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PTSD and Physical Stress

Parts of this article first appeared in *The VVA Veteran*

One of my big concerns is the lack of a set of physical symptoms in the diagnosis of PTSD. Solder's Heart, Hysteria, Railway Spine, and Shell Shock all had physical symptoms as well as psychological ones.

In my opinion, the diagnostic criteria should include physical health and physiological functioning, Stress related diseases and diseases caused by "efforts to avoid thoughts or feelings associated with the trauma," especially addictions, are often the only indications of PTSD in someone who is killing him or herself in an effort to seem okay. This shows up in family members, too. Living with PTSD is extremely stressful.

Stress related diseases may be due to stressful adrenaline filled lifestyles, or they may be due to bodily stress states associated with having PTSD.

One of my pet peeves is the very successful person who looks good on the outside, but is running from pain through workaholicism. They often neglect their health while being held up as "resilient" and not having PTSD. One indication that they may have hidden PTSD is their physical health.

Unexpressed psychological pain can cause physical pain and other physical symptoms. Constant hyperarousal and muscular tension also cause physical pain and changes in physiology.

History of physical symptoms: PTSD was first noticed in women during the 19th century. It was called "hysteria" because of their physical problems with pains, fainting, paralysis, etc. Often child abuse, sexual and/or physical, was identified as part of their histories. In Civil War (1860- 65) veterans, PTSD was called Soldier's Heart (chest pains, arrhythmia, etc.) or exhaustion and was considered physical. Another form of PTSD noted in the 19th century, resulting from train wrecks, was called railway spine (the

spine had been damaged by the force of the crash) or railway hysteria. In World War I, shell shock was believed to be physical damage to the nervous system from being shelled. Symptoms included paralysis and blindness. Soldier's Heart was also common. During WWII, psychiatrist close to the front called it "combat fatigue." Back in the US it was "combat neurosis."

Physical effects: One physical consequence of trauma which has never been studied is the incredible rate of supposedly "frigid" (ie non-orgasmic) women reported in studies of American sexuality, a reflection, in my opinion, of the incest, child sexual abuse, and rape rate rather than the usual interpretation that it was due to social pressure on women to be "nice."

A 1995 study published in the *American Journal of Psychiatry* showed that for World War II combat vets who graduated from Harvard, "...exposure to high levels of combat predicted poor future physical health. Fifty-six percent of the 54 men who experienced heavy combat (and 59% of the subgroup of 27 men who experienced heavy combat and PTSD symptoms) were *chronically ill or dead by age 65.*" (my italics).

Last year at the International Society for Traumatic Stress Studies, Frank Putnam, M.D., spoke on the financial costs of child maltreatment in the United States. One of the long term indirect costs of child abuse and interpersonal violence is the fact that survivors of such experiences have high rates of pain symptoms, up to ten times as high as other people. They suffer from abdominal, chest, heart, gastroenterological and pelvic pains.

Substance abuse is also linked to child abuse and, of course, leads to more physical problems.

People who were sexually abused may space out during sex and forget to take precautions. They are not dumb but dissociated. This puts them at high risk for sexually transmitted diseases.

Dr James Boscarino's recent study of Vietnam combat veterans with PTSD showed that they are more likely than non-combat, non-PTSD Vietnam vets to have serious physical illnesses. Heart disease, infections, disorders of digestive, musculoskeletal circulatory and respiratory systems were all reported. According to *Science News* (Dec 13, 1997) "The chronic vigilance and emotional turmoil associated with PTSD may sharply raise or lower secretions of stress hormones and alter the functioning of a number of bodily systems, Boscarino theorizes." In a news article about the study,

Dr. Matthew Friedman of the VA's National Center for PTSD said that these findings agree with the experiences of doctors who treat PTSD.

High blood pressure is another stress related health problem reported in veterans.

Hepatitis C and Agent Orange cause physical problems which intensify PTSD because they are slow acting traumatic stressors (threats to life and physical integrity), the result of human error and human indifference or cruelty, and a betrayal of the social contract we make to take care of our vets. The VA stonewalled all attempts to get Hep C and Agent Orange service connected for years.

