

The American Institute of Stress

COMBAT STRESS

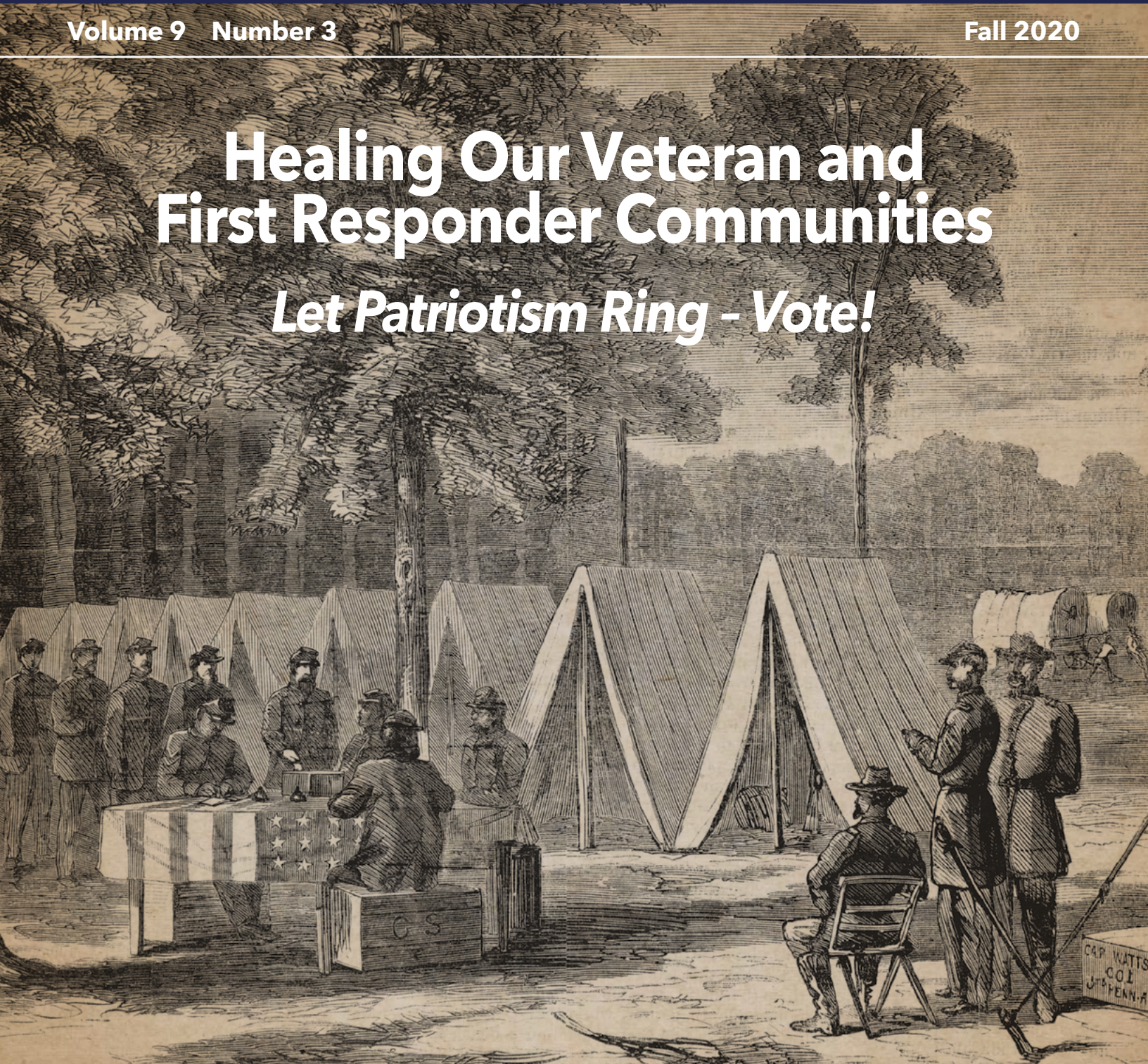
Harnessing Post-Traumatic Stress for Service Members, Veterans, and First Responders

Volume 9 Number 3

Fall 2020

Healing Our Veteran and First Responder Communities

Let Patriotism Ring - Vote!



Inside: **Democracy in Athens and Alice's 13th Box**, *Charlie Bass* • **How the Best Handle Stress**, *Ron Rubenzer*
• **The True Meaning of Service and Sacrifice**, *Roy Benavidez* • **Mental Camouflage**, *James and Peggy Simpson*
• **Trauma-Focused Therapies**, *Louise Gaston* • **Initiatives in Military Moral Injury**, *Daniel L. Roberts*
• **Healing through Community Service**, *RoseAnn Sorce*



The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

AIS provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides leadership to the world on stress related topics.

COMBAT STRESS

We value opinions of our readers.

Please feel free to contact us with any comments, suggestions or inquiries. Email: editor@stress.org

Combat Stress magazine is written with our military Service Members, Veterans, first responders, and their families in mind. We want all of our members and guests to find contentment in their lives by learning about stress management and finding what works best for each of them. Stress is unavoidable and comes in many shapes and sizes. It can even be considered a part of who we are. Being in a state of peaceful happiness may seem like a lofty goal but harnessing your stress in a positive way makes it obtainable. Serving in the military or being a police officer, firefighter or paramedic brings unique challenges and some extraordinarily bad days. The American Institute of Stress is dedicated to helping you, our Heroes and their families, cope with and heal your mind and body from the stress associated with your careers and sacrifices.

Combat Stress magazine is indexed by EBSCO and archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

Copyright © 2020 the American Institute of Stress (AIS). All rights reserved. All materials on AIS' website and in AIS' magazines are the property of AIS and may not be copied, reproduced, sold, or distributed without permission. For permission, contact editor@stress.org. Liberal use of AIS fact sheets and news releases is allowable with attribution. Please use the following: "Reproduced from the American Institute of Stress website [or magazine], © AIS 2020."

Editor In Chief

Daniel L. Kirsch, PhD, DAAPM, FAIS
AIS President

Editor

Kathy Platoni, PsyD, DAAPM, FAIS
COL (RET), US Army

Contributing Editors

Josh Briley, PhD, FAIS
Lousie Gaston, PhD
Reverend Charles Grantham, PhD
Jeff Jernigan, PhD, LPC, BCCPC
John H. Thurman, Jr. M.Div., MA
Richard Young, PhD

Managing Editor

Kathy Schoop

Creative Director

Michael McMahon

AIS Combat Stress Board

Chaired by Colonel Platoni, the role of this board is to develop initiatives and communications to serve the stress management needs of Service Members and Veterans.

Kathy Platoni, PsyD, DAAPM, FAIS

Clinical Psychologist
COL (RET), US Army, COL/Ohio Military Reserve
4th Civil Support and Sustainment Brigade

Stephen Barchet, MD, FACOG, CPE, FACP, FAIS

Rear Admiral/MC/US Navy Retired

Christiane C. O'Hara, PhD, FAIS

David Fair, PhD, D Min. CMC, FAIS

Certified Master Chaplain, President
ChaplainUSA, Senior Chaplain, Brown County
Texas, Office of Emergency Management

Melanie Berry, MS, BCB, OMC, FAIS

Tom McMurtry, DAIS, Police Officer (RET)

CPT, US Army, Special Forces (RET)

Daniel L. Kirsch, PhD, DAAPM, FAIS



The American Institute of Stress

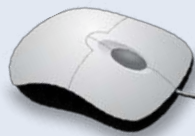
Stress Management Experts Wanted!

Obtaining credentials from The American Institute of Stress is a designation that sets members apart as stress experts and reflects their commitment to the advancement of innovative and scientifically based stress management protocols. The AIS Seal and credentials inform the public that the certificate holder commands advanced knowledge of the latest stress research and stress management techniques. For physicians and other healthcare practitioners, it designates your practice as an advanced treatment center for stress-related illnesses.

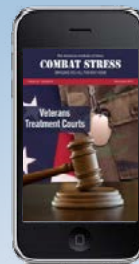


	Member	Diplomate	Fellow
Features Save 20% on years 2 and 3 with our 3 year plan	\$95 per year or \$247 for 3 years	\$395 per year or \$1,027 for 3 years	\$495 per year or \$1,287 for 3 years
Requirements	Open to everyone	Hold a degree or healthcare license and have been in practice or profession for 3 years	Hold a doctorate degree or special license and have been in practice or profession for 5 years
Collaboration with International Professional Community	✓	✓	✓
Continuing education training programs		✓	✓
Subscription to quarterly magazine Contentment and Combat Stress	✓	✓	✓
Membership certificate	✓	✓ + use of DAIS designation	✓ + use of FAIS designation
Quarterly Research Roundup publication		✓	✓
Opportunity to join Speakers Bureau		✓	✓
Discount on annual online conference		✓	✓
Access to AIS research archives		✓	✓
Media spokesperson opportunities		✓	✓
Opportunity to contribute to magazines, blogs, and social media		✓	✓
FREE: Hans Selye and the Origin of AIS ebook	✓	✓	✓
FREE: The Body Electric, a documentary movie produced by AIS	✓	✓	✓

**Sign up for
membership today
at stress.org**



**Enjoy exclusive AIS features and articles online,
or on your smartphone or tablet.**



Subscribe today and begin receiving your copy of Contentment and Combat Stress in your inbox each quarter.

The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of the role of stress in health and illness, the nature and importance of mind/body relationships and how to use our vast innate potential for self-healing. Our paramount goal at the AIS is to provide a clearinghouse of stress related information to the general public, physicians, health professionals and lay individuals interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

The American Institute of Stress
220 Adams Drive, Suite 280 - #224, Weatherford, TX 76086 USA
Main: (682) 239-6823 info@stress.org



IF YOU'RE LOOKING FOR ANSWERS, YOU HAVE TO ASK THE RIGHT QUESTIONS.

For so many Americans, “mysterious” problems ranging from mild to severe are caused by that scourge of modern life – stress. That realization is the first step toward healing, but it often raises many more questions that must be addressed. How is stress affecting my life? My relationships? My work? My happiness? What can I do to reduce or better cope with it? Our Stress Mastery Questionnaire – an easy and confidential online self-assessment that comes with our Stress Mastery Guide and Workbook – can help you find answers. And life-changing solutions.

Click
to get
started



SMQ
STRESS MASTERY QUESTIONNAIRE

CONTENTS

Volume 9 Number 3

Fall 2020

- 6 **Editor's Message**
By Kathy Platoni, PsyD, DAAPM, FAIS
- 8 **Seat of Democracy in Athens and Alice's 13th Box**
By LTC (RET) Charlie Bass, MD, PhD
- 16 **The True Meaning of Service and Sacrifice**
By Master Sergeant Roy Benavidez
- 20 **Mental Camouflage**
By James (whose last name has been removed for his safety and that of his family), a former Corporal in the Ulster Defense Regiment, and Peggy Simpson
- 28 **Initiatives in Military Moral Injury Research and Education**
By Daniel L. Roberts
- 32 **Adverse Effects of Trauma-Focused Therapies (Part 2)**
By Louise Gaston, PhD, FAIS
- 44 **Healing through Community Service: One Veteran's Story on Finding Value, Meaning and Purpose - He Is #StillServing**
By RoseAnn Sorce
- 48 **How the Best Handle Stress - A First Aid Kit**
By Ron Rubenzer, EdD, MA, MPH, MSE, FAIS

*Peace wall community Falls Road
Belfast Northern Ireland 2018*



Editor's Message

By **Kathy Platoni, PsyD, DAAPM, FAIS**

COL (RET), US Army, COL, Ohio Military Reserve/State Defense Forces

Editor, *Combat Stress Magazine*, Dayton SWAT, Member, Ohio Veterans Hall of Fame



First and foremost, it is our sincere wish that all of our readers exercise their most vital patriotic duty on November 3rd. Get out and cast your ballot. Wear your "I Voted" sticker proudly. Get in the game and make what you believe count. Even one vote makes a difference.

We the People are responsible for standing for the greater good in the words of **LTC (RET) Charlie Bass**, returning once again as one of our most heralded

authors. In our fall issue, he has chronicled election fury and fever by recounting scandalous historical facts surrounding the cramming of ballot boxes and large-scale scamming of the public at large in some of this nation's most infamous elections of all time. In his words and as this contentious election proceeds, we are poised for a gunfight at sundown, not unlike the Wild West that we have become.

Life as we knew it has taken an extended leave.

We are privileged to publish the work of the likes of **Ulster Defense Regiment Veteran and Former Corporal James**, as told to his co-author and compadre, **Peggy Simpson**. His name has been altered for his protection and that of his family, as his life remains in danger. The shocking horrors of war and the souls destroyed on the battlefield are certainly not uniquely an American experience. In Northern Ireland, ripped apart by the conflict between Catholics and Protestants, one that turned an entire country into killing fields, James has illuminated his survivorship of a haunting dreadfulness to once again, return to the light. The gravity of his words and his terrifying experiences are no less than riveting.

Returning again to save the souls of our war-injured, **Chaplain (Dr.) Daniel Roberts**, CEO of the **Moral Injury Support Network for**

Servicewomen, Inc., who is one of the foremost national experts on the subject of moral injury and spiritual leadership, has highlighted an often forgotten and overlooked segment of the Armed Forces: Servicewomen. His is the only pastoral care authority to conduct research

specifically for the benefit of military women. He has become the driving force across the nation to mobilize initiatives

in support of a widely traumatized population, stemming from an entirely new level of psychological trauma. Dr. Roberts welcomes our readership to consider joining forces with him.

