

# The Post-Traumatic Gazette No. 39

© 2001, 2021 Patience H. C. Mason Feel free to copy and distribute this as long as you keep the copyright notice and give it away

## Shame

I feel a lot of shame these days. My best friend, Marci, was the survivor of terrible abuse, both as a child and in her early adult relationships. She'd been struggling with alcoholism and I had been trying to let go rather than jump in there and "fix" her, as I had done in the past with my family and friends. In June, she killed herself.

I know I am not to blame, but I *feel* like I am, and sometimes I *think* I am. I feel ashamed of not being a better friend, of not saving her whatever it took, of still being alive, and of having had a better life, all along, than she did.

These days I try just to feel my shame without believing the set of beliefs (my therapist calls it "the story") that I have always attached to the feeling. I know that I was shamed a lot growing up, so the shame path in my brain is well-trodden. *I'm no good. I'll never be any good. It's my fault. I should have known. I should have tried harder. I am worthless.* I even fall back into a pattern of erroneous thinking that I learned as a child: *someone is to blame for everything, so I must be to blame for this. Therefore, she killed herself because I wasn't taking care of her. So I killed her.* This is called personalization and it is one of the commonest cognitive distortions. I used to think it was normal thinking. So I work my way through the shame, keeping those tendencies in my mind and letting myself be sad, ashamed, angry, guilty and afraid that I am no good as a friend. It is an interesting process and quite painful, but I know that when someone you love dies, it hurts, unless you are numb as a stump. I have been that, too, in the last few months, and felt shame about that, too. Today, I can accept and feel all my feelings no matter how painful, including shame. I also know that they are useful to me. I can learn how to take care of myself from what I am feeling.

How can I look at shame in useful ways? For me there are several aspects of shame that I can use to help myself heal: identifying the actual feeling, identifying the beliefs or "story" I attach to shame, observing the

kind of things that shame me, and using some of my tools to feel it, deal with it and heal.

### **Shame: the feeling**

We have feelings to help us know how to take care of ourselves. Feelings motivate action. Feelings are not the logical outcomes of thoughts, but rise in our bodies, sometimes for no apparent reason. Feelings guide us to safety and self-care. They also peak and fade. Shame, however seems to be a feeling most people want to avoid at all costs because it is so painful. Shame is connected for many of us to despair, fear, anger and depression. But is the pain in the feeling or the thoughts attached to it?

Shame often activates a set of beliefs that prevent it from peaking, motivating action, and fading. Instead it becomes a toxic loop that paralyzes and tortures us with beliefs that keep us stuck. If I find myself in one of those toxic loops, I try to identify the feeling. Often it is shame. When I am ashamed, my head goes down, my eyes are on the floor or closed. I feel a rush of heaviness around my eyes as if I were going to weep. A sharp pang of feeling runs from my head down through the center of me, past my heart. I don't want to look at anyone. I want to crouch over and get away. Disappearing would be even better.

Some scientists believe that our sense of shame is a vestige of the submissive behavior we see in other animals. Instead of fighting to the death, a smaller animal will submit to a stronger one and live. The posture of submission is head down, not looking, creeping.

I have been experimenting with *observing what I actually feel*, as different from what I almost automatically begin to *think* when I feel shame. They are different. You might try to distinguish between the two yourself. Much of the pain in my shame originates in my thinking. The feeling is basically a rush of chemicals through the body. It has persisted and evolved over millions of years because it has survival value. The value is my instinctive don't-do-that response when faced with reality, with something I can't control, like what other people think or want. I'm trying to see if before those painful thoughts, which I think of as shame, hit me, there isn't a moment of almost sweet surrender. Oh, yeah, if I keep doing this s/he won't like it. Maybe I better stop. Is this kind of feeling, which helps me change my behavior, normal shame? If the submissive animal is saving its own life, might healthy shame motivate healthier actions?

Has my conditioning in a shame-based society turned a valuable warning device into something totally ineffective? My shame comes up in waves that catapult me into shaming and blaming others with deep anger, or it paralyzes me with corrosive shaming messages about not being perfect (as if anyone is), and that if I'm not perfect, I'm worthless. When the story line or set of beliefs we attach to shame paralyzes and devastates us, it no longer has much survival value. Does it have to be that way? Maybe not.

