

The Post-Traumatic Gazette No.30

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Post Trauma Stress Disorder- Suggestions for Survival

by J.P. Mock, reprinted with permission from the web page “Police Officers and Post-Traumatic Stress Disorder” <http://home.socal.rr.com/jpmock/ptsd/ptsd.htm>

You are not alone. You are the only person who can. No person can do it for you.

As previously mentioned, a diagnosis of PTSD is arrived at based on the symptoms a person exhibits after having been exposed to a life/death situation.

PTSD symptoms (intrusion, avoidance, arousal, and somatic problems) are all about feelings. The feelings are not real to others, but they are very real to us with PTSD. Imagine existing day to day with life/death feelings invading much of your life, both awake and asleep. Imagine trying to emotionally and physically cope with the memories and/or constant feelings that you and/or one of your loved ones are about to die. We may realize on a mental non-feeling level that it's not really happening, but the feelings win out every time.

Following are a few basic ideas for surviving the feelings caused by PTSD. This is not all-inclusive. Following are experiences I have encountered from my PTSD, and watching and discussing PTSD with others, and what has helped them. Others may have slightly different experiences.

Some things work for some people but do not work for others. It will take time for you to find what will work best for you.

8 BASIC STEPS FOR SURVIVAL

1. Remove yourself from exposure to further trauma—stabilize your situation

2. Find a therapist who really knows PTSD.

- A therapist who knows and has background in YOUR kind of trauma.

- Therapist shopping is the last thing we want to do, but exactly what we need to do.

- Be truthful with your therapist, what you don't reveal will only hurt you

- If your therapist is not right for you, you have the RIGHT to one that is

- You have the RIGHT to a second opinion

3. Find a psychiatrist, with the help of your therapist, to determine if you would benefit from prescription meds

- TAKE the meds if they are prescribed, and don't play with the doses ...

4. Find a medical doctor to examine you for any and all medical problems.

5. Stop unhealthy behavior and unhealthy coping addictions, drug and non-drug alike.

6. Find a support group:

- PTSD support group

- other Support Groups

- Remove yourself from people and situations that are not supportive.

- 12 step program(s)

- Reconnect Spiritually.

7. Learn about PTSD

- Check out the sites linked to my Home Page, or better yet, pick up a book on PTSD.

- Learn about memories.

- Keep an open mind.

- Get second and third opinions from those who have “been there.”

8. Learn new healthy coping tools to deal with your feelings

- fear of dying, anxiety, depression, anger, rage, •triggers

- panic attacks

9. A PTSD “cure”?

1. Remove yourself from exposure to further trauma

This may not be as simple as it sounds. If you are a police officer or an emergency worker, this means getting out of the assignment that is exposing you to further life-threatening trauma. This includes assignments where you witness life-threatening trauma and assignments that “trigger” memories of trauma you have already experienced. When you have PTSD, “normal” amounts of stress can quickly become major stress, so moving to a low-stress assignment is also required. This may be as “simple” as changing job assignments, but it may mean leaving your job. You don’t have to do everything at once, and you may not have to leave your job. A healthy short-term goal, depending on your situation, would be to move to a low stress assignment away from trauma and triggers (if you can find one), and work with a therapist on your long-term goals. Some people with PTSD are able to continue their careers, some cannot. Eighteen months before I was retired with PTSD, I was told by a therapist experienced with PTSD that I was “done” with law enforcement. I had to get out or the further trauma and triggers would kill me. I had already changed assignments to a low-stress area, six months prior. The entire eighteen months I fought with myself not to leave the job. It was all I knew, and it was who I am. Even though I was having panic attacks and being triggered on a regular basis, the eventual loss of my job, even though it was a disability retirement, was a major blow to me.

If you elect to remain in an assignment that continues to traumatize you, eventually it will catch up with you and the price you will pay for it will increase dramatically. You have to weigh your situation and make your decisions for yourself. If you are looking to survive PTSD, the quicker you get away from trauma, the better it will be for you. Remember the battered wife who refuses to leave her violent husband, and goes back into his environment after leaving the hospital with a broken jaw he gave her. What can she expect? What can we expect if we have PTSD and remain in an environment that traumatizes us?

2. Find a therapist who really knows PTSD There are a number of therapists and doctors who will attempt to treat this disorder without being familiar with it, and can do more harm than good. There are a number of therapists and doctors who have treated people and, for long periods of

time, missed a diagnosis of Post Trauma Stress Disorder, instead, treating people for their symptoms versus the cause.

There are differences of opinion within the psychology and psychiatry communities as to how PTSD should be treated, and there are different opinions as to what works and what doesn't. Part of the frustration myself and others have experienced has been the varying opinions from different doctors and therapists, which are often in conflict with each other

Further complicating this is that some things work for some people, but not for others, and some treatments make the symptoms of PTSD incredibly worse for some people, but not for others. It's not always the therapist's fault. When it comes to PTSD treatment, it is not uncommon for a therapist to have to resort to trial and error to find what works best for you. Part of the reason for this is that not all PTSD is the same, and not all people who develop PTSD develop it in the same way and/or from the same things.

