

This article focuses on changes that have been made by three veterans seen by Mary in her practice. Upon entering therapy, all of these men believed that change was impossible. Once hopeless, they have succeeded in altering the course of their lives, and offer a picture of courage to anyone who is ready to take a walk on the therapeutic path.

Rob

At the age of 66, Rob* has been in treatment for his combat-related symptoms of PTSD for less than a year. He didn’t realize that he had been coping with PTSD for more than 30 years until he attended a stand-down to find out about VA medical benefits and talked to the local veterans’ representative. He was shocked when the representative showed him a checklist of symptoms resulting

from a combat experience. All of them applied to him. His wife was thrilled to see that list.

Problems related to PTSD

- Anger, irritability and rage.
- Feeling nervous.
- Depression.
- Difficulty trusting others.
- Feeling guilt over acts committed or witnessed, the failure to prevent certain events, or merely having survived while others did not.
- Hyper-alertness and startle reactions Feeling grief or sadness.
- Having thoughts and memories that will not go away.
- Isolation and alienation from others.
- Loss of interest in pleasurable activities.
- Low tolerance to stress.
- Problems with authority.
- Problems feeling good about oneself.
- Nightmares.
- Substance abuse.
- Trouble sleeping.
- Anxiety.
- Paranoia.

“I knew it!” she declared upon finally receiving validation for concerns she had held for years. When Rob was referred to the Vet Center to be authorized for treatment,

he still didn't believe he would qualify as someone with PTSD.

"I wasn't one of those guys," Rob said. He had a long-term marriage, had successfully supported his family, and was now about to retire, but he was very curious about the checklist that described him so well. Following is Rob's version of the story.

First, my therapist gave me an education about what PTSD is, and she told me to read some of the VietNow articles.

"I was skeptical about the whole thing, but I soon realized that my family was all for me getting some help, even if I didn't think I needed it. First, my therapist gave me an education about what PTSD is, and she told me to read some of the VietNow articles. My wife and I read them, and that opened up discussions we have never been able to have before. That was when I realized that the described symptoms were mine, and they had really had an impact on my family. I had no idea that was the case.

Then came the guilt. My kids are grown, and what can I do now? I can't just change at this point. So, months into therapy, I now realize what has been going on with my anger, isolation, and emotional numbness. I have ways of working on that, because I can now recognize what is happening in my body when I am triggered. It has really helped, and my wife says she notices a difference.

My nightmares are gone, and that is a real blessing. I never thought it was possible to get rid of them.

My nightmares are gone, and that is a real blessing. I never thought it was possible to get rid of them. My therapist said it would be easy, and it was, but I never believed

it until I realized that they were absolutely gone. They used to keep me awake several nights a week. There is a lot of work I still have to do, and my family notices changes more than I do, but I have to say that my life is better and it sure as hell is good to know what has been going on all these years. I never thought I'd be saying any of this, but if it helps someone else, I am glad to do it."

CHARLES

Because of the severity of his combat experience and the extent of his symptoms, Charles, now 58, made many poor choices when he returned from Vietnam. His use of drugs and alcohol escalated, his marriage broke up, he lost track of his son, and he was unable to keep a job. As Charles says, "I quit most of them before I was fired."

When he realized that many of his problems were caused by his experiences in Vietnam, he adopted a what-do-I-have-to-lose attitude, and entered treatment extremely motivated to make changes.

His history of multiple relationships, several arrests due to fighting, and his inability to keep a job, left him feeling angry and hopeless. He thought it was best if he came down with a life-threatening disease in order to "end it all without anyone feeling guilty." Twelve years ago, when a physical ailment affected the quality of his life, Charles talked to a veterans' representative about getting benefits. Like Rob, Charles was shocked by the list of symptoms on the PTSD checklist. When he realized that many of his problems were caused by his experiences in Vietnam, he adopted a what-do-I-have-to-lose attitude, and entered treatment extremely motivated to make changes.

Today, Charles is happily married to a supportive and humorous woman. He owns a small parcel of land several

miles from town, and is proud to say that he negotiated the purchase without a “blow up.” He maintains a close relationship with his previously estranged son, who often brings his three children to visit. Charles is beginning to get to know and socialize with his neighbors, and is able to communicate without feeling a sense of total distrust. He is still plagued by road rage, but has managed to solve that issue by leaving the driving to his wife.

Sadly, he has been unable to locate the daughter he hasn't seen since she was an infant, and that continues to trouble him. But with that exception, Charles says that his life is better now than it ever was before or after Vietnam. He looks forward to the future, and has many plans for the improvement of his land, which he would like to leave to his grandsons some day.

MICK

Mick is another veteran who opted for treatment that resulted in a positive outcome. Today, at 62, he is active as an AA sponsor, is very happily married to “a wonderful woman,” has many friends, and has renewed his relationship with his son. He owns a small ranch with sheep, rabbits, cats, and a guard llama, and describes his current situation as “a peaceful, spiritual life.” Mick attributes the quality of life he has achieved to the many years he spent in treatment working on combat-related issues.

Mick returned to his home state of California at the peak of the anti-war movement. In his words, “I was exhausted mentally and physically, and very disillusioned. I had thought I would just go back to work and do life: go to school, get married, have kids, and get a job.”

Then the PTSD really kicked in, and I was fearful all the time.