It is our very good fortune to revisit one of our most eminent and celebrated authors, **Dr. Louise Gaston**, who has also returned to educate our readers about the risks and perils of exposure therapies. Though extensively extolled among the worthiest of evidence-based practices, exposure therapies carry with them, a plethora of adverse effects when applied arbitrarily and haphazardly, within both military and civilian populations. I know of a network of social workers tasked with provision of crisis intervention services for the law enforcement community as this applies to a particular rural county in Southwestern Ohio. Everyone receives EMDR therapy regardless of the presenting problem. This is not only unwise,

but borders on malpractice. One size never fits all.

RoseAnn Sorce, Account Executive for Sturges World Communications and volunteer for the Veterans of Foreign Wars, relates the remarkable tale of US Air Force and Gulf War Veteran Kerry Steuart. RoseAnn has imparted to our readership what has enabled Kerry to find value, meaning, and purpose in his life once again after his uninvited medical discharge from military service. As a leader for the **Warrior's Ascent** retreat program, Kerry has devoted his life to usher healing and recovery for both Veterans and first responders. He does so by facilitating that piece of knowledge that giving back to one's community in the form of volunteerism is the ultimate remedy for the soul; in other words, still serving. It is RoseAnn who encouraged his writing. RoseAnn has also devoted herself to working with the VFW to promote the **Still Serving Campaign: #StillServing**.

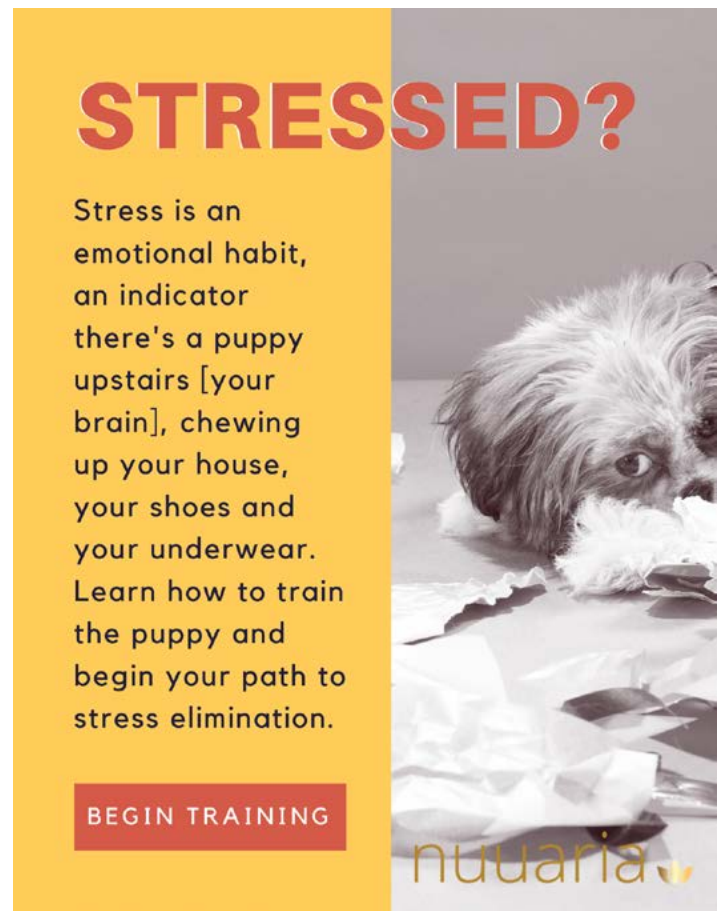
Endowed with another of his very clever treatises, **Dr. Ron Rubenezer** has presented our readers with chapter 3 of his acclaimed book, **How to Best Handle Stress-Your First Aid Kit**. This time our readers will have the opportunity to master How the Best Handle Stress. This is sorely needed at a time when no one is immune from the ravages of nationwide lockdowns and civil unrest. Life as we knew it has taken an extended leave, while many of our lives have spiraled out of control. It is well worth the effort to master Dr. Rubenezer's techniques in order to adapt and overcome.

To our authors, copious thanks and gratitude for all that you conveyed with your words for the betterment of so many suffering souls.

Please be sure to subscribe to *Combat Stress*. Subscriptions are free!

Your Editor,

Kathy Platoni, PsyD, DAIPM, FAIS
COL (RET), US Army
COL, Ohio Military Reserve/State Defense Forces
Editor, *Combat Stress Magazine*
Dayton SWAT
Member, Ohio Veterans Hall of Fame



STRESSED?

Stress is an emotional habit, an indicator there's a puppy upstairs [your brain], chewing up your house, your shoes and your underwear. Learn how to train the puppy and begin your path to stress elimination.

BEGIN TRAINING

nuuaria

Seat of Democracy in Athens and Alice's 13th Box

BY LTC (RET) Charlie Bass, MD, PhD

Please note that the opinions within this article are those of the author and do not necessarily reflect those of the Combat Stress editorial staff.

Yellow journalism has ebbed not at all since the April issue of Combat Stress. Numbers of Coronavirus infection are still printed daily and prominently in digital and printed platforms. The latest number is 7.22 million cases. Of course, these are total in the history of our nation combatting the disease since the beginning of March. Hold on! The natural history (i.e., what happens if the disease is left on its own to develop) of

COVID-19 shows it to be an infection that lasts for three weeks on the outside.¹

Why is it necessary for us to know – several times each day, no less – how many infections there have been nationwide since early March?

Cases of re-infection after recovery are only anecdotal (i.e., such cases have happened only a few times in the disease's history), not statistical trends. Why are the newspapers not covering the numbers of those who have recovered? The lethality rate is still less than one percent.² Those who have been following this string since the April edition of *Combat Stress* know that those numbers mean that one who is infected with Coronavirus has better than a 99 percent chance of full recovery. We also know that [BlackLivesMatter.org](https://www.blacklivesmatter.org) has raised millions of dollars for [ActBlue.com](https://www.actblue.com), which has a great track record...of helping Democratic, white candidates get into office, such as might be seen in their financial campaign support of Joe Biden, Bernie Sanders, and Robert Francis "Beto" O'Rourke.³ While black lives certainly do matter, the organization seems more committed to fundraising for Democrats than to the things that actually matter to black lives.

Former US Army Green Beret officer (now cowboy) Don Bendell wrote:

"According to the FBI [<https://ucr.fbi.gov/crime-in-the-u.s/2019/preliminary-report>], 95 police officers

*were shot and killed in the United States in 2019. Where was the outrage? Black Americans comprise 13 percent of our population, but black males, 6 percent of our population and who are responsible for 45 percent of the homicides. Most of these are Black on Black crimes."*⁴

Our country is now racing toward November's election with the building tension of a gunfight at sundown, which leads to a lesser-known chapter of American history.

Athens, Greece is known as the Birthplace of Democracy, where people rule themselves instead of subjecting themselves to a king. This holds true in the United States as well and American citizens demonstrate themselves as willing to take up arms to preserve that freedom. In August of 1946, another Athens – this one in Tennessee – showed the nation the real reason why the Second Amendment was included with the Bill of Rights.

First, know that officers in the Department of Defense swear an oath to, "...protect and defend the Constitution of the United States against all enemies, foreign and domestic." That defense became necessary to preserve the sanctity of the ballot box. Tennessee State Senator Paul Cantrell, worked with his sheriff, Pat Mansfield, to rule McMinn County as it suited their needs, which often ran afoul of the best needs of the



community they were charged to serve. The deputies - 16 of them, as well as 30 others who could be deputized in emergencies - would make lethal threats to citizens and would beat, blackjack, and bully people as they saw fit. During World War II, one G.I. was home on leave and was shot and killed by a deputy. Some of the deputies had criminal records

and one had been convicted of, "...taking a little girl out and violating the age of consent."⁵

It was a political machine and its funding was shadowy, but solid; fueled by gambling joints, prostitution, and bootleggers; all closely tied with the E.H. "Boss" Crump political machine in Memphis.⁶

Another source of funding was from the state. Each person in jail netted 75 cents per day for the sheriff. When election time came, the votes were counted...by the sheriff in the privacy of the jail. Anyone who interfered - such as to provide independent observation of the ballot count - was labeled a troublemaker and jailed...which then kept the wheels of the machine greased with another 75 cents. The Democratic machine had taken the office from the Republicans in 1936...with rumors that the ballot had been fixed. With the start of WWII, 3,500 men from McMinn County left to wear the nation's uniform and the county's problems worsened. Residents began reciting the line,



Henry Knox, running with full support of the Veterans and residents, is elected as the first honest sheriff McMinn County, Tennessee, had in a decade.

Photo taken from <http://historyiselementary.blogspot.com/2012/03/bullets-and-ballots.html>, Retrieved 20 September 2020.

"Wait till the G.I. boys come home."⁷

When the G.I.s *did* come home, many wondered why, after ensuring democracy for the Germans, Italians, and Japanese, did their own home county continue to be ruled by despotism? In the election of 1947, one Marine Veteran of the War in the Pacific remembered, "Well, we formed a ticket,

got candidates to run for every office in McMinn County."⁷ County residents were suspicious of foul play at the outset of the 1946 election, when Cantrell now ran for sheriff and Mansfield ran now for state senator, after building a nest egg of over \$100,000 for himself...on a \$5,000 per annum paycheck as sheriff.⁸

Things came to a head when an elderly, black farmer, Tom Gillespie, tried to vote and was told by Cantrell's men he would not be allowed to do so. When Mr. Gillespie ran down the street, the deputy drew his pistol and shot the farmer in the back.⁹ Some of the Veterans had been arrested as well and others had been bullied by the Cantrell forces. The Veterans went to the National Guard armory, armed themselves, and took position on a low hill near the jail where the ballots were being counted. Someone from the jail fired and the shooting started. Eventually, several sticks of dynamite blew the porch off the jail and its denizens surrendered. Escaped were Paul Cantrell and



A historical marker in Athens, Tennessee, bears quiet witness to the day political corruption was run out of town and the sanctity of the ballot box was preserved.

Photo taken from the following link:

https://www.waymarking.com/waymarks/wm27HD_BATTLE_OF_ATHENS_2A_102,

Retrieved 20 September 2020.

Pat Mansfield, who rode away in cowardice after calling for an ambulance. They had suffered no injuries, but knew the G.I.s outside the courthouse would give the ambulance safe passage. "... instead of returning to the hospital, the ambulance sped north out of town."⁸

When the ballot box was counted, Cantrell's political machine had rigged the polls to give themselves a 15-to-1 victory. In precincts where the polls were monitored by the sheriff's men and the G.I.s, however, Cantrell and Mansfield lost by a 3-to-1 margin, which favored Henry Knox as the new sheriff. Henry was promptly installed, and the county quickly grew peaceful. The gambling halls and prostitution houses quietly shut their doors and moved away.

While it would be a matter of course to sentence a rowdy, armed crowd to lengthy prison terms after storming a jail and rooting out the sheriff, no charges were filed. Contemporary accounts by the media at the time were mostly critical of the Veterans and painted them as unruly, out-of-control upstarts, when the fact of the matter is that they were well-disciplined.

It brings to mind a quote from Supreme Court Justice Joseph Story (appointed to the Supreme Court by James Madison in November of 1811), "*The right of the citizens to keep and bear arms has justly been considered*

as the palladium of the liberties of a republic; since it offers a strong moral check against the usurpation and arbitrary power of rulers; and will generally, even if these are successful in the first instance, enable the people to resist and triumph over them."¹⁰

When America's Founding Fathers wrote the Second

Amendment, it was not because they just came from a hunting party.

It should be clearly stated that, after two wars and responding to the Federal Building bombing in April of 1995, this writer detests violence and will actively stand against those who condone its senseless manifestations. However, there is something worse than war. English philosopher John Stuart Mill was observing the Civil War in America and wrote for Fraser's Magazine in London in February of 1862:

"War is an ugly thing, but not the ugliest of things: the decayed and degraded state of moral and patriotic feeling which thinks nothing worth a war, is worse. A man who has nothing which he cares about more than he does about his personal safety is a miserable creature who has no chance of being free, unless made and kept so by the exertions of better men than himself."¹¹

This brings the storyline to one of the most infamous scandals in the history of the State of Texas, the Box 13 Scandal. Alice is the county seat of Jim Wells County, with a population of about 19,000 citizens today, about a 45 minutes' drive from this writer's home in Corpus Christi. It has never been a metropolis, but in 1948 it was the center of a political scandal involving power-grabbing politicians, party bosses, and judges, with the Texas Rangers doing all they could to keep the peace. At the time, Lyndon B. Johnson ran for a seat in the U.S. Senate against former Texas Governor Coke Stevenson, the latter leading the race by six percent. Both were Democrats, as finding Republicans in Texas in 1948 was like looking for the sun at midnight. The stink of it was, with nearly 100,000 votes statewide, Johnson won the election by 87 votes. There is more to the story though, if we scratch a little deeper.

As the count was being taken, five days after the polls closed, Stevenson was in the lead by 113 votes. With Hubris as his running mate and John Connally as his campaign manager, Johnson broadcast a victory speech, with, "We have won," as the continual refrain. The next day, September 3rd, it was found that Precinct ¹³ had been "re-canvassed," and a "correction" was made, favoring Johnson with 200 more votes; this in a county whose voting strength totaled 800. When asked to see the "corrected" list, those loyal to Johnson delayed overnight and Stevenson called on the Texas Rangers to keep the peace at the morning showdown outside the bank, where the list was kept in the vault.¹²

Ranger Captain Frank Homer was an honorable man who exacted prompt obedience

and conducted himself as every bit the professional, as his presence deterred violence. The bank employee allowed Stevenson's men to see the list, but only from a distance. Several oddities came to light. First, there were exactly 200 names. Second, the 200 names had been added in green ink, whereas the rest of the list was in black. Third, they all had the decency to vote in alphabetical order. Fourth, it was difficult to find addresses for any of the voters on the list, except for three. Those three were disinclined to testify, as they had been in the cemetery (under the cemetery, really) for up to four years.¹²

In a quote often attributed to Josef Stalin, "It's not who votes that counts. It's who counts the votes." Surely there were Machiavellian forces at work in Jim Wells County that September. An injunction was filed by the Coke Stevenson team. Justice Hugo Black of the U.S. Supreme Court struck it down on September 29th and Lyndon B. Johnson went to Washington, D.C. to represent Texas. Because he was in Washington, he was in place when John F. Kennedy needed a running mate who could secure electoral votes from Texas. Because that happened, Johnson was in place to run up the steps of Air Force One to get sworn in as President of the United States within hours of President Kennedy's assassination in November of 1963. As only some of us are old enough to remember, this occurred in Dallas with John Connally - by then Governor of Texas - riding in the seat in front of and below the doomed president.