The last thing many of us want to do when we first look for help is "therapist shop". However, you need to find someone who knows what they are doing, otherwise they may do more harm than good. My suggestion to you is to find someone who works specifically with your type of trauma and ask for a resume. Interview the therapist before you start treatment. Ask them about specific treatments they use, how many people they've worked with with your type of PTSD, and for how long.

Certain therapists work with various types of PTSD trauma, but know little about cops. Our PTSD can be unique, and certain characteristics can easily be misjudged by certain therapists as symptoms of something other than a normal "day in the life." Likewise, if you are dealing with childhood incest issues, you may not want to work with someone who only knows PTSD from working with police officers.

If you're not comfortable with who you start with, switch. You don't have to stay with them. There needs to be that therapist—patient bonding and trust. Depending on what you are working on, you may be with this person for years. Hopefully, you'll find the right person the first time. Unfortunately, this isn't always the case. Taking the effort to find the right therapist is extremely important, and can effect everything you will do in treatment. Don't give up if this happens to you. It happens to many of us.

Also know that of all the different types of trauma therapy, there are those of us who believe focus on body-oriented work works best with PTSD, and that just “talking about it”, by itself, works the least.

And remember, you will only get back what you put into therapy. If you hold things back (which we all tend to do), it will only hurt you.

3. Find a psychiatrist, with the help of your therapist, to determine if you would benefit from prescription meds

Therapists cannot prescribe medication. You’ll need a doctor to do that. Most therapists recognize when medication will be of assistance to a client, and, after discussing this with the client, will refer their client to a specific psychiatrist they work with on a regular basis. The psychiatrist will usually only be involved in your medications, not your therapy. Your therapist should be coordinating with the psychiatrist about your medications and the effects

Some therapists do not believe in the use of medications for PTSD or any of the related symptoms. They will usually let you know this up front in the first few visits.

The decision to take or not take medications is up to you. Like many people, I resisted them for over a year. I was afraid of the long- and short-term effects, along with the knowledge I would have to notify my employer I was taking medication that could impact on my ability to drive or operate machinery/equipment. My PTSD progressed and I eventually gave in to the meds. Within 3-4 weeks the cloud of depression lifted, and I was able to start functioning in ways I hadn’t been able to for several years. This also allowed my therapy to progress in more, better, and healthier ways than when I was dealing with the depression. Looking back, I now realize I impeded my progress in therapy by not starting the meds sooner. In my case, I believe the meds helped me greatly. I’ve had no side affects or drowsiness. No one knows I’m on medication, unless I elect to tell them.

The two most common medicine types prescribed for PTSD are the antidepressants and anti-anxiety drugs. Beta blockers (i.e. Atenolol) are also becoming popular, to help control adrenaline rushes, especially during anxiety and panic attacks.

The antidepressants usually take several weeks (up to a month depending on which one) to start working. Psychiatrists normally start off with a low dose, and gradually increase the dosage over the first couple

months until they obtain the desired effect. Sometimes one type of antidepressant will not work, and they may have to try several different types over several months. This is, unfortunately, not unusual. Don't give up if the first two antidepressants don't work for you. Keep trying until your doctor finds the right one for you. The relief you will gain is worth the patience. When the time comes that you decide to stop taking the antidepressants, discuss this with your therapist and psychiatrist first. If you decide to quit on your own, don't stop taking the antidepressants overnight. I did that once and will never do it again. It almost made me take my life. The dosage needs to be tapered down over several weeks or even a month. Also be sure to talk to your psychiatrist about drug interactions. Certain antidepressants, most notably the MAO inhibitors, will cause adverse reactions when mixed with certain other meds, and even some foods. There are other antidepressants that are much safer that your doctor will probably try first.

There are numerous anti-anxiety type drugs that a doctor can prescribe to help anxiety. The most effective and most common for PTSD are the benzodiazapines Ativan, Alprazolam, and Klonopin. Unlike the antidepressants, you will feel a benzodiazapine working within the first hour after you take it (usually even sooner). Most of the anti-anxiety drugs have a potential for abuse, addiction, and chemical dependency. Your doctor will discuss this with you before they are prescribed. If you have a potential for addiction, especially to alcohol, you will want to advise your doctor. In a controlled dose these drugs can be very helpful. In an uncontrolled dose they can do much more damage than good. Abusing benzodiazapines will not help your PTSD.

Be aware that different psychiatrists have different opinions about which of these drugs work best. If you temporarily (or permanently) change psychiatrists, such as a short hospital stay, you need to make it very clear you do not want your meds changed, if they are working for you. Some psychiatrists don't hear this message well, so you need to say it loud and clear. If you don't, you may find yourself going through drug related emotional problems until the new medicines start working, then you'll get to do it again when you go back to your regular psychiatrist. Some people and therapists believe in alternatives to medications, using natural herbs instead. Be careful in using herbs instead of prescribed medications. The

FDA in the United States does not monitor herbs, therefore the quality control tends to be poor and the actual dose of the herb you are seeking can vary greatly, and often there will be other herbs mixed in with it that could cause an undesirable affect.