Unfortunately, Mick experienced many obstacles in manifesting that dream: he was unable to get work, he was addicted to the drugs he had been taking while on the blasting crew in Vietnam, he used alcohol excessively, and he perceived every civilian as “selfish and out of touch with what was really going on.” He was unable to concentrate on school, and dropped out after a month. He looked at his family as strangers, and he had several failed relationships. After about two years, because of his reactivity and substance use, he left his wife and son.

In 1990, Mick finally realized that he was out of control, and he quit drinking and using drugs. “Then the PTSD really kicked in, and I was fearful all the time,” Mick says. “I left my second marriage of 11 months, and moved to the foothills to work with my brother. I got into a PTSD program that was sponsored by the Vet Center there, even though I was shaky and didn’t trust anyone, including myself. I really felt that I was going to hurt someone or myself.”

CHOICE AND TREATMENT

Like Rob, Charles, and Mick, every veteran must choose a path that is perceived as reasonable and possible. That may mean seeking help for substance use, or getting involved in a meaningful activity such as service to other veterans, church work, community service, or perfecting a hobby. It may also mean choosing to receive guidance in decreasing and/or eliminating the symptoms that have greatly impacted the quality of life in the past 40-plus years. No one is meant to go through this type of healing journey alone.

Readjustment Counseling Services

- Individual counseling.

- Group counseling.
- Marital and family counseling.
- Medical referrals.
- Assistance in applying for VA benefits.
- Employment counseling, guidance, and referral.
- Alcohol/drug assessment.
- Information and referral to community resources.
- Sexual trauma referral services.
- Community education.

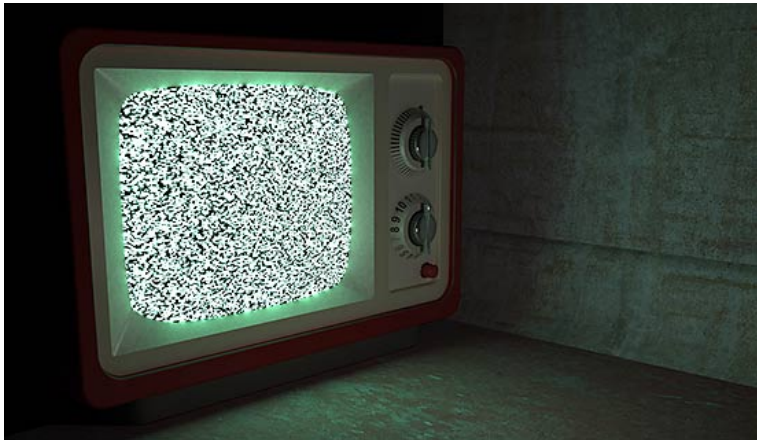
A variety of treatment and lifestyle modalities were used to help Rob, Charles, and Mick create positive change. During individual treatment, relaxation tools such as deep breathing and safe imagery were taught. In addition, trauma-release regimes – including EMDR, somatic experiencing, and cognitive and behavioral reprocessing – were employed. For two of the men, a veterans’ support group proved very helpful, but the third chose not to attend group sessions. Church involvement played a positive role for one of them, while the other two found great peace in their connections to nature and their land.

In order to reprogram the old “combat mode” pathways, all three veterans learned to work continually at interrupting their old triggered reactivity, and replaced it with healthy action and thinking. Their individual work on this apart from the treatment sessions put them in charge of their healing and kept it as an ongoing process.

WHEN TV IS NOT ENOUGH

How much time do you spend watching TV every day? If you're a veteran with PTSD, chances are the answer is 'a lot' or 'too much.' Lots of veterans with PTSD are finding that getting away from the television, and out into the world of volunteering can be a big help toward feeling better.

By Mary Tendall and Jan Fishler



For war veterans, quiet moments of the day or night are not necessarily a peaceful time. Brain scans show that when a veteran is involved with a physical or mental task, the brain stem and limbic system (fight, flight, freeze or combat-ready brain) are calm. Quiet times with no

focused mental or physical activity are quite different. In this case, brain scans reveal that the “combat-ready” parts of the brain are lit up like neon lights.

During the early retirement years, when the body is beginning to wear out, old distractions are not as available as they once were, and many vets struggle to keep busy.

Brain scans reveal that the “combat-ready” parts of the brain are lit up like neon lights.

To avoid triggering the brain into a combat-ready state, it’s important for veterans to find a meaningful focus – one that can provide them with a sense of well being and peace of mind. Although watching reruns of “Hogan’s Heroes,” or numbing out to any number of reality TV shows is an option, a better choice is creating positive experiences in the present that can become special memories to be recalled in the future. Creating such experiences can be challenging for some, but when the issue was explored by a group of Vietnam veterans (who began meeting years ago through a VA program and who now meet weekly on their own at a local coffee shop), they came up with some insightful realizations and solutions.

Through their ongoing group meetings, the participants discovered that although their outward lives were very different, they shared common thoughts and feelings. All the veterans agreed that they wanted peace of mind. They all wanted to feel worthy, and more than anything, they wanted a good night’s sleep.

Helping others can help you, too

Through various discussions, the men eventually realized that the few times they did attain the conditions they were seeking was when they volunteered their time or

helped out in some way. It seemed that being of service was a pathway toward balance and well-being, and away from depression and anxiety.

All the veterans agreed that they wanted peace of mind. They all wanted to feel worthy, and more than anything, they wanted a good night's sleep.

