NEWSLETTER FOR SUSTAINABLE PEACEBUILDING
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THE TRAUMAS FROM VIOLENCE
PTSD and its impact on veterans and civilians

In these newsletters we invite contributions and ideas, suggestions, and possibilities for our efforts to educate others about addressing the pressing issues of the day with intelligence, compassion, and a commitment to the greater good of humanity and the earth, i.e., nonviolent conflict resolution, improved communication and cooperation, successful negotiation, and mediation. We also want readers to reflect and rethink their ideas, to consider forming their own discussion groups as we have in order to encourage the critical and creative thinking that can help individuals and communities move through obstacles and difficulties in more sustainable ways, i.e., with the interconnected health of all peoples, their economies, and their environments.

William Timpson, Robert Meroney, and Lloyd Thomas of the Fort Collins Rotary Club

Sustainable Peacebuilding Fellowship at the Rotary Club of Fort Collins, Colorado

THE TRAUMAS FROM VIOLENCE
PTSD and its impact on veterans and civilians

Sherry Gardner

If possible, join our discussion on Wed. October 2 from 1:15-2:15 MT
Columbine Room, Lincoln Center, 417 W. Magnolia Street, Fort Collins, CO 80521

All are invited. Please share this newsletter with a friend or colleague.

Case Study of a U.S. Air Force Master Sergeant with War-related Post-Traumatic Stress Disorder

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Introduction

Johnny C. was a 42-year-old United States Air Force Master Sergeant when I met him in 2009, after he had been air-evacuated with a diagnosis of acute post-traumatic stress disorder (PTSD), from the Bagram Airfield in Kandahar, Afghanistan, to his home base at the F. E. Warren Air Force Base in Cheyenne WY. I worked as a clinical psychologist at the mental health clinic on the base.

History and Symptoms

While in Kabul, Msgt. C. witnessed suicide bombings at close range, saw body parts flying through the air, and helped clean up human remains from the sites. The most recent bombing he witnessed occurred at the exact spot where he had been standing the previous day. Shortly thereafter he began to experience nightmares and flashbacks (olfactory and visual) of these events, along with guilt, difficulty concentrating, anxiety, insomnia, depression, and hyperarousal. He withdrew from others and built a tent of blankets around his cot in the barracks. He had suicidal ideation and planned to kill himself by walking into a mine field.

He also experienced intrusive thoughts every day and could sleep for only four hours per night, at most. He tried not to sleep in order to avoid nightmares. He became very anxious in crowds, had an intense startle reflex, serious depression, survivor's guilt, and numbing of emotional responses. Johnny had a healthy character structure and worked diligently to manage his symptoms. But he feared being overwhelmed by his traumatic memories and losing control of his emotions. After returning from Bagram, he avoided crowds, laces where there might be loud noises, and weapons practice on base. He functioned well in the structured environment of his workshop on base. However, his symptoms were of such an intensity that they constituted a duty-limiting condition. I recommended that he not be re-deployed to a war zone in the future, as his PTSD was chronic and would be exacerbated in theater.

Treatment and Outcomes

Treatment of war-related PTSD is a long, complex process and, while good outcomes are possible, most often the trauma has persistent residual effects of varying severity. Guilt, diminished energy, difficulty concentrating, poor appetite, psychomotor agitation or retardation, hypervigilance, impaired sleep, anhedonia (inability to experience pleasure), anger, depression, troubled relationships, and low energy are among the symptoms that are common in people with PTSD.

Trust is often difficult for people with PTSD. Their suffering makes them feel too vulnerable to connect closely with others, especially those they haven't known for long — such as a psychologist they have just met. I met Johnny when he was brought to the Air Force base mental health clinic by two large security force soldiers. They sat on either side of him in the waiting room, which was an enormous embarrassment to Johnny. It was clear to the other troops in the waiting room that "that guy is in deep trouble."

I went right to Johnny, introduced myself and shook his hand, thanked the security guys for bringing him to the clinic, and told them they could leave now. When we arrived in my office, I seated him so he could see the door (always important for people with PTSD), and said I was sorry that some bozo made the security troops bring him to the clinic. "Your experiences do not make you a dangerous person, and I'm sorry you were mistreated in that way," I said. He responded by saying that people think they can catch PTSD from me, "like it's chickenpox."

We talked a bit about how the people who develop PTSD from war-time experiences tend to be kind, sensitive, and empathic — and that those are highly-valued traits in human beings. He recognized those traits in his buddies who also had PTSD.