4. Find a medical doctor to examine you for any and all medical problems

It is very common to experience physically related problems if you have PTSD. These include irritable bowel syndrome, other digestive tract disorders, headaches, respiratory disorders, etc. While PTSD may be one of the causes for these problems, don't assume it. Our bodies are very good at delivering messages to us that something is mentally wrong by making other parts of our body sick. Leave it to a qualified medical doctor to determine how and why.

Listening to your body is one of the ways you will learn to survive PTSD. Many of us with PTSD have found that our mind and our body had/have become two separate people. This is a very normal symptom of PTSD, especially if you have suffered physical trauma. Bringing the mind and body back together, as one, is part of healing from PTSD, as is taking care of ourselves when we are sick.

5. Stop unhealthy behavior and unhealthy coping

In our effort to survive the feelings and symptoms that happen with PTSD, often we find ways to cope on our own. Many times these coping behaviors are part of what led to our diagnosis of PTSD. Look at unhealthy behavior and unhealthy coping as being kind of the same as trauma, except that with this behavior we traumatize ourselves. These behaviors compound our PTSD problems.

For some people these behaviors may be chemical dependency. The most common unhealthy behaviors in law enforcement and emergency workers are alcoholism and/or sexual relationships. In law enforcement, alcohol/alcoholism and extramarital affairs are frequently more socially acceptable than seeing a psychologist. For some people these behaviors may be addictions. Alcoholism and/or drugs can be a person's addiction, but so can sex, relationships, gambling, spending money, adrenaline and/or intensity, eating or not eating, religion, etc.

In order to survive PTSD, these behaviors have to be stopped. They mask and conceal the PTSD, medicate and numb the feelings. They are like

ice covering the lake we are drowning in. The ice needs to be dealt with before we can be pulled out of the freezing waters.

For most of us we cannot stop these behaviors without help, which brings us to the support groups.

6. Find a Support Group

Support groups have been rated by a number of professional sources as the #1 survival tool for people with PTSD. Reaching out to others is one of the most difficult things to do for many of us with PTSD. Quite frequently we have become loners who isolate, which is common with the feelings associated with PTSD. One of the things we are afraid of the most is more people who can hurt us, or trigger our PTSD feelings. This is exactly why we need to search for groups of people who can and will support us, and us them.

Unfortunately, support groups that are PTSD specific are not that common. Groups that are specific to law enforcement and emergency personnel who have PTSD are virtually non-existent. The good news, however, is that most people with PTSD find support within various non-trauma specific programs as many of the people within the various support groups and 12-step programs are also survivors of trauma. •Internet PTSD Support Newsgroup: alt.support.trauma-ptsd

•Veterans PTSD Support: Contact local VA or Vet Center or [http://www.ncptsd.org/Support Groups](http://www.ncptsd.org/Support%20Groups)

•American Self-Help Clearinghouse - Find all kinds of Support Groups in your area: <https://www.mhselfhelp.org/>

•CODA coda.org

•Incest & Sexual Trauma Survivors: Sexual trauma www.rainn.org, Survivors of Incest Anonymous, siawas.org.

•National Council on Alcohol & Drug Dependence, ncaddms.org

12 Step Programs

•Alcoholics Anonymous A.A. World Services, Inc., 475 Riverside Drive at West 120th St. - 11th Floor, New York, NY 10115, (212) 870-3400, aa.org.

• Cocaine Anonymous ca.org

•Codependents Anonymous (CODA) Family, Relationship, & People Addictions, coda.org

• Marijuana Anonymous (marijuana-anonymous.org)

- Narcotics Anonymous (na.org)
- National Association for Christian Recovery, <https://www.christianrecovery.com/>
- Sex Addicts Anonymous (SAA)-saa-recovery.org
Sex and Love Addicts Anonymous, slaafws.org
- Sexaholics Anonymous (SA), sa.org
- Trauma Anonymous - <http://traumaanonymous.com>

It's odd how many of us, out of fear, will not reach out to people learning to live healthy lives, yet we will stay in relationships and situations that are not only non-supportive, but also keep us as victims and repeatedly traumatize us. You are definitely not alone if you are in this type of situation. CODA is worth examination if this situation sounds familiar to yours. It has helped me tremendously.

- Reconnect Spiritually: For those who can do it, many religions and churches can be an enormous means of support for those of us with PTSD. Having the ability to turn our feelings and worries over to a higher power helps recovery from PTSD tremendously. Church communities are also a healthy means of support, and make for an excellent support group. Whether you believe in God or not, prayer and the ability to let go has tremendous power. There is a specific group of Law Enforcement Officers who offer support through Christ at Iron Sharpens Iron [<http://home.pacbell.net/dachase/>]. Others of us have trouble with organized religion and churches. Spirituality, without organized religion and churches, can also be a very healthy means of coping with the feelings and trauma associated with PTSD. We are all free to make our own choices about God, or any other form of a Higher Power. For some of us that Higher Power is the Ocean, for others the Earth, for others nature. The object is to have a connection to something that we can give our feelings and worries too, to have a peaceful place of solitude where we can connect to our Higher Power. Being able to establish a connection to a Higher Power can be difficult for some of us with PTSD, as our trauma has challenged the very core of our beliefs in a Higher Power or God. Some of us have become agnostics or atheists because of our PTSD, if we weren't already. Whatever you believe in, if you can develop a spiritual connection to something, it can be of tremendous help with the feelings caused by PTSD.