Ralph* got the ball rolling when he told the others about how he helped the elderly couple next door by mowing their small lawn and doing minor repairs. He wouldn't accept money for his efforts, but he didn't turn down the baked goods that would mysteriously show up on his doorstep. Ralph's story inspired members of the group to inquire at the local Veterans' Service Office to see if there were others in the community who might need help.

It turned out there were not only retired World War II and Korean veterans who needed assistance, but also Vietnam veterans, wives of current combat soldiers, and some young, disabled vets, as well. The group members soon pooled their talents, tools, and trucks, and together they began tackling numerous projects.

After successfully completing several projects, they expressed how good it made them feel to be doing something that "makes a difference." In addition to having a good time, they were often exhausted enough to get in a couple more hours of sleep. The camaraderie deepened with this shared activity, and one veteran commented, "It reminds me of the good times in Nam without the bull-shit."

Are you up for it?

Volunteer efforts don't always require physical exertion. Sharing his knowledge was a way Bill could serve other veterans. Over the years, he had become an expert

in understanding the VA benefits system – especially the disability claim process.

By sharing his expertise with the new soldiers who were returning home, Bill not only took some of the load off the over-burdened county veteran's office, but he also helped other veterans through what is often a lengthy and confusing process.

Volunteering got me out of the house, where I spend time doing what I love.

When asked what volunteering and being of service has meant to them, many veterans openly share the benefits they have personally reaped. John, a retired veterinarian who does volunteer work at an animal shelter, and who even made a trip to a small village in Mexico to spay and neuter the dogs and cats, said, "Volunteering got me out of the house, where I spend time doing what I love."

Lars, a man of few words, became animated as he spoke of the Mexican village he travels to regularly. "So far I've helped build two schools." Showing photos of smiling children and villagers, Lars' face lit up as he described the elation on the children's faces whenever he arrived at the schools. His wife said that Lars is a different person now that he has a meaningful focus – his anger has significantly subsided and he is able to sleep better.

Many vets prefer to work alone with minimal social contact. Alan loved gardening, but found he had more plants than he could use. It wasn't long before his wife found grateful recipients – from individuals to restaurants and churches. As he worked with his plants, Alan went from "just getting through each day, to actually looking forward to future activities." Today, his shop and greenhouse are filled with catalogs, seeds, seedlings, and

well-developed plants ready to be relocated. An industrious man, Alan sold a few of the larger plants to pay for supplies, and donated the rest. Although Alan prefers to work alone, his wife likes to get out and enjoys delivering her husband's plants to local rest homes and her church.

Carl lives alone and has a wood shop. Because of physical limitations caused by a bad back, he is unable to be the cabinetmaker he once was. At first he worried about what he would do to fill his time, but when a neighbor asked if he could make toys, Carl, who had never made toys before, decided to give it try. Now, two years later, he makes toy trains, cars, and boats, and has someone else sell them at a crafts fairs for a share of the profit. He also donates many toys to homeless children in the area.



The beauty of this arrangement is that there is no deadline, and Carl is able to work whenever he feels like it – a schedule that is perfect for him. In spite of his bad back, Carl is now productive and pleased by the many letters he receives from grateful families who have been the recipients of his toys. Today Carl is just one of many veterans who use their skills to bring joy to others.

Proof that it works

If you're still not sure if volunteering is for you, consider current research: Several studies have shown that

older adults who volunteer regularly tend to be happier as a group than those who don't volunteer. There is also evidence that older volunteers are not just happier, but also physically healthier than non-volunteers. Better yet, there's a mounting body of research indicating that those who volunteer or participate in similar activities live longer.

Studies have shown that older adults who volunteer regularly tend to be happier as a group than those who don't volunteer.

So the next time you're headed toward your recliner, instead of picking up the remote, volunteer to take the grandkids to a movie, drive to your local vets center and see who might need your help, or go online and check out some of the volunteer ideas that accompany this article – and then make an effort to find one that fits your interests.

And remember the words of basketball's coaching legend, John Wooden: "You can't live a perfect day without doing something for someone who will never be able to repay you."

Getting out of the rut

Yes, you can

Think there's no way out of your rut? Feeling like there's nothing much to do these days but watch more television?

Think no one wants you?

If that's the way you feel, get up out of your chair and get busy finding a great volunteer opportunity that's just right for you. Right there in your own town there's almost sure to be some person or some organization that needs you, and that can put your skills to work. You'll help other people, and you'll also help yourself. It's just about a sure thing.

What will you get out of it?

More than you ever imagined. Meet new friends. Find a new purpose for your life. Hospitals always have interesting volunteer jobs where you can really help with no special skills. Or maybe some kids need a coach for their basketball team. The possibilities are just about endless. Yes, you probably won't get paid in cash, but what you will get is even better than money. Give it a try. You have nothing to lose but another night in front of the TV.

JOHN AND JAKE: A LOVE STORY

There are many good reasons why they say a dog is man's best friend. Here's one of them.

By Jan Fishler



I had just sampled a slice of the walnut raisin bread at the bakery inside our local Safeway when a tall, rather handsome gentleman, who appeared to be in his early sixties, and his short, dark companion caught my eye. Unlike most of the shoppers who were scurrying about with carts laden with the bargains of the day, this pair seemed to be marching to a different drummer. As I munched on the bread, I watched as the man approached the counter and leaned toward the clerk.

“Is Dana here today?” he asked. The clerk shook her

head, no. The man shrugged and motioned toward his friend. “She always gives Jake a cookie.”