In *Healing the Incest Wound*, Christine A. Cortois, Ph.D., says, "Many physical and somatic effects are related to negative feelings about the self which are contained in or projected onto the body...they may continue the injunctions they learned during the abuse to disregard their body state and their own needs [my italics]." She describes physical problems including "gastrointestinal disturbance...respiratory distress, muscular tension...migraine headaches, temporomandibular jaw (TMJ), high blood pressure, frozen joints, ringing in the ears, hyperalertness, and hypervigilance. Substance abuse...usually provides a means of blunting, or...intensifying the pain while punishing oneself. Obesity and anorexia are additional signs of distress." [pp. 106- 106]

At the International Society for Traumatic Stress Studies Meeting this year, Rachel Yehuda, PH.D., discussed the difference between the biology of fear and PTSD. When you're afraid, the sympathetic nervous system (SNS) raises your heart rate and blood pressure, increasing blood flow, sending glucose and adrenaline to your major muscles. Cortisol is also released, and the greater the stress, the higher the cortisol. Under everyday conditions, cortisol eventually "inhibits" the SNS reactions so you get back to a normal state. People with PTSD were expected to have high cortisol levels, but in fact they have low cortisol levels which means the body seems to have lost the ability to calm itself.

After Dr. Yehuda's very clear explanation, Bessel van der Kolk, M.D., said that since cortisol is not there to shut off the stress response, we can see that the body doesn't know it's over! The body is hypersensitive, interpreting current experience as trauma, and to compensate, it uses avoidance and numbing. It can't calm down, so it can't feel safe, can't find

people to rely on, and can't process the trauma. Dr van der Kolk pointed out that the mother-child bond can serve as a model for helping trauma survivors learn to modulate arousal. Mothers respond, using attention, listening, responsive talk and physical contact to help babies learn to modulate their responses. With trauma survivors, attention, listening, and talk are the tools of good therapy. Body- oriented therapy shows great promise in dealing with parts of the body that have never relaxed since the trauma. (See article next issue).

At www.dana.org, a transcript of the program *Exploring Your Brain: Stress, Trauma and the Brain* reported that neglected children in Rumanian orphanages had high cortisol levels and simply stopped growing. Stress has physical consequences. Social isolation and low position in the social hierarchy raise stress and lower healing rates.

GARRICK UTLEY: Over a life time the system gets worn down and less resilient. That can make us more prone to illness in a couple of ways.

DR. NANCY ADLER: One is a prolonged response. You have the initial response, but you don't return to baseline...it stays high.

GARRICK UTLEY: Too much exposure to cortisol puts you at risk for heart disease, which is more common as you go down the socioeconomic ladder.

DR. NANCY ADLER: Over time the system may simply give out, and even though you encounter a stressor, the body mounts a very small or no response at all. Here the danger is not from excessive cortisol exposure, it's the reverse.

GARRICK UTLEY: Too little cortisol leaves you at greater risk for autoimmune diseases like arthritis and lupus.

Effects of isolation on health: Survivors and family members may feel defective, and isolate to hide it, because they do not understanding that PTSD symptoms are a normal response to trauma. Victim blaming, and society's inability to hear survivor's stories also cause isolation. When they can't find help or support, survivors may turn to unhealthy methods of modulating stress responses. Studies of combat vets with PTSD showed a smoking rate of 60% (about twice the national average), and a relation between combat exposure and drug use and/or increased risk of alcohol

abuse. Survivors may overeat, work to excess, or become addicted to things as varied as church or sex or relationships to people who “need” them (codependency), having to be right, TV, computers, the internet, or risk taking (adrenaline producing) behavior. Risk taking behaviors can get you hurt. Illegal ones can get you to prison, which is very dangerous to your health and a source for re-traumatization.

Workaholics and codependents never have time to go to the doctor, so they often don't catch physical problems in the early treatable stages.

Recent studies show the more TV you watch per week and/or the more you are online, the more fat and/or depressed you'll be. Furthermore, depression increases the risk of both heart disease and hypertension. Obesity raises your risk for heart disease, stroke, diabetes and hypertension.

Constant arguments with family members over PTSD symptoms or compulsive behavior may result in emotional estrangement and even divorce, both of which increase health problems. Studies show that people who have cancer and heart problems do measurably better with family and social support.

Studies show that not communicating about stressful events in life can also depress your immune system so you get sick more often, yet people with PTSD are often unable to talk about traumatic incidents because it is too painful.