7. Learn about PTSD

One of the things that has helped me the most has been understanding how PTSD occurs, what happens when you have it, and what to expect from it. For me, it validated that I wasn't going insane, that what I was feeling (and had been feeling for several years) was actually normal for someone with this disorder. This realization also gave me a path to follow in healing

Learn especially about memories, that our bodies can remember without seeing, giving us feelings of past events, both good and bad.

Reading this site, and its links, is a good start to learning about PTSD. A simple basic book is *Emergency Services Stress: Guidelines for Preserving the Health and Careers of Emergency Services Personnel*, by Dr. Jeffrey Mitchell and Dr. Grady Bray (available from On- Line Emergency Services Bookstore)

Learning about PTSD also helped me to realize that everyone who was telling me to: "move on with your life"; "you're wallowing in it"; "everybody has anxiety"; "that was a long time ago, what difference does it make now?"; "why can't you just get over it and let it go": had no concept about PTSD. The fact that a person "can't get over it" is typical of PTSD. In fact, Aphrodite Matsakis entitled her book on PTSD *I Can't Get Over It*.

8. Learn new healthy coping tools to deal with your feelings

Feelings are what PTSD is all about. Sounds simple doesn't it? We could write a book on how logical feelings are, but to someone with PTSD, most wouldn't read past the Table of Contents, until we'd been in therapy for some time, in which case we could author a Home Page like this one and tell you logically all about feelings, without feeling a thing, because being in our head keeps us out of our feelings and allows us to talk about them without feeling them.

As mentioned at the top of this page, PTSD is defined by its symptoms, which are all a result of feelings of memories. Feelings of intrusion, avoidance, arousal, and somatic problems that are caused by near-death or death experiences are the elements of Post Traumatic Stress Disorder. They are the so-called bottom line. Learning to survive these feelings is not an easy thing to do, but there are tools you can use that can help you. Some of these tools work better for some people than others. It requires that we keep an open mind, try different things, and not give up easily. Some of the tools we have already mentioned above. Following are more tools that work with more specific feelings. Feelings/Thoughts/Actions

Feelings, thoughts and actions are three different words. Our feelings can lead to certain thoughts and cause us to take certain actions. Often these actions are not healthy for us. Some of us learn to recognize the feelings that proceed certain negative thoughts, and in doing so we can mentally intervene with the thoughts (and/or obsessions) and change the course of our actions. This takes practice, and sometimes requires the help of therapy. We cannot control the feelings, but we can learn to intervene with the thoughts and take healthy actions. Having a support network can also help to change the thoughts and obsessions, if we can get ourselves to use it.

Anxiety

There are different levels of anxiety, from what one might call the normal day-to-day anxiety (like a 2 or 3 on a 10 scale) that many people get even without PTSD, all the way to the near-death feelings and panic attacks (9 or 10 on a 10 scale). PTSD anxiety tends to be on the higher end of the scale. Prescribed medications can help with this somewhat, but with the more severe anxiety, most medications fall short unless we take them to the point of abuse.

For many of us with PTSD anxiety goes hand in hand with adrenaline/noradrenaline releases. Because of the fight/flight response we get from the PTSD feelings, our adrenaline glands become overactive and we feel even more anxiety. With PTSD we can get multiple adrenaline releases all day long. Sometimes these adrenaline releases and resulting anxiety can go to extremes, giving us chest pains and making us feel like we are having a heart attack. More than a few PTSD sufferers have gone to emergency rooms believing they were having a heart attack.

Avoiding foods, beverages, vitamins and drugs that stimulate adrenaline (i.e. caffeine, candy) helps many people. Making sure your medical doctor does not give you a medication containing ephedrine/pseudoephedrine or epinephrine/nor-epinephrine will also help prevent anxiety attacks.

After a few anxiety attacks, many people can tell when they are about to happen. Some just happen immediately. Anxiety attacks can pass quickly, but some can last for quite some time. Most, if not over quickly, will last 15-20 minutes. Things that can help you get through them include:

- Breathing: deep breaths slowly into your abdomen, then slowly back out. Focus totally on the breathing.

- Self-talk: tell yourself you are having an anxiety attack, it is feelings only, you can get through it.

- Plant yourself: put both feet flat on the ground, barefooted on a cold surface if you can.

- Body scans: start at your toes, slowly examine all of your muscles, working upward, relaxing them.

- Cool air: open the windows of your car, turn the A/C on, squirt yourself with a cool mist from a squirt bottle.

- Call a support team member: someone who knows what it's like and what you need to talk you through.

- Visualization: Have a safe spot that you can mentally travel too and stay there, focusing on the surroundings & safety.

- Spirituality: Use your Higher Power to help you through it.

- Meditation.

- Call your therapist: If it's a really bad one, don't forget your therapist is part of your support

- Exercise afterwards: after the anxiety attack has passed. It helps your body process the nor-adrenaline out.