The feeling of shame may be part of our repertory of feelings designed to help us make healthy choices for ourselves and to keep us out of trouble. It also serves the purpose of inspiring us to modify our behavior, which can be helpful, too. But many of us seem to have this emotion at toxic levels, levels that paralyze us so we can't grow and change.

In their book, the *Secret Message of Shame: Pathways to Hope and Healing*, Ronald and Patricia Potter-Efron list eight main defenses against shame: denial, withdrawal, perfectionism, shaming others, seeking to control others, arrogance, shamelessness, and rage. For me it is a pretty funny list, (except the last one, rage, which is never funny), because I identify with them all.

Before I got into recovery, I used every single one of them, probably every day. I notice that I still get very angry when I feel ashamed, and I try to work with the shame, using it as a guide to what is going on with me. "Oh, look. I'm furious because I asked for help and didn't get it. I feel like I don't deserve it, which is an old painful thought and not true. I feel disrespected because no one jumped up to help me, but I can respect myself. And if I am actually asking, not demanding, it is okay for people to say no." I talk my way through the shame and anger, which peak and fade, and I haven't done anything except feel some painful emotions, no yelling, shaming, or hitting (angry actions).

I can't say this works for me every time, but I am getting better with practice. Each time I get to practice noticing and countering my self-shaming thoughts, I get better at it. I am also letting go of defenses which used to make my life hell.

Rage is an important issue for trauma survivors and their families. "Irritability and outbursts of anger" are one of the diagnostic criteria for PTSD. Rage, and sometimes shamelessness, both defenses against shame,

combine with this symptom to cause a lot of problems, including violence. One antidote is Steven Stosny's compassion technique, HEALS.

James Gilligan, MD, in *Violence*, points out the connection between shame and violence among criminals, especially those who have been severely traumatized as children.

### HEALS

1. H: See the letters flash in bright colors: HEALING

2. Explain to yourself the worst of the core hurts you're covering up:

- disregarded/unimportant
- accused: guilty, untrustworthy or mistrusted
- devalued
- rejected
- powerless
- unlovable

Say it slowly, "I feel...unlovable." Feel it for a few seconds.

3. Apply self-compassion: Change the false meaning that hurts you. "The way s/he is acting comes out of her/his own problems. It does not mean I'm unlovable, and I can love myself!"

4. Love yourself by feeling compassion

5. Solve the problem.

### **Shame: the beliefs/the story**

Shame is a self-conscious negative judgement about one's self. Words come attached to it, like "no good," "worthless," etc.

When we feel ashamed, these negative beliefs are usually activated, too. Unfortunately, we may not even be aware of them or think of them as "beliefs." We are more likely to think of them as reality, to accept them without thought. Healing from shame is going to involve identifying these beliefs, evaluating them for accuracy, releasing them, and replacing them with more effective ones. Some of my beliefs when I feel ashamed used to include the ideas that I'm bad, that I deserve to be scolded and/or hurt, that I am worthless and can never be good enough, that I'm the worst person in the world.

I can't say that I never resurrect those old ideas, but most of the time I can see them, acknowledge them, and say something to counter them. "Look. I'm feeling ashamed again. Does that mean I am bad or have done something bad? Not necessarily. And even if I've made a mistake, I am a

human being worthy of respect and care. I can respect and care for myself even if others don't. I deserve kindness and consideration just like anyone else, and I can give it to myself." It is not easy saying these things to myself, or even remembering to say them, especially at first. At first, I just felt like an idiot. It didn't seem likely that something so simple could work. Persistence paid off however. Over the long term, it has helped me stay out of the despairing shame-filled thoughts that used to run my life. Practicing healthy self-talk takes persistence and courage. Notice that the first step is identifying that the feeling is shame. Usually I do this by looking beneath my anger.

Bob and I are currently moving stuff we haven't even looked at for 8 years out of a rented storage unit so we can have a giant garage sale. As we unload it I notice that I am feeling shame, but it is also a sad feeling that once I could not let go of material things. Today I can happily let go of all this stuff. I wonder, is that how shame is supposed to be? If that's healthy shame, how can I get back to that in other parts of my life? How can I move towards that kind of reaction—one that helps me change—in the areas where I am still swamped and paralyzed by corrosive shame?