The clerk nodded in understanding, and Jake, anticipating the treat, watched her expectantly. “Here you go,” she said, reaching over the counter.

The tall man nodded, and Jake moved closer. He gently took the cookie from the clerk’s hand, stepped back, gazed lovingly at the man, and waited.

“Go ahead, Jake.” The companion devoured the cookie in one gulp and licked his lips.

“This is one of our favorite stops,” the man said as he handed me a business card that identified both him and his companion: John Saathoff, handler. Jake, service dog.

Like many veterans, at first he was in denial about his condition.

I quickly scanned the card. “Vietnam?” I asked. John nodded. “PTSD?” He nodded again. I told John I wanted to write a story about the two of them, and a few days later the three of us met at a local restaurant for coffee. Jake and John sat on one side of the booth and I sat across from them.

After four failed marriages, John finally realized he had a problem

After four failed marriages, John finally realized that he had a problem. Although he’d been to college, was a hypnotherapist, and had a successful career as a building contractor, John was plagued by issues that damaged his personal and professional relationships. Prone to angry outbursts, irrational behavior, and flashbacks – all of which stemmed from the two years he spent in Vietnam, 1967 and 1968 – John’s life had begun to fall apart.

In 1982, a psychiatrist diagnosed John with PTSD

(post-traumatic stress disorder), and encouraged him to seek disability compensation. Like many veterans, at first he was in denial about his condition, but he filed a claim and began to learn about PTSD. The next 15 years were a struggle. Due to “lost records,” the former paratrooper’s claim was denied, he lost faith in his ability to work, and he became reclusive and depressed. Speaking of those dark days, John recently told me, “When it came to my work as a hypnotherapist, I felt like a fraud. How could I help others when I had so many problems?”

Jake comes into his life

John spent the next several years holed up in his house. In 2001, two events changed his life: After much effort on John’s part, the VA granted him full disability for PTSD – and he acquired Jake. John explained, “Of course the money was helpful, but it was Jake who changed my life.”

As a service dog, Jake is entitled to be with John wherever he goes.

When he scooped the lab/doberman mix out of a box in front of a Walmart that fateful day 10 years ago, John’s healing began. “Jake and I are inseparable,” John said. “We go everywhere together.” Upon hearing his name, Jake, who had been sitting attentively next to John at our both, looked up. As a service dog, Jake, who wears a special harness, is entitled to be with John wherever he goes.

Although there are organizations that specialize in training service dogs, John trained Jake himself. “Jake knows about 60 commands,” John said. To demonstrate, he asked Jake, “Do you love Daddy?” Jake responded with a low, friendly growl that made John’s blue eyes twinkle, followed by a big slurpy lick on the cheek.

The Americans With Disabilities Act

According to the Americans With Disabilities Act (ADA), a service animal originally meant “any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.” In 2009, the ADA expanded the definition to include “individually trained animals that do work or perform tasks for the benefit of individuals with disabilities, including psychiatric, cognitive, and mental disabilities.” There are several types of service dogs, including guide dogs, hearing dogs, mobility dogs, seizure alert/response dogs, autism dogs and psychiatric service dogs.

Veterans with PTSD are most likely to use a psychiatric-service dog that has been trained to perform tasks that help their handler function in ways the non-disabled take for granted. For example, for several years John was unable to leave his house for anything other than the most basic tasks. With Jake by his side, John now feels safe enough to go out to lunch or dinner.

A psychiatric-service dog might also help a veteran who has severe hyper-vigilance (another symptom of PTSD) and believes there is an intruder in their home or office. If the dog is trained to search and bark if they find someone, the handler can feel a peace of mind in their home or office that would not be possible without canine assistance. For veterans who live alone, a service dog can provide several psychological benefits, including a sense of purpose. Some days John didn't want to get out of bed, but knowing he had to walk Jake required him to get up

and go outside. The fresh air was uplifting, and before he knew it, John was feeling a lot better.

According to an article on www.servicedogcentral.org, service dogs have helped relieve some of the symptoms of depression, created a greater sense of safety, and fostered independence for many people. Caring for a dog also prompts others to care for themselves. Even more amazing about the power of a service dog is that people who have suicidal thoughts have reported that, “they would not be able to act on their thoughts of suicide for fear of leaving a beloved companion without care.”

Keep in mind that therapy dogs and companion dogs do not have the same rights as service dogs. As a general rule, therapy dogs are trained in basic obedience, are often graduates of assistance-dog organizations, and are especially suited for this work because of their gentle temperament. Companion dogs are family pets with no specific training or certification.

If you have a physical or emotional disability, and believe a service dog could improve the quality of your life, there are many organizations that can help you. Although certification of service animals is not required by law, the Service Animal Registry of America (SARA) in Midlothian, Texas, recommends voluntary registration and identification from a reputable organization. According to the SARA web site, certification and identification makes things easier when dealing with service-animal accessibility in public places, private houses with no-pet policies, lodging, and public transportation.

John believes that every veteran who has PTSD should consider getting a service dog.

John believes that every veteran who has PTSD should

consider getting a service dog. “Once I had Jake, I was able to stop taking antidepressants and start living again.” Although you might find your ideal companion in a box outside your local Walmart, and train the dog yourself, there are organizations that provide training and match dogs with the right handler. A good place to begin your search is with Canine Assistants, a non-profit organization that trains and provides service dogs for children and adults with physical disabilities and other special needs. If you find a dog, and want to hire a trainer in your area, the Delta Society can help.