If an experience is literally unspeakable, the emotional pain may come out in physical symptoms. Combat vets who were raised on John Wayne movies (the guy was never in the military) often believe that something they did or didn't do, even though it was perfectly normal behavior in combat, is so shameful it can never be spoken of. Survivors who may have frozen, cooperated in things they would never do under other circumstances, or had some sort of normal physical reaction during the trauma of which they are ashamed, may also have difficulty ever talking about that aspect of the trauma. That is why it is so important to be compassionate towards yourself, whatever you did to survive.

Since poor physical health is often a cause for depression, and depressed people isolate and have trouble taking action, this can become a vicious cycle.

Other elements that lead to health problems: For many survivors, self care may seem dangerous. Attention may only have brought pain. If you

grew up in an abusive situation, you may never have seen a doctor. You may have been hit if you had normal childhood needs that didn't coincide with the grownups' needs (like needing food rest or medicine). This also happens in abusive relationships, concentration camps, POW camps, prisons, and refugee camps. Survivors learn to ignore their own needs which becomes a health risk.

Even if not learned in abusive situations, self-care can seem like too much of an effort—if not outright selfish or dangerous—to people who are told to “put it behind them,” to forgive without processing emotions first, or that they are jumping on the abuse bandwagon and whining. It is hard to stand up to these abusive messages from society and keep working on recovery, especially if you have PTSD. Giving up is easier.

Numbness makes it easier to ignore your health. Survivor guilt does, too. Other people have had it worse, so why should you go to the doctor over a small ache or lump or headache?

Please remember, no matter what you have been through, did or didn't do, it was the worst you have experienced. You did not deserve it, and you deserve to recover emotionally and physically.

Taking care of yourself is a skill you can learn. Examine your experience, to see if any of the above apply to you.

One further thought: People who learned to “take care of themselves” in a traumatic situation may not have learned self-care at all. Veterans were trained to sacrifice themselves for others. (So are kids in alcoholic families, firefighters, cops, nurses, doctors, etc). I have never met a veteran who learned in basic training to lie down and take a nap when he was tired, or to say no to the D.I. when too much was asked, or even to choose low cholesterol foods. They need basic un-training.

Think about how this may apply to you in your traumatic situation. Did you have to take care of others physically or emotionally? In order to take care of your physical health, you may have to retrain yourself. No one else can do it for you.

Try some of these:

Educating yourself about PTSD symptoms (which start out as survivor skills) is the first step.

You might **tell yourself that your physical health is important.** Living well, being healthy in mind, body, and spirit is one way of winning against your abuser or winning a war you didn't start.

I found I had to go slowly in this area because it terrified me. If you find yourself either angry or feeling helpless and hopeless (what's the use?), those are indications that self-care is scary. I found it does get easier with practice. I find doing it one day at a time makes it easier, too. Am I willing to stretch today? Usually. And if I'm not, the one-day-at-a-time thing means I don't feel guilty about not doing it. The next day I can start over.

Reading about wellness and the mind-body connection are simple actions that can point you in the right direction. Herbert Benson's *The Wellness Book* and Sobel & Ornstein's *The Healthy Mind, Healthy Body Handbook* are two titles among many. Steer clear of books that imply that it is easy to change, or that one diet, one exercise plan, or one whatever is the only thing you will ever need. People are different and different things work for different people. Is it effective for you? That's the test.

For all of us change is slow and difficult, and for people with PTSD it is even slower and harder, especially if they are not getting help with the PTSD itself. Expecting to make quick permanent changes is a recipe for failure. Making small changes in your lifestyle, just for today, one day at a time, is more likely to be successful. You will still probably find yourself recycling old behavior. When I notice I'm doing that, I simply start practicing the new behavior again. Making changes that benefit you in one area of life can give you hope and willingness to try changes in other areas. Here are some **ideas for new behaviors.**

1. **Stretch:** The easiest thing you can do to help reduce stress is to stretch your body. Unclenching your muscles actually has an effect on your physiology, releasing the chronic fight or flight muscular tension. A quick stretch when you notice stress during the day will help. If you find you enjoy stretching there are lots of good books on how to do it more thoroughly or you can take yoga classes. Bob and I stretch for 1/2 hour every day.