I'll have to work at it, I guess.

A set of shame-evoked beliefs may be ingrained from childhood or may grow out of something that was said to us when we were traumatized or afterwards. These beliefs are stronger and more invisible if you were traumatized in childhood and told it was your fault.

Many of the beliefs that shame us will also contain presuppositions, ideas that are not stated in words but which every native speaker of English hears when hearing those phrases. Such presuppositions often blast us with shame and we don't know why, because there is nothing obvious in the sentence. "Even you ..." someone says. The words actually imply there is something wrong with being you without explicitly saying so. "Everyone understands..." implies that you are so deficient people have to be understanding, and everyone knows some shameful secret of yours. "If you just..." implies that you need to change and the change is an easy one that you are simply too defective to do. *The Gentle Art of Verbal Self Defense* by Suzette Hadin Eglin is a valuable resource for detecting shaming presuppositions in what people say to you. She also offers a wonderful system for defending yourself effectively.

Examples: A cop may ask a rape victim, “What were you doing out late at night alone?” Presuppositions: It is wrong to be out alone late at night. You asked for it. You are stupid.

Veterans often have great shame for surviving. Presuppositions: The world is supposed to be fair. X was a better man than me and had a wife and two kids, so I should be dead, not him. Or I’m not special so my survival was wrong. The counter to that is everyone is special and unique, and everyone deserves to live. This may be hard to believe if you’ve been neglected or abused as a kid.

Incest survivors have been told “You must have done something to make him do it.” Or “I can’t help myself: you are so sexy.” Presuppositions: An adult can be made to do bad things by a child. He was normal till he got around you. You have the power to cause grown-up people to lose control. Children’s natural self-centeredness and their belief that they cause what goes on around them lead them to accept this line without questioning it.

“Don’t tell your mother. It will kill her.” Presuppositions: The truth kills people. Your mother, an adult woman, can’t take this but you, an innocent child, can. Mothers have to be protected from reality. You are stronger. The abuser hooks the child into caretaking while flattering her with the idea that she is stronger than her mother.

When we feel ashamed when faced with shaming questions like, “Why aren’t you over it yet? What’s wrong with you?,” it is often because we are accepting without question the presupposition in those statements: that anyone would be over it; that something is wrong with us for not being over it.

Wherever it came from and whatever the beliefs or stories are, we can only heal them if we uncover them. Where we feel shame is the first step in a path to healing. Even though it is difficult to look at those messages because they are so painful, even though we often accept them as reality or truth though they are not, the rewards of doing detective work can be wonderful.

### **What shames us:**

The Potter-Efrons talk about three kinds of shame: social shame, competence shame and existential shame.

Social shame is based on the pre-supposition that you are not okay the way you are. Most people develop a “social self” or false self to gain acceptance and fit in because they may have been rejected. Healing involves identifying and dealing with past rejections, seeing how fear of rejection affects life now, rediscovering and accepting parts of us we may have hidden to fit in, finding non-shaming, non-blaming friends, and developing a sense of belonging. All of these are also good strategies for healing from PTSD.

Social shame is also based on feeling different. People with PTSD feel different and may have been shamed for their reactions and symptoms. They often feel a lot of shame for having been “affected” instead of being able to “get over it.” One toxic shaming belief is *only I am weak*. Having PTSD is different. Shame caused by being different can be countered by pride in surviving and by curiosity about how you managed to survive. What helped you? Is it effective now? Remember differences are also fascinating to most people.

Competence shame is also based on presuppositions, usually the gap between what you can do and what you think you “should be able to do.” Perfectionism widens this gap and leads to paralysis and toxic shame. Some-times it is toxic shame over events leading up to the trauma— caused by 20/20 hindsight. Why was I dumb enough to go out with him? No one gets raped because they are dumb. They are raped because they met a rapist, who had probably developed a very nice persona to get close enough to rape people. Pedophiles do this, too. They don’t foam at the mouth and look evil.

Families of people with PTSD may be ashamed because they feel they are causing PTSD symptoms. They often feel that if they were doing it right, the PTSD would disappear. If you don’t know any better, it seems reasonable. It did to me! I was ashamed that my husband had problems, because I thought that if I were a good wife, he wouldn’t have any problems. When I look back I see that my beliefs caused both shame and depression in me.