To add further insult, after the showdown at the bank in September of 1948, Johnson alleged that Texas Ranger Captain Frank Homer

used force, threats, and intimidation in the performance of his duties, further displaying partisan support of Stevenson. By all accounts of witnesses, however, Captain Homer, "...scrupulously maintained the traditional neutrality of the Texas Rangers...He was sent in to prevent riot and bloodshed. He did just that, and nothing more."



"President Johnson being sworn in aboard Air Force One as John F. Kennedy's widow, Jacqueline, looks on. Her Coco Chanel suit, in pink wool, was stained with her late husband's blood."

Photo taken from the LBJ Library at the following link: <http://www.lbjlibrary.net/collections/photo-archive/photolab-detail.html?id=29>, Retrieved 28 September 2020

Decades later, the Johnson charge continued to rankle the Rangers.¹²

In the last four years, the nation has seen one political party trying their level best to make this country greater, more unified, and obtain jobs for Americans. The other political party does nothing but complain. Liberal Democratic celebrity Bill Maher may have tipped his party's hand when he said, live on air with HBO's show "Real Time" in June of 2018, his callow words,

"Can I ask about the economy? Because this economy is going pretty well...I feel like the bottom has to fall out at some point and, by the way, I'm hoping for it because, I think, one way you get rid of Trump is a crashing economy. So please, bring on the recession. Sorry if that hurts people."¹³

In Florida, Michael Bloomberg raised \$16 million for the sole purpose of getting convicted felons - around 32,000 - to vote for

Joe Biden. It seems no low is too low in the desperate panic of the Democratic party to glean votes.¹⁴

It seems more and more young people are lured by the deceptive idea that socialism is a good thing, when it has never in history worked before. One young college student at a local institute of higher learning (both will remain unnamed)

was asked about socialism and voiced her opinion that it was the "party of sociable, friendly people." To clear the air, socialism is when a person has two cows. The government takes one of the cows and gives it to your neighbor, leaving you with half of what you had when you started.¹⁵

Carol Roth had a fine summation of socialism from April of 2019:

"They can call it 'democratic socialism,' but socialism is so awful and flawed that no modifier can make it palatable - garbage by any other name still stinks. In fact, adding 'democratic' to socialism is basically the equivalent of putting lipstick on a pig."¹⁶

Along the street of stable governments (bearing in mind that the United States' constitutional government is the oldest form of government in the world; since the Constitution's ratification in 1788, every other

government on the planet has changed its form), socialism is next door to communism. The record has shown this to be the most lethal force in human history, with one estimate from November of 2017 showing 100 million people dead from that form of government.¹⁷

As President Ronald Regan said, *"How do you tell a Communist? Well, it's someone who reads Marx and Lenin. And how do you tell an anti-Communist? It's someone who understands Marx and Lenin."*¹⁸

It seems one entire political party has been obsessed with nothing but running down President Donald J. Trump. It makes the heads on Mount Rushmore sadly shake to think that politicians used to work for the betterment of the United States. After seeing disorderly mobs looting stores in Santa Monica, California, following calls for defunding of police departments, the Prayer March came to recognition on September 26th in Washington, D.C., with an estimates running as high as 50,000 attendees at the request of the Reverend Franklin Graham.¹⁹

A few facts emerged from the Prayer March that bear illumination. Not a single car was left burning or overturned. Not a single store was looted. No arrests were made, and no police officers were assaulted. Goodwill, unification, and amity were the order of the day. Prayers reaching beyond politics were raised for both sides of the political aisle and our nation emerged stronger as a result.¹⁹

Given the option, this writer prefers the peaceful and genuine message of unity and to see **We The People** stand for the greater good. My sincere hope is that the good readers of this publication will do the same.

As an appeal from coastal Texas, encourage your friends, family, and neighbors to get to the polls on November 3rd. Historically, a presidential election, at its highest, has encouraged one half of eligible voters to get to the polls. Sadly, one-half to one-third of voters feel comfortable staying home.²⁰

As watch the Presidential and Vice Presidential Debates, please remember one last quote from President Dwight D. Eisenhower:

*"Some politician some years ago said that bad officials are elected by good voters who do not vote."*²¹

References

1. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/diagnosed-with-covid-19-what-to-expect>, Lisa Maragakis, MD., M.P.H., senior direction of infection prevention, writing for Johns Hopkins Health, "Coronavirus diagnosis: What should I expect?" updated 7 July 2020, Retrieved 29 September 2020.
2. <https://www.webmd.com/lung/news/20200901/what-changing-death-rates-tell-us-about-covid>, Retrieved 29 September 2020.
3. <https://www.nytimes.com/2020/06/14/us/politics/black-lives-matter-racism-donations.html>, Retrieved 29 September 2020.
4. Bendell, CPT Don, USA (Ret'd.), SF (2020). "Cowboys and Idiots." Buffalo Gap Round-Up, Vol. XXVI, No. 2, July 2020, pages A-1 and A-7.
5. White, Theodore H. (1947). "Battle of Athens, Tennessee." Harper's Magazine, Vol. 194, No. 1160, January 1947, pp 54-61.
6. <https://tennesseencyclopedia.net/entries/edward-hull-and-crump/>, Retrieved 29 September 2020.
7. White, Bill (July 20, 2000). "An Interview with Bill White For the Veteran's Oral History Project Center for the Study of War and Society, Department of History, The University of Tennessee Knoxville" (PDF) (Interview). Interviewed by G. Kurt Piehler and Brandi Wilson. Athens, Tennessee. p. 19. Retrieved 15 September 2020.
8. Seiber, Lones (1985). "Battle of Athens." American Heritage, Vol. 36, Issue 2, February/March 1985.
9. White, Theodore H. (1947). "Battle of Athens, Tennessee." Harper's Magazine, Vol. 194, No. 1160, January 1947, pp 54-61.
10. <https://patriotpost.us/pages/285-the-battle-of-athens>, Retrieved 28 September 2020.
11. Mill, John Stuart (1862). "Contest in America," Fraser's Magazine, February, 1862, pg. 31
12. "Below is the complete story of Box 13 - Jim Wells County, Texas!" Abilene Reporter News, 82nd Year, No. 135, Monday morning, 29 Oct. 29 1962, pg. A-2.
13. https://www.realclearpolitics.com/video/2018/06/09/maher_im_hoping_for_a_crashing_economy_so_we_can_get_rid_of_trump_bring_on_the_recession.html, Retrieved on 28 September 2020.
14. A <https://www.bloomberg.com/news/articles/2020-09-24/trump-calls-bloomberg-criminal-for-helping-florida-felons-vote>, Retrieved 29 September 2020.
15. George A. Henninger, "In Defense of Dictionaries and Definitions",

The Modern Language Journal, January 1944, vol. 28, pp.29-39.

16. <https://www.foxnews.com/opinion/carol-roth-bernie-sanders-democratic-socialism>, Retrieved 29 September 2020.

17. <https://www.wsj.com/articles/100-years-of-communism-and-100-million-dead-1510011810>, Retrieved 29 September 2020.

18. <http://libertytree.ca/quotes/Ronald.Reagan.Quote.717A>, Remarks in Arlington, Virginia, September 25, 1987, Retrieved 29 September 2020.

19. <https://billygraham.org/story/tens-of-thousands-cry-out-to-God-at-prayer-march-2020/>, Retrieved 29 September 2020.

20. <https://www.census.gov/library/visualizations/time-series/demo/voting-historical-time-series.html>, Retrieved 29 September 2020.

21. Remarks at the Breakfast Meeting of Republican State Chairmen, Denver, Colorado, 9/10/55, <https://www.eisenhowerlibrary.gov/eisenhowers/quotes>, Retrieved 29 September 2020.

ABOUT THE AUTHOR

Charlie Bass, MS, PhD, MD (Lt. Col., U.S. Army, Retired), assisted and served in the aftermath of hurricanes, a tornado, a terrorist bombing, and the wars in Iraq and Afghanistan during 28 years with the U.S. Army. In 2014, he retired with his wife to Corpus Christi, Texas. He and his wife wish to remind readers to vote in the November election.



CHARGE INTO A LIFE WITHOUT ANXIETY.



Alpha-Stim is the drug-free, clinically proven treatment to alleviate anxiety, depression, insomnia, and pain.

Get dramatic relief fast. Alpha-Stim® is an FDA-cleared, easy-to-use, handheld prescription medical device that treats anxiety without lasting side effects or risk of addiction. Get started at alpha-stim.com.



ALPHA-STIM®

Alpha-Stim and the Alpha-Stim logo are registered trademarks of Electromedical Products International, Inc. © 2020 Electromedical Products International, Inc. All rights reserved. Read a full disclosure of the minor and self-limiting risks here: alpha-stim.com/risk.

The True Meaning of Service and Sacrifice by Medal of Honor Recipient Master Sergeant Roy Benavidez and his Message to America.



MEDAL OF HONOR CITATION

ROY P. BENAVIDEZ

Rank and organization: Master Sergeant. Organization: Detachment B-56,
5th Special Forces Group, Republic of Vietnam

Place and date: West of Loc Ninh on May 2, 1968

Entered service at: Houston, Texas June 1955

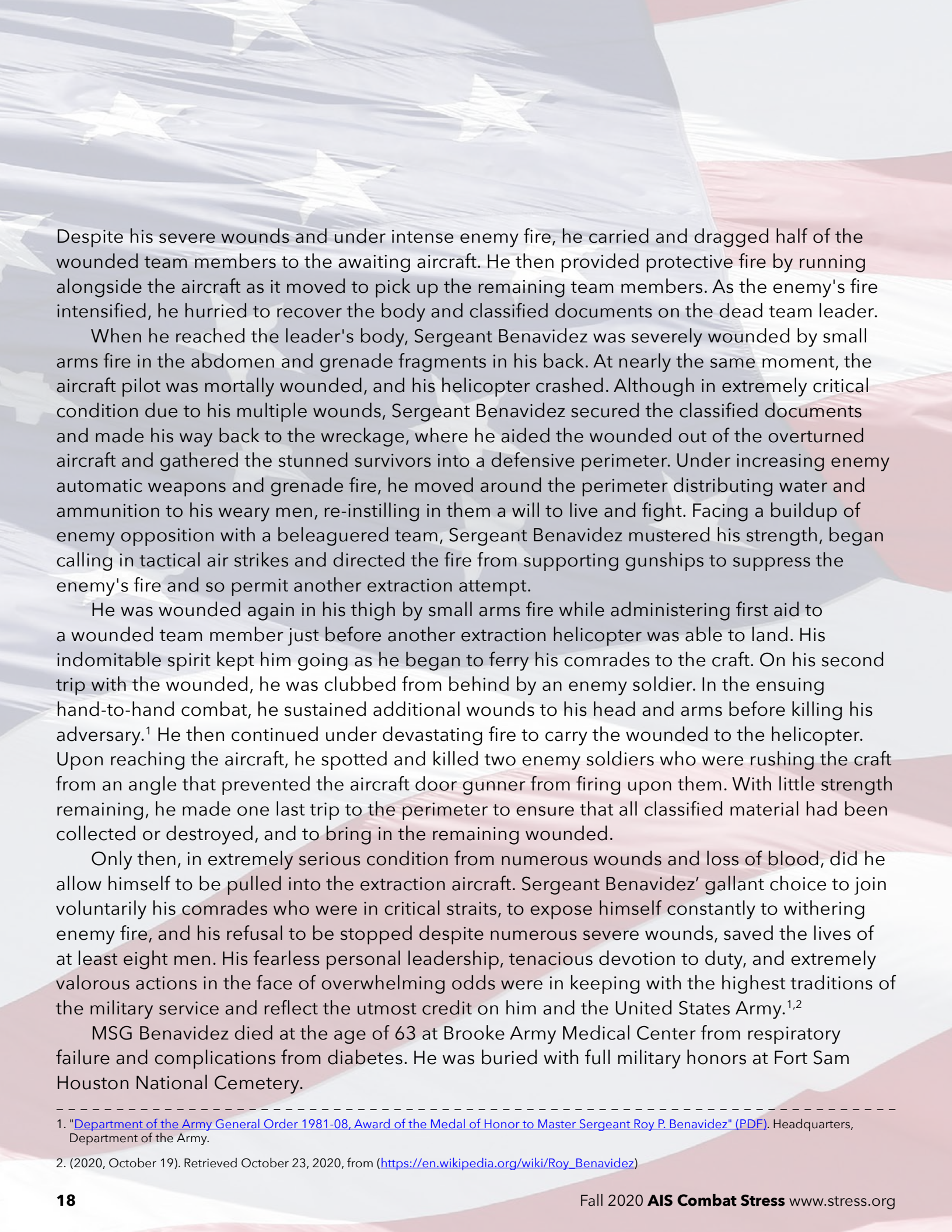
Born: August 5, 1935, DeWitt County, Cuero, Texas

Master Sergeant (then Staff Sergeant) Roy P. Benavidez United States Army, distinguished himself by a series of daring and extremely valorous actions on May 2, 1968 while assigned to Detachment B56, 5th Special Forces Group (Airborne), 1st Special Forces, Republic of Vietnam.