2. **Learn compassion for yourself.**

The HEALS technique, developed by Steven Stosny, Ph.D., is described in several issues of the Post-Traumatic Gazette (7, 10, and 20). Dr Stosny has a website with information about compassion, self-empowerment and

emotional intelligence at <http://compassionPOWER.com>. Compassion changes you at a deep level and allows you to take care of yourself physically and emotionally. It did me.

3. **Practice meditation.** Meditation is a key element in Dr. Dean Ornish's program, which reverses arterial blockages. Blood pressure is also lowered by meditation. If the idea of sitting still turns you off, read *Walking Meditation* by Thich Nhat Hanh. If you think meditation is too serious for you, listen to *Meditation: Bringing the Mind Home*, a tape by Sogyal Rinpoche. Read *Wherever You Go, There You Are* by Jon Kabat-Zinn (Bob's and my favorite) for easy and enjoyable directions. You might also try guided imagery. Belleruth Naparstek's excellent *Healing Trauma* (tape or CD) was inspired by her contact with veterans but applies to all trauma survivors. We both meditate almost every day.

4. **Write.** *I Can't Get Over It* by Aphrodite Matsakis, Ph.D. has good written exercises for trauma survivors as does *The Way of the Journal* by Kathleen Adams. There are many other books available, some with written exercises, others just about writing. *Writing Down the Bones* by Natalie Goldberg and *The New Diary* by Tristine Ranier are two favorites of mine. Poetry is also a way of healing. *Finding What You Didn't Lose* by John Fox is a good place to start. I write in my journal every day. I also write an inventory of old patterns that crop up and new actions I take which I have learned in recovery.

James Pennybacker (*Opening Up: The Healing Power of Expressing Emotions*) reports that people got measurable health benefits from writing a just a few times about traumatic experiences. Bob has written a memoir, *Chickenhawk*, about his, and writing it helped him.

5. **Learn to feel your emotions.** I welcome even the painful ones today because at least I am not numb. Felt emotions peak and fade. You won't die from them. Repressed emotions stay with you forever. Read *Emotional Intelligence* by Daniel Goleman and my three issues on Numbing in the Post-Traumatic Gazette (13, 14, 15). Good therapy can also help with this.

6. **Start a physical exercise plan of things you enjoy.** If you are a couch potato, start slow. Walk five or ten minutes, lift your arms and legs without weights. Exercise will reduce stress, increase feelings of well being and help heal depression. When you are in better shape, try something

more strenuous. Bob and I both walk. He juggles and I try to. Exercise has to be fun.

7. **Eat well.** Comfort foods eaten in large amounts cause cholesterol and insulin problems. Even fat free foods can do this. Do some reading and decide on a plan of eating that fits you: what, where, why, when and how you are going to eat. (Notice what is only a small part of the plan). Are you willing to eat in a healthy way just for today? I usually am. Bob always is. If you can't diet, check out Overeaters Anonymous.

8. **Work with others.** Isolation creates stress. People with social support are healthier. Try therapy. The Sidran Foundation, the International Society for Traumatic Stress Studies and the Association of Traumatic Stress Specialists all refer people. So do battered women's shelters, crisis centers, and victim advocates. Vet Centers, the VA, and outside counselors are available to veterans.

If therapy is not what you want at this time, join a group. Volunteer to provide services for others (volunteers are physically healthier). Or join an appropriate recovery group, like AA or Al-Anon, or start a Veterans/Trauma Survivors, Family and Friends 12-Step group using the format I have developed. I go to three 12-step meetings a week.

9. **Physical contact relieves stress.** Studies show that touching each other makes couples want to be physically closer, so don't just touch your partner when you're in the mood for sex. Cuddle up by the TV. Hold hands in the car. We do. Massage provides health benefits including the release of brain chemicals which lift your mood and rev up your immune system. Body therapies such as Somatic Trauma Therapy developed by Babette Rothschild, MSW, LCSW, (<https://www.somatictraumatherapy.com/>) or Pat Ogden's Sensorimotor Sequencing of Traumatic Memories can help (sensorimotorpsychotherapy.org/). I'll report on body therapies in the next issue.