LIVING WITH GUILT AND SHAME



By Mary Tendall and Jan Fishler

Part One: The Combat Veteran's Perspective

Combat experiences create many unresolved memories that can lead to feelings of guilt and shame. What one sees, hears, and does – and even what one thinks and feels during and following combat – can contribute to conscious and unconscious guilt and shame. The mere act of having survived leaves many veterans remembering those who were “more worthy to live than me.” Other veterans confide that they live in the hidden world of shame, where their memories are as devastating as actual combat experiences.

Intrusive homicidal thoughts following an altercation, fear of spiritual rejection, guilt following an overreaction to family and friends, severe judgment of self and others, guilt over excessive isolation, and the feeling of being

completely unique with this burden are some of the ways memories manifest for combat survivors. Because each combat experience is unique, it would be inaccurate to make generalizations. However, it is safe to say that combat veterans share certain beliefs and perceptions that lead to the emotions of guilt and shame. These include:

Failure of self and others to meet specific ideals and standards of competence.

Bob described working on projects in his shop and constantly trying to “get it right.” He frequently blamed himself and others in the process, and showed up irritable and withdrawn when joining family members later in the evening. Alcohol was his way of numbing those feelings and avoiding conversation. He described having no tolerance for what he perceived as carelessness or incompetence, which he saw everywhere. He now realizes that his feelings were due to the fact that, in combat, incompetence could be life threatening.

Decreased value of self and others

After several therapy sessions, Jim said he was certain he would be going to hell when he died. He said that he went to church to please his wife, but he saw others as hypocrites. He explained that what he did “over there” could not be forgiven. He refused to allow others to compliment him or offer him verbal or physical affection (except his dog!). His fear of hell actually saved him from suicide on numerous occasions. Now he is working hard to find ways to accept and trust the love of his family, and finally to accept himself as a devoted husband.

Defensive responses to shameful memories

These responses might include increased self-medication with alcohol and drugs, withdrawal and isolation, criticism of “everyone else,” pre-occupation with watch-

ing TV, hours on the computer, or excessive physical activity.

He explained that what he did “over there” could not be forgiven.

Wendell drank alcohol to numb his feelings and memories. When his doctor told him his body couldn’t take it anymore, he turned to all-nighters on the computer. Gradually, with therapeutic help and support from his family, he substituted some of his computer time for gardening with his wife and playing senior softball with his friends.

Anger and disgust toward self and others

Paul is a gifted and talented artist who would not let anyone outside of his immediate family see his work. In his mind, his effort was never good enough, yet when he went to exhibitions, he called the work of other artists garbage, and left within minutes, feeling angry and disgusted. Although prior to combat, he was encouraged by his parents to pursue a career in art, he says that he has never really enjoyed painting since combat. At the same time, he feels compelled to continue. Paul has shown me photos of his work, which is exceptional enough to be exhibited in galleries.

Lack of emotional intimacy and sense of joy and happiness

Although his current wife loves Michael dearly, he believes that if she knew his “horrific thoughts,” she wouldn’t be with him. “When she is happy and affectionate with me, I feel like a fraud.” Because Michael believes he is unworthy of his wife’s loving nature, he withdraws and looks for faults “in everything.” He has stated that he doesn’t deserve to feel joy. “I’ve seen too much.”

Thoughts

In each of the cases described above, the veteran has worked on his trauma symptoms using neurosomatic treatment along with cognitive behavioral work. Creating new neuro pathways to process sensitive input as well as having an understanding of the process, helps the veteran to be in charge of his reactivity and decrease it on a continual basis. This gives him the tools he needs to regulate his reactive behavior before his symptoms become a problem. Other veterans have joined support groups (available at Veteran Hospitals and Vet Centers), openly shared their feelings, and found great relief in discovering they are not alone. By learning how to self-regulate their symptoms, veterans are able to decrease the attack/avoidance syndrome and integrate the separation of thoughts and feelings.

Part Two: Jan's Perspective

It has been 14 years since my husband was diagnosed with PTSD, and our family continues to work on healing from the impact of war. Initially, understanding the behavior associated with PTSD and mastering the intellectual aspects of war trauma dominated our efforts. It was not difficult to understand that the reactive behaviors resulting from PTSD are a normal response to a combat experience.

This was a big first step in developing compassion. The next hurdle was realizing that various behaviors like shouting and reactivity were not personal attacks, but a need for combat-ready order. Finally, our family learned techniques and strategies for avoiding confrontation and keeping the peace.

Awareness of the guilt-shame cycle is the initial step for integrating these emotions.

In essence, over the years, we found and employed tools to manage the symptoms, but beneath the surface, our family's emotional pain lingered. The terror, rage, anguish, guilt, and shame my husband brought back from combat was like a cold – eventually, everyone in the household caught it and passed it on. Awareness of the guilt-shame cycle is the initial step for integrating these emotions, and can go a long way in promoting understanding and compassion within the family.