On the morning of 2 May 1968, a 12-man Special Forces Reconnaissance Team was inserted by helicopters of the 240th Assault Helicopter Company in a dense jungle area west of Loc Ninh, Vietnam to gather intelligence information about confirmed large-scale enemy activity. This area was controlled and routinely patrolled by the North Vietnamese Army. After a short period of time on the ground, the team met heavy enemy resistance, and requested emergency extraction. Three helicopters attempted extraction but were unable to land due to intense enemy small arms and anti-aircraft fire.

Sergeant Benavidez was at the Forward Operating Base in Loc Ninh monitoring the operation by radio when these helicopters, of the 240th Assault Helicopter Company, returned to off-load wounded crew members and to assess aircraft damage. Sergeant Benavidez voluntarily boarded a returning aircraft to assist in another extraction attempt. Realizing that all the team members were either dead or wounded and unable to move to the pickup zone, he directed the aircraft to a nearby clearing where he jumped from the hovering helicopter, and ran approximately 75 meters under withering small arms fire to the crippled team.

Prior to reaching the team's position he was wounded in his right leg, face, and head. Despite these painful injuries, he took charge, repositioning the team members and directing their fire to facilitate the landing of an extraction aircraft, and the loading of wounded and dead team members. He then threw smoke canisters to direct the aircraft to the team's position.

The background of the page is a stylized, semi-transparent American flag. The stars and stripes are visible, with the stars appearing as bright white shapes against a light blue background. The stripes are in shades of red and white, creating a subtle, patriotic backdrop for the text.

Despite his severe wounds and under intense enemy fire, he carried and dragged half of the wounded team members to the awaiting aircraft. He then provided protective fire by running alongside the aircraft as it moved to pick up the remaining team members. As the enemy's fire intensified, he hurried to recover the body and classified documents on the dead team leader.

When he reached the leader's body, Sergeant Benavidez was severely wounded by small arms fire in the abdomen and grenade fragments in his back. At nearly the same moment, the aircraft pilot was mortally wounded, and his helicopter crashed. Although in extremely critical condition due to his multiple wounds, Sergeant Benavidez secured the classified documents and made his way back to the wreckage, where he aided the wounded out of the overturned aircraft and gathered the stunned survivors into a defensive perimeter. Under increasing enemy automatic weapons and grenade fire, he moved around the perimeter distributing water and ammunition to his weary men, re-instilling in them a will to live and fight. Facing a buildup of enemy opposition with a beleaguered team, Sergeant Benavidez mustered his strength, began calling in tactical air strikes and directed the fire from supporting gunships to suppress the enemy's fire and so permit another extraction attempt.

He was wounded again in his thigh by small arms fire while administering first aid to a wounded team member just before another extraction helicopter was able to land. His indomitable spirit kept him going as he began to ferry his comrades to the craft. On his second trip with the wounded, he was clubbed from behind by an enemy soldier. In the ensuing hand-to-hand combat, he sustained additional wounds to his head and arms before killing his adversary.¹ He then continued under devastating fire to carry the wounded to the helicopter. Upon reaching the aircraft, he spotted and killed two enemy soldiers who were rushing the craft from an angle that prevented the aircraft door gunner from firing upon them. With little strength remaining, he made one last trip to the perimeter to ensure that all classified material had been collected or destroyed, and to bring in the remaining wounded.

Only then, in extremely serious condition from numerous wounds and loss of blood, did he allow himself to be pulled into the extraction aircraft. Sergeant Benavidez' gallant choice to join voluntarily his comrades who were in critical straits, to expose himself constantly to withering enemy fire, and his refusal to be stopped despite numerous severe wounds, saved the lives of at least eight men. His fearless personal leadership, tenacious devotion to duty, and extremely valorous actions in the face of overwhelming odds were in keeping with the highest traditions of the military service and reflect the utmost credit on him and the United States Army.^{1,2}

MSG Benavidez died at the age of 63 at Brooke Army Medical Center from respiratory failure and complications from diabetes. He was buried with full military honors at Fort Sam Houston National Cemetery.

1. "[Department of the Army General Order 1981-08, Award of the Medal of Honor to Master Sergeant Roy P. Benavidez](#)" (PDF). Headquarters, Department of the Army.

2. (2020, October 19). Retrieved October 23, 2020, from (https://en.wikipedia.org/wiki/Roy_Benavidez)

REDUCE YOUR STRESS.

Grow your happiness.

Is stress dragging you down physically and emotionally? The comprehensive, online “Stress to Joy” program, taught by bestselling author and board-certified psychiatrist Rozina Lakhani, MD, MPH, FAIS, gives you the tools you need for a return to joyful living. Dr. Rozina shares her proven stress management techniques in a way that’s both practical and inspirational. The program includes a workbook with step-by-step guidance, and it takes just 15 minutes per day for about three weeks. Make this powerful investment in your health and happiness – and turn the corner from stress to joy.

**CLICK
TO GET
STARTED**



Mental Camouflage

By James (whose last name has been removed for his safety and that of his family),
a former Corporal in the Ulster Defense Regiment, and Peggy Simpson

While serving in Northern Ireland during “The Troubles” in the 1980s, James and his family faced death threats. James himself faced two targeted attempts on his life. The horrors of living, first as a child and then into adulthood, with war on his own doorstep, still haunt him in the form of Complex PTSD.

“I am sharing my story to let people know that help and hope are available for those suffering from this mental illness. I feel compelled to reach out to all who are facing it in whatever form it might present itself. Don’t continue to live in the darkness of depression! I want others to know that they too can survive and live a fuller life - a life well worth living.”

Childhood

James was born in a beautiful little village north of Belfast, Northern Ireland, in 1958. The first nine years of his life were idyllic; however, in 1967, his childhood was brutally shattered by his best friend’s older brother, an unwanted sexual predator. Experiencing abuse from him for nearly three years left an indelible impact on his life.

The Troubles Begin

In 1969 when James was only 11 years old, the Northern Ireland conflict began. This conflict was also known as “The Troubles.” Peace walls were built between the Protestants and Catholics following the Northern Ireland riots. Originally, they were supposed to be temporary, but since they were considered effective, they became permanent. Most of these so-called peace walls were located in Belfast. Unfortunately, this caused an even deeper chasm between Protestants and Catholics.

All too soon James would personally see

the remains of dead bodies barely covered with blankets, as soldiers and police officers scoured the area in search of booby-trap devices. He would see fires raging, as hijacked cars, buses and trucks were torched.

“I began to realize that ‘war’ was no longer a game that children played; the conflict in Northern Ireland was deadly serious. Just a child, I began taking an interest in the early evening news bulletins. One of the effects of this horrible conflict was that it made young people grow up too quickly. I watched television pictures of devastation caused by explosives and bombings which wreaked havoc on the center of Belfast and other towns and villages. Some of these pictures captured my imagination and I became mesmerized, desperate to understand what was happening and why. However, much of what I saw on TV was beyond my comprehension, particularly the political arguments, which just seemed boring. My innocence, however, would not last long.”

On other occasions, he would see Catholics and Protestants at loggerheads, building barricades and throwing stones, bricks and gas bombs at those whom they considered to be enemies, purely because of their religion. These were seen as two religions, although they were all Christians... like brother fighting brother.

“The IRA was basically a terrorist organization; the Protestant extremists were no better. The ferocity of their anger and the hatred in their

Welcome to
NORTHERN
IRELAND

A close-up photograph of a white sign with black text. The sign is heavily damaged with several circular bullet holes. The text is arranged in three lines: 'Welcome to' on the top line, 'NORTHERN' on the middle line, and 'IRELAND' on the bottom line. The bullet holes are scattered across the sign, with some passing through the letters. The sign is mounted on a dark metal frame.

eyes has remained with me through the years.”

In March of 1971, when James was only 13, he and his friend, while looking for wild horses to ride bareback, witnessed three unarmed Scottish Soldiers brutally murdered by the Provisional IRA. Two of the three were teenage brothers; another horror permanently imprinted in his mind. No child should live through this!

Conflict, Conflict Everywhere

James and his family lived across and down the street from his aunt and uncle, who helped to raise him and his sisters. When he was 14, his Uncle Bob asked James to deliver some racing pigeons for him. James happily took the pigeons on the 5-mile bus ride to the pigeon center where they were ringed. While on the bus, a group of boys asked him what religion he was. Without thinking, he said he was “Protestant.” Suddenly they began attacking him.

“They stabbed me in my upper mouth and killed all of my uncle’s pigeons. I received 16 stitches at the hospital. For months after the attack, I couldn’t close my eyes without envisioning the faces of my attackers, and I experienced my first panic attack. The mental and emotional scars are still deep!”

As “The Troubles” raged on, James’ Protestant father and Catholic mother were abducted and tortured merely because they were different “religions.” His father was taken to a house and beaten. His mother was severely beaten and tied to a lamppost, tarred and feathered.

“My younger sister and I found her! My mother’s injuries contributed to her death months later. Sadly, these experiences were too much for my sister. One morning I received a call saying she hadn’t turned up for work. I went

to her house and found her dead on her bed after taking an overdose. She was only 19.”

Military Service

James enlisted in the UDR (Ulster Defense Regiment) in March of 1980. At the height of “The Troubles” in the 1980s; he was deployed as a soldier in Belfast and the border areas as part of the clean-up operation. Everywhere the police went, those in the UDR went too, as a means of protecting them. As James explains:

“We were subjected to terrible violence. I witnessed multiple bomb explosions, found the mutilated bodies of informers who had been subjected to long periods of torture, and close friends were blown up and killed.”

Unlike British troops from England who stayed in the barracks, those in the Ulster Defense Regiment had to return to their homes each night. As a result, James was in constant fear of his life.

“The first thing I would do once I got home was to remove my rifle from the trunk of my car for protection. It seems unbelievable now. I went to bed with my handgun under my pillow every night. It was always cocked. There was a bullet inside 24/7. I never cleared it. I always had it ready in case a knock came to the door. Likewise, the rifle I used on duty laid under my bed, loaded and ready. If I had a bath or went to the bathroom, I had my handgun on me.

“The nights were so very dark. The lighting was curbed because of “The Troubles”. Without cell phones back then, it was a nightmare. I would put empty beer tins on a string hanging from my back gate so they would rattle if anyone tried to get in. Every morning I searched under my car for bombs, not

Aftermath bombing attack
Real Irish Republican Army
August 15, 1998



knowing who might be waiting for me.”

On duty in Belfast on the border area, one’s life was always in danger. James was not the only one who felt the constant fear and pressure of service in Northern Ireland. Several members of his regiment committed suicide, including a few of his friends.

“Serving in Northern Ireland in the 1980s, there were constant death threats. I had two targeted attempts on my life.

“The first attempt occurred when I was off duty in Belfast at a local pub. A neighbor invited me to attend a gathering at a nearby flat. When we arrived, there were only two people there. Feeling that something wasn’t right, I decided to leave. As I was leaving, I heard people running up the stairs. I quickly found my way onto a fire escape. Afterwards the police informed me that my neighbor was actually a ‘sleeper agent’ from the IRA, living in the Protestant community - and I was on their hit list! Looking back, I believe God was protecting me.

“The second attempt was when I was driving home from the military base one evening after a 24-hour stint. I got into my car about 5:45 AM. On my journey home, looking in my rearview mirror I noticed a vehicle tailing me, accelerating until it was dangerously close. As the car pulled up, a person in the passenger seat aimed a handgun out the window. I heard two shots and instantly grabbed my handgun. I turned to shoot back and lost control of my vehicle. It overturned, landing upside down. As I tried to get out of my car, an elderly woman appeared

suddenly, watching me. Sirens wailed and the two men who were chasing me took off. The elderly lady helped me out of my car. When the

police arrived, they found one bullet hole in the rear bumper of my crashed car. They wanted a statement from the lady who’d assisted me, but she was gone. I still yearn to know her name to thank her for saving my life.

“Since the place of the crash was in the Catholic section of Belfast, I wonder if she might have been a loving Catholic who cared enough to help but was afraid to stay because of the animosity between Catholics and Protestants...or did God send an angel to help and protect me? Whoever she was, it was a miracle that she was there. I could have been finished off by those pursuing me. As a result of the injuries I incurred from the crash, I spent two weeks in the military hospital, seriously injured but grateful I hadn’t become another fatality of a senseless war. I made the difficult decision to leave the Forces, but the horrors I’d experienced continued to haunt me. My Catholic wife received death threats from the Protestant community where we lived, leaving us in constant fear, and straining our relationship. Despairing one night while my wife was upstairs bathing the children, I attempted suicide. But as she came down the stairs, my gun jammed. She saw everything. Our relationship was never the same again. My entire family life in Northern Ireland was complex and in constant jeopardy.”

Eventually, James’ marriage fell apart and he moved to England. For the safety of his two

children and ex-wife, he didn't maintain contact and he hasn't seen them since.

James was discharged from the UDR in 1985 at his own request.

Life After the Military

James went on to remarry and have three more children, all the while continuing to struggle with the anxiety, fears and depression that accompany an illness he did not know how to name. By 2016 he desperately needed help. His wife worked hard to pay their rent and debts, but he was unable to work. Help for Heroes told him about a military charity, which helped immensely.

Having been so kindly aided, James has a

burning desire for others to understand what various charities do to help when you need it. The National Health System in the UK has provided him with amazing support.

"Finally, after suffering from flashbacks, anxiety and depression for most of my life, I received a proper diagnosis in 2018 at the age of 60: Complex Post Traumatic Stress Disorder (CPTSD). I have no doubt been suffering from it for most of my life. Certainly, there is no aspect of my life that has gone untouched by this illness. And I know others suffer, too. I've learned there should be no shame nor guilt; mental illness is just that - an illness. You break a leg you fix it. Same here."