We talked about his symptoms, what triggered them, and how he dealt with them. We considered medications, but some of the appropriate medications could affect or scuttle Johnny's active-duty status. Certain drugs would cause him to be put "on a profile," which meant that his fitness for duty would be closely monitored by his commanding officer.

Theoretically, this is important to the overall mission of the military, but in practice, the person is often viewed as unworthy of trust or respect, and can be marginalized in his unit, which creates a whole new set of psychological problems. Johnny very much wanted to avoid medications. So, my first priority was to teach him various ways to calm his body and mind when he began to feel triggered.

Emotional Freedom Technique, or tapping, is an effective technique involving tapping with the fingers on various acupressure points on the body. This process is calming and can be done subtly and is surprisingly effective, even though it's very simple. Simply holding the acupressure points is also effective.

This technique is based on the Chinese medicine concept of meridian points, or parts of the body through which energy flows. Putting intermittent pressure on these points while saying certain relevant phrases to oneself can relieve anxiety and calm the mind and body. This intervention sounded pretty woo-woo to me when I learned it, and to my patient, a big, strong, concrete-thinking man.

But it worked! Even if it worked as placebo medicines work, who cares! It was effective. Johnny grew up in poverty in the deep South and became proficient at hunting to feed his family. As an adult he became an expert bow hunter. Being in the outdoors and being very skilled with his bow restored his self-esteem and his sense of mastery. He had some of his animals stuffed and he displayed them in his home. I believe that looking at them was therapeutic for him.

He felt that he had failed his beloved Air Force by developing PTSD, but his skill at providing food for his family helped restore his image of himself as a capable and confident man. He taught a number of his military friends to hunt with bow and arrow, and this helped to restore his self-worth. It also provided an opportunity for socializing with his peers in the great outdoors. His buddies admired his skills and learned well from him, and this was very therapeutic. Tramping around the mountains and plains of Wyoming was a very good way to get the exercise that is so helpful for people with PTSD.

Hunting also improved Johnny's ability to concentrate, along with his appetite and ability to sleep soundly. He gradually returned to his usual sociable self, even though he needed to restrict his exposure to loud noises and crowds. The bar scene in Cheyenne, Wyoming, is a common venue for socializing, and that was over-stimulating for Johnny. He learned by monitoring his physical and emotional responses when it was time to leave.

Medicines are often the first line of treatment for PTSD, for good reasons, but Johnny's understandable reluctance to use them and deal with the professional restrictions they would cause led to a holistic approach, which fortunately proved quite successful. Years later, he still has a somewhat exaggerated startle response to loud noises and cannot watch war movies, but these are not limiting and do not affect his quality of life.

He retired from the Air Force after his 20-year commitment was up, and now works in a setting that allows him much comradery with other veterans. I learned a lot from working with Johnny, and am honored to still be in contact with him and see him continue to thrive.

Mandatory military service provides a common experience for all young Israelis, men and women. Most are reluctant "warriors" and eager to return to civilian life, career and family. An occupying force breeds inevitable hostility.

Older children caught throwing a rock can be subject to arrest, prosecution and sentencing for up to 20 years in prison. International Human Rights Watch groups are trying to remain vigilant to abuses and prisoner rights.

PTSD and Civilian Populations in the Middle East

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What follows is taken from my book in 2024, *Conflict, Learning and Sustainable Peacebuilding: Case Studies for Finding a Better Way Forward* (Newcastle upon Tyne: Cambridge Scholars Press). "Born in Beit Sahour, Rifat Odeh Kassis told us that he has long been active in the Palestinian struggle on several non-violent fronts, not the least of which is the national and international rights-based advocacy scene. He has been arrested several times by Israel for his human rights and community work. Throughout his career, he has been advocating and actively campaigning with various professional and voluntary positions for the effective application of international human rights and humanitarian law in Palestine (146-147)."

Rifat Odeh Kassis further insisted that Palestinian lawyers often bargain with Israeli jailers for guilty pleas and Israel then advertises a 99% sentencing record. Solitary confinement, he told us, may be used in violation of international law protections for child prisoners.

When they are released Rifat said, these children, some 700-1,000 of whom are arrested annually by Israeli authorities, are often traumatized with signs of PTSD and will refuse to go back to school. In the face of these realities, Kassis also argued that Israel has had zero tolerance for criticism which is often framed as anti-Semitic. For anyone seeking to reform any of this, the complexities here demand critical analyses, clear values, and superb communication skills along with abilities to mediate, negotiate and cooperate if some resolution is to be considered possible. Everyone can challenge those in power to do the right thing (149)."