If you can, also try things that are calming and soothing, like taking a shower, listening to calm music, doing something for yourself that you like.

There are classes and workshops available for working on breathing and all of the other techniques described above. Most therapists also know of these tools and can show you how to do them. Breathing is of extreme value, and I would highly recommend working with someone who can teach you how to breathe properly (into your abdomen, not your chest). Breathing correctly can get you through some of the worst anxiety attacks. Breathing incorrectly can make the anxiety worse.

Triggers

Due to the way traumatic memories are stored, when something arises in the present that reminds someone with PTSD of a past trauma, they may feel the feelings associated with that past trauma. These are called triggers. If the original feelings were of helplessness, sorrow, and depression, that's what they will feel when the memories are "triggered". If the original feelings were sadness and anger, these are what they will feel when the memories are "triggered". The emotions caused by triggers can vary in intensity, from slight to extreme. Memories are formed by all the

senses, not just by sight, and can be triggered by any of the senses, not just visual. When they are triggered and replayed, it may be the visual memory, or it may be one of the other senses, such as smelling the burnt flesh, or hearing the screams. It may also be a replay of the physical sensations, which is very common with many people who have suffered physical trauma. Or it may be a combination of several or all of the senses replaying their memories.

Things that can activate these triggers are many, and related directly to the original trauma. They can be set off by time of day, day of week, time of year, locations, people, certain smells, certain sights, certain sounds, certain touch, and more. One of the key parts of working through your PTSD is being able to recognize your triggers and have a plan in place when they occur. Triggers are common with PTSD, even if the person has no memory or a partial memory of the original trauma. The brain remembers in many ways, some not whole.

Panic Attacks

Panic attacks are the extreme of anxiety. Panic attacks are actually classified separately in DSM- IV, and there are a number of disorders that can cause them, PTSD being one. In a panic attack the person may feel as if the world is coming to an end, right at that very moment. The emotions they exhibit will likely be along the lines of what you think you might exhibit if you thought you were about to die. They may freeze, be disoriented, or become hysterical. It's possible that they may become violent (survival mode) if mishandled, especially if someone grabs them and tries to hold them down. They may also know what is happening to them because they are in therapy, and just sit or lie there quietly, shaking, sobbing and sweating. These are extremely emotional events and not to be taken lightly.

If you know you get panic attacks, if you keep track of what you feel and experience physically just before the panic attack you may, like many of us, find there is a pattern before the attack. If you can identify this pattern, it can help you greatly. You can prepare yourself for it. Sometimes you won't get much warning, maybe only a few seconds. Sometimes you may get 10 or 15 minutes warning. Generally I get 2-5 minutes warning, which consists of an intense immediate feeling of needing to flee without an obvious reason, an immediate need to void my bowels, shaking, nausea,

numbing, disorientation. These feelings start out not too terribly bad, but get stronger and stronger, progressing into the full attack, where I feel I'm dying and the world is coming to an end, among other feelings.

My priorities when I get a panic attack are to first find someplace where I feel safe and hopefully have a toilet nearby. If I'm in a public place, I try to get someone to sit with me, or make a call for someone to come to sit with me, a.s.a.p. Their job is to run interference with anyone else that may try to interfere during the panic attack, and reassure me that they are there and watching out for me. I try to pick someone who knows about panic attacks. If no one is around that knows about panic attacks, I pick someone I can trust and fill them in quickly. If there is no one I can trust, or if I'm in a safe private place (like my home), I go it alone. I don't get to pick where I have my panic attacks. If I did it would be at home alone. I learned the hard way that if the attack happens in a place where there are other people, I need to find someone to run interference for me.

The tools for coping with a panic attack are the same as coping with anxiety, especially the breathing. In addition, hanging onto something that is affixed to the ground helps me.

The person having the attack may think they are going crazy, but the people witnessing the attack may think the person is completely insane, and suicidal. Most panic attacks I've experienced or witnessed were not public displays, and no one knew that something was happening unless the attack became really bad, or violent, bringing attention to the person.

The reactions of others to someone having a panic attack can sometimes make it worse (Secondary Trauma). If the person knows what is happening, they can communicate it to you if you ask them what's happening. If the person does not know what is happening, reassuring them they are safe and you will protect them may help. In either case, remaining calm and maintaining composure will help the person. More panicky people just makes it worse. If you want to touch them, I suggest you ask first. In some cases touch will make it much worse. Sometimes in an effort to help a person, people will call the paramedics or have the person taken to a psychiatric ward. While the good intentions are appreciated, it's not only not necessary, but will just make the situation worse. Staying calm, keeping other people away, and reassuring them you are there if they need you is the best thing another person can do.

After the panic attack, it's not unusual to cry hard for a period of time. Feelings afterwards can also include disorientation and numbness. These experiences are very draining emotionally and physically, and it's not uncommon to sleep for long periods of time afterwards. The majority of people may want to go home to do so.