(Editor's Note: PTSD and CPTSD are not

Maryland University of Integrative Health PCE

Professional and Continuing Education

The four courses below are available through a partnership with MUIH Professional and Continuing Education (PCE) and are certified by The American Institute of Stress. PCE provides advanced, superior quality, skills-based offerings leading to relevant credentials and real-world application. As a PCE learner, you can quickly expand your knowledge and distinguish yourself as a leader in your field. Additionally, various professional organizations and boards may accept these courses for continuing education requirements. **CLICK TO LEARN MORE.**

The Physiology of Building Stress Resilience

The Physiology of Building Stress Resilience
A Continuing Education Masterclass



Psychoneuroimmunology - How Thoughts Impact Disease

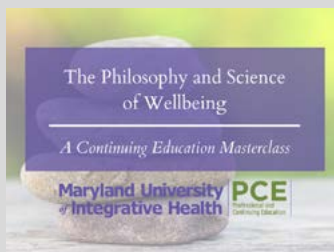
PTSD in Client Relationships
A Continuing Education Master Class



The Philosophy and Science of Wellbeing Masterclass

The Philosophy and Science of Wellbeing
A Continuing Education Masterclass

Maryland University of Integrative Health PCE



PTSD in Client Relationships Masterclass

Psychoneuroimmunology
MUIH Lecture Series



AIS members receive 10% OFF all MUIH courses. If you are a member, contact us for a promo code to enter at checkout.



forms of mental illness, but psychological injuries resulting from exposure to trauma of often extreme proportions, as in the case of James.)

Of course, setting a broken leg and working through the tangled maze of CPTSD are very different procedures, with a different timetable for each individual.

“For me there is no healing, but there are things I can do to ensure that I never have to suffer as I did before being diagnosed with CPTSD. I’m no longer at the mercy of my disorder and I would not be here today had I not had the proper diagnosis and treatment.”

Into the Future

When James left the regiment, he did not receive any help. Support systems weren’t available. Too many people then – and now – suffer in silence and don’t know where to turn. Many of these victims are military Veterans. They served their country; they deserve help. It begs the questions: How can these resources become more accessible and how can we erase the stigma associated with mental health? Not only in the United Kingdom, but throughout the world?

James’ CPTSD was triggered by more than just a few traumatic events, from childhood and well into his adulthood. There are numerous other events which intrude his thoughts and leave him feeling anxious, fearful and in a dark place. Some events remain unprocessed and impact his mood and motivation, sometimes daily. In the past he used alcohol to numb his pain and to avoid intrusive memories, flashbacks and nightmares. With the help of God and having finally been diagnosed with CPTSD and learning coping skills, he’s no longer at the

mercy of his disorder. Fifty years from the start of “The Troubles,” James now feels he has the confidence to tell his story.

“It’s difficult, but I’m getting there. Lots of things are still triggers, like children playing and screaming in the street. As I said, for me there is no total cure, no full healing, but there are things I can do to ensure that I never have to suffer as I did before. And I’m certain I would not be here today had it not been for Almighty God looking over and protecting me. Why me and not my sister and my mother? I lean on Jeremiah 29:11 which says, ‘For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future.’”

“I believe God’s mission for me is to be able to help others see that there is light ahead. I hope by walking alongside others who are in the healing process, to guide those in need to quality services, we will all become OVERCOMERS!”

While in the UDR, the military regularly recited Psalm 91:4-6, which reads: *He will cover you with His feathers, and under His wings you will find refuge; His faithfulness will be your shield and rampart. You will not fear the terror of night, nor the arrow that flies by day, nor the pestilence that stalks in the darkness, nor the plague that destroys at midday.*

To this day, James continues to repeat this Psalm, which gives him great comfort.

As of 2020, James has begun to walk alongside other Veterans in the United Kingdom, listening to their stories and sharing his story with them. Thanks be to God for His protection throughout James’ life.

ABOUT THE AUTHORS

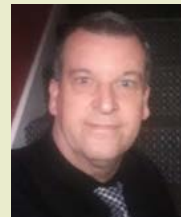
James was discharged with the rank of corporal from the Ulster Defense Regiment at his own request after five years of service. Upon leaving the UDR, James became a breakfast chef; however, the impact of all that led up to his CPTSD left him emotionally crippled and unable to hold down a steady job.

In addition to professional counseling provided by the military, writing about the many causations that ultimately left James with CPTSD has helped tremendously to loosen the power this disease has held over him for so many years. He expresses his new reality this way:

I'm not crazy...I was abused,
I'm not shy...I'm protecting myself,
I'm not bitter...I'm speaking the truth,
I'm not hanging onto the past...I've been damaged,
I'm not delusional...I've lived a nightmare,
I'm not weak...I was trusting,
I'm not giving up...I'm healing,
I'm not incapable of love...I'm loving,
I'm not alone...I see you all here,
I'm fighting this illness with kindness.

James is now able to walk alongside others in the military who are on the road to healing. His desire is to move to the United States in early 2021 and looks forward to speaking into the lives of those who are suffering with PTSD in the U.S.

James is reachable via email at ment.camo248@gmail.com.



Peggy Simpson was never in the military, nor lived in the United Kingdom, but has a heart for those who have served in the military.... particularly those who have served during wartime. Peggy owned her own business for 15 years, which provided office subletting and secretarial services. During this time, she received the Small Business Award from the local Chamber of Commerce for Women in Business and Industry. She sold her business in 1986, after which she joined the telecommunications industry as an administrative assistant, retiring after 22 years as a member of one of their project management teams. Since retiring, Peggy has been serving as Business Administrator at her church as a volunteer.

Beginning in 1975, Peggy was instrumental in personally housing and teaching the U.S. culture to many refugee families, many of whom still consider her their American mom. She considers the fact that she is able to do this as a privilege, not of her own doing, but rather a gift from God - the gift of hospitality. Peggy met James through Liberty Corner Church, where she is part of their healing ministry.



BODY ELECTRIC

Electroceuticals and the Future of Medicine

A documentary film to revolutionize the way we think about health and the human body

The American Institute of Stress is an executive producer of Body Electric: Electroceuticals and the Future of Medicine, a documentary film aimed to revolutionize the way we think about health and the human body. This 68 minute movie, by British producer/director/writer Justin Smith, is available online and on DVD for purchase through AIS.



Click here to buy the DVD for \$19.95
or the digital streaming for \$9.95

Members stream for free at stress.org



www.stress.org

Initiatives in Military Moral Injury Research and Education

By Daniel L. Roberts, President and CEO of Moral Injury Support Network for Servicewomen, Inc., DM/IST

Moral Injury Support Network for Servicewomen, Inc. (MISNS, pronounced “missions”) began life, not as the non-profit organization it is now, but as a sole proprietorship called Roberts Research and Consulting (RRC). My original purpose in starting RRC was to conduct independent research about issues related to chaplain support to military Servicewomen. I found that there was a huge need for this kind of research.

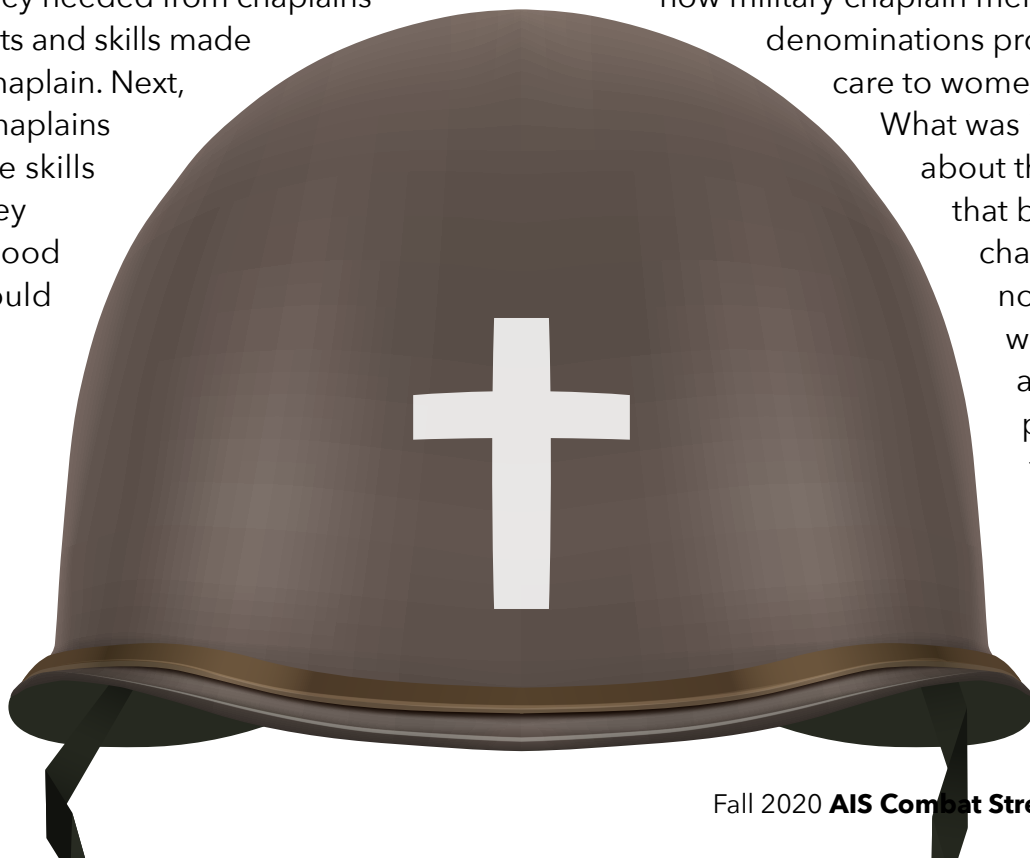
This article offers a look at some of the key findings of my research as well as the evolution from a small, for-profit firm to a growing non-profit organization focused on research, education, and chaplaincy support to women Veterans.

My first project was a study in which I investigated how military chaplains should provide emotional and spiritual support to military women who were wounded while serving overseas. I interviewed 10 Servicewomen and 11 chaplain women, all of whom were in the U.S. Army. The Servicewomen described the kind of support they needed from chaplains and what traits and skills made for a good chaplain. Next, the female chaplains described the skills and traits they believed a good chaplain should possess, as well as how chaplains should be trained to be effective in offering emotional and spiritual

support to military women. The results of the study can be found in the Journal of Health Care Chaplaincy,¹ but one important thing that study did for me was fuel a desire to conduct more projects aimed at chaplain research and training. Of the 10 Soldiers who participated in the study, only three of them received chaplain support that they deemed to be helpful. The other seven received no support at all or they encountered chaplains who were hurtful.

As a follow up to the first project, my next study, co-authored with Joann Kovacich, PhD of the University of Phoenix, investigated how military chaplain men of various denominations provided pastoral care to women soldiers.²

What was interesting about the data was that by and large, chaplains did not recognize women as a special population that needed a different approach than men. While women want to be thought



of as highly capable Soldiers, which they are, they do experience the military differently than men do. In many ways, the military remains a gendered organization in which women are often minimized, ignored, and harassed.³



Some chaplains acknowledged that women are often targeted, but this did not change the way they practiced their craft. Further, there was no training from the U.S. Army Chaplain Center and School, supervisory chaplains, or denominations that helped chaplains understand the reality that women in the military face or how to provide pastoral care to these women. One chaplain acknowledged that greater sensitivity training was needed and that many of his peers were guilty of victim blaming.⁴

After hearing a presentation on military moral injury (MMI) by Harold Koenig, MD, I knew that this was a topic that needed more research. A review of extant literature on the subject revealed that there was a dearth of studies on MMI as it pertained to servicewomen. Teaming up with Dr. Kovacich again, I embarked on a project to develop a grounded theory of MMI in Women Veterans. This study is in the analysis phase, but we have collected data from 60 women. Not surprisingly, most women in the study attributed their moral injury to sexual assault, but there were other factors too, such as harassment, hazing, physical abuse, and combat.

In the first phase of the study, I conducted telephonic interviews with participants. To put it mildly, these interviews were very disturbing.

It was difficult to hear the tragic stories of the rapes and abuses so many of our “sheroes” had to endure, how so many women’s careers were cut short by their

attackers and the system. The military I served in makes great claims about itself and is lauded as heroic by the public, but it has a long way to go to live up to its own reputation. Readers should not take my criticism as a political attack on the U.S. military institution, but as a call for it to do better. I love the military and have been proud to serve for decades.

To bring awareness and provide education on the issue of MMI in women, I initiated planning for a women Veteran’s military moral injury conference (WVMMIC). The Women Veteran Social Justice Network (WVSJ)⁵ co-hosted the conference and worked diligently with my organization to put the event together. This is when RRC was transformed to MISNS. As we sought funding for the conference and developed its objectives, I realized that a non-profit business model was more appropriate for seeking grants, sponsorships, and so on. I formed the organization and enlisted currently serving and retired military chaplains to serve on the board.

We held two successful WVMMICs in the spring of 2020.⁶ Speakers included experts on MMI, women Veterans who told their stories, military chaplains who served on a panel, and support providers who introduced various interventions. Attendees included military chaplains from the U.S., Canada, and the Netherlands; psychologists, students, and

authors from the across the U.S.; and nurses, doctors, and clinicians representing a wide range of disciplines. Building on our inaugural success, we plan on running the conference again in 2021.