Ways to heal competence shame include using your strengths and developing ways to compensate for your weaknesses. We all have them. The idea of being good enough instead of perfect is also very healing.

I work my way through competence shame by telling myself my writing is pretty good, and helps a lot of people. My Gazette is always late, and most subscribers don't care. It is okay not to be perfect. Learning to set reasonable goals is also healing, and so is comparing yourself only to yourself so you can be aware of how far you may have come.

Existential shame (feeling that you shouldn't exist) can be evoked by the presuppositions that the universe is just, so it follows that you got what you deserved, that everything happens for a reason so you needed the trauma or traumatized person in your life for some reason, and that someone is to blame for everything, so you must have caused what you got.

I have existential shame. I got the impression from my New England Yankee upbringing that I was not supposed to have needs, nor was I authorized to have certain feelings like fear or anger or even being "too" happy (which might lead to showing off or some equally wicked behavior). Most of me was not supposed to exist, apparently, so I felt defective and worthless. I abandoned myself as many of us do.

I think existential shame always results when you are hit. Being abused—beaten, battered, raped, incested, molested, tortured, put in death camps, starved, neglected— evokes shame in the victim. Abusers usually tell victims it is their fault which is even more shaming. The belief (and presupposition) that I'm no good, or they wouldn't have picked me, often results. There must be something so wrong with me for this to happen, is another belief. Underlying these are the ideas that the world is a just place and that everything happens for a reason. Trauma often shatters these illusions, but sometimes if you examine the shame you might be feeling, you will see these ideas do still seem true. You still think you must have done something! This is human, but not true.

Unfortunately anger may quickly blot out existential shame, because it's such a painful feeling and anger feels better and more powerful. Shamed people may inflict violence along with blaming and shaming their victim. It can start a vicious cycle in which shame drives people to be violent so they won't feel the shame once evoked by being violated. Yet doing violence also makes them ashamed. Healthy shame stops this because it motivates change. Moving from toxic shame to healthy shame is done by self-compassion and self-talk.



The worst and most insidious shame is self-shaming. This was one of my specialties. Most trauma survivors do this without noticing it.

The Potter-Efron's list calling ourselves names, comparing ourselves to others, neglecting ourselves, and treating ourselves like objects to be controlled rather than selves to be cherished.

Most of these techniques are learned at home from parents who were shamed themselves. Sometimes they are learned in basic training or during other traumatic events. They are internalized, so much a part of ourselves that we don't recognize them as shame-inducing self-talk or behavior. We think of them as realistic and true. We think treating ourselves like an object is effective. For me it became less and less effective. Perhaps it has for you.

### **Healing Shame**

Shame is meant to be a healthy emotion, reminding you of the limits of being human. It helps people keep their integrity, control their impulses, and know themselves. Healthy shame is moderate, temporary, and guides you to do better. Toxic shame is triggered by small things as well as big ones, and paralyzes you with feelings of worthlessness (which you may believe reflect reality, but *no one is worthless. No one!*) and despair. Healthy shame leads to healthy action. Toxic shame leads to inaction or destructive action.

Identifying your areas of shame can help you heal them, although it is a painful process. Wounds hurt when they happen and while they are healing. I remind myself they have to be cleaned and dressed daily. Broken emotions also hurt while healing, but I can examine them, dress them with kindness and compassion and get the help I need to heal them. For a person with PTSD, it can feel like the wound is happening on a daily basis, so getting help is all the more important.

As we recover in other areas of our life, we learn that we are worth the time, effort, and pain it takes to identify sources of shame and examine our automatic thoughts and counter them. (He didn't rape me because I tempted him. He raped me because he was a rapist.) Our automatic toxic reactions have been learned and can be unlearned. *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress* by Elizabeth Vermilyea, and Dena Rosenbloom and Mary Beth Williams' *Life After Trauma: A Workbook*

*for Healing* can help. I also highly recommend the Potter-Efron's book, *The Secret Message of Shame: Pathways to Hope and Healing*.

Healing shame is hard work. It is painful work. It is scary to put hard won new thinking (like PTSD is a normal response to trauma and evidence of what I have been through, not weakness) up against what are often ideas that have the weight of family, class, ethnic identity and western culture behind them. Scary but necessary.