The Cycle of Guilt and Shame

On a very simplistic level, the cycle of guilt and shame occurs like this: A man comes back from war carrying guilt and shame, the raw emotions of combat, and feeling unworthy, disgusted, and unlovable. To cope with these negative feelings, he tries various methods of sedation, such as drugs, alcohol, sports, television, work, and sex. When he is not sedated, he is outraged and angry. Friends and family quickly learn this, and try to avoid setting him off, but in spite of their efforts, situations in daily life occur which propel (trigger) him into action. Programmed to win at all cost, he reacts. Those around him – especially family members – feel the impact of his emotional reactivity. As a result, they become hooked and also react: They fight (argue, call him names, even hit him); take flight (they move away, run away); or freeze (become emotionally numb and detached).

As each side tries to “win,” the cycle of victor-victim begins, and in time, everyone is walking on eggshells. Eventually, this dis-harmony turns into anger and resentment, and both parties end up with feelings of guilt and shame.

Wives and Family Members

During a support group for veterans' wives, the women

were asked to talk about their own feelings of guilt and shame. Below are some of the stories they shared.

Linda's Story

My family has a lodge at Lake Tahoe. My grandfather and his brothers built it, and it's large enough to accommodate our entire family, plus friends, any time we want to use it. When Sam and I got married a few years ago, I brought him there for the weekend to go fishing – something I know he loves to do. My brothers took Sam out on the boat, and when the guys came back, everyone had caught their limit. That night, we cooked up the fish and sat around the table drinking beer and wine and telling “fish tales.” I thought Sam had a good time, but whenever I suggest going back, he makes up some lame excuse. His unwillingness to go – especially when he knows how important it is for me to spend time with my brothers and their families – makes me furious. I've gone by myself, but when I do, I feel guilty about leaving Sam behind. And I have to make up some story about why Sam couldn't come with me. When I get back, I'm so angry with Sam, I can barely tolerate him.

Susan's Story

I've been with my husband, Jesse, for 30 years. When we first got married, he would have an occasional beer, but now he has at least a six pack each day, and last year, he got a prescription for marijuana “to help him with back pain.” Every morning he goes out to his shop to “take a puff.” I'm sure the pot helps, but I hate how he acts when he's stoned. He talks in circles, is even more forgetful than usual, and spends the day doing something that should take only an hour or so. I was looking forward to our retirement years, but now I don't want to spend time with him. I feel guilty about the excuses I come up with

to avoid being with him, but I don't know any other way to cope. I wish we could talk, but his altered state makes reasonable conversation next to impossible.

June's Story

This incident occurred several years ago, when our son Randy was about 8 years old. At the time, I thought my husband, Tom, was simply impatient and demanding – always expecting too much from the boys, but if I look at the incident again, knowing what I know now, I see it differently.

Tom wanted Randy to learn how to mow the lawn, but Randy was anxious about using the mower, and was reluctant to try. After a five-minute demonstration, Tom passed the mower to Randy and told him to go ahead. Tom then left Randy, who was barely able to reach the handles, alone to do the task. From the kitchen window, I could see Randy struggling with the mower. Although I wanted to go out and help, experience told me not to intervene, as Tom had often accused me of pampering the boys, especially Randy, our youngest. Ten minutes into the task, Randy was crying in frustration.

Wondering where Tom was and why he wasn't providing our son with more instruction and moral support, I went out to help. That's when Tom appeared, looking angry. We reached Randy at about the same time. Tom spoke first and demanded, "Why aren't you working?" Randy tried to cough up an explanation, but Tom didn't have the patience to listen.

Instead, he grabbed the mower from Randy's hands and muttered, "If I want something done right, I guess I have to do it myself." Randy, who wanted to please his dad, was devastated, and I was furious at Tom for both his lack of compassion and for setting Randy up to fail. I sent Randy

into the house to wash his face, and then approached Tom, who could tell I wasn't happy. He turned off the mower and stood with his hands on his hips, a posture I had come to recognize as "the battle stance." Tom was quick to defend his position. An argument ensued where he accused Randy of being a mama's boy and me of babying him. This wasn't the only scenario like this, but it stood out because it seemed so unfair.

At the time, I remember thinking that Tom should be ashamed of himself for treating his 8-year-old son this way. Of course I didn't take Tom's military training into account, and it didn't occur to me that learning a task quickly and doing it accurately was the driving force behind Tom's actions, the difference between life and death. While Tom's military programming might have worked in the battlefield, it became emotional abuse when directed toward his young son.

What I didn't realize until now was how bad my husband must have felt about himself.

How do guilt and shame fit in? To this day, Randy doesn't like to help his dad. Now 30, Randy has expressed guilt about not doing more for his father, but those old wounds are deep. At the time, I felt guilty about allowing Randy to be set up for failure, and I was ashamed of myself for putting up with my husband's accusations and verbal attacks. I used to argue with my husband, but at some point I surrendered and withdrew. What I didn't realize until now was how bad my husband must have felt about himself – must still feel about himself – and how guilty and ashamed he must have been for causing Randy and me so much pain. (At this point in her story, June had tears in her eyes, and then she said, "For years, under my

breath, I've been calling Tom an asshole. Now, I realize he was just a victim, too.")

Maria's Story

To avoid his anger and reactivity, I've been lying to Juan for as long as I can remember – mostly about money, but other things, too. Juan grew up poor, and he watches every penny and is always afraid I'm going to spend too much money. We're on a fixed income now, and he's worse than ever. At the grocery store, I'm always careful to buy food that is reduced or "on special." But if I go shopping with my sister or my mom – to buy clothes or household items I want, but don't really need – I sneak the bag into the house when he's not looking. I'm ashamed of myself for behaving this way, but at this point, I'll do anything to avoid confrontations with him.