In addition to the conferences, MISNS offered two continuing education programs for chaplains, psychologists, social workers, and nurses in October and December of 2020. The program was certified by the Ontario Association of Mental Health Professional, the Georgia Psychological Association, the National Association of Social Workers, the Board of Chaplaincy Certification, Inc. and the American Holistic Nurses Association. The October event focused on the identification, research, assessment and treatment of moral injury in First Responders and Military Service Members.⁷ This training was led by a group of experts in military moral injury, defusing, resiliency, military sexual trauma, institutional betrayal, and military cultural issues. Led by one of the foremost experts in meditation, the December session will teach attendees how to incorporate faith-based and secular meditation into their clinical practices.⁸

Military moral injury's tentacles reach into many aspects of people's lives. What often goes unmentioned when MMI is discussed is the impact it has on the lives of immediate family members. Potential moral injuries to family members can come from the media's reporting of war carnage, military parents' withdrawal or self-destructive behaviors, community leaders' failure to honor or respect the military, and many other sources.⁹ As a researcher and member of the U.S. Army Chaplain Corps, I have spoken to spouses who

were significantly impacted by the moral injury in their Servicemember partners. According to these family members, dependents can access some resources, but for those who lost their marriage due to MMI, there is precious little in the way of help.

Rather than base new initiatives on anecdotal evidence, I put together a research team that includes an accomplished scholar from Thomas Jefferson University (TJU) and students from North Carolina State University and Point Park University. TJU is a school associated with Jefferson Health, a major healthcare system covering Pennsylvania and New Jersey. We are exploring the potentially moral injurious experiences of current and former partners of Service members with PTSD, as well as finding out about what emotional, spiritual, and financial support these family members might need. The project is in the early stages, but we believe it could provide groundbreaking information for those who provide support and services to family members of Veterans.

As I stated in the beginning of this article, Moral Injury Support Network for Servicewomen, Inc. evolved from a small for-profit firm to a non-profit organization that is educating providers on an international scale. We are entering our second year of business, but things are moving quickly, and we believe we will continue to have a significant impact on the health and wellness of women Veterans for many years to come. Interested persons can find out more about our continuing education programs, conferences, and membership options by going to <https://chaplainconsultants.com> or reaching out to me at droberts@chaplainconsultants.com. In addition to the

services we provide, there is still room on our board of directors, and we have volunteer opportunities for those who want to be more directly involved.

References

1. Roberts, D. L., Kovacich, J., and Rivers, M. J. The comprehensive female soldier support model. *Journal of Health Care Chaplaincy*. 2017, 24(1): 1-19.
2. Roberts, D. L. and Kovacich, J. Male chaplains and female soldiers: Are there gender and denominational differences in military pastoral care? *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications*. 2020, 74(2): 133-40.
3. Jeanes, E. L., Knights, D. and Martin, P. Y. *Handbook of Gender, Work & Organization*. Chichester, West Sussex: Wiley: 2011
4. Roberts and Kovacich, 138.
5. "Women Veteran Social Justice Network," Women Veteran Social Justice Network, Accessed September 20, 2020, <https://www.facebook.com/4wvsj>.
6. "2020 Women Veterans Military Moral Injury Conference," Moral Injury Support Network for Servicewomen, Inc., Accessed September 19, 2020, <https://chaplainconsultants.com/products-and-services/wvc-conference-2/>.
7. "Continuing Education Program," Moral Injury Support Network for Servicewomen, Inc., Accessed September 20, 2020, <https://chaplainconsultants.com/products-and-services/continuing-education-program/>.
8. "Advanced Treatment Program," Moral Injury Support Network for Servicewomen, Inc., Accessed September 20, 2020, <https://chaplainconsultants.com/products-and-services/continuing-education-program/continuing-education-program/>.
9. Nash, W. P. and Litz, B. T. Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child Family Psychological Review*. 2013, 16(4): 365-375.

ABOUT THE AUTHOR

Dr. Daniel Roberts is an author and consultant who conducts world-class, women-centered education, research, and advocacy in spiritual leadership and spiritual support. Daniel has over 15 years of experience in providing emotional and spiritual support to men and women in the Armed Forces. He also provides training and mentorship to thousands of military chaplains through conferences, classroom instruction, and one-on-one coaching. His students include chaplains from the U.S. Army, U.S. Air Force, and Canadian Armed Forces (CAF). Daniel also assisted the CAF develop military doctrine for the deployment of chaplains as religious advisers.

Dr. Roberts created the Comprehensive Female Soldier Support Model, a framework of spiritual care for women Service Members. His current research includes women-centered theory development of moral injury. Daniel is also an expert on world religions.

Dr. Roberts' recent publications include *Combating Religiously Influenced Racism in Organizations* (SAGE Business Cases), *Modifying the Qualitative Delphi Technique to Develop the Female Soldier Support Model* (The Qualitative Report), *Women and Leadership: Using the Delphi Technique to Effect Organizational Change* (SAGE Business Cases), and *The Comprehensive Female Soldier Support Model: A Delphi Study* (*Journal of Health Care Chaplaincy*).

Dr. Roberts holds a Doctor of Management in organizational leadership from the University of Phoenix, a M.S. in information systems from Strayer University, and a B.A. in management and ethics from John Wesley College.



Adverse Effects of Trauma-Focused Therapies (Part 2)

By Louise Gaston, PhD, FAIS



In Part 1, I presented how the most popular trauma-focused therapies (TFT) for PTSD can induce adverse side effects (iatrogenic effects), even though these are very rarely reported by researchers.¹ In Part 2, I describe the adverse side effects of TFT as they were reported to me by my colleagues and by professionals who attended my courses on PTSD. In addition, I provide clinical descriptions from my own clinical experience. With ample clinical

evidence, the objective of Part 2 is to illustrate the findings of studies reported in Part 1. I wish to reveal a sad and sometimes disturbing reality to invite clinicians to exercise caution in treating PTSD with trauma-focused therapies.

The most popular TFT are the following: prolonged exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Processing Therapy (CPT). This article will focus on the adverse side effects of these techniques. To my knowledge, these TFT

are not equally practiced by clinicians; along with CPT, PE appears to be mostly employed by professionals at governmental clinics or hospitals for Veterans, while professionals in private practice seem to mostly employ EMDR. Despite their popularity, these TFT can induce adverse side effects.

As presented in Part 1, these TFT were shown by researchers to be efficacious for 50% of civilians and 33% of military personnel and Veterans, by reducing the PTSD

symptomatology to a loss of diagnosis but without fully remitting the PTSD.¹ In clinical trials, participants are highly selected by researchers, including only individuals suffering from simple PTSD, without co-morbidity. Therefore, it is fair to say that these TFT can only be helpful for some people presenting with PTSD, those without co-morbidity, and willing to undergo a TFT. However, what happens to those who do not fit the selection criteria, are not helped, or are not compliant? Most Veterans fit this profile in the real world, and they need a personalized treatment.

In the real world, people tend to be different from the world of clinical research; they are more complex. In the real world, few Veterans and civilians with PTSD fit the selection criterion applied in research, and only a minority truly benefits from TFT. They are not the ideal patients suited for manualized treatments.

Indeed, a colleague of mine reported that all her Veterans in psychotherapy know at least another Veteran who committed suicide after TFT. To verify if this reality could be pervasive, I asked another one of my colleagues who treats a lot of Veterans with PTSD and, unfortunately, she had the same story; all Veterans knew at least one Veteran who had committed suicide after TFT. Sadly, I once challenged a professional working at a Veterans' clinic regarding their systematic use of TFT, and the answer was, "Well, Louise, we have helped one guy!"

Below, the testimonies shared by some colleagues vary greatly in length. I have reported them as they were sent to me, as much as possible although I had to shorten most of them. The testimonies describe many

adverse side effects induced by popular TFT. Some colleagues also wished to describe the reparative effects of an integrative psychotherapy for PTSD, one tailored to the needs and capacities of each person.

PE's Adverse Side Effects

Before I present a few testimonies on the adverse side effects of PE, I would like to mention that, in the early '90s, I took training on PE offered by Edna Foa, the main proponent of the use of PE for treating PTSD. After this training, it was clear to me that PE was counter to my ethical and theoretical understanding of both PTSD and psychotherapy. Let us remember that PE was previously called 'flooding' or 'immersion,' but it was renamed 'prolonged exposure' by Foa. Let's also remember that Joseph Wolpe, the originator of flooding, tested the efficacy of flooding by forcing a young girl, who was afraid of being in a driven car, to spend 9 hours in his car while he was driving.

Professional's Testimony 1. *"A new patient of mine experienced severe deterioration after the use of PE for very violent traumas. At 13 years old, she had been repeatedly raped, almost strangled, and threatened by her boyfriend that he would kill her mother and father. PE was applied by the previous therapist following the recommendation of her treating physician. The deterioration was a psychological disorganization, with self-mutilation, guilt and shame."*

Professional's Testimony 2. *"I had a Veteran as a client in evaluation for PTSD. He was receiving a second round of PE because the first one did*

not yield any effects. The clinician had told him that the process had to be repeated because it did not work the first time. The second round worsened the Veteran's anxiety to the point that he became suicidal. Since when has redoing something ineffective the first time become a 'good' professional practice?"

Professional's Testimony 3. "A correctional officer at a prison was severely attacked by inmates and developed extreme PTSD. Within the context of integrative psychotherapy with me, his symptoms ameliorated. However, his treating physician insisted that he exposed himself to his main PTSD trigger, namely the prison in order to prepare himself to go back to work. Against my recommendations, he dutifully exposed himself. During the exposure, he vomited violently and, afterwards, his homicidal and suicidal ideations came back forcefully, along with precise plans. The homicidal plans are still present, although abated, after one year."

Professional's Testimony 4. "I have been seeing a Veteran in psychotherapy for over a year and a half. He was previously treated at a Veterans' clinic for 2 years for his PTSD, chronic pain, and alcohol abuse. A cognitive-behavioral therapy with TFT was applied. Although he informed the psychologist many times that his treatment impacted him negatively, she continued to apply exposure therapy. When the Veteran became disorganized, the treating psychologist finally abdicated and referred him to me. Nonetheless, in her referral notes, she still recommended in vivo exposure to public places, even though these are post-traumatic reminders to this Veteran. This Veteran was traumatized in two

ways: (1) a very severe PTSD due to military missions and (2) a heightened fear about any techniques that a psychotherapist could impose upon him in a seemingly benevolent context.

He also presented with dissociative symptoms (derealization and dissociative flashbacks) and was extremely anxious throughout the day. In our first sessions, I prioritized the cessation of his own spontaneous exposures to post-traumatic cues and I offered him calming and re-associative techniques. His dissociative symptoms quickly abated."

Professional's Testimony 5. "A Veteran, who was a hero in Afghanistan, consulted me for a refractory extreme PTSD, accompanied by a chronic shaking of hands. At the VA hospital, he had undergone three series of PE over 5 years. Subsequently, he developed hypertension. At first, I tried systematic desensitization, but it did not help, so I decided to opt for a long-term integrative psychotherapy. Success! His PTSD has been in remission for a few years now."

EMDR's Adverse Side Effects

In 1995, I attended a three-day training given by the originator of EMDR, Francine Shapiro. When I subsequently tried EMDR with a few patients, adverse side effects emerged: manic flight of ideas, statements repeated in a loop (i.e., 'I don't know!'), painful somatic reactions including sharp bodily pains, migraines, nausea, and anger or contempt toward the technique. Consequently, I ceased to employ EMDR to prevent iatrogenic effects.

From 1997 to 2007, I gave continuing education courses on PTSD across the USA. Some attendees shared with me the adverse side effects reported by their new patients who



had undergone EMDR, and I took notes. The adverse side effects were diverse: partial facial paralysis, intense vomiting for days, severe loss of motivation, alcohol and drug relapse, panic attacks, severe self-mutilations, suicide attempts, and psychotic breakdowns. When patients reported these adverse side effects to the EMDR therapists, they consistently responded with statements implying that the effects could not be due to EMDR because it produces only temporary side effects such as traumatic reminiscences. Obviously, the patients' damaging experiences countered the therapists' rebuttals. Below are some testimonies shared by my colleagues regarding

the adverse side effects experienced by their patients; people who had been previously treated with EMDR.

Professional's Testimony 1. *"A patient of mine was previously forced by the workers' compensation agency to consult an EMDR therapist. At the eight session, he had a panic attack so intense that he ended up lying down on the floor. The therapist did nothing to help him or to assist him to recollect himself. Instead, he let him go away and drive away in his car."*

Professional's Testimony 2. *"I heard a well-known comedian reporting on the radio that he*

**LIFE IS EPIC
WITHOUT INSOMNIA.**



Alpha-Stim is the drug-free, clinically proven treatment to alleviate anxiety, depression, insomnia, and pain.

Get dramatic relief fast. Alpha-Stim® is an FDA-cleared, easy-to-use, handheld prescription medical device that treats insomnia without lasting side effects or risk of addiction. Get started at alpha-stim.com.



ALPHA-STIM

Alpha-Stim and the Alpha-Stim logo are registered trademarks of Electromedical Products International, Inc. © 2020 Electromedical Products International, Inc. All rights reserved. Read a full disclosure of the minor and self-limiting risks here: alpha-stim.com/risk.

became blind for a few weeks after the use of EMDR.”

Professional’s Testimony 3. “A client of mine consulted an EMDR therapist who used this technique with her in a repetitive fashion. The patient did indicate clearly to the therapist that she did not like EMDR. Within the next 6 months, she attempted suicide three times, all requiring psychiatric hospitalizations. Nonetheless, the EMDR therapist persevered in using EMDR. This 40-year-old woman presented with a borderline personality disorder, but she had ceased all suicide attempts since she was 16 years old. Since the beginning of an integrative dynamic therapy over a year ago, this woman has not attempt to end her life anymore. She is now almost symptom-free and is back at work.”

Professional’s Testimony 4. “This report is about a 29-year-old woman, without children, who holds an executive position in a large company. We have had about 25 sessions so far. She sought psychotherapy for incest perpetrated by her father during her childhood and adolescence. Previously, she had EMDR for 4 months, which provoked adverse side effects. In our first session, she explained to me that, during EMDR therapy, she had felt overwhelmed with anger and that her personal and marital difficulties had been getting worse. She felt a lump in her throat and ready to explode. Her condition was getting worse.