Almost everyone does this work slowly, with difficulty, in bits and pieces. We forget to do it when we're stressed, then remember later. Eventually, we remember to do it when stressed, and life gets better. It is not a smooth elevator ride. It's more like rock climbing, but it can be done and it is worth it.

One reason it is worth it is because of the connection between shame and violence. Hidden shame, defended against by denial, perfectionism, controlling others, arrogance or shamelessness, can be triggered when the person who is not aware of shame feels violated by someone else. A person with PTSD who is likely to have outbursts of anger, needs to study and work on sources of shame simply to help him or herself avoid another trigger.

Observing what is going on with you if you get into rages is the first step: What's the pattern? Who do you rage at? Focus on your actions, and the things you tell yourself, because it is *your* problem. Others may "provoke" it, but you are the one who loses control. Why give that power to someone else? Paying attention to yourself is one way you can heal your shame. At the same time it also will give you the information that will help you avoid rages. *The Gentle Art of Verbal self Defense* supplies you with strategy and tactics for dealing with verbally provocative people without violence.

I always have to take small new actions and persist in them one day at a time when I am trying to change. This applied to healing from shame, also.

When I started in recovery, I felt intense shame if everyone didn't think I was wonderful. Even a twinge of shame would send me straight to angrily obsessing about what was wrong with them and why they should like me.

I was told, "What other people think of me is none of my business." I thought that was nuts, but it did bring a kind of peace to stop trying to

make everyone like me, so I began saying the phrase whenever I remembered. A similar phrase might help you. If you feel shame about PTSD it might be, “It is okay to have PTSD,” or “to have a husband (or son, daughter, wife, client) with PTSD. It is a normal reaction to trauma.” Tailor it to your own defenses against shame. For perfectionism it might be, “How important is it?” or “Do I have to be perfect?” Or even, “Who elected me God?” That also works for shamelessness, as would, “I can be wrong and feel shame and live.” “I am important to myself,” can work if you feel devalued or ignored. Developing a phrase that helps you with shame is a small action you can take today.

Making a date with shame (or other painful emotions) is useful if you can’t deal with it when it first comes up. Later in a safe comfortable setting, think back to what was going on, and try to identify what triggered shame. It is easier for me to see this if I write it out in my journal. I can’t deny it or forget it if it is written in black and white. I do this in a safe, secure, comforting place with soothing music. A sense of safety helps me tolerate a painful feeling more easily.

After I can see the source (and even if I can’t), I write affirmations. “I am a human being and worthy of love, and respect, and care.” “I made a mistake but I am okay. I can learn from my mistakes.” “She was disrespectful, but I can respect myself.”

I also sit and I feel my shame, without believing it. A feeling is simply a feeling and not necessarily the truth. At first shame swamped me, because I had stuffed it for so long. Now that I have practiced doing it for several years, it peaks and fades after a short while.

I affirm to myself that I did not cause traumatic events that created shame in me. People hit me, but it wasn’t because of me. It was because they learned hitting was acceptable, and needed someone to hit. I was molested on the subway, but it wasn’t because I was seductive or beautiful. It was because those men on the subway were molesters. If I hadn’t been there, they would have molested someone else.

### **Refunding shame.**

Toxic shame has been taught us. One way I have found to let go of it is to visualize myself handing a package back to the people who hurt me and shamed me. I visualize handing my shame back with the words: “Here is your shame back. What you did to me evoked shame in me, but it was *your*

shame. I have lived with it and suffered from it for long enough. Your behavior shamed you, not me.”

Sometimes, I just sit with shame and let it peak and fade. This is especially helpful if I have done something I don't approve of, like using my Hitler voice to Bob. All feelings pass and this one will, too. It is painful, but not the end of the world. Pain is a necessary part of healing. It is okay to be in pain. Part of being human is to make mistakes. I let the shame motivate change.

Making amends to someone you have harmed is one shame-healing action I find very useful. “The way I spoke to you was wrong,” I say to Bob when I've snarled at him. The hard part is the living amends, not doing it again, but one day at a time I can work on that. Healthy shame motivates change!