Fears

Fear is a variation of anxiety. Fear can bring on anxiety, anxiety can bring on fear. However, there is short-term fear and there is long-term fear. Short-term fear coping mechanisms include the ones I have described above under anxiety, especially the self-talk, let your mind communicate with your body and your emotions. Allow your mind to validate your fear(s) as being real. Though your fear(s) may not be real for the actual moment, they are/were real during your trauma(s). Validate yourself. You're not going crazy. Your body is just experiencing a memory. Some of these coping mechanisms can help long term fear(s), but my suggestion is that these are feelings that need to be dealt with in therapy.

Depression

There are different levels of depression, from what one might call the normal event depression (like a 2 or 3 on a 10 scale) that many people get even without PTSD, all the way to manic depressive (9 or 10 on a 10 scale). Prescribed medications can help with this a lot. Even with medications, we can still have days where the depression is so intrusive we cannot function. Long-term depression is nothing to mess with or ignore, especially if it is impairing your ability to function, or getting worse as time goes on. Experiencing a bouncing between the extremes of high levels of anxiety and then low levels of depression (Bi-Polar Disorder) is also something that needs immediate attention. If you are experiencing either, I recommend you seek help from a psychiatrist a.s.a.p.

Some of the things that have helped me through the depression include:

- Thought intervention: realize I'm depressed, change my thoughts from negative to positive.

- Breathing: deep breaths slowly into your abdomen, then slowly exhale. Focus totally on the breathing.

- Visualization: Have a safe spot that you can mentally travel to and stay there, focusing on the surroundings & safety.

- Self-talk: continue to talk myself up out of bed.

- Stretch: stretch your body out to the extremes and stay out of the balling-up position.

- Body scans: start at your toes, slowly examine all of your muscles, working upward, relaxing them.

- Make A.M. plans: if you have to be somewhere and someone is expecting you ...

- Ritual & Ceremony: have a morning ritual planned that you do every day.

- Call a support team member: someone who knows what it's like and what you need to talk you through.

- Exercise: this one's hard, but if you can get to it, it can really help.

- Call your therapist: if it gets really bad, pick up that phone!

- If all else fails, just stay in bed and try again later: you'll have to eat or relieve yourself eventually

Anger & Rage

Just as we can feel depressed over what we have experienced in our trauma, so can we feel anger and/or rage. It is common with PTSD. In fact, some therapists believe depression is anger turned inward. Anger is a normal healthy emotion. It has the healthy ability to tell us when something is wrong, and motivate us into action to set things right. It also has the unhealthy ability to cause damage to ourselves and others. When we become angry it helps if we can invoke the Feeling/Thought/Action process discussed above. If we can intervene when feeling the emotion, we can work on controlling the thoughts and then the actions. We can learn to use our anger to motivate us towards healthy behavior. There are many Home Pages, books and papers on anger and learning to control it, so I'll not discuss it much further here.

Rage, on the other hand, is a different animal than anger. Invoking the Feeling/Thought/Action defense with rage rarely helps. Rage is an obsessive out-of-control hurricane of anger that can cause a lot of damage, particularly to the person who carries it.

During the original trauma anger and rage may have been a very appropriate response. Unfortunately, anger and rage are emotions that also become "locked in" during PTSD, and can get released when triggered or during memories of the initial trauma(s), then replayed over and over.

With PTSD it is common for this anger and/or rage to be misplaced and transferred to something or someone other than where it belongs. It's also common for other emotions associated with the trauma to be misplaced and transferred to something or someone other than where they belong.

As an example, I had a supervisor who looked, walked, talked and had the same demeanor as my maternal grandfather. Interacting with this individual in my work environment triggered rage. Rage to a point it was entirely inappropriate given the circumstances. At the time I had few memories of my life before 10 years of age. Now, after several years of therapy, I've learned my maternal grandfather inflicted a considerable amount of physical trauma on me. I've also learned he was mentally ill, a violent paranoid schizophrenic who eventually was committed to a state mental hospital. In retrospect, I can see the similarities between my grandfather and the supervisor, and realize which emotions belong to whom, and that they do not all belong with the supervisor.

If you have PTSD and are experiencing rage, my challenge to you is to look inward in therapy and see if you can discover where it's coming from. If you "hate" any one thing in particular that brings forth your anger or rage, look at it as something inside you that you need to investigate further. Until you do, anger, and especially rage, has the ability to destroy everything around and inside you.

You cannot gain freedom from rage by experiencing it, unless it kills you.

A PTSD "Cure"?

There is much debate as to if there is an actual "cure" for PTSD. Some of the debate revolves around the definition of the word "cure". However, if there is a "cure" for PTSD it is pretty much agreed that it is accomplished by reframing the trauma(s) that cause the feelings, so they no longer cause the feelings. This is what PTSD therapy is about.

In a nutshell, reframing the trauma(s) means changing the way we view it mentally and emotionally, and accepting the trauma as a part of our past so it no longer imposes on our lives now and in the future. We will still have the memory, and even some of the feelings. But the trauma(s) will no longer have the intrusive impact on our lives that it once had.

For some people this works, for others it doesn't. The difference depends on the person, the therapist and therapy, and the trauma(s). Certain types of trauma are better off left alone. Certain people are better off left alone. Certain types of therapy with certain types of people with certain types of trauma are better off left alone. This is why it helps to have a very good PTSD therapist.