Barbara's Story

I don't know if I'm ashamed of myself for the affair I had, but I definitely felt guilty about it at the time. My husband's lack of affection drove me to it. I wasn't looking for someone else – I loved my husband and didn't want to leave him – but a co-worker and I hit it off, and one thing led to another.

I don't think my husband ever suspected anything, and I never told him. While I don't feel guilty about having the affair any more, I do feel guilty about keeping it from him; although at this point, I think honesty would probably do more harm than good. Because he has so many issues with trust, this would just add fuel to the fire.

Summary

Guilt and shame create a vicious, no-win cycle that carves out a path of emotional pain that both veterans and family members carry for years. The resulting deception, blame, and unhappiness breaks down communica-

tion, establishes a pattern of unhealthy behaviors, and creates years of unnecessary stress and tension.

Compassion and understanding can begin the healing process, but the ultimate goal for all parties should be clear, honest communication, mutual understanding, and self respect.

PUTTING THEM TO REST



Therapeutic tools can bring resolution to bad memories of combat, but there's also a lot a veteran can do for himself.

By Mary Tendall and Jan Fishler

When a loved one dies, there is grieving. Over time, the heavy grief transforms through many stages, moving on into sadness and ultimate resolution. Memories of the loved one become steeped in the past, allowing a distance to be created between the time of the death and the present.

That is *not* the case for most veterans who have lost brothers in combat.

The Groundhog Day Effect

Because combat losses occur in a place of trauma (a combat zone), the brain records the event in a much different manner. Following the losses, many soldiers must operate as usual, and grieving would mean letting down the emotional shield necessary for the protection of self and others. As a result of the vigilant state of the brain during the loss, the brain replays the event over and over as if it is in the present. Like the movie, "Groundhog Day," it repeats the images with no resolution. Because of this, many combat veterans relive the deaths of their brothers on a daily or nightly basis. Consequently, moods are altered, and the result is often irritability, sadness, and a need to isolate. This behavior is often misunderstood not only by family and friends, but also by the veteran.

When the End Is Missing

While there are various therapeutic tools used to bring resolution to these memories, there is much a veteran can do for himself. One effective technique is to create, symbolically, a beginning, middle, and end to the event.

As a result of the vigilant state of the brain during the loss, the brain replays the event over and over as if it is in the present.

Al* had struggled with constantly reliving the death of his buddy while he was in Vietnam. They had been talking one night, when Al walked 20 yards away for a cup of coffee. When he returned, his friend was dead. Al was left with the vision of his dead buddy, and reported that it was like an experience he had to deal with every day. In therapy, Al learned to relax by doing deep-breathing exercises, and then use this relaxed state to recreate the "story."

The beginning (their conversation) and middle (his walking away and returning to see his friend killed) stayed the same. But Al added an ending, where he saw his buddy being carried away, and where he later attended the imaginary funeral complete with the grieving family laying his friend to rest. Al was encouraged to imagine the full story several times a day for the first week. Initially, he reported that he really struggled to add the ending. When he was finally successful with replaying the event from the beginning to his created ending, his anxiety regarding the loss decreased dramatically. It took about two weeks, with real dedication on Al's part, to complete this process. Finally, he chose a large tree near his driveway as a memorial. He sees that tree every day, and has learned to put the event into the past and never forget his friend.

A Memorial as a Means to an End

A self-made memorial is another symbolic gesture that helps bring closure to losses. Ted* said that there were too many names and faces that he couldn't remember and never knew, yet their deaths still haunt him. He is one of many who experience survival guilt. Ted designed a memorial for his combat brothers in the woods near his house. He used a natural rock outcropping and added stones around it. Whenever he walked near it, he added a stone. This symbolic memorial was his private way to honor the losses and say good-bye. Ted also received another benefit: His nightmares began to decrease in frequency and intensity, and now he has been free of disturbing dreams for more than eight months.

Emotional Closure Takes Courage

In both of these cases, the veterans had to actively face their memories of loss and grief while creating a process

that would finally allow the losses to be put in the past. Al and Ted both reported that it took a different kind of courage to create emotional closure. Al stated, "I had avoided thinking or talking about my experiences unless they showed up uninvited. Now, when I think back, I still feel sad, but it is a completely different experience and I do not have to avoid it at all."

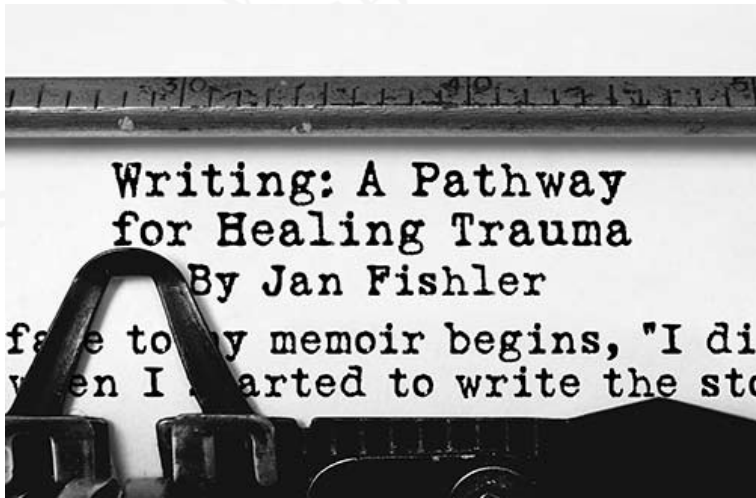
Symbols

As most of us have heard or personally experienced, the Vietnam Memorial Wall in Washington, DC and the Traveling Wall have served as powerful and often overwhelming symbols of combat loss. For many veterans, seeing names on The Wall activates many of the unshed tears. Others numb out, which is also a survival reaction to loss. Many cannot face The Wall at all because of the deep sorrow it represents. Personal memorials can then be created, which are often unknown even to family members.