## Factors Contributing to the Development of PTSD

J. P. Mock, Reprinted with permission.

It is impossible to predict who will get PTSD, however, several factors are known to contribute to the development of Post Traumatic Stress Disorder in police officers. These include, but are not limited to:

- personal identification with the event
- knowing the victim
- lack of preparation, or lack of knowledge of the event ahead of time
- the severity and intensity of the event
- cumulative exposures to Post- Trauma Stress
- chronic exposure to traumatic incidents
- pre-existing PTSD
- helplessness

### **Personal identification with the event**

This can occur on a conscious or subconscious level. Often it is the latter and not recognized.

Probably one of the more common situations is an officer who has children, handling the death of a child with the child's mother and/or other family members being present. One of the affects that can occur from this is the officer unknowingly emotionally and physically distancing himself or herself from their loved ones. Some officers are known to have seen the faces of their children on the faces of dead children while on calls they have handled.

Another example is when an officer has had a close family member/loved one commit suicide or die traumatically, he or she may identify with the victims of certain suicides or other traumatic deaths similar to the one of the loved one.

### **Knowing the victim**

Though not common, there have been incidents where officers have responded to traffic fatalities or serious crimes, on arrival finding out the victim is their wife, children or another family member. More common, officers working the same beat who have made friends with people in the beat, such as a store clerk, may end up dealing with the same individual as a homicide victim.

In some of the smaller or more rural agencies it's near impossible not to know a victim.

Depersonalization is easier in the larger cities, and a very helpful survival tool.

### **Lack of preparation**

Studies have shown that trauma that is encountered as a surprise has more ill affects than trauma that is anticipated.

Being mentally prepared at all times is a major component of training all throughout an officer's career. So much time is spent making officers prepared for a shooting at all times, that you could easily become paranoid.

Police work requires interaction with people on many levels, and no matter how prepared a person is there are always events it is impossible to prepare for. The nature of the job is that officers will occasionally drive or walk into a traumatic situation not knowing what is happening.

## **The Severity and intensity of the event**

Certain trauma is so severe and intense that it would affect just about anyone. Officer involved shootings wherein the suspect(s) shoots one or both of the officers is one example. A fight for your life with someone who has the ability to take your life is another. Remember the suspect in Scotland that wiped out most of the small children in a small school?

## **Cumulative exposures to Post Trauma Stress**

Over the course of a career officers will inevitably be exposed to a variety of different life/death traumatic situations. Most they will be able to handle and process. However, every once in awhile one will come along that will have a minor affect them. These are the common everyday traumas that are routine, but for some reason, the officer held on to a certain part of the trauma. These are the incidents where one, in and of itself, has little affect. The officer notices it as minor, most other people will never hear about it. No big deal, another day on the job.

As time goes on, the same officer encounters another minor trauma, similar, but slightly different. Sometimes it will be on the same theme, sometimes not. Time progresses, and then there's another, then another, then another, and possibly a more serious trauma with more serious impact on the officer. Fifteen years down the line, the officer is "burned out", but there's no one incident that he/she or anyone can identify as the problem.

"Burn out" can come from other forms of stress, but in law enforcement it is not uncommon for it to be a combination of accumulative Post Trauma Stress added to the accumulative years of other stressors. "Burn out" has long been a term used in law enforcement to describe the affects of chronic and/or accumulative stress on officers. It is so common that it has become a normal term within law enforcement, it no longer carries the weight or insight that it should. It's become a term to minimize the affects of what has happened to the officer, not only by the Dept.. and other officers, but also by the officer who has been traumatized.

It is my belief that the affect of accumulative Post Trauma Stress on officers is underestimated. If you know someone who is "burned out", take a look at the symptoms of Post Trauma Stress Disorder and see if they look familiar. As previously indicated, there are other stressors that can lead to burn out, but Post Traumatic Stress Disorder is definitely one of them.

### **Chronic exposure to a traumatic incident**

These are traumatic incidents on a life/death scale that take a long time to be handled, such as natural disasters or airplane crashes. Critical Incident Stress Debriefing Teams are an asset in these incidents. Although first responders may encounter Post Trauma Stress due to the severity of the incident, officers arriving at the scene at a later time can be briefed, their time of exposure controlled, and then debriefed, to help prevent chronic exposure to Post Trauma Stress.

CISD teams, however, are not utilized by many agencies.