10. **Sing.** Trauma stops your voice. Music therapy can help. musictherapy.org

As you try any of these suggestions, practice not being perfect. You aren't anyway, but accepting it can go a long way towards relieving stress and the paralysis caused by wanting to make only perfect choices.

Three Sides to Recovery

Wallace Allen

Recovery. The destination has changed as I learn more and my self-awareness grows. I see recovery as a path with many stops, not just a single resting place at the end of a long arduous journey. I once had a personal trainer for martial arts. I learned many things from that instructor and two principles he taught have guided my life long after I stopped training with him.

Principle one is the essential balance we all need to keep between the mind, body and spirit. Principle two is the warrior in all of us meeting the scholar or seeker in all of us and having the two of them work together to solve problems.

I was sexually abused for six years between ages seven and thirteen. I have had many types of therapy at different times after this to help me in my recovery. My personal therapy included more than an analyst's couch and/or anonymous groups. Psychotherapy and anonymous groups have helped, but they focus mainly on the mental part of recovery.

Exploring different religious practices has also been clarifying and energizing. My parents never involved our family in any organized religion and they taught us to be wary of many hypocrisies of religious people. I have met many people that do not practice what they preach. My solution is to ignore those people and focus on the ideal message of whatever I happen to be exploring whether it's Islamic Sufi chanting or Jehovah's Witness Watchtower doctrine. I have learned from all of it and the parts of any religion I don't like I ignore. Spiritual practices have reminded me that there is a bigger world out there than just ruminating on my problems. Analyzing problems is productive but only if combined with physical and spiritual practices.

I have participated in Ultimate Frisbee, martial arts, yoga, ballet, aerobic dance, the Alexander technique (a body therapy), weight lifting and belly dancing. These have all helped me feel just as good as an hour long anonymous meeting or session with my therapist. The world can seem bleak when I wake up. If I make sure to fix myself a good breakfast, tidy

up the house, and do a bit of exercise, then I feel on keel again. I need to do this every day to feel stable.

Martial arts, yoga, ballet, weight lifting and a carpenter's apprenticeship have all helped me as much as therapy, anonymous groups and spiritual practice. I need them all to feel grounded. When I focus on one to the exclusion of others, I start feeling rigid and linear instead of flexible and open. Principle one, the mind-body-spirit balance, gave me the ingredients for a more healthy life. Principle two, the warrior meets scholar, taught me how to approach pursuing the three ingredients.

My scholar would research five different ballet classes. The warrior part of me would go to class even when everyone else was better than me, and I felt like a clumsy elephant. My warrior would remind me to focus on myself and not compare myself. I calmed myself enough to focus on the series of movements. It was difficult. I imagined people laughing at me. My heart would beat like a drum. I'd blush with embarrassment and shame when I couldn't remember what to do, but I kept going back. I got better at it. I felt grace grow in my body.

I also took singing lessons and they helped me feel stronger.

The trauma stays stuck in your body, in your throat, if you can't talk about it. When I do the physical, the singing, I'm clearing both the trauma and the lack of voice it left me with. When you've been forced to do things, you have a hard time loosening up your voice.

I used to cry at every singing lesson, working through my problem on a different level. Abuse constricts your vocal cords and throat and tongue so you can't relax. It affects the whole nervous system. To reach your full potential vocally you have to be able to relax. I can today.

I still have bad days. I used to have bad years. Slowly, incrementally, all of these pursuits have helped me feel more peace.

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New Year's Resolutions

Every New Year, I used to swear I was going to lose weight, get my house perfectly clean (and keep it that way), and be unfailingly kind to Bob and Jack. Every year by January 2nd, I had failed at one or another of these, so I would give up on them all. “What’s the use?” I used to tell myself. “I can’t do anything right, and I can’t change.”

I think a lot of people have similar experiences with trying to change.

Today, I do my New Year’s resolutions differently. The Tuesday before New Years, at our ACOA group, the one I’ve been going to for 14 years, we make a list of things we’d like to leave in the old year. Mine includes old ineffective behaviors that still sometimes crop up, worries, habits, old reactions that I’m recycling. Going around the circle, we read our lists to each other, crumble them up and throw them into a central wastebasket.

After that, we write a list of things we would like to take into the New Year with us and read them to each other. We keep that list.