Many cannot face The Wall at all because of the deep sorrow it represents.

The symbolism of tombstones, The Wall, and other memorials, are for those of us who are still alive and need to honor those who have left us. The symbols themselves are a way to pay tribute not only to those who have died, but also to our own sense of loss, so that we may move forward knowing they will never be forgotten.

WRITING – A PATHWAY FOR HEALING TRAUMA



ARE YOU SUFFERING FROM PTSD? WHY NOT GIVE 'EXPRESSIVE WRITING' A TRY? SOURCES AS DIVERSE AS 'TOUCHY-FEELY' BOOKS AND THE 'ARMY TIMES' SUGGEST THIS KIND OF WRITING CAN HELP.

By Jan Fishler

The preface to my memoir begins, "I didn't consciously set out to write a book about healing. What I thought I was going to do was write a memoir about being adopted

and ultimately searching for my birth mother. But when I started to write, the story I had told countless times turned into something quite different. Every time I sat down, a scene from my life poured onto the page, and with each buried memory came the emotion connected to it.”

It wasn't just telling my story that was so healing. I'd repeated my adoption story many times without the benefit of healing the abandonment issues that were the foundation of my trauma. It wasn't the act of putting pen to paper either (actually spending hours at the computer), recalling memories as they came up, and turning them into scenes. The real healing didn't begin until my older, wiser self began to make sense of my situation, filling the gaps between scenes with a perspective that comes only from wisdom and age. In my case, this happened quite by accident.

Writing, as long as certain parameters are followed, has the power to heal.

I was looking for a way to tie my scenes together when the voice of distance and experience stepped in with new insight and understanding. Time provided me with the advantage of being able to learn from and make sense of an experience that had wounded me as a child. Eventually, I understood how powerful and healing the written word can be – especially when we take the time to find meaning in a traumatic memory.

**TRY IT
YOURSELF**

What I was fortunate enough to figure

out by chance, research has confirmed: Writing, as long as certain parameters are followed, has the power to heal. After a trauma, writing can move an individual along the continuum from shock, to acceptance, to gratitude, and ultimately, to transformation. What's more, writing can boost the immune system, help patients get better, and in many cases, keep them from getting worse. Research also indicates that writing reduces stress, anxiety, and depression.

Keep in mind that not all writing is a pathway for healing illness and trauma. There is evidence that the nature of the writing is crucial. According to some experts, the initial writing about a trauma can trigger distress, as well as physical and emotional arousal. While some people can work through the distress therapeutically or through continued writing, others cannot. To benefit from writing, experts recommend that people who relive upsetting events should focus on meaning, and find significance in the traumatic memory. According to Dr. James Pennebaker, PhD, who has conducted extensive research in the field of wellness and writing, "People who talk about things over and over in the same way aren't getting any better. There has to be growth or change in the way they view their experience." Words like "realize" and "understand," showing cause and effect, are indicators that growth is occurring.

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The National Intrepid Center of Excellence (NICoE), a department of Walter Reed National Military Medical Center in Bethesda, Maryland, provides care to service

members and their families who are dealing with traumatic brain injury, post-traumatic stress disorder (PTSD), and other psychological trauma. Expressive and creative writing are included as part of a program called Operation Homecoming, a four-week residential program that began in January 2012 through funding provided by the National Endowment for the Arts. The program includes an expressive writing component where service members are encouraged to express their emotions, and make sense of their experiences.

Because many participants see the value in writing, an optional informal four-week creative-writing series is offered to service members and their families, as well as NICOE staff. According to the program's curriculum designer and teacher, retired Army Lt. Col. Ron Capps, "During the creative-writing series, which takes place on Wednesday evenings, participants write for 25 minutes about anything at all; it doesn't have to be related to their war experience, or be focused on therapy. Writers then have the option of sharing or not sharing their writing with members of the group."

Capps is also the founder and director of the Veterans Writing Project (veteranswriting.org), an organization that provides "no-cost writing seminars and workshops for veterans, active and reserve service members, and military family members." The Veterans Writing Project also publishes a quarterly literary review, a podcast, and an ongoing scroll of writing at O-Dark-Thirty (o-dark-thirty.org). Service members who want to give writing a try can buy a copy of Capp's book, *Writing War: A Guide to Telling Your Own Story*. Written by a veteran for veterans, it details the elements of the craft involved in writing both fiction and non-fiction.

In his blog post, “Healing PTSD Through Writing,” Dr. John Zemler, whose primary interest lies in understanding the spiritual dimensions of post-traumatic stress disorder, says, “Writing can help us find meaning in our PTSD suffering. Indeed, writing can help us discover meaning in all of our experiences, not just the traumatic ones that gave us our PTSD. I can write about certain experiences in my military history, or I might write a poem about suffering, or I may write music that celebrates life. In each case the act of writing will help me heal a little bit more from my PTSD.”