After 6 months of integrative psychotherapy, I asked her to describe the TFT process of EMDR in comparison with the integrative psychotherapy with me. She explained that, in EMDR, it was difficult because she had to

describe what happened to her. She felt she had to “dive in” without understanding the process or the possible benefits. She specified that the major difficulty was that there was no established relationship of trust between her and the therapist. At each session, she felt a rising anger, which she had to rate on a 10-point scale according to the EMDR therapist. She felt a ball suffocating her in her stomach. She reported no positive impact from this TFT. On the contrary, during the winter, she remembers the ‘worst episode of everything,’ namely, an overwhelming depressive state with suicidal ideation. She sought to free herself from this weight and despair. She turned her anger toward the therapist, challenging her. This was liberating for her, but it was also accompanied by an unbearable feeling. Her rage precipitated her to search for another therapist, another approach, which led her to consult me.

With our integrative work, she reports that her anger has become more and more diffused, instead of oppressing and inhibiting her. She feels respected by me in her abilities and steps. The emphasis is now placed on the therapeutic relationship, the working alliance is central. Our gradual exploration of her traumas respects her rhythm because she feels that she can explore them freely and is better able to tolerate suffering. She can trust that this fight is no longer directed against herself and she positively anticipates revisiting her traumas gradually.”

Professional’s Testimony 5. “This story is about a man in his 30s who was responsible for the death of his girlfriend through negligence on his part during the practice of an extreme sport. He initially consulted an EMDR therapist.

At the end of the EMDR therapy, he no longer had emotion-laden recurrent memories of the accident. Nonetheless, 2 years later, he became increasingly destabilized, with a disturbing and vague emotional pressure.

When he first consulted me, he reported feeling like a volcano, ready to erupt. This inner pressure was caused by rage. He was highly fearful of lashing out in angry outbursts. He was frantic and destabilized, not knowing what to do or think about all this and his life. He was very suspicious toward me, sarcastic, and contemptuous - constantly testing our relationship. He was at odds with himself; he wanted to be relieved from his inner tension, but he was unable to trust me. Establishing an alliance required a lot of attention, oscillating between addressing the trauma cognitively and his daily functioning. After months, he started to be emotionally stable and he trusted me. His defense mechanisms were attenuated. Our increasing understanding of his trauma and the attenuation of his distress gave him a greater sense of control. After several months, he eagerly anticipated the next therapeutic stage, namely the one involving the reexperience of the trauma via introspective hypnosis. His dreams gave him signs that he was ready to experientially revisit the traumatic event to an emotional level.

Here is a dream which was a turning point. He walks with a sports jacket (associated with the accident) towards a body of water. He thinks that it is a tiny puddle. As he walks into the puddle voluntarily, he realizes that he is falling into a deep body of water. At first, he wants to get out and struggles, but he then stops fighting and surrenders to the experience.

After this dream, he was ready to deeply address the accident, along with his character issues. With this newly found attitude, his PTSD reemerged forcefully, confirming that the EMDR therapy had not resolved the trauma, but most likely induced emotional inhibition. Within an integrative psychotherapy, we worked on his childhood-based issues (including his anger toward his mother who abandoned him as a child), which allowed him to acknowledge his vulnerability and needfulness. After a couple years of psychotherapy, his PTSD completely remitted. He did not have to re-experience the traumatic event because deep character issues were resolved.

He now knows that he can take care of a vulnerable person without becoming unconsciously destructive and he can trust others to be there for him most of the time. Upon termination, he reported that the integrative approach gave him much more than focusing on the trauma. He now knows that his whole person was involved in this tragic accident."

Professional's Testimony 6. "I have a colleague who practices EDMR and hypnosis in the short-term (six sessions). He refers patients to me with PTSD who need a follow-up psychotherapy after he applied EMDR. When these patients arrive in my office, they are very often in a state of crisis. The analogy of the 'downward spiral' illustrates well the descriptions of their psychological state."

CPT's Adverse Side Effects

I learned about CPT by assisting in a presentation given by its originator, Patricia Resick. I have never used it or taught it. I do

not trust that persons with severe PTSD can safely write down the description of their traumatic experience, alone at home, while re-experiencing the trauma emotionally as much as possible. CPT proponents have not reported adverse effects from the use of this TFT. However, clinical reality reveals a different story.

Professional's Testimony 1. *"Many years ago, at the beginning of my practice when I was employing cognitive-behavioral therapy, I saw*

a young woman who had recently been raped. She presented with a borderline personality disorder and complex PTSD. Her mother was a substance abuser and her father was disengaged and criminalized, which led her to be placed in many foster homes as a child. She ended up working as a prostitute and was raped in this context. We started therapy by using traditional cognitive techniques. Given that she could not describe the rape in detail in my office, I asked her to expose herself to this traumatic



experience, by herself at home, by writing it down with as many details as possible and to re-experience the emerging emotions. At our next session, she was besides herself. At home, she had started to write down her experience of the rape, but she could not finish because she had become emotionally overwhelmed. The ensuing disorganized state led her to throw all the furniture she could lift out of the window of her second-floor apartment. She violently lost control in front of her 2-year-old child."

Professional's Testimony 2. "I saw in psychotherapy a woman Veteran in her early thirties. Before the Army, she had experienced childhood traumas within the context of an extremely negligent family (e.g., just a few clothes, parents consuming and selling drugs, etc.). She had attempted suicide at 15 years old. She developed PTSD from a mission in Afghanistan. Upon her return, her spouse (another soldier) cheated on her with a recruit and all her colleagues knew about it, which triggered a crisis accompanied with a major depressive episode and an exacerbated PTSD. Throughout psychotherapy, her physical health deteriorated, along with her physical pain. She polarized her clinical team. She also repeatedly asked her physician to relieve her pain with morphine. In response, her clinical team put pressure on me to use TFT. I accepted and applied CPT, which caused symptomatic deterioration and abandonment of therapy."

Conclusion

My colleague who described a successful long-term integrative psychotherapy with a Veteran (PE-Professional's

Testimony 5) added valuable comments. I wish to conclude with his words:

"Here is an update. I recently heard from the Veteran who had a 5-year series of PE. He is very happy, still works, and has created a small sideline for fun. This success story is an example of a beautiful complicity between a psychiatrist, who finds the right molecule, and a psychologist who applies a psychotherapy which makes sense, promoting the integration of the traumatized self into the pre-existing self. For him, it became clear that his high blood pressure problems began with the PE series. He understood that he had to get the right medication to become psychologically available to the psychotherapeutic process aiming at integrating his trauma to his whole self. After this insight, everything unfolded quickly. He has done a titanic job on changing his pre-existing self, clarifying, and dissecting his anxiety as an emotional complex, and allowing himself to isolate his anger from associated emotions.

From this psychotherapy, it is now clear to me that anger is always present in anxiety associated with PTSD. If we identify its purpose, it allows us to clarify the other associated emotions and identify their aims as well. After that, sadness always emerges, and empathy comes along. Unlocking empathy toward others and oneself in someone with a narcissistic covert frame (not a disorder) is like finding the El Dorado. It is so beautiful.

The turning point in the process was the resolution of a therapeutic impasse. Without this impasse, this Veteran would have kept the same attitude, one of someone determined to obey any instructions. It was because we worked on the therapeutic relationship that we were able to

change this impasse into a trajectory effecting change. Without this pause and feedback on his compulsive issues at helping others, progress would not have taken place. It was in a dialogue about the very dynamics of his therapeutic choices, along with the emerging uncertainties, that the client trusted me even more because he realized that the therapeutic process was the scene of his own internal impasse, which he had been feeling for more than 10 years. What was reassuring, as he told me later, is that I would take full measure of his dismay and said to him, "I don't have the answers now, but I'm looking." Suddenly, something happened in him. He was no longer alone. He was working with his psychologist and his psychologist was working with him, without complacency, in search, in doubt, with the burden of uncertainty, in humility, without a 'scientific posturing,' without an 'expert' who conveys that he works badly

if he does not feel better. ... He realized that, at the very moment when we had the greatest number of questions and fewest answers, his psychologist was confident anyway! He could finally settle down and trust without having to control everything.

The secret is that there are no two psychotherapeutic processes which are the same. Each psychotherapy has its own peculiarities. The response plan must be tailored to the inner dynamics of every individual. Psychotherapy cannot be standardized, preformatted. This is indeed magical about psychotherapy: in every session, we never know what is in store. This realization forces us psychotherapist, to remain humble and attentive. It keeps the job interesting and keeps us awake and alert. In contrast, psychotherapists who have a rigid and preformatted therapy plan seem to be missing something. Isn't this a little sad?"

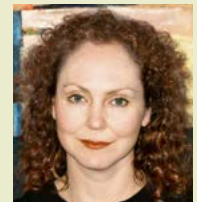
At my clinic, we employ an integrative approach for treating PTSD. This integrative psychotherapy is tailored to the needs and capacities of each person. No TFT is forced upon a patient. At times, it may be suggested to use a particular TFT to access meaningful information about the traumatic experience and re-associate its various elements (e.g., affects, cognitions, appraisals, sensations, etc.). A TFT called 'introspective hypnosis' is employed, if and only if several prerequisites are met: (1) such a technique may yield meaningful information to resolve the PTSD; (2) the person is stabilized, namely, not overwhelmed symptomatically and adequately functioning; (3) a therapeutic alliance is well-established; (4) the person demonstrates an obvious capacity for emotional regulation; and (5) the psychotherapist has a solid understanding of the person's intrapsychic and interpersonal worlds. During the TFT, we proceed gradually, which allows us to identify any potential sign of destabilization and to intervene consequently. The person remains in control of the process, having the freedom to ask to cease the technique at any given moment. The therapist supports and guides by inviting the person to attend to the experience and then reflect upon it, back and forth. Over the last 30 years, no patient has been destabilized by this approach. From 100 of our files randomly selected, an independent researcher found a 96% rate of PTSD remission.² This integrative psychotherapy for PTSD is tailored to the needs and capacities of each person and it works.

References

1. Gaston, L. (2020). Adverse Effects of Trauma-Focused Therapies (Part 1). *Combat Stress*, Summer, 40-47.
2. Brunet, A. Pilot study for a grant submission on the neural correlates of PTSD changes in psychotherapy. Unpublished report, Department of Psychiatry, McGill University, Douglas Institute, 6875 boul. LaSalle, Montreal (Quebec), Canada H4H 1R3.

ABOUT THE AUTHOR

Dr. Louise Gaston, psychologist, has founded in 1990 a clinic specialized in PTSD, TRAUMATYS, in Canada, where she developed an integrative model for treating PTSD, which is flexible and open-ended. In addition, she elaborated a comprehensive 2-year training program in PTSD and trained more than 200 experienced clinicians in evaluating and treating PTSD. Thousands of individuals presenting with PTSD and comorbidity have been treated with this integrative model for PTSD. According to an independent and retrospective study, the associated PTSD remission rate is 96%: 48% complete and 48% partial. Dr. Gaston is the author of several book chapters and more than 40 scientific/clinical articles.



Since 1980, Dr. Gaston has been practicing psychotherapy. She has been trained and supervised over 15 years. She knows all major models of psychotherapy (dynamic, humanistic, cognitive, and behavioral) and has been trained over 5 years in treating personality disorders.

As a clinical researcher, Dr. Gaston collaborated with many colleagues in diverse settings. She has carried out two clinical trials. Her main research topic was the alliance in psychotherapy and its interaction with techniques as they contribute to better outcomes. In collaboration with Dr. Marmar, M.D., she has developed the California Psychotherapy Alliance Scale, CALPAS, a measure of the alliance in psychotherapy which is worldly used.

In 1988, Dr. Gaston completed a 2-year postdoctoral fellowship in PTSD and psychotherapy research, at the Langlely Porter Psychiatric Institute, University of California, San Francisco, under the supervision of Dr. Horowitz, M.D., author of Stress Response Syndrome, and Dr. Marmar, M.D., both ex-presidents of the International Society for Psychotherapy Research and the International Society for Traumatic Stress Studies. Afterwards, she was assistant professor in the Department of psychiatry at McGill University in Canada from 1988 to 1994. Dr. Gaston elaborated scales on the MMPI-2 to assess PTSD in civilians.

For many years, Dr. Gaston has provided courses of continuing education across the USA: Integrating Treatments for PTSD, Trauma and Personality Disorders, Memories of Abuse and the Abuse of Memory, and Ethics Working for You. Nowadays she writes, trains, and supervises on PTSD.

Three Quarters of Medical Visits are Related to Stress



Now more than ever, we must learn to address stress!

Generous contributions help fund educational programs, institutional resources, research and less stressful lives.

Click here or visit
www.stress.org/give/make-a-gift
to donate today!

Healing through Community Service: One Veteran's Story on Finding Value, Meaning and Purpose - He Is #StillServing

By RoseAnn Sorce



Kerry Steuart
Gulf War Veteran
Leader, Warrior's Ascent

Kerry in Malasana pose at Bonneville Salt Flats, Utah.

As a member of the Air Force, serving others came easily to Kerry Steuart; but when medically discharged, his time in the Air Force was cut short. He instead, found a new way to serve; healing others of their war traumas through yoga, while continuing to heal himself in the process. More than 20 years after leaving the military, Steuart is emblematic of the Veteran who continues to serve his country after leaving the service, as captured in the #StillServing campaign launched this year by the Veterans of Foreign Wars (VFW).

#StillServing aims to bring attention to and to the continued commitment and sacrifice of America's Veterans. In fact, The Corporation for National and Community Service's 2018 Volunteering in America Report shows that

Veterans volunteer 25 percent more of their time, are 17 percent more likely to give monetary donations, and are 30 percent more likely to participate in local organizations than the civilian population at large. This begs the question as to why Veterans continue to serve at such high rates? For Steuart, the answer is clear: sharing his gifts to others facilitates his own healing.