My list always includes having all my feelings back, program friends, the chance to work at what I love (writing about PTSD and recovery), the 12-Steps, the 12-Step programs I belong to, the tools of the program (writing, literature, meetings, telephone, service, anonymity, etc), my growth in the qualities of honesty, gratitude, self-acceptance, compassion, and acceptance of others.

Over the years, my lists of what I want to leave behind in the old year have evolved from long detailed descriptions of behaviors that were making me (and Bob) miserable to their present form. As I worked on myself, applying the steps and principles and tools of the program to every problem, a lot of that old stuff has just faded away.

I believe this is because rather than resolving to eradicate old behaviors, as I used to, I have been focused on learning new ways of looking at life and new skills for dealing with life.

My ideas about change always involved perfection before. Now they are focused on “progress, not perfection.” It makes a big difference.

Everyone said that I could just erase some part of myself I didn't like if I tried hard enough. I was full of shame because I didn't have the stick-to-itiveness to succeed. Today I know that was erroneous information. Suppressing stuff makes it stronger. Bringing behaviors to light and seeing what they have done for me in the past helps me to look at what they may be doing to me today. Then I can change. I expect change to be slow. I used to think it would be instant.

So...

If you have been making New Year's resolutions about behaviors you want to change and have failed repeatedly, here are some suggestions:

1. Make a list

of things you would like to leave behind. Although you might find yourself listing "house, bills, spouse," I think it is more effective to list your own qualities that may contribute to problems in these areas. Like "my inability to say what I want or need to my spouse," or "my compulsive spending which makes it hard to pay my bills." I started out with things like "Telling Bob how to drive places." Now I might write, "Still sometimes thinking I know what is best for people."

2. For each item

think about what value it may have had for you in the past. Defensiveness (thinking everyone is against you, or hearing disagreement as criticism instead of as another way of looking at things—not a threat) is often based on experiences of trauma. You needed to defend yourself.

Not being able to say what you want or need can be based in childhood experiences of being punished for having wants and needs or on the effects of basic training.

Being a spendthrift may be based in having to grab anything good that came along because it might be taken away.

Making friends too fast, trusting people before you know them can be based in having to trust abusers who have power over you. To survive, you have to live in denial of the abuse for as long as you are in their power. This is as true for veterans as for people who suffered child abuse. ("The best trained [there is no training for combat], best equipped [M-16's that wouldn't fire] military force ever,") Add to this the need for community

which we all have and people can make some very choices that look dumb. *Numb not dumb* is a better way to look at it. If we didn't get community at home, we look for it elsewhere, but we don't know how to be friends and we've been trained to ignore our own safety. On top of that, numbness makes it difficult for a traumatized person to pick up on warning signs that other people see. And finally, when normal people see a wall, they tend to respect it. Abusive people want to take it down because they like power, so they pursue people who have put up walls to protect themselves. The masquerades of great romance or perfect vet buddy often end with re-traumatization.

3. Think about

the drawbacks of the behavior for you today. What is it doing to you? For example, defensiveness may be preventing you from getting the support you need. Gullibility may be getting you in trouble with abusive people. Not saying what you want may lead to relationship problems.

4. Let go of the

list of items in some symbolic way. You could share it with a group and then throw it away like I do. You could share it with a therapist or spiritual advisor or sponsor and then burn it. You could share it with nature or God and then burn it.

When I do my daily devotions, I always do a short version of this. I say my version of the 7th step prayer: "Harmony of the Universe, I am now willing that you should have all of me, good and bad. I pray that you now remove from me every single defect of character that stands in the way of my usefulness to harmony and to my fellow beings. Grant me strength as I go forth in harmony. May I walk in harmony always." then I mention the behaviors or characteristics that seem to be causing me the most trouble that day and ask for them to be removed. It works.

5. Think about

the resources that are available to you today that you didn't have when you were being traumatized. For instance, you are probably older, no longer a powerless child, or even a Private E-1. You may have more education, more experience, more spiritual resources, been in therapy or a 12-step group and have more recovery resources. You may be able to write, may have a

list of feeling words, a list of slogans (this too shall pass, one day at a time, etc.), books that validate your problems and suggest solutions, may have developed interests that lift you out of depression...