Life truly is a journey. And our journey on this planet in this life comes but once. You will never know what you never try. You will never experience what you never experience. If we want change, we have to change. Many many times we truly have only fear to fear. Taking the first step is the hardest. We can choose to remain victims, or we can choose to be survivors. The choice is mine, as the choice is yours. No one is saying it's easy. How we live, how we survive, or if we choose to die, during this journey, is a choice.

About J P Mock in his own words:

I'm just a guy who spent most of 20 years working as a police officer, aggressively, and loved it.

I worked as an officer in patrol, field training officer, crime scene investigation, burglary/robbery surveillance, street narcotics, major narcotics, training officer, DRE, and instructor in narcotics recognition and drug influence recognition. I was a sergeant for 3 1/2 years, having worked in patrol, organized a drug influence task force, and served as our Department's DRE coordinator. I've taught various crime scene, fingerprint, conspiracy and drug courses for over 14 years.

I've been diagnosed with accumulative chronic PTSD, with a delayed onset. On 09 Nov 97 I was retired because of my PTSD. The agency I worked for is a suburb of Los Angeles, and has approx. 250 sworn officers.

Hear the Bell

by Alan Cutter

(from a letter to another veteran, reprinted with permission)

So where am I now? I am at the place where I can begin to talk about the price, the hurt, the sorrow I feel over what happened, as well as reflect upon what that has meant to me and to my family and to my relationships with other people. I can reflect upon some of the incidents and illustrate what I mean by choosing between evils. I can own up to the bad choices I made, as well as value having made the best choices I could when there were no “good” choices. And I can look forward to new experiences, which may have the same risks, without the fear that I will be cut off. In short, I have received permission to speak, to break a wall of silence imposed in part by society and in part by my own fears and anxieties.

How did that happen? It began for me when I went and asked for help at the Vet Center. Through that process I began to open up just a bit. The journey continued when I first met with this group of Vietnam vet ministers (National Conference of Viet Nam Veteran Ministers—NCVNVM), and they allowed me to speak of some of what I did, and, hearing it, did not retreat from entering into friendship with me. Still, whenever I talked about my experiences I would become so emotional, even with my wife, that I could not continue to speak — I would either be overcome by sadness, or anger, or something else that would take my voice away. That wall or veil continued to exist for me, and, as I said, I was resigned to living with it.

However, when I went to California in November, a couple of things happened. The first was kind of a downer—some of us drove over to Half Moon Bay to look at the Pacific. I went along because it was on my personal agenda that if perhaps I could look across the ocean back towards SE Asia I could say good-bye to some people I had left behind. So when we got to the beach, I walked off alone and tried to do it. I could not, for there was too much left unsaid, undone, unshared, unfinished. One in our group, a priest who knows my story in great detail, realized what I was trying to do, or at least part of it, and came over and joined me so I would not be alone. As I look back I see what I was doing—what I have always tried to do and had to do in VN—do it all by myself. You’d think I’d know

that it doesn't work; but I'm too well-trained, and I have to work at retraining. So my good-byes really did not occur, and I admitted that much to our group when we were gathered for a worship service that I was leading—a service of healing and reconciliation. I had told them that I had been focused on saying good-bye, and I was having trouble.

Later in the conference, on Saturday morning, we were visited by representatives of the Community for Mindful Living, an American offshoot of a Buddhist Community in France which was founded by an exiled Vietnamese monk, Thich Nhat Hanh. The Community has recently held a couple of retreats and invited VNVets to be a focus. We wanted to learn more about how they worked. The two Community members who came had no idea what to expect, but brought along with them a vet who had attended one of Nhat Hanh's US retreats for VNVets—they had flown Claude in from Boston to share with us.

After some introduction, Therese and Arnie (the Community members) led us in breathing exercises designed to help people focus on living in the present moment in a very aware mode. We did sitting meditations, and then a walking meditation. I couldn't do the walking meditation myself as I cannot walk slowly without my cane. During these meditation periods Therese was holding a meditation bell—a “Bell of Mindfulness”—a small, bronze, cup-shaped bell which sat in her hand on a small pillow which she would occasionally strike with a small baton. It was, she explained, “a device to remind us to focus on our breathing, on what we were doing right then, on smiling, on being peace.”

After these exercises, Claude was invited to speak. Before he did so, he admitted he was scared, and he walked around the room touching each of us. Then he told us his story. He had been a door gunner on a chopper, celebrating both his 18th and 19th birthdays in-country. He had a very powerful story of failed relationships, loneliness, fear, and homelessness. He spoke of his need to always check the perimeter (some of the fellows turned and looked at me when he talked about this. They knew that when I had arrived at the retreat center I had walked around the perimeter of the grounds doing the same stuff). He talked of booby-traps and sudden death, turkey shoots, revenge, and hatred. He spoke of great pain. And, every so often, he would begin to get visibly caught up in his emotions and begin to lose it. When this happened, Therese would strike the bell and

Claude would stop and take a couple or three deep breaths and refocus, and then he would calmly continue with his story. It was very impressive, and I found myself wishing I had something, anything, that would enable me to do the same thing. Part of Claude's message to us was to relate to something that Nhat Hanh had told him—that it was necessary, important, that vets break the walls of silence which exist around us and around our experiences—to find some methods of telling the truths of war and conflict. For Claude it was apparent that that bell, or more accurately the sound of the bell, gave him the permission he needed.