"I joined the Air Force in 1991, for what I thought would be the next 20 years, but I was medically discharged in 1999," stated Steuart. "After I returned home, I began to battle PTSD, which affected my home and work life. Although I appeared to be happy and healthy on the outside, on the inside, I was struggling. I was angry and bitter because I didn't know what was causing my health problems, and I was taking it

“
Your gifts and talents are
unique, and should be shared
with the world. If you are
feeling lost, it’s the easiest
way to find yourself again.”



Kerry at his Kansas City yoga studio, Midtown Yoga KC, which provides donation-based yoga classes, workshops, teacher training and community outreach to underserved and vulnerable populations.



Kerry leading a meditation to veterans and first responders at a Warriors' Ascent retreat in Kansas City.

out on my family, friends and colleagues.”

This is when Stuart’s daughter suggested that he try yoga. For the next six months, he focused only on the fundamentals of the spiritual practice; remaining present in the current moment, breathing deeply, and meditating.

“A lot of people do yoga only for exercise, forgetting that the movements are only part of what yoga really is about,” indicated Stuart. “It’s not about what happens for the one hour you are on the mat, but really, for the 23 hours you are off the mat. For that reason, I did not attend any classes until I had a consistent mindfulness and meditation practice.”

After attending his first yoga class, Stuart was hooked, so much so in fact, that he became a registered yoga teacher and opened his own studio in 2015. Then, in 2016, he received a call from a fellow Veteran asking if he would lead yoga classes for Warrior’s Ascent, an organization that facilitates healing for Veterans and first responders suffering from PTSD

through week-long retreats. Since hosting a yoga session at that first retreat, Stuart has continued to stay involved with Warrior’s Ascent, leading the retreat’s yoga, meditation, and journaling sessions. His involvement with Warrior’s Ascent is so profound, that he uses the proceeds from his own studio to provide all retreat participants with free yoga equipment, including mats, blocks and straps.

“During the first retreat that I participated in, three Veterans who were on suicide watch attended,” said Stuart. “By the end of the week, I watched their lives change. When you give back to the community, it gives you an entirely different purpose. You realize that your contribution is actually saving other people’s lives. This pushes you to show up as your best self. It’s those experiences that continue to heal me.”

Stuart is not alone in finding mental health benefits through community service. Researchers from St. Louis University (SLU) studied 346 Veterans, more than 50 percent of which

reported symptoms characteristic of PTSD. After the Veterans volunteered 20 hours a week for six weeks, their mental health was again analyzed. Researchers found that after just a short stint of volunteering, only 43 percent of the group showed signs of PTSD.¹ Explanations for this include a renewed sense of purpose and bonds formed between those with similar missions that volunteering provides.

“When we get up and move and that movement is geared toward a purpose of helping others, it is like stepping outside our own lives to focus on the needs of others. This is when so many positive things come together,” said Monica Matthieu, director of SLU’s graduate-level social work education, which specializes in provision of Veteran services.

As a result of his continued service, Steuart, who is a Life member of VFW Post 4171 in Golden, Colorado, has been chosen to serve as a campaign advocate for #StillServing, encouraging other Veterans to give back to their communities or to share how they are serving others.

“Your gifts and talents are unique, and should be shared with the world,” said Steuart. “If you are feeling lost, it’s the easiest way to find yourself again.”

Reference

1. <https://www.slu.edu/news/2017/february/veterans-service-study.php>



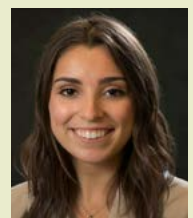
About Kerry Steuart

Kerry is a Gulf War Veteran and a 500hr Registered Yoga Teacher (RYT) with Yoga Alliance. Suffering from chronic pain and PTSD since his time in the military, he understands, first-hand, the numerous benefits of yoga and meditation for pain reduction and mental clarity. Kerry is the owner of Midtown Yoga KC, a nonprofit yoga studio located in Kansas City, Missouri, and is a leader with Warrior's Ascent, a retreat program that helps Veterans and first responders cope with trauma. To connect with Kerry, follow him on YouTube at www.youtube.com/kerrysteuart.

ABOUT THE AUTHOR

RoseAnn Sorce is an account executive at Sturges Word Communications in Kansas City, Missouri. She currently is working with the Veterans of Foreign Wars (VFW) on their newest campaign, #StillServing.

Ms. Sorce is the person who has enabled us to celebrate the accomplishments of Kerry Steuart, the Veteran hero we have profiled and celebrated for our fall issue.



How the Best Handle Stress - A First Aid Kit

By Ron Rubenzer, EdD, MA, MPH, MSE, FAIS

No. 3 in a series

CHAPTER THREE

Make Fun of Stress & Smile. It Makes You Look Smarter

This chapter will look at:

- Why it is important to have workplace humor.
- How humor lifts moods and improves relationships.
- How to inject humor into your life by knowing yourself.
- Going on a humor diet (e.g., Interfax Daily).
- Making fun of stress – Developing your sense of humor.
- Is there a place for grim humor?
- Watching the company you keep; locking it in.
- Remembering that your sense of humor is your sense of balance.
- Humor leads people to believe you have a higher IQ or “virtual intelligence,” (Mark Lewis).
- How to introduce humor to your job.
- Getting in touch with the experts.

1. Why is it important to have workplace humor? It works.



He who laughs... lasts. Although leading a humorless life is not fatal, it can be unhealthy

psychologically. Humor serves as a balance pole on the tightrope of life. Humor is a powerful force in releasing stress’s stranglehold. In fact, humor is such a powerful antidote to stress that many corporations hire humor consultants to “lighten up” office environments.

What is the secret to dramatically improving the quality of your life? Increase your smiles per hour.

Laughter is a natural mood elevator, and according to a Cornell University study, it also increases creativity and flexibility of thought. Humor gives a more balanced sense of perspective.

2. How humor lifts moods / improves health and relationships.

The main mechanism of humor or laughter appears to be the release of endorphins or the brain’s natural tranquilizer into the system. Laughing results in an “endorphin high.” Furthermore, laughter stimulates internal organs making them work better through the increase of circulation that follows the vibrating massage that accompanies laughter and heightens resistive vitality against disease.

We smile because we are happy. Interestingly, it has been discovered that our smile also causes our feelings of happiness. The act of smiling elevates moods.





3. How to inject humor into your life.

Know yourself. Find your “sore spots” and apply humor as you would a soothing salve. For example, if your daily encounter with a computer makes you sore, find cartoons that make fun of computers. (Whole books have been devoted to making light of irritations, such as *101 Uses for Your Discarded Computer*). You may want to put the cartoons in a file where you can pull them out.

4. Go on a humor diet.

When reading the newspaper, focus on the “funnies” first before finding out all the negative things thousands of people have done lately. Watch movies, listen to tapes or read books that are humorous. Duke University Comprehensive Cancer Center offers a very extensive list of humorous books, audiocassettes, and videocassettes. There are cable channels that feature only “light” programs. Many TV networks offer comedy serials. These can be bright spots in your weekly routine.

5. Making fun of stress.

Develop your sense of humor. Humor is an art form that can be nurtured. Jeanne Swanned Robertson, a nationally renowned speaker and author, offers the how-to’s of honing your humor skills in her 1998 book, *Don’t Let the Funny Stuff Get Away: Turn Everyday Experiences into Stories That Audiences Will Remember*.

Robertson suggests taking “humor breaks.”

Often people feel worse after listening to everyone’s complaints during breaks, so choose to be around more uplifting people. The last chapter of her book details how to collect “humor cues.” Organize a file of things that are humorous to you. Pull up these “humor cues” on a daily basis.

Children laugh at least 25 times more often per day than adults. (Adults average only 15 laughs a day, children about 400 per day.)

6. Is there a place for grim humor?

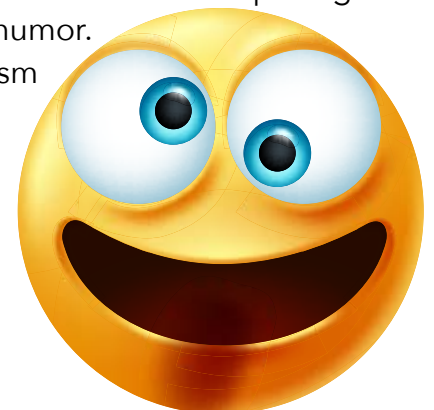
Yes. The world-famous Viennese psychiatrist, Dr. Victor Frankl, who survived the atrocities of two Nazi concentration camps, recommended using a sense of humor to soften one’s own harsh situations. Dr. Frankl felt that even having a “grim sense of humor” helps to protectively detach ourselves from unavoidable suffering. Of course, limit your use of grim humor to yourself.

Never give up. Even a blind pig finds an occasional acorn.

7. Watch the company you keep; locking it in.

Avoid “pity parties.” Fly with eagles, don’t flounder with turkeys. Seek out and be around people known for their uplifting jokes and/or sense of humor.

“Pity parties” use sarcasm to vent complaints, but using negative humor can actually intensify negative feelings, especially if the unwilling target for sarcasm is not an



exceptionally “good sport.”

Stop crucifying yourself... someone else needs the wood for a picnic bench.

Treat yourself to a humor treatment on a regular basis. Don't let a day pass without some exposure to humor. Lock in your sense of humor by habit.

8. Remember: Your sense of humor is your sense of balance.

People who need humor the most, seek it the least. When you feel you no longer have the time or mood for humor, perhaps you should slow down, relax, and smile. If you can't smile outwardly due to the situation, imagine yourself smiling. Daydream about the most humorous memory you can (e.g., even a pet's antics can be funny). You may not feel like “jumping for joy,” but the lift you get will empower you with an increased sense of control and a more balanced perspective.

9. Humor leads people to believe you have a higher IQ (or higher “virtual intelligence” © by Mark Lewis of Denmark).

According to Carolyn Dikeman, Education Director, Midwest Center for Stress and Anxiety, Inc. (2001), an important relationship between our IQ and humor was found. She goes on to suggest if you want people to think you are smart, start smiling.

The esteemed Reverend Mark Lewis of Denmark talks of “virtual intelligence.” VIQ (virtual IQ) is a simulated form of intelligence that seems very real. Again, having a sense of humor projects this “illusion of intelligence” called “virtual intelligence.” It does not matter if you are

really that smart or not. “Virtual intelligence” is a good thing to cultivate. The bottom line is that smiling persuades people to believe you are “virtually intelligent” which is very important in any business or human relations setting. Anyone who works for a living on or with computers should make every effort to appear “virtually intelligent.” People take a mental personality “snapshot” within the first 20 seconds of meeting you, so smile for the camera.

10. How to introduce humor to your job.

Hal Lancaster, of *The Wall Street Journal*, offers four tips for workplace humor:

- 1. Start with a little humor.**

For example, put up jokes on a bulletin board to see reactions. Don't jeopardize your career in a totally humorless office by irritating humorless executives.

- 2. Meaningfully connect.**

Squirt gun fights are probably pushing humor too far. To mix playfulness with productivity try role reversal. Have an executive do your job for a day with you supervising. (Use caution with this approach.)

- 3. Renew the humor.**

To keep humor from getting old, bring in new approaches.

- 4. Don't offend.**

One approach that does not work is to have comedy skits about other departments that attack personally. Be certain not to question



anyone's value or harm anyone with attempts at humor.

11. Get in touch with the experts.

For humorous props and workshops, contact the Humor Potential, a corporate training organization who specializes in injecting fun into the workplace. The "Joy of Stress" workshop by the Humor Potential was a nationally televised, Emmy-nominated special, looking at the lighter side of stress.

The highly popular "Dilbert" series takes the employee's side of stress at work. This cartoon series by Scott Adams is read by millions daily. It offers potential stress relief through downward comparison. In other words, compared to this cartoon strip, your job may not seem so stressful.

A positive motivational series is "Herbert," which specializes in producing large posters humanizing potentially tense situations. A classic film that pokes fun at stress is Mel Brooks', *High Anxiety*. It has some content that would be more appropriate for college students, but it is generally an entertaining, yet instructional tool to learn about anxiety.



Remember, "Humor is the spoonful of sugar that helps things go down easier."

ABOUT THE AUTHOR

Ron Rubenzer, EdD, MA, MPH, MSE, FAIS is a Contributing Editor with The American Institute of Stress. He holds a doctorate and two master's degrees from Columbia University in New York City. He won a doctoral fellowship to attend the Columbia University's Leadership Education Program. While serving as a school psychologist at Columbia, he won a national student research prize of the year for an article written on the brain. Dr. Rubenzer worked at the Washington DC Office of Education. Also, while at Columbia University, he wrote an article for *New York Magazine* on enhancing children's development of their full potential. He has devoted his career to specializing in "reducing stressing-during testing" for better outcomes. He has worked as a stress manager for a hospital based cardiac/stroke rehabilitation facility and their Employee Assistance Program. He also coordinated a wellness program for a large school system. He is a fellow with The American Institute of Stress and writes focus articles on "using stress to do one's best" at home, work and school.



He has also conducted speaking engagements for conferences and presented for a number of television shows.

His latest book is *How the Best Handle Stress - Your First Aid Kit*

<https://www.amazon.com/How-Best-Handle-Stress-First/dp/1731056508>



COMBAT STRESS

Click
Here To
Subscribe
Today.

It's free, although if you agree with our mission, we are most grateful for any tax deductible donation you would like to make.

And we are not here to cause you stress so rest assured that we will never sell your email and you won't get any junk mail from us.



The American Institute of Stress
220 Adams Drive, Ste 280 - #224
Weatherford, TX 76068

info@stress.org
(682) 239-6823

The American Institute of Stress is a qualified 501(c)(3) tax-exempt organization.