### **Pre-existing PTSD**

During the 1970's a number of Vietnam Veterans returned home and became law enforcement officers. Many were highly sought after by agencies as they had been exposed to trauma and had experience working under extremely stressful life threatening conditions. Although "combat fatigue" has been discussed since WW1, Post Trauma Stress Disorder was not defined until the early 1980's. What happened to our troops during and after the Vietnam War led to the definition of PTSD.

The people who obviously suffered from "combat fatigue" could not pass the psychological exam required to become an officer. However, because of a number of factors, including lack of knowledge about PTSD symptoms and their impact on a person, delayed onset, non-disclosure intentionally or unintentionally, some of the veterans who already had PTSD from Vietnam became police officers. On the positive side, historically, veterans have generally made very good police officers. On the negative side, if the veteran already had PTSD and encounters certain types of Post Trauma Stress, it can make a bad situation much worse for them.

Another common type of PTSD pre-existing when a person enters law enforcement is from childhood abuse. Some who have suffered from childhood abuse who want to be a police officer may have dealt with the trauma before applying for the job, but some have not. Some will never have to deal with it. Some will.

More than a few studies have been done to attempt to identify the types of people who want to become, and do become, police officers. According to one expert, 60% of all law enforcement officers have a parent who was an alcoholic. Adult children of alcoholics are known for their ability to maintain control in hostile environments and bury their own feelings. This

is a positive trait for a police officer, but can lead to problems in dealing with Post Trauma Stress.

It is this author's opinion that many people who were abused as children are drawn to the emergency services. They have a strong desire to help other people and serve others. Many officers who were abused as children have become some of the best police officers, having experience, insight, and compassion other officers cannot sometimes appreciate. On the other hand, these officers may be more likely to identify with victims and be more impacted by certain types of trauma than other officers.

Pre-employment psychological exams now screen for people who have PTSD. Again, the ones that are obviously exhibiting signs of Post Trauma Stress Disorder should be discovered by the exams. People who have developed PTSD prior to law enforcement are not always significantly symptomatic if and when they apply to be police officers. In fact, a number of these individuals may have no recall of any previous trauma, particularly if it is childhood trauma.

People who have PTSD are more susceptible to being traumatized than people who have never been traumatized. They are also more susceptible and responsive to other forms of stress. If their trauma is not remembered, in law enforcement they run a risk of experiencing an incident that will unlock the memories of the earlier trauma.

### **Helplessness**

Feeling helpless is an uncomfortable feeling for most anyone. For police officers, we are trained to never be helpless (or at least don't show it if you are). We are who you turn to when you need help. To a police officer, feeling helpless is usually a feeling that is not forgotten, especially if it's in the form of a life/death trauma to yourself or another person, especially your partner.

One of the more common helpless feeling traumas are when an officer cannot save a person who is dying or dead, especially a child.

J. P. Mock retired from 20 years of police work in California after being diagnosed with chronic PTSD. Thanks, Jim.

For more information see his wonderful website: <http://home.socal.rr.com/jpmock/ptsd/ptsd.htm>



# The War at Home:

## A Guide to PTSD Symptoms for Veterans and Family Members

Do the symptoms of PTSD have a purpose? I think they start out as survivor skills, meant to keep you alive.

With this in mind, it is important to know what each symptom did, and may still be doing, **for** the veteran or other trauma survivor.

If years have passed since the trauma or war, it is helpful to look at what each symptom may be doing **to** the survivor today.

Finally it is good to understand what feelings each symptom might evoke in your spouse or significant other.

In *The War at Home*, I explain my conception of how PTSD symptoms are appropriate and effective responses to trauma, and how they can become your biggest problems later, especially in terms of your relationships.

The title of the pamphlet was suggested by the Rev. Jack Day, one of the leaders of the spiritual retreats in which I take part. He wanted me to give a talk at the Augusta retreat last summer on how PTSD affects wives. Afterwards, I was cheered by the vets and their wives, which really floored me. Retreats usually don't involve cheering.

Everyone said that my explanations had really helped both husbands and wives see why the other was doing what they do.

I believe this pamphlet is full of ideas that will help you reframe symptoms and work together towards healing with compassion for each other.

My hope is that VA PTSD programs will eventually supply this pamphlet to all vets with PTSD, but until that day comes, hope you'll get one for yourself. Free online.