Post-War Recovery in South Korea

In a country with a ten-thousand-year history, I had to marvel at the way that South Korea had rebuilt its economy after a devastating war in the early 1950's. South Korea is one of those stunning examples where these people recovered even when their economy and their land had been devastated by the invasion of the Japanese in 1910 and then the Korean War in the early 1950's. Yet, in South Korea they have rebounded in remarkable fashion in only a few decades and now rank among the world's most advanced and prosperous nations.

MANAGING PTSD "TRIGGERS"

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Recently, I heard Benjamin Schrader, Ph.D. say that he would not call PTSD a "disorder." Dr. Schrader is the Director of Adult and Veteran Services at Colorado State Univerity and the author of the book, *Fight to Live, Live to Fight: Veteran Activism After War.* Today, I hope to define and clarify what he called a "fight to live."

The body's natural and immediate response to any event that could be called "traumatic" is called "the stress response." It provides the body with strong energy to either "flee, fight or freeze." When confronted with a genuine or perceived threat, this "stress response" is completely appropriate and can even save a person's life. When it "goes off" or remains "on' after the threat is no longer there, itself becomes a "problem."

Hans Selye studied the stress response and received the Nobel Prize for his work. That work clearly demonstrated the damage to the human body when the stress response occurred when there exists no genuine threat and when it remained on long after a real threat was gone. Today, the Center for Disease Control and Prevention (CDC) has said that *"eighty-five percent of the reasons for seeking medical treatment is related to stress."* That means that 85% of the reasons why we seek medical treatment is involved with unnecessary stress.

Clearly, the stress response, triggered by the traumas of war, is immediately required to give one the necessary energy to address such traumas. If however, the stress response is triggered when the trauma is long gone, it becomes the problem itself. Therefore, when we are stressed when there is no longer a threat/danger, we need to manage/control its' "triggers" in order to rebalance our energy to a more appropriate level. PTSD is the acronym for "post-traumatic stress disorder." Perhaps, we need to redefine PTSD to reflect it as a "fight to live" a rebalanced life …not a disorder at all.

What are some of the human skills (responses) that are designed to maintain or rebalance a "balanced" life? In the book, *How to Identify and Cope With Your PTSD Triggers",* author, Matthew Tull, Ph.D. writes, *"You can prevent or lessen the impact of certain PTSD symptoms by identifying what specific types of thoughts, feelings, and situations trigger them* [which aren't dangerous] *and then taking steps to limit the occurrence or impact of those triggers."* He lists examples in two categories: "internal and external triggers."

- **Internal Triggers** ***"****are things that you feel or experience inside your body. Internal triggers include thoughts or memories, emotions, and bodily sensations (for example, your heart racing)."* These can include: anger; anxiety; feeling abandoned; feeling lonely; feeling out of control; feeling vulnerable; frustration; muscle tension; pain; muscle tension [or] sadness.
- **External Triggers "***are situations, people, or places you might encounter throughout your day (or things that happen outside your body). These can include: an anniversary; an argument; certain smells; end of a relationship; holidays; reading a news article that reminds you of your traumatic event; seeing someone who reminds you of a person connected to your traumatic event; a specific place; watching a movie or television show that reminds you of your traumatic event or witnessing an accident of some kind.*

ALL OF THESE TRIGGERS ARE NOT THREATENING NOR DANGEROUS

Finally, Matthew Tull goes on to list some "Self-Help Strategies:"
"Several self-care and relaxation techniques can help cope with anxiety, stress, and PTSD triggers. Some that you might find helpful include:

- ***Deep breathing*** *can help calm your body's stress response when you encounter a triggering situation*
- ***Expressive writing*** *can help you process the feelings, thoughts, emotions, and memories that contribute to PTSD symptoms*
- ***Grounding techniques*** *can keep you focused on the present moment instead of on your triggers*
- ***Mindfulness*** *involves learning how to become more self-aware and focused on the present rather than worrying about the past or future*

- ***Relaxation techniques*** *can help soothe your mind and body when you start to feel stressed or anxious*
- ***Self-soothing*** *can be a way of comforting yourself when you are feeling overwhelmed*
- ***Social support*** *can provide encouragement and strength as you deal with stressful memories*

"Being more aware of your triggers can be beneficial. As a result of this increased awareness, your emotional reactions may feel more understandable, valid, predictable, and less out of control. This can positively impact your mood and overall well-being.[2]

Psychotherapy

"A variety of psychotherapy approaches can help deal with PTSD triggers. Techniques that can be effective include:

- ***Cognitive-behavioral therapy (CBT)****: This approach helps people identify and change negative thoughts contributing to distressing emotions and behaviors.*
- ***Exposure therapy:*** *This is a form of CBT that involves gradual, progressive exposure to a triggering stimulus. This is often paired with relaxation strategies. Over time, the fear response begins to fade.*
- ***Eye movement desensitization and reprocessing (EMDR):*** *This technique involves using bilateral eye movements to help people process and cope with difficult memories, emotions, and thoughts. By learning to process these experiences, people may better cope with PTSD triggers.*
- ***Cognitive processing therapy:*** *This is another form of CBT that helps people* process traumatic events and develop new coping strategies."
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ALL OF THE ABOVE STRAGEGIES ARE SKILLS AND ACTIVITIES THAT CAN ASSIST SOMEONE SUFFERING FROM "PTS" TO "FIGHT TO LIVE" A BALANCED LIFE!

PTSD Beyond the Battlefield

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"Trauma is a fact of life. It does not, however, have to be a life sentence."
Peter A. Levine, American Psychologist

Post-traumatic stress disorder (PTSD) is commonly associated with combat related trauma, but it is a mental disorder that can and has affected millions of civilians. PTSD is both a physical and mental reaction to an overwhelming situation or event that was perceived as dangerous including death, actual serious injury, or sexual violence. Those who suffer PTSD include those in car accidents, mass shootings, natural disasters, physical, sexual, and emotional abuse or even may have just observed them. About 60% to 80% of people experience a traumatic event at some point in their lives. 5% to 10% of the public will develop PTSD during their lifetime because of the trauma.

It is, of course, natural to experience fear and stress. All of us experience such feelings when threatened; however, clinical PSTD usually occurs within 3 months of the traumatic event, the symptoms last for a month or longer, and the symptoms must be severe enough to interfere with daily life, such as relationships or work. Women are observed to be twice as likely as men to develop PTSD.

People with PTSD will often experience:

- At least one re-experiencing symptom like flashbacks, dreams, or depression,
- At least one avoidance symptom like refusing to revisit specific locations, refusal to think about or be reminded of the event,
- Arousal and reactivity symptoms like being easily startled, tense, unable to concentrate, irritation, unable to sleep, or engaging in reckless behavior, and
- Cognitive or mood symptoms like self-critical thoughts, feelings of isolation, memory lapses, and unable to be happy.

PTSD can vary from person to person even if the events are similar. Sometimes the person may not even know they are afflicted for months to years afterwards. Sometimes "triggers" will recreate the trauma for the person. Such triggers can be exposure to certain smells, sounds, pictures, video images, or occurrence of similar incidents. Reactions can range from mere discomfort to complete reliving of the terror or fear of the original event. Severe PTSD can be incapacitating and result in nightmares, terror attacks, hyperarousal, over aggressiveness, hysteria, and even suicide.

PTSD can be more likely or severe for people who

- Experience trauma during childhood,
- Have little social support after the event,
- Deal with additional stresses after the event, like losing a loved one, pain and injury, or loss of job or home.

PTSD is less likely if resilience factors exist such as they are

- Given immediate support from friends, family, and support groups,
- Provided a coping strategy, perhaps with help from trained professionals,
- Mentally able to respond to upsetting events as they occur, despite feeling fear.

Treatments can vary from counseling to medication. People with ongoing trauma such as physical or sexual abuse especially need both psychological help and protection. Specific therapies include:

- Psychotherapy or talk therapy to help patients identify and change emotions, thoughts and behaviors. It can occur one-on-one or in group settings.
- Exposure therapy exposes people in a safe environment to elements of the trauma that disturb them. Sometimes writing or recording their fears and experience helps.
- Cognitive restructuring may help patients understand the event and their reaction to the event. They may need help shedding shame or blame associated with the trauma.

The US FDA has approved two serotonin reuptake inhibitors (SSRIs) of antidepressant

medication for the treatment of PTSD symptoms. They are prescription medicines to be taken under care to control severe sadness, worry, anger, numbness, sleep disorders, and nightmares.

The prognosis for severe PTSD can vary, but treatment helps. With treatment, about 30% of people eventually fully recover from the condition. About 40% of people get better, but mild to moderate symptoms remain. For some people, symptoms go away just with the support of loved ones without professional treatment, but it is wise to seek help if symptoms are severe and persist.

References for further information about PTSD:

National Institute of Mental Health, "Post-Traumatic Stress Disorder", https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd

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