At the end of his presentation, he asked for questions and sharing of thoughts and offered a couple of questions he was struggling with. To his obvious pleasure our group was able to give him a couple of new insights. When Claude started he had said he was scared and did not really know if he had much to offer to this group, so I decided it would be a nice thing to affirm both him and his message (I'm good at this sort of thing). I told him we appreciated the gift of his presence, the courage of his story, and the sharing of his journey, that we were glad he was with us. Then I went on to say how impressive it was that he had been able to relate to us such a moving story and how true it was that we vets surrounded ourselves with a wall of silence. That I appreciated him sharing with us Nhat Hanh's message about the need to break that wall, adding how moving it had been to watch his struggle and how, with the sound of the bell, he had been able to refocus and continue. In a moment of unintended truth, I said I wished I had something like that, a bell, that would help me break my own wall of silence. Claude looked at me and said, more or less, "The sound of the bell is yours. You want it, now you have it, and you can speak." As the impact of his words hit me, I sat in my chair and stared at him, one hand holding my glasses, the other empty. The next thing I knew Therese appeared by me and put the bronze bell and the baton in my empty hand and said, "I believe in making things concrete — the bell is yours."

Someone in our group later said that he wished we had had a videotape to look at so he could show me my expression, so that we could have some idea of how long we all sat in silence. Me looking at the bell, everyone else looking at me. I had had a few thoughts. To me it is a gift from the Vietnamese community, and, all things considered...about who I am, it was probably only this community who could give me this.

The bell was not perfect. It has blemishes and little scratches, but it still sounds true and clear. That means something to me. As I told someone else, this gift has so many points and facets, sides and angles, that it is surely a perfect sphere! And now I literally carry the sound of the bell in my head and I can speak about the things I want to without getting all tied up. It is not easy, but it is real. The last thing I ever expected when I was trying so hard to say good-bye to so much, was to instead hear a “hello.”

I do not know where you are in your journey, but I know how easy it is to slide into old habits—to get discouraged, to be ready to be satisfied with a little bit of progress and give up hoping that there is more. Cherish your progress, but do not ever give up. The next bit may come unexpectedly... but look for it, be open to it. Brother, there is so much in life. I hope you are hearing some “hellos!”

In hope and love, Alan

Alan Cutter was in-country in late 71-72 as an advisor, having been trained as a Naval Intelligence Liaison Officer, but ended up serving in the First Coastal Zone “as needed,” as he puts it. Upon returning home, he became a Presbyterian minister

Father Phil (a former grunt in the 199th LIB who earned the Silver Star), Jack Day (former chaplain in Vietnam) and Sister Linda McClenahan (in-country vet, Sister Sarge) and Alan Cutter have led spiritual healing retreats for veterans and their spouses.

<https://www.facebook.com/warveteranministers/>

Book Review:

Precious Solitude: Finding Peace and Serenity

in a Hectic World, Ruth Fishel,

Reviewed by Douglas J. Waples

Ruth Fishel's book is meant to take us away from the distractions and everyday disasters that keep us on edge by showing us how to gain some of the peace of mind we all crave. Written from a feminine perspective, men (real men) usually shy away from books like these, but the title intrigued me (combat vet, 68- 69) so much I had to order a copy. Grateful that I did; I devoured this book!

Precious Solitude is full of plain good stuff! The book is calming, meditative and full of wisdom. The focus is on finding ways to use solitude or aloneness for healing, or to heal your experiences of being in solitude. A revealing questionnaire at the beginning helps the reader focus on what solitude means to him or her.

This is the sort of book you can use in many ways. Read it straight through, over a week or a month or a year, or choose a particular topic from the detailed table of contents, or just let it fall open and see what you get.

Part of my recovery work is keeping a journal. I write first thing upon awakening about my feelings or dreams. *Precious Solitude* gives me a topic to explore and an affirmation to finish my session on a positive note. Page 25 holds an affirmation that touches me: "I know I have all the courage I need today to begin to take time for me. Fear no longer blocks me from getting to know myself. Today I dare to be with me and to be all that I am."

Such an affirmation (and there are many more in the book) becomes my safety net when I am upset and the day seems to grow more and more hectic. I meditate on it to relieve stress and gain the serenity of nature.

Ruth Fishel's *Precious Solitude* is my constant companion—at home, on a trip or wherever I happen to be. I will be giving this book as a gift to my good friends—with or without PTSD.

This book is a jewel—it gets five stars!

Reviewer: Douglas Waples is a combat veteran of the Vietnam War from 1968 to 1969 and has been fighting PTSD for over three decades. He has Master's Degrees in School Counseling from Chapman College and Public Administration from the University of Oklahoma. He is also a long-time subscriber and friend.