6. List qualities and resources

you would like to bring into the New Year with you. Include things you like about yourself and any new skills you have learned that have made life more liveable. List the changes you have made that have improved your life and the qualities you are developing that make you more like the person you would like to be.

Sharing this with someone may make it more concrete for you.

7. Accept that it

takes time to change. You will quite naturally find yourself repeating and recycling some of the things you would like to be rid of. When you do, tell yourself it takes time to change. If it causes you pain, let the pain help you re-commit yourself to trying out new actions and reactions which will replace the old ones. Substitution is different than erasure, both more gradual and more likely to happen!

If you slip, be kind to yourself. Say “Whoops! that was a free sample of what I am trying to get away from. No charge and sorry about that!” Laugh!

Tell yourself that trying and failing is better than not trying at all. Human beings are never perfect. Progress not perfection.

8. Look at your

list and acknowledge how far you have come. Even if it is only three inches and you have miles to go, remember that it is extra hard for trauma survivors to change. Whatever changes you have made, no matter how tiny, are the beginning of a path to healing which only you can create. With the help of other survivors and caring professionals, you can find recovery that works for you.

9. Remember

there is a lot of help on the way if you are open to it. Sometimes it is words said at a meeting or by a therapist or friend. Sometimes it is the sunlight on a leaf or the cheerful call of a chickadee. Sometimes it is discovering a feeling of peace in exercise or meditation. Sometimes it is

your own inner voice saying, “Yes, it hurts, but I deserve to recover. Take a break, yes. Have compassion for myself, yes. But never give up!” Small things can make a tremendous difference in your life. What works for someone else may not work for you, but then again it might!

10. Keep the list

to remind you of your personal path to recovery.

None of us can do this perfectly. We don't have to do it the way someone else would find convenient or says is the right way.

We do have to find our own path, using the principles we aspire to, to become the people we were meant to be.

When you are having a bad day, take your list out and look at it. Have a good year!

PTSD in the news

Regret to Inform

P.O.V. broadcast the documentary, *Regret to Inform*, on Monday, January 24, 2000. It is available at <https://www.pbs.org/pov/watch/regrettoinform/>

The filmmaker, Barbara Sonneborn, travels to Vietnam to visit the spot where her husband, Jeff Gurvitz (1LT) was killed on February 29, 1968, interviewing Vietnamese widows on the way. Her translator, a Vietnamese refugee, also tells her own story of losses. The trip is interspersed with interviews with American widows (which include pictures of them with their husbands) and clips of American soldiers operating in Vietnamese villages.

Regret To Inform is a harrowing trip into the hell of war. The film enlarges our circle of survivors by acknowledging the trauma of losing a family member in war. Parents, wives, siblings, and children of people killed in war never get over it, and most haven't gotten help dealing with the pain. Sound familiar?

Scenes in this documentary might re-traumatize Veterans and/or refugees. The message is strongly anti-war, but I think war widows have a right to be as anti-war as they choose. They have paid the price.

This film is well worth seeing!

TRAFFIC ACCIDENTS, KIDS, AND PTSD:

The Associated Press reported that “a study of children and teenagers injured in traffic accidents found that 25 percent suffered post-traumatic stress disorder.”

Since about a million kids a year are hurt in traffic accidents in this country, that is a pretty significant statistic.

Fifteen percent of their parents also get PTSD according to the study which was reported in the December issue of the journal *Pediatrics*.

The parents of 46 percent of the kids with PTSD sought help for the kids. Among the parents with PTSD only 20 percent sought help for themselves.

EARLY SEX ABUSE AND WELFARE:

In the *New York Times*, Sunday, November 28th, it was reported that as many as forty percent of the women on welfare were sexually abused as children. Often these are the “hard cases” who have trouble moving from welfare to work. Many are profoundly depressed and/or have turned to alcohol and drugs to deal with the pain of being abused and of being disbelieved by family members if they reported the abuse.

Most of them have never discussed this with a case worker, so they have never gotten any help with it.

I would think screening for traumatic events and PTSD should be required for all people on welfare, but apparently no one in welfare or politics has talked about or asked about these issues.

Ironic, isn't it, that politicians who claim to be against child sexual abuse won't fund enough well-trained social workers to prevent it, and won't investigate or treat its consequences in the poor and powerless. Denial is always a problem when people are confronted